



# **Rights and Planning Guide**



# **Guía de Derechos y Planificación**



# Rights and Planning Guide

The Rights and Planning Guide (“the Guide”) was created to help individuals and families who are facing potential detainment or removal/deportation or who have been subjected to discrimination based upon their national origin. The Guide is intended to be used as a collective community resource and is not intended to provide legal or other advice or to create an attorney-client relation. The Guide was authored by Immigrant Legal Center attorneys, in collaboration with Nebraska Appleseed, Center for Rural Affairs, Centro Hispano, ACLU of Nebraska, the Multicultural Coalition of Grand Island, Lincoln Commission on Human Rights and Heartland Workers Center, and funded by Jane Shanahan, in memory of her grandmother and mother, Jesusita and Santos Baros.

## Guía de Derechos y Planificación

*La Guía de Derechos y Planificación (“la Guía”) fue creada para ayudar a las personas y familias que se enfrentan a una posible detención o remoción/deportación o que hayan sido discriminados por su origen nacional. La Guía está destinada a ser utilizada como un recurso colectivo de la comunidad y no tiene la intención de proporcionar asesoramiento legal o de otro tipo ni tampoco crear relación entre abogado y cliente. La Guía fue creada por abogados del Centro Legal Para Inmigrantes, en colaboración con Nebraska Appleseed, Center for Rural Affairs, Centro Hispano, ACLU of Nebraska, Multicultural Coalition of Grand Island, Lincoln Commission on Human Rights, y Heartland Workers Center, y financiada por Jane Shanahan, en memoria de su abuela y madre, Jesusita y Santos Baros.*



**CENTROHISPANO**



**MULTICULTURAL COALITION**



**HEARTLAND WORKERS CENTER**

**CENTER for RURAL AFFAIRS**



Jesusita Baros traveled to the United States in hope of a better life. Not only did she achieve a better life for her family and herself, but she also helped others along her way. Today, Jesusita’s granddaughter, Jane Shanahan, continues Jesusita’s work of advocating for immigrants in her community.

*Jesúsita Baros viajó a los Estados Unidos en la esperanza de una vida mejor. No sólo logró una vida mejor para su familia y para sí misma, sino que también ayudó a otros a lo largo de su camino. Hoy en día, la nieta de Jesúsita, Jane Shanahan, continúa la labor de Jesúsita de abogar por los inmigrantes en su comunidad.*



## Introduction

While there is much uncertainty regarding the current and future immigration enforcement policies, the Guide provides information and resources on the following ways to assert your rights and protect yourself and your family, NOW:

- 1. Don't panic, understand your rights, and don't be afraid to assert them;**
- 2. Create a safety plan and be prepared in the event you are arrested, detained or removed;**
- 3. Know your options under the law by speaking to a qualified immigration attorney or DOJ representative; and**
- 4. Know that there are resources available and advocates standing with you in this time of uncertainty!**



## Introducción

*Aunque hay mucha incertidumbre sobre las pólizas de inmigración actuales y futuras, la guía provee información y recursos sobre las siguientes maneras de hacer valer sus derechos y protegerse a usted mismo y a su familia, AHORA:*

- 1. No entre en pánico, comprenda sus derechos, y no tenga miedo de hacerlos valer;***
- 2. Prepare un plan de seguridad y esté preparado en caso usted fuese arrestado, detenido, o deportado;***
- 3. Conozca sus opciones bajo la ley hablando con un abogado de inmigración calificado o representante acreditado por el DOJ; y***
- 4. ¡Sepa que hay recursos disponibles y aliados abogando con usted en este tiempo de incertidumbre!***

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# Know Your Rights



Every person in the United States is entitled to certain rights and protections afforded by the U.S. Constitution. It matters not whether you are documented or undocumented. It is important to know what those rights are, to use them, and to contact an attorney or DOJ accredited representative to discover whether there are any immigration forms of relief available for you.

This section of the Guide outlines some of the most important and most frequently exercised rights you and your friends and family should know and assert. At the end of this Know Your Rights Section, you will find a condensed version that you can print for yourself and share with others.

# Conozca Sus Derechos



*Toda persona en los Estados Unidos tiene derecho a ciertos derechos y protecciones otorgados por la Constitución de los Estados Unidos. No importa si usted es documentado o indocumentado. Es importante saber cuáles son esos derechos, usarlos y ponerse en contacto con un abogado o con un representante acreditado de DOJ para investigar si hay alguna forma de alivio de inmigración para usted.*

*Esta sección de la Guía describe algunos de los derechos más importantes y más frecuentes que usted y sus amigos y familia deben conocer y hacer valer. Al final de esta sección Conozca Sus Derechos, encontrará una versión condensada que puede imprimir para usted y compartir con otros.*

# Your Right to Remain Silent



You have the right to remain silent. In Nebraska, you are required to give a law enforcement officer your name if the officer questions you and has reason to believe you have committed or will commit a crime. Once you give your name, you are obligated to say nothing else. You can exercise your right to remain silent by showing ICE or police agents a red card (See Red Card in Resources Section of the Guide) or telling the agent that you would like to speak to your attorney before answering any of their questions. Do not let yourself become intimidated! If you do not choose to exercise your right to remain silent, it is possible that no one else will do it for you. This right can be exercised even if you have already spoken to the agent, and it can be exercised even if you are under arrest or in jail. Remaining silent benefits you because anything you say can be used against you.

# *Su Derecho a Permanecer en Silencio*



*Usted tiene el derecho de guardar silencio. Se le pide que dé su nombre a un oficial de la ley de Nebraska si un oficial tiene razones para creer que ha cometido o va a cometer un crimen. Después, no está obligado a decir nada más. Este derecho se ejerce con una tarjeta roja (vea la tarjeta roja en la sección de recursos de la Guía) o diciendo al ICE o agentes de policía que le gustaría hablar con su abogado antes de responder a cualquiera de sus preguntas. ¡No se deje intimidar! Si no opta por ejercer este derecho, nadie lo hará por usted. Este derecho puede ejercerse incluso si ya ha hablado con el agente y puede ejercerse incluso si está bajo arresto o en la cárcel. Permanecer en silencio es para su beneficio porque todo lo que diga puede ser utilizado en su contra.*

# Your Rights at Home



If you are at home and ICE knocks at your door, the first thing to remember is that you have rights that protect you within your home. If ICE comes to your door, absent exigent circumstances, there are only two ways they can lawfully enter your home: (1) with a search warrant; or (2) with permission.

There are search warrants and arrest warrants (See Warrant of Arrest in Resources Section of the Guide). Only a search warrant signed by a judge is a warrant that allows ICE to enter your home and conduct a search. So, it is important to know what kind of warrant ICE has. If ICE approaches your door and asks you to open it, you can ask the ICE officer to show you the warrant. Do not open the door to look at it, ask the officer to pass it under the door or hold it up to a window. The warrant will be in English. If you have trouble reading or understanding it, try to find help translating it. You should look for your name, your address, the date, and a signature. If the information is incorrect, it is invalid, and you should return it under the door and tell the officer it is “incorrect.”

Further, it is important to see who signed the warrant. If it is an arrest warrant signed by ICE, you have the right to not let the officer enter your home. If it is an arrest warrant and you choose to be arrested, walk outside and close the door behind you, if there are others who may be undocumented in your home. Otherwise, the officer could ask questions of those within your home, too.

However, if it is a search warrant with all the correct information on it and it is signed by a judge, ICE can enter your home. If ICE enters your home, you have the right to remain silent. Do not answer questions. Do not sign any paperwork. Do not tell the officer your country of Nationality or provide him with any identification documents. Do not carry false documents with you. In Nebraska, you must state no more than your name. Then, ask to talk to an attorney.

Another way an ICE officer can enter your home legally, without a warrant, is if the officer is given permission. When ICE is at your door, it is important that you DO NOT open the door! If you choose to open the door, you are granting them the right to enter your home. It is important to share this information even with children. If your child opens the door, that is likewise consent to enter the home. So, have a conversation with those in your home about never opening the door to an officer without first reviewing a warrant.

If the ICE agent enters your home, remember your right to remain silent. Do not answer any questions. Do not show them false documents. If you have to speak, ask to speak with your attorney. Do not sign anything and never physically interfere with the agents of ICE or the police.



# Sus Derechos en Casa



*Si usted está en su casa e ICE toca a su puerta, lo primero que tenga que recordar es que tiene derechos para protegerse a usted mismo adentro de su hogar. Si ICE viene a su puerta, sin circunstancias apremiantes presentes, hay solo dos maneras que ellos puedan entrar legalmente a su hogar: (1) con orden de registro; o (2) con permiso.*

*Hay órdenes de registro y órdenes de aprehensión (Ve Mandato de Arresto en la sección de Recursos de esta Guía). Solo un orden de registro firmada por un juez le da permiso a ICE para entrar a su hogar y llevar a cabo una búsqueda. Por esta razón, es muy importante saber que tipo de orden tiene ICE. Si ICE llega a su puerta y le piden que la abre, usted le puede pedir al agente de ICE que le enseñe el orden. No abre la puerta para verlo, pídele al agente que lo pase debajo de la puerta o que lo enseñe por la ventana. El orden estará en inglés. Si tiene problemas leyendo o comprendiéndolo, trata de buscar ayuda para traducirlo. Debe buscar por su nombre, su domicilio, la fecha, y una firma. Si la información esta incorrecta, el orden es inválido, debe de regresarlo debajo de su puerta y decirle al agente que es "incorrecto."*

*También es importante ver quien firmo el orden. Si es un orden de aprehensión firmada por ICE, usted tiene el derecho a rechazar que el agente entre a su casa. Si es un orden de aprehensión firmada por ICE y usted elige ser arrestado, y si hay otros que puedan ser indocumentados en su hogar, camine afuera y cierra la puerta atrás de usted. Si no, el agente también puede hacerles preguntas a las otras personas adentro de su hogar.*

*Sin embargo, si es un orden de registro con correcta información y es firmada por un juez, ICE puede entrar a su casa. Si pasa esto, usted tiene el derecho de permanecer en silencio. No conteste preguntas. No firme ningún papeleo. No le diga al agente su país de nacionalidad o proveerlo con ningún documento de identificación. No tenga documentos falsos con usted. En Nebraska, debe de indicar nada más que su nombre. Luego, pide hablar con un abogado.*

*Otra manera que un agente de ICE pueda entrar legalmente a su hogar, sin un orden, es si le dan permiso al agente. Cuando ICE está en su puerta, ¡es muy importante que usted NO abre la puerta! Si elige abrir la puerta, le está otorgando el derecho a entrar a su hogar. Es importante compartir esta información con sus hijos también. Si un niño abre la puerta, es del mismo modo consentimiento para entrar a su hogar. Tenga una conversación con todos en su hogar sobre nunca abriendo la puerta a un oficial sin revisando el orden primero.*

*Si un agente de ICE entra a su hogar, recuerda que tiene el derecho de permanecer en silencio. No conteste ninguna pregunta. No enseñe documentos falsos. Si tiene que hablar, pide hablar con su abogado. No firme nada y nunca interfiere físicamente con agentes de ICE o la policía.*

# Your Rights in Housing

Housing discrimination based upon national origin, your association with someone from a particular or other protected characteristics, is prohibited. It is illegal for a landlord, owner, property manager, or real estate agent to treat you differently because of your immigration status or national origin. Specifically, they cannot:

- Refuse to rent to you because you or some of your family members do not speak English, or require you to speak English when outside of your apartment;
- Force you to choose an apartment near other people who are from the same country or speak the same language as you;
- Enforce rules against you or your family because you are an immigrant or refugee, but not enforce those rules against anyone else;
- Refuse to rent to you or require a co-signer because you are an immigrant or refugee from a particular country, or not from the U.S.; or
- Charge you more rent or a higher security deposit because of where you are from.

It is illegal for a landlord, owner, property manager, or real estate agent to ask you questions about your immigration status because of how you look, talk, or dress. This protection against housing discrimination continues once you are living in your home or apartment. A landlord, owner, property manager, real estate agent or anyone else cannot evict you, treat you differently, threaten or harass you because you are an immigrant or refugee from a particular country, or because of your association with an immigrant or refugee from a particular country. Harassment or threats include a housing provider doing the following:

- Saying you will be deported or telling you to return to your country of origin;
- Painting graffiti or writing on your home, including using slurs or threats to harm you or your family if you do not move;
- Yelling racial or ethnic slurs at you and your family; or
- Blocking access to your home, your belongings, or property amenities (like a swimming pool or laundry area).

If you experience housing discrimination, please contact an organization or agency that investigates discrimination in your community. (See Anti-discrimination Agencies and Organizations in the Resource Section).

# Tus Derechos en la Vivienda

*Se prohíbe la discriminación en la vivienda basada en el origen nacional, su asociación con alguien de una característica particular o otras características protegidas. Es ilegal que un propietario, dueño, administrador de propiedades o agente de bienes raíces que lo trate de manera diferente debido a su estado de inmigración o origen nacional. Específicamente, no pueden:*

- *Negar rentarle a usted porque usted o algunos miembros de su familia no hablan inglés, o requieren que hable inglés cuando se encuentre fuera de su apartamento;*
- *Obligarlo a elegir un apartamento cerca de otras personas que sean del mismo país o hablan el mismo idioma que usted;*
- *Hacer cumplir reglas en su contra o contra su familia porque usted es un inmigrante o refugiado, pero no hace cumplir esas reglas contra nadie más;*
- *Negar rentarle a usted o requiere un cosignatario porque usted es un inmigrante o refugiado de un país en particular, o no de los Estados Unidos; o*
- *Cobrarle más renta o un depósito de seguridad más alto debido a su lugar de origen.*

*Es ilegal que un propietario, dueño, administrador de propiedades o agente de bienes raíces que le haga preguntas sobre su estado migratorio debido a cómo se ve, habla o se viste. Esta protección contra la discriminación en la vivienda continúa una vez que viva en su casa o apartamento. Un propietario, dueño, administrador de propiedades o agente de bienes raíces o cualquier otra persona no puede desalojarlo, tratarlo de manera diferente, amenazarlo o acosarlo porque usted es un inmigrante o refugiado de un país en particular, o por su asociación con un inmigrante o refugiado de un país en particular. El acoso o las amenazas incluyen un proveedor de vivienda que hace lo siguiente:*

- *Diciendo le que será deportado o que le diga que se regrese a su país de origen;*
- *Pintando grafiti o escribiendo en su hogar, incluyendo el uso de insultos o amenazas para hacerle daño a usted o a su familia si no se muda;*
- *Gritando insultos raciales o étnicos a usted y su familia;*
- *Bloqueando acceso a su hogar, sus pertenencias o servicios de propiedad (como una piscina o área de lavandería).*

*Si experimenta discriminación en la vivienda, comuníquese con una organización o agencia que investigue la discriminación en su comunidad. (Vea Agencias y Organizaciones contra la discriminación en la Sección de Recursos).*

## Your Rights if Stopped on the Street



If you are walking down the street and are approached by an agent of ICE or the police who begins to ask you questions, ask if you can leave. If they say “yes,” walk away slowly. If they say “no,” do not walk away, ask to speak to an attorney, and remain silent. You are required to give your name and you may be required to give your address to a Nebraska law enforcement officer if the officer has reason to believe you have committed or will commit a crime; however, you are not required answer any other questions.

An agent of ICE or the police may pat you down to make sure you have no weapons or drugs in your possession. Do not resist this inspection. The agents cannot arrest you without a warrant or proof that you have committed a crime or have no legal status, so do not give ICE or law enforcement documentation that is false or that shows your nationality. Also, never lie to a police officer.

## Sus Derechos si es Detenido en la Calle



*Si usted está caminando por la calle y es acercado por un agente de ICE o la policía que comienza a hacerle preguntas, pregunte si usted puede irse. Si dicen "sí", camine lentamente. Si dicen "no", no se aleje, pida hablar con un abogado, y permanezca en silencio. Es posible que se le pida que dé su nombre y dirección a un oficial de la ley de Nebraska si el oficial tiene razones para creer que ha cometido o va a cometer un crimen; sin embargo, no se le requiere responder a ninguna otra pregunta.*

*Un agente de ICE o la policía puede darte una palmadita para asegurarse de que no tenga armas o drogas en su posesión. No se resista a esta inspección. Los agentes no pueden arrestarlo sin una orden judicial o una prueba de que usted ha cometido un crimen o no tiene un estatus legal, entonces no le dé documentación falsa a ICE / agente de policía o le dé a ICE / agente de policía documentación de su país de origen que muestre su nacionalidad. También, nunca le miente al oficial de policía o al agente de inmigración.*



# Your Rights at Work



If ICE comes to your work, it is important to remember to remain stay calm and silent. You are not obligated to answer any questions you get asked, other than your name, pursuant to Nebraska state law. If you are being questioned, ask if you are free to leave. If the response is “yes,” walk away slowly, do not run. If you run, you may be arrested. If you are told you cannot leave, do not walk away. Rather, ask to speak to your attorney and then remain silent.

When you come in contact with an ICE agent, do not present any identification documents. Do not tell the officer your country of nationality. If an officer asks when or how you entered the United States, do not answer that question. Rather, just ask to speak to your attorney. Do not give any false information or documents. Do not sign anything, and do not interfere with ICE’s search or arrests. If an agent shows you paperwork with someone’s name on it, you do NOT have to help ICE find that individual.

If you are arrested, do not answer questions and do not sign anything without first talking to an attorney. Memorize the phone number of your attorney or a trusted contact who can reach out to a legal representative on your behalf.

## Employment Discrimination

Employment discrimination based upon national origin, your association with someone from a particular country or other protected characteristics, is prohibited. Specifically, employers cannot:

- Require you to speak English when having a personal conversation with a co-worker;
- Require you to provide additional hiring documentation than what is required on Form I-9;
- Enforce rules or policies against you because you are an immigrant or refugee, but not enforce those rules against anyone else;
- Terminate your employment because your Lawful Permanent Resident Card ("LPR" or "green card") or Employment Authorization Document card ("EAD" or "work permit" expired if you continue to LPR, refugee, or asylee status; or
- Pay you lower wages or provide you with fewer hours because of where you are from.

If you experience employment discrimination, please contact an organization or agency that investigates discrimination in your community. (See Anti-discrimination Agencies and Organizations in the Resource Section of the Guide).



## Sus Derechos en el Trabajo



*Si ICE viene a su trabajo, es muy importante de permanecerse calmado y en silencio. No es obligado a contestar ninguna pregunta, aparte de su nombre, en acuerdo con ley estatal de Nebraska. Si lo están cuestionando, pregunta si es libre para irse. Si la respuesta es “sí,” alejarse despacio, no corre. Si corre, pueda ser arrestado. Si le dicen que no se puede ir, no se aleje. Más bien, pregunta hablar con su abogado y luego permanece en silencio.*

*Cuando llegue en contacto con un agente de ICE, no presente documentos de identificación. No le diga al agente su país de nacionalidad. Si el agente le pregunta cuando y como entró a los Estados Unidos, no le conteste. Más bien, no más pide hablar con su abogado. No provee información o documentos falsos. No firme nada, y no interfiere con búsquedas o detenciones por parte de ICE. Si un agente le enseña papeleo con el nombre de alguien, usted NO tiene que ayudar a ICE buscar a esa persona.*

*Si es arrestado, no conteste preguntas y no firme nada sin hablar con su abogado primero. Memorice el número de teléfono de su abogado o de un contacto de confianza que pueda comunicarse con un representante legal en su nombre.*

### Discriminación de Empleo

*Se prohíbe la discriminación en el empleo basada en el origen nacional, su asociación con alguien de un país en particular o otras características protegidas. Específicamente, los empleadores no pueden:*

- *Requerirle que hable inglés cuando tenga una conversación personal con un compañero de trabajo;*
- *Requerirle que proporcione documentación de contratación adicional a la requerida en la Forma I-9;*
- *Hacer cumplir reglas o políticas en su contra porque usted es un inmigrante o refugiado, pero no hace cumplir esas reglas contra nadie más;*
- *Terminar su empleo debido a que su Tarjeta de Residente Permanente Legal (“LPR” o “tarjeta verde”) de la Tarjeta de Documento de Autorización de Empleo (“EAD” o “permiso de trabajo” se venció si continua con el estatus de residente, refugiado o asilado); o*
- *Pagarle salarios más bajos o proporcionarle menos horas debido a su lugar de origen.*

*Si experiencia discriminación en la vivienda, comuníquese con una organización o agencia que investigue la discriminación en su comunidad. (Vea Agencias y Organizaciones contra la discriminación en la Sección de Recursos).*



## ***Your Rights if Stopped in a Vehicle***

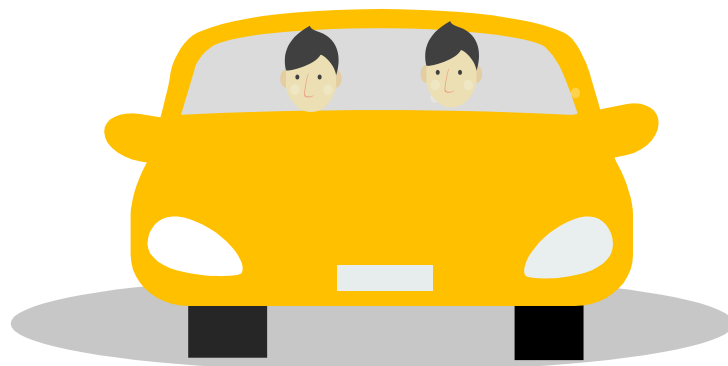
If you are a **passenger** in the vehicle, you have the same rights as if you were stopped on the street.

If you are the **driver** of the vehicle, the police can ask you to provide your driver's license, vehicle registration, and insurance as these are legally required in order to drive a vehicle. If you do not have a driver's license, registration or car insurance, it is very risky for you to drive. If the police stop you and you cannot provide the aforementioned documents, you could be arrested and transferred to ICE who could, in turn, deport you. It is always best to find someone to take your place, or get a ride, whenever possible.

## ***Sus Derechos si es Detenido en un Vehículo***

*Si usted es un **pasajero** en el vehículo, tiene los mismos derechos que si hubiera sido detenido en la calle.*

*Si usted es el **conductor** del vehículo, la policía puede pedirle que proporcione su licencia de conducir, registro de vehículo y seguro, ya que estos son legalmente necesarios para conducir un vehículo. Si usted no tiene una licencia de conducir, registro o seguro de automóvil, es muy arriesgado para que usted conduzca. Si la policía lo detiene y no puede proporcionar los documentos mencionados, podría ser arrestado y transferido a ICE que, a su vez, podrían deportarlo. Siempre es mejor encontrar a alguien que lo lleve a lugares, o conseguir un paseo, siempre que sea posible.*





# Your Rights at an Airport

To enter the U.S., you must pass first through Customs and Border Protection (CBP) officials. Remember it is illegal for officials to perform stops, searches, apprehensions, or removals based solely on race, national origin, religion, sex or ethnicity, but they can stop you based on your citizenship or past travel and search you. They can also ask you questions about your immigration status.

## 1. Searches

a. **Routine for search with religious head covering.** If you wear a religious head covering and are selected for additional screening and asked to remove it, you should assert your right to wear your covering. If you pass through the metal detector with your head covering (e.g., turban or hijab) and the alarm goes off, the officer may use a hand-wand on your head-covering to discover what is triggering the alarm. If the wand goes off, the officer will either pat you down or have you remove it. You have the right to request that this take place in a private area and to pat down your own head covering.

b. **Strip searches.** If you are requested to remove your clothes, the search must be done in a private area. Strip searches are not routine and there must be “reasonable suspicion” you carry something unlawful.

2. **Reporting problems.** If you are always questioned by officers every time you fly and believe you are part of a no-fly or national security list or you believe that the officers targeted you because of your race, ethnicity, or religion or you received mistreatment in any other form, you should contact:

a. **Submit an inquiry with the Transportation Security Administration through the DHS Traveler Redress Inquiry Program (DHS TRIP)** (form available in the Resource Section of the guide and at [https://trip.dhs.gov/TRIP/DHS\\_Form\\_591-Traveler\\_Inquiry\\_Form.pdf](https://trip.dhs.gov/TRIP/DHS_Form_591-Traveler_Inquiry_Form.pdf)); and

b. **File an Air Travel Complaint Form with the Department of Transportation** (form available in the Resource Section of the Guide and at <https://airconsumer.dot.gov/escomplaint/ConsumerForm.cfm>).

3. Remember to record details such as name of the airport, airline, flight number, names and badge numbers of the officers, questions asked, their reasoning for treating you the way they did, what searches were conducted, length of time and conditions of detention, and names and contact information of any witnesses.

## 4. Your Right to an Attorney

a. **If you are not a U.S. citizen,** you should carry your green card or documents proving your status in the U.S. with you. You do not have the right to an attorney if you are being questioned further and the questions relate to whether you can enter the U.S. However, if the questions pertain to something other than your immigration status, you have the right to an attorney. You can ask the officer if the secondary questioning can be saved for a later time, still the officer has the discretion to deny or grant your request. If you are still denied entry after further questioning and you fear that you will be persecuted or tortured if you go back to your home country, tell the officer so and request asylum.

b. **If you are a U.S. citizen,** you have the right to have an attorney with you for any questioning after you are selected for a secondary questioning.



# Sus Derechos en un Aeropuerto

Para ingresar a los EE.UU. en su puerto de entrada, usted debe pasar primero a través de los funcionarios de Aduanas y Protección Fronteriza (CBP). Recuerde que es ilegal que los funcionarios realicen paradas, búsquedas, aprensiones o remociones basadas únicamente en su raza, origen nacional, religión, sexo u origen étnico, pero pueden detenerlo en función de su ciudadanía o viajes anteriores y buscarlo. También pueden hacerle preguntas sobre su estatus migratorio.

## 1. **Busquedas**

a. **Rutina para la búsqueda con la cobertura religiosa en la cabeza.** Si usted usa una cobertura religiosa en la cabeza y es seleccionado para la proyección adicional y le piden quitársela, usted debe afirmar su derecho a usar su cobertura. Si usted pasa a través del detector de metales con la cubierta de la cabeza (es decir, turbante o hijab) y la alarma se apaga, el oficial puede usar una varita en la cobertura con el fin de descubrir lo que está provocando la alarma. Si la varita se apaga, el oficial le dará una palmadita o se la quitará. Usted tiene el derecho de solicitar que esto ocurra en un área privada y dar la palmada a su propia cobertura de la cabeza.

b. **Búsquedas de tiras.** Si se le pide que se quite la ropa, la búsqueda debe hacerse en un área privada. Las búsquedas de tiras no son rutinarias y debe haber "sospecha razonable" que llevas algo ilegal.

2. **Reportar problemas.** Si siempre lo interrogan los oficiales cada vez que vuela y cree que es parte de una lista de no vuelo o de seguridad nacional, o cree que los oficiales lo apuntaron debido a su raza, origen étnico o religión o recibieron maltrato de cualquier otra forma, Debe ponerse en contacto con:

a. **Envíe una investigación a través de la Administración de Seguridad del Transporte a través del Programa de Consulta de Reclamación de Viajeros del DHS (DHS TRIP)** (el formulario está en la sección del recursos de la Guía y en [https://trip.dhs.gov/TRIP/DHS\\_Form\\_591-Traveler\\_Inquiry\\_Form.pdf](https://trip.dhs.gov/TRIP/DHS_Form_591-Traveler_Inquiry_Form.pdf)); y

b. **Presente un Formulario de Queja de Viaje Aéreo con el Departamento de Transporte** (el formulario está en la sección del recursos de la Guía y <https://airconsumer.dot.gov/escomplaint/ConsumerForm.cfm>).

3. Recuerde registrar detalles como nombre del aeropuerto, aerolínea, número de vuelo, nombres y números de la insignia de los oficiales, preguntas hechas, su razonamiento para tratarlo de la manera en que lo hicieron, del tiempo y las condiciones de detención, y los nombres e información de contacto de testigo.

## 4. **Su Derecho a un Abogado**

a. **Si Usted No Es Un Ciudadano Estadunidense,** debe llevar su tarjeta verde o documentos que demuestren su estatus en los EE.UU. con usted. Usted no tiene derecho a un abogado si está siendo interrogado más a fondo y las preguntas se refieren a si puede ingresar a los EE.UU. Sin embargo, si las preguntas no son referentes a su estado migratorio, usted tiene derecho a un abogado. Usted puede preguntarle al oficial si el interrogatorio secundario puede ser guardado para un tiempo posterior, aún el oficial tiene la discreción para negar o conceder su petición. Si se le niega la entrada después de un nuevo interrogatorio y teme persecución o que será torturado si regresa a su país de origen, dígame al oficial y solicite asilo.

b. **Si Usted Es Ciudadano Estadunidense,** usted tiene el derecho de tener un abogado con usted para cualquier interrogatorio después de que usted es seleccionado para un interrogatorio secundario.

# Your Rights if You Are Arrested

1. **DO:**
  - a. Say you want to speak to your attorney
  - b. Remember you have the right to remain silent
  - c. Ask the ICE agents to give you a court hearing as soon as possible
2. **DON'T:**
  - a. Say where you were born
  - b. Show the ICE or police false documents
  - c. Sign anything, particularly an "order of voluntary departure" without first speaking to your immigration attorney
    - i. Don't be intimidated or tricked into signing your voluntary departure. ICE can lie to you, but you cannot lie to them
3. You have the right to make one (1) telephone call after your arrest
4. You will likely be fingerprinted. If you are NOT being arrested, you can refuse to be fingerprinted. This may cause ICE to detain you.
5. You have the right to call your consulate

## *Sus Derechos si es Arrestado*

1. **QUE HACER:**
  - a. Diga que quiere hablar con su abogado
  - b. Recuerde que tiene derecho a permanecer en silencio
  - c. Pídale a los agentes de ICE que le den una audiencia en la corte tan pronto sea posible
2. **QUE NO HACER:**
  - a. Decir donde nacio
  - b. Mostrarles a los agentes de ICE o a la policia documentos falsos
  - c. Firmar documentos, en particular una "orden de salida voluntaria" sin hablar primero con su abogado de inmigración
    - i. No sea intimidado o engañado a firmar su salida voluntaria. ICE le puede mentir, pero usted no debe mentirles a ellos.
3. Usted tiene el derecho a hacer una llamada telefónica después de su aresto
4. Es probable que le tomen las huellas dactilares. Si usted NO está siendo arrestado, puede negarse a tomar sus huellas dactilares. Esto puede hacer que ICE lo detenga.
5. Usted tiene derecho a llamar a su consulado

# Your Rights in Removal Proceedings

1. Within the first 72 hours of your arrest, ICE must explain to you why you are in removal proceedings by giving you a document called “Notice to Appear.” A copy of a Notice to Appear is in the Resource Section of the Guide.
2. **Risk of Expedited Removal.** In the majority of cases, ICE cannot deport you without having first given you an opportunity to speak before an Immigration Judge. However, there are certain categories of individuals who may be subject to expedited removal, a procedure that does not allow a hearing before an Immigration Judge or appeal. It is important to consult with an attorney regarding whether you may be subject to expedited removal if you are detained. The Safety Planning Section of this Guide discusses important documentation to gather to help prevent possible expedited removal.
3. **Right to have an attorney represent you.** You have the right to have an attorney represent you if you are placed in removal proceedings, but the government will not pay the cost. Unlike criminal cases in state court, in immigration court, you will not be appointed an attorney if you cannot afford one. Nonetheless, ICE must provide you a list of free local immigration services that may assist you with your case. If you do not receive this list while you are in removal proceedings, ask for one.
4. **Right to an interpreter.** You have the right to an interpreter who can speak your native language while at your hearing.
5. **Right to a bond hearing.** If you have been arrested by ICE and remain detained, you may have the right to a bond to be freed and fight your case in court while out of jail. Consult with your immigration attorney to obtain a bond hearing. See attached information regarding the Pro Bono Detainee Project to apply for an attorney to help you at the bond hearing if you cannot afford to hire an attorney. If your bond is too high, you can ask for a hearing before the Judge, so your bond can be lowered or eliminated.



# Sus Derechos en los Procedimientos de Remoción

1. *Dentro de las primeras 72 horas de su arresto, ICE debe explicarle por qué está en el proceso de remoción dándole un documento llamado "Aviso para Aparecer". Vea el Aviso para Aparecer la sección del recursos..*
2. **Riesgo de Remoción Acelerada.** *En la mayoría de los casos, ICE no puede deportarlo sin antes haberle dado la oportunidad de hablar ante un Juez de Inmigración. Sin embargo, hay ciertas categorías de individuos que pueden ser sujetos a una remoción acelerada, un procedimiento que no permite una audiencia ante un juez de inmigración o una apelación. Es importante consultar con un abogado acerca de si puede ser sujeto a una remoción acelerada si lo detienen. La Sección de Planificación de Seguridad de esta Guía analiza la documentación importante que debe recopilarse para ayudar a prevenir una posible eliminación expedita.*
3. **Derecho a que un Abogado lo Represente.** *Usted tiene el derecho de que un abogado lo represente si usted es colocado en un proceso de remoción, pero el gobierno no pagará el costo. A diferencia de los casos criminales en la corte estatal, en la corte de inmigración, no será nombrado abogado si no puede pagar uno. No obstante, ICE debe proporcionarle una lista de servicios de inmigración locales gratuitos que pueden ayudarle con su caso. Si no recibe esta lista mientras está en el proceso de remoción, pida una.*
4. **Derecho a un Intérprete.** *Usted tiene derecho a un intérprete que pueda hablar su idioma nativo durante su audiencia.*
5. **Derecho a una Audiencia de Bono.** *Si usted ha sido arrestado por ICE y permanece detenido, usted puede tener el derecho a un bono para ser liberado y luchar su caso en la corte mientras fuera de la cárcel. Consulte con su abogado de inmigración para obtener una audiencia de bonos. Vea la información adjunta con respecto al Proyecto Pro Bono Detainee para solicitar un abogado que lo ayude en la audiencia de bonos si no puede contratar a un abogado. Si su fianza es demasiado alta, puede solicitar una audiencia ante el Juez para que su fianza pueda ser reducida o eliminada.*





# Safety Planning

Being prepared and organized is one thing you can do now to help your family prepare for any uncertainties that may arise. It is important to keep a file of copies of all of applicable checklist documents in a safe place. Tell your children, family members, and Power of Attorney and/or designated caregiver for your children where to find this file in an emergency. Additionally, it may be a good idea to set aside money for expenses in the event of detention and/or deportation.

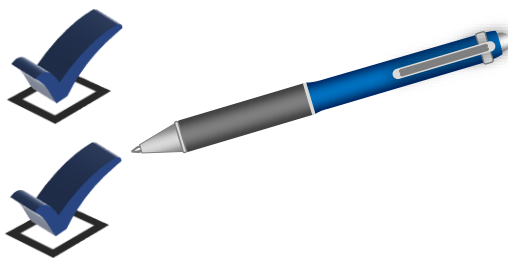
Please use the following checklists to ensure you have prepared and gathered copies of all of the important documents that apply to you.



# Planificación de Seguridad

*Estar preparado y organizado es una cosa que usted puede hacer ahora para ayudar a su familia a prepararse para cualquier incertidumbre que pueda surgir. Es importante mantener un archivo de copias de todos los documentos de lista de verificación aplicables en un lugar seguro. Dígales a sus hijos, miembros de la familia y al Poder de Abogado y/o al poder notarial duradero para sus hijos dónde encontrar este archivo en caso de una emergencia. Adicionalmente, sería buena idea de ahorrar dinero en el evento de una detención o/y deportación.*

*Por favor utilice las siguientes listas de verificación para asegurarse de que ha preparado y reunido copias de todos los documentos importantes que son aplicables a su caso.*



## Individual Checklist



- Your Passport
- Your Birth Certificate
- Identification Documents
  - Driver's License
  - Social Security Card and/or ITIN Number
  - Government-Issued Identification
- Proof of Residency in the United States
- Immigration Documents
  - A number
  - I-94 or other Entry/Exit Documents
  - Visa
  - Work Permit
  - LPR Card (Green Card)
- Medical Information
  - Medical Release / HIPAA Authorization
  - Immunizations
  - Allergies
  - Medications/Prescriptions
  - Medical Needs
- Immigration Legal Consultation

## Checklist if You have Children



- Child's Passport
- Child's Birth Certificate
- Register Your Child's Birth with the Embassy
- Child's Identification Documents
- Child's Proof of Residency
- Child's Immigration Documents
- Child's Medical Information
- Temporary Delegation of Parental Powers
- Child's Emergency Contact Forms for School

## Checklist if You Are Married



- Marriage Certificate(s)
- Divorce and/or Death Certificate(s), if applicable
- Spouse's Passport
- Spouse's Birth Certificate
- Spouse's Identification Documents
- Spouse's Proof of Residency in the United States
- Spouse's Immigration Documents
- Spouse's Medical Information

## Checklist if You Own Property



- Durable Power of Attorney
- Your Home and/or Rental Property:
  - Give a Copy of Your Deed or Lease to Your Power of Attorney
  - Give a Spare Set of Keys to Your Power of Attorney
- Your Vehicles
  - DMV Power of Attorney for Vehicle/Motorboat Only
  - Give a Copy of Your Vehicle Title Your DMV Power of Attorney
  - Give a Spare Set of Keys to Your Power of Attorney

## **Lista Para Individuos**



- Su Pasaporte*
- Certificado de Nacimiento*
- Documentos de Identificación*
  - *Licencia de Conducir*
  - *Tarjeta de Seguro Social y/o Numero de ITIN*
  - *Identificación Emitida por el gobierno*
- Prueba de Residencia en los EE.UU.*
- Documentos de Inmigración*
  - *Numero A*
  - *I-94 u otro documento de entrada/salida*
  - *Visa*
  - *Permiso de Trabajo*
  - *Tarjeta Legal de Residente Permanente (Tarjeta Verde)*
- Información Médica*
  - *Liberación médica / Autorización de HIPAA*
  - *Inmunizaciones*
  - *Alergias*
  - *Medicamentos/Recetas*
  - *Necesidades Médicas*
- Consulta Migratoria Legal*

## **Lista de Verificación de Documentos Si Tiene Hijos**



- Pasaporte de sus Hijos*
- Certificados de Nacimiento de sus Hijos*
- Registre el Nacimiento de sus Hijos con la Embajada*
- Documentos de Identificación de sus Hijos*
- Prueba de Residencia en los EE.UU. de sus Hijos*
- Documentos de Inmigración de sus Hijos*
- Información Médica de sus Hijos*
- Delegación Temporal de los Poderes Parentales*
- Formularios de Contacto de Emergencia de sus Hijos para la Escuela*

## **Lista de Verificación de Documentos Si Está Casado**



- Certificado de Matrimonio*
- Certificado (s) de Divorcio y/o Defunción, si es aplicable*
- Pasaporte del Cónyuge*
- Certificados de Nacimiento del Cónyuge*
- Documentos de Identificación del Cónyuge*
- Prueba de Residencia en los EE.UU d el Cónyuge*
- Documentos de Inmigración del Cónyuge*
- Información Médica del Cónyuge*

## **Lista de Verificación de Documentos Si es Dueño de Propiedad**



- Poder Notarial Duradero*
- Su Casa y/o Propiedad de Alquiler:*
  - *Dé una copia del Título de Propiedad o Arrendamiento a su Poder Notarial Duradero*
  - *Dé una copia de llaves de Repuesto a su Poder Notarial*
- Su Vehículos*
  - *Departamento de Vehículos Motorizados (DVM) Poder Notarial Duradero Para Vehículo / Motora solamente*
  - *Dé una copia del Título a su Poder Notarial Duradero del Departamento de Vehículos Motorizados (DVM)*
  - *Dé una copia de llaves de Repuesto a su Poder Notarial Duradero del Departamento de Vehículos Motorizados (DVM) Poder Notarial Duradero*

# How to Get a Passport

It is important to have a passport from your country of nationality as proof of identity. If you are arrested and detained, you may remain in detention for a long time while your consulate verifies your identity if you do not have one. If a US Citizen has a U. S passport, this is proof of citizenship. Also, the citizen can travel outside of the U.S and return lawfully. This Guide provides information related to how to get Passports from the following countries: U.S., Mexico, Guatemala, and El Salvador. If you do not reside in one of these countries, contact the consulate that serves the area in which you reside.

## Como Obtener un Pasaporte

*Es importante tener un pasaporte de su país de nacionalidad como prueba de identidad. Si es arrestado o detenido, es probable que este en detención por mucho tiempo mientras su consulado verifica su identidad. Si un ciudadano estadounidense tiene un pasaporte, eso sirve como prueba de identidad. También el ciudadano puede viajar fuera de los EE.UU. y regresar legalmente. Esta Guía le provee información relacionada a cómo obtener un pasaporte de los siguientes países: EE.UU., Mexico, Guatemala, y El Salvador. Si usted no reside en alguno de estos países, contacte a su consulado que ofrece servicios en el área donde reside.*

## How to Get a Passport: U.S.

If you, your spouse, or your children are United States Citizens, fill out the enclosed U.S. Passport Application, DS 11. You will need to include the following with the application:

1. Proof of U.S. Citizenship
  - a. Born in the US: Submit a previous U.S. passport or certified birth certificate.
  - b. Born outside the US: Previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Consular Report of Birth Abroad, or:
    - i. If you claim citizenship through naturalization of parent: Submit the Certificate(s) of Naturalization of your parent, your foreign birth certificate (and English translation), proof of your admission to the US for permanent residence, and your parents' marriage certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent.
    - ii. If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (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), proof of U.S. citizenship of your parent, your parents' marriage certificate, and an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the U.S. and abroad before your birth.

iii. If you claim citizenship through adoption by a U.S. citizen parent: Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s)' evidence of legal and physical custody.

2. Proof of Identity: You may submit items such as your previous or current U.S. passport book/card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card.
3. Recent Color Photo: full front view of face and 2x2 inches in size.
4. Fees. See attached Fee Chart.
5. When a minor under the age of 16 applies for a passport and one of the minor's parents or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 (enclosed) can be used as the statement of consent.

Where to apply: There are passport instructions and a passport application in the resource section of this Guide. Also, this website will allow you to find the nearest acceptance facility where you can apply for a United States passport: <https://iafdb.travel.state.gov/DefaultForm.aspx>.

## **Como Obtener un Pasaporte: EE.UU.**

*Si usted, su esposo/a, o sus hijos son ciudadanos estadounidenses, llenen la forma adjunta, llamada "Passport Application, DS 11/ Aplicación de Pasaporte, DS 11." Tendrá que incluir la siguiente información con su aplicación:*

1. *Prueba de Ciudadanía estadounidense*
  - a. *Si es nacido en los EE.UU.: someta su previo pasaporte estadounidense o certificado de nacimiento original.*
  - b. *Si es nacido fuera de los EE.UU.: someta su previo pasaporte, certificado de naturalización, certificado de ciudadanía, o Reporte Consular de Nacimiento en el Extranjero:*
    - i. *Si usted busca solicitar la ciudadanía a través de la naturalización de su padre/madre: Someta el certificado de naturalización de su padre o madre, su certificado de nacimiento de su país de nacimiento (con interpretación en inglés), prueba de su admisión a los EE.UU. como residente, y el certificado de matrimonio y/o prueba de que usted está en la custodia física y legal de su padre o madre ciudadana estadounidense.*

ii. Si usted busca solicitar la ciudadanía a través de su nacimiento en el extranjero a un padre ciudadano estadounidense: Someta el Reporte Consular de Nacimiento (Forma FS-240), Certificado de Nacimiento (DS-1350 o FS-545), o su certificado de nacimiento del país donde nació (con interpretación oficial en inglés), prueba de ciudadanía estadounidense de su padre o madre, el certificado de matrimonio de sus padres, y una declaración bajo juramento de perjurio demostrando todos los periodos y residencias o presencia física de sus padre o madre estadounidense dentro y fuera de los EE.UU. antes de su nacimiento.

iii. Si usted busca solicitar la ciudadanía a través de adopción por un padre o madre ciudadano estadounidense: Someta pruebas de su estatus como residente, la adopción entera y final, y prueba de que su padre o madre estadounidense tiene su custodia física y legal.

2. Prueba de Identidad: Usted puede someter documentos como su previa o actual libro o tarjeta pasaporte estadounidense; licencia de manejo (no temporaria o de aprendizaje); certificado de naturalización; certificado de ciudadanía; identificación de las fuerzas armadas; o identificación de empleo del gobierno federal, del estado o municipalidad.

3. Foto Reciente en Color: Vista al frente complete y 2x2 pulgadas en tamaño.

4. Costo. Encuentre adjunto una tabla de cuotas.

5. Cuando un menor de 16 años o menor aplica para su pasaporte y uno de los padres del menor o tutores/guardianes no está disponible al tiempo que se ejecuta el pasaporte, la forma DS-3053 (adjunto) debe ser completada y notariada para funcionar como una declaración de consentimiento.

Donde aplicar: Hay instrucciones y una aplicación de pasaporte en la sección de los recursos de la Guía. El sitio en línea le ayudará a encontrar la instalación más cercana donde usted podrá aplicar para su pasaporte estadounidense: <https://iafdb.travel.state.gov/DefaultForm.aspx>.

## How to Get a Passport: Mexico

1. Find a Mexican Consulate that serves the area in which you live:  
The Consulate of Mexico  
7444 Farnam Street  
Omaha, NE 68114  
(402) 595-1841
2. Make an Appointment by calling Mexitel at 1 (877) 639-4835
3. Complete Form OP-5 Application for Mexican Passport (attached) and enclose
  - a. Proof of Mexican Nationality: Birth Certificate or Mexican Passport
    - i. Birth certificate—your original or a certified copy and two copies
    - ii. Mexican passport—expired or current, and two copies of pages 1-4 and 32 of your passport

- b. Proof of Identity: Original and Two Photocopies
    - i. Examples: Mexico’s voter ID; Mexican Passport; Consular ID card; Mexico’s Military Service Card; Mexican Driver’s License; School diploma (with photo) certified by SEP; Student ID card (minors only)—must include your photo and full name
  - c. If married, Marriage Certificate
  - d. Passport-style photos: Two (2)
  - e. The appropriate fee
    - i. Valid for 3 years: \$74.00.
    - ii. Valid for 6 years: \$101.00.
    - iii. If 60 years old or older and/or permanently disabled: 50% discount.
4. Special guidelines for Mexican minors (below the age of 18)
- a. In addition to all of the above, passport applications for children under 18 also must include the enclosed Form OP-7. Each parent is required to present a valid identification and a copy.
  - b. If both parents live in the same area: Both must sign Form OP-7 before a consular officer.
  - c. If one of the parents is deceased, the other must sign Form OP-7 before a consular officer and take an original or certified copy of the death certificate of the deceased parent.
  - d. If the parents are separated: One parent must go with the minor to the consulate with the original court decision, proving custody of the minor.
  - e. If one of the parents is living in Mexico, that parent must go to a “Secretaría de Relaciones Exteriores” (SRE) to fill out Form OP-7 before an officer.
  - f. If one or both parents is residing in a city different from where the child will get her passport or in another country, except Mexico: The parent(s) must go to the nearest Mexican consulate to sign form OP-7 before an officer.
  - g. If the minor has no parents, custodians or relatives: Call the Mexican consulate and ask for further information.

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## ***Como Obtener un Pasaporte: Mexico***

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1. Encuentre un Consulado Mexicano que provee servicios en el área donde vive:  
El Consulado de México  
7444 Farnam Street  
Omaha, NE 68114  
(402) 595-1841
2. Haga una cita llamando a Mexitel al 1 (877) 639-4835

3. Complete la Forma OP-5 Aplicación para Pasaporte Mexicano (adjunto) e incluya:

- a. Prueba de nacionalidad mexicana: Certificado de Nacimiento o Pasaporte Mexicano
  - i. Certificado de nacimiento—la original o copia certificada y 2 copias
  - ii. Pasaporte Mexicano—la expirada o actual, y dos copias de las siguientes páginas: 1-4 y 32 de su pasaporte
- b. Prueba de identidad: Original y dos fotocopias
  - i. Ejemplos: Identificación de votante de México; Pasaporte Mexicano; Tarjeta de identificación del consulado; Tarjeta de Servicio en las fuerzas armadas de México; Licencia de manejo de México; diploma de escuela (con foto) certificada por el SEP; identificación de estudiante (solo para menores de edad) – debe incluir su foto y nombre entero.
- c. Si está casado, certificado de matrimonio
- d. Fotos estilo pasaporte: Dos (2)
- e. La cuota apropiada
  - i. Valida por 3 años: \$74.00.
  - ii. Valida por 6 años: \$101.00.
  - iii. Valida por 10 años \$136.00.
  - iv. Si es mayor de 60 años y/o discapacitado permanentemente: descuento de 50%

4. Reglas especiales para niños/as menores de edad de (menores de 18 años de edad)

- a. Adicionalmente a lo mencionado arriba, aplicaciones para menores de 18 años de edad deben incluir la forma adjunta llamada OP-7. Cada padre es requerido a presentar una identificación válida y una copia.
- b. Si ambos padres viven en la misma área: Los dos deben firmar la forma OP- 7 ante el oficial del consulado.
- c. Si uno de los padres ha fallecido, el otro debe firmar la forma OP-7 ante el oficial del consulado y llevar la original o copia certificada de la defunción del padre fallecido.
- d. Si los padres están separados: Un padre debe ir con el menor al consulado con la decisión original de la decisión de la corte, comprobando la custodia del menor.
- e. Si uno de los padres vive en México, el padre debe ir a la “Secretaría de Relaciones Exteriores” (SRE) para completar la Forma OP-7 ante el oficial.
- f. Si uno o ambos padres residen en una ciudad diferente de donde su hijo/a recibirá su pasaporte o en otro país, excepto México: El padre/madre o ambos deben ir al consulado mexicano más cercano a firmar la forma OP-7 ante un oficial.
- g. Si el menor no tiene padres, los conservadores o familiares: Deben llamar al consulado Mexicano y preguntar por más información.

# How to Get a Passport: Guatemala

1. Find the consulate that serves the area in which you live:  
Guatemala Consulate General 1001  
S. Monaco Parkway Suite 300  
Denver, CO 80224
2. Call (303) 629-9210 to make an appointment, or you can make an appointment online at <http://citaconsularguatemala.com/>.
3. Requirements if you are 18 years of age or older:
  - a. Original and one copy of your
    - i. Documento Personal de Identificación (DPI);
    - ii. Birth Certificate; or
    - iii. Cédula de Vecindad.
  - b. \$65.00; and
  - c. Your expired Passport, if you have one.
4. Requirements if you are under 18 years of age:
  - a. Birth Certificate;
  - b. Expired passport, if you have one;
  - c. \$65.00; and
  - d. Your parents will have to accompany you and provide identification, such as their Documento Personal de Identificación (DPI), Birth certificate, or Cédula de Vecindad.
5. You can also find more information about mobile consulates through their website at [http://www.minex.gob.gt/Visor\\_Pagina.aspx?PaginaID=2212](http://www.minex.gob.gt/Visor_Pagina.aspx?PaginaID=2212).

# Como Obtener un Pasaporte: Guatemala

1. Encuentre un consulado que provee servicios en donde vive:  
Consulado General de Guatemala  
1001 S. Monaco Parkway Suite 300  
Denver, CO 80224
2. Llame (303) 629-9210 para hacer una cita, o puede hacer una cita en línea al <http://citaconsularguatemala.com/>.
3. Requisitos si usted es mayor de los 18 años:
  - a. La original y una copia de su:
    - i. Documento Personal de Identificación (DPI);
    - ii. Certificado de Nacimiento; o
    - iii. Cédula de Vecindad.
  - b. \$65.00; y
  - c. Su pasaporte vencido, si tiene.

4. Requisitos si usted es menor de 18 años:
  - a. Certificado de nacimiento;
  - b. pasaporte vencido, si tiene uno;
  - c. \$65.00; y
  - d. Sus padres tendrán que acompañarlo y proveer identificación, como su Documento Personal de Identificación (DPI), certificado de nacimiento, o Cédula de Vecindad.
5. También puede encontrar más información acerca de los consulados móviles de Guatemala a través [http://www.minex.gob.gt/Visor\\_Pagina.aspx?PaginaID=2212](http://www.minex.gob.gt/Visor_Pagina.aspx?PaginaID=2212).

## How to Get a Passport: El Salvador

1. Find the consulate that serves the area in which you live:  
El Salvador Consulate General  
177 North State, 2nd floor, Mezzanine  
Chicago, IL 60601  
(312)-332-1393/ (888)-301-1130
2. Call (312)-332-1393 or obtain an appointment here: <https://pasaportes.gob.sv/>
3. If you register for an appointment online, you will get a confirmation email with a list of documents you are required to bring to your appointment.
4. Requirements for Adults requesting a Passport for the first time:
  - a. Application for a Passport (Register online for a copy);
  - b. Original, Current Identity Document (Documento Único de Identidad);
    - i. If you do not have a DUI, your Original Birth Certificate;
  - c. Photocopy of DUI enlarged by 150%, black and white, both sides on one side of the paper.
  - d. Complete a Declaration of Identity at your appointment.
  - e. Any change in the applicant's family status that is not reflected in the DUI must be supported by the certification of the marriage certificate, divorce or death of the spouse, issued by the City Hall of El Salvador where the respective act or fact is recorded.
  - f. Fees: \$60.00.
5. Requirements for children and adolescents:
  - a. Minors under 10 years old do not need to sign anything;
  - b. Original birth certificate;
  - c. DUI of parents accompanying the minor;
    - i. Or other personal identity document, such as a passport, if parent is not a national of El Salvador or does not have a DUI.
  - d. If one parent cannot accompany the minor, that parent must sign an original "Trámite de pasaporte de menor de edad" before a notary and include a copy of his or her DUI with the authorization;
  - e. If one parent is deceased, you must have a death certificate of that parent.

## Como Obtener un Pasaporte: El Salvador

1. Encuentre un consulado que provee servicios en donde vive:  
Consulado General de El Salvador  
177 North State, 2nd floor, Mezzanine  
Chicago, IL 60601  
(312)- 332-1393/(888)-301-1130
2. Llame al (312)-332-1393 o haga una cita en línea aquí: <https://pasaportes.gob.sv/>
3. Si se registra para una cita en línea, usted recibirá un correo electrónico con la confirmación y una lista de documentos que usted debe llevar a su cita.
4. Requisitos para Adultos solicitando un Pasaporte por la primera vez:
  - a. Aplicación para un pasaporte (Regístrese en línea para obtener una copia);
  - b. Documento Único de Identidad;
    - i. Si usted no tiene un Documento Único de Identidad, puede proveer su certificado de nacimiento original;
  - c. Fotocopia de su Documento Único de Identidad hecho grande a 150%, blanco y negro, con los dos lados de la hoja en un solo lado de papel;
  - d. Complete la Declaración de Identidad en su cita;
  - e. Cualquier cambio en el estatus de familia no reflejada en el Documento Único de Identidad debe ser comprobado con el certificado de matrimonio, certificado de defunción de esposo/a, emitida por la municipalidad de El Salvador donde el acto respectivo o hechos fueron registrados.
  - f. Cuota: \$60.00
5. Requisitos para hijos/as y adolescentes:
  - a. Menores de 10 años no necesitan firmar;
  - b. Certificado de nacimiento original;
  - c. Declaración de Identidad de los padres acompañando al menor;
    - i. U otro documento de identidad personal, como un pasaporte, si su padre o madre no es de nacionalidad Salvadoreña o no tiene un Documento Único de Identidad.
  - d. Si uno de los padres no puede acompañar al menor, el padre que no puede acompañar al menor, debe firmar la forma original llamada "Trámite de pasaporte de menor de edad" ante un notario e incluir copia de su Documento Único de Identidad con la autorización.
  - e. Si un padre ha fallecido, usted debe tener el certificado de defunción del padre que falleció.

# How to Get A Birth Certificate: Nebraska

If your child was born in the State of Nebraska, you can apply for a certified birth certificate online at <https://www.nebraska.gov/hhs/birthcert/birthapp.php>. All birth certificates are \$17.00 each. After applying online, the applicant must fax an enlarged and readable photocopy of his or her current government-issued photo identification to 402-742-2385 or attach the current government-issued photo id to an email and send to [DHHS.VitalRecords@nebraska.gov](mailto:DHHS.VitalRecords@nebraska.gov). The Internet Application processing time is 7 to 10 working days sent by standard US mail.

To get a birth certificate by mail, send the enclosed DHHS Application with a \$17.00 check or money order made out to "Vital Records" (no credit cards) and send the following information:

- Child's full name on record. If adopted, list adoptive name and state "adopted".
- Month/day/year of birth
- City or town of birth/County of birth
- Father's/Parent's full name at birth. If adopted, list adoptive father's name.
- Mother's/Parent's full name at birth. If adopted, list adoptive mother's maiden name.
- Why record is needed?
- If not your record, how are you related?
- A photocopy of the current government-issued photo id of the person making the application.

Mail to:

Nebraska Department of Health & Human Services  
Division of Public Health  
Vital Records  
P.O. Box 95065  
Lincoln, NE 68509-5065



## **Como Obtener un Certificado de Nacimiento: Nebraska**

Si su hijo/a nació en el estado de Nebraska, usted puede aplicar para un certificado de nacimiento en línea al <https://www.nebraska.gov/hhs/birthcert/birthapp.php>. El certificado de nacimiento cuesta \$17.00. Después de aplicar en línea, la persona que aplico debe mandar por fax fotocopia de su identificación emitida por el gobierno, hecho en grande, al 402-742-2385 o mandar adjunto a un correo electrónico a [DHHS.VitalRecords@nebraska.gov](mailto:DHHS.VitalRecords@nebraska.gov). La aplicación en línea toma 7 a 10 días de negocio para procesar, si se manda por correo estándar de EE.UU.

Para obtener un certificado de nacimiento por el correo, envíe los siguientes documentos adjuntos a la aplicación de DHHS con los \$17.00 en cheque o giro postal (money order) escrito a "Vital Records" (no se acepta tarjeta de crédito) y envíe la siguiente información:

- El nombre entero de su hijo/a. Si es adoptado/a, anote el nombre adoptivo y declare "adoptado"
- Mes/día/año de nacimiento
- Ciudad o pueblo de nacimiento/Condado de nacimiento
- Nombre entero del Padre de nacimiento. Si adoptado, anote el nombre del padre adoptivo
- Nombre entero de la Madre. Si adoptado, anote el nombre de soltera de la madre adoptiva
- ¿Porque el certificado es necesitado?
- ¿Si no es su certificado, cuál es su relación familiar?
- Una fotocopia de su identificación emitida por el gobierno de la persona completando la aplicación.

Envíe por correo a:

Nebraska Department of Health & Human Services  
Division of Public Health  
Vital Records  
P.O. Box 95065  
Lincoln, NE 68509-5065

# How to Get A Birth Certificate: Mexico

If you were born and registered in Mexico, but you do not have a copy of your birth certificate, you can follow these steps to get a copy:

1. Find a Mexican Consulate that serves the area in which you live:  
The Consulate of Mexico  
7444 Farnam Street  
Omaha, NE 68114  
(402) 595-1841
2. If you only need a copy of your birth certificate, you do not need to make an appointment, you can walk in Monday-Friday, between 8:00 am and 4:00 p.m.
3. Bring photo identification with you (if you do not have a matricula, you can bring a school ID or a document from a health center, like One World, that has your name and a photo of you to prove your identity).
4. The clerk will enter your information into a system called SIDEA and see if your birth certificate is in the system.
  - a. If it is in SIDEA, the clerk can print you a copy immediately for \$13; or
  - b. If it is not, the Consulate will send a notification to the civil registry in Mexico through the system and the civil registry will upload the birth certificate at their convenience. The Mexican Consulate will be notified once the birth certificate is uploaded and they will call you to go back to the Consulate and pick up the copy you requested;
  - c. Unfortunately, sometimes the civil registries in Mexico are not very expeditious uploading the birth certificates. So, instead of waiting, you can send a family member or friend to the civil registry where you were registered and have them request a copy there. Then, that person can send it to you via email, USPS mail, or DHL. The person who goes to request the copy of your birth certificate should know the following information:
    - i. Your full legal name as it appears on the birth certificate;
    - ii. Your date and place of birth; and
    - iii. Your parents' names.

# Como Obtener un Certificado de Nacimiento: Mexico

Si usted nació y fue registrado en México, pero no tiene una copia de su acta de nacimiento, puede seguir los siguientes pasos para obtener una copia:

1. Vaya a un consulado mexicano cercano a usted:  
El Consulado de México  
7444 Farnam St.  
Omaha, NE 68114.
2. Si solamente va a solicitar una copia de su acta de nacimiento, no necesita hacer cita, puede ir al consulado de lunes a viernes entre las 8:00 a.m. y las 4:00 a.m.
3. Lleve con usted una identificación con foto (si no tiene una matrícula consular, puede llevar una identificación con foto de la escuela o algún documento de una clínica de salud, por ejemplo, de One World, que tenga su nombre y foto para comprobar su identidad);
4. El empleado del consulado buscará su acta de nacimiento en un sistema electrónico llamado SIDEA;
  - a. Si su acta de nacimiento está en el sistema SIDEA, la persona del consulado le podrá imprimir una copia inmediatamente para \$13;
  - b. Si su acta de nacimiento no ha sido subida al sistema de SIDEA por el registro civil de donde usted nació, el consulado enviara una notificación al registro civil pidiéndole al registro que suba el acta. El consulado será notificado mediante el mismo sistema cuando el registro civil suba el acta al sistema y le llamaran para que vaya a recoger la copia que pidió;
  - c. Desafortunadamente, a veces los registros civiles en México no son muy rápidos subiendo las actas al sistema electrónico. En vez de esperar, puede envíe a un familiar, amigo o conocido al registro civil de donde nació y deje que ellos pidan la copia y se la envíen por correo electrónico, correo, o paquetería. La persona que vaya a pedir la copia al registro civil debe saber la siguiente información sobre usted:
    - i. Su nombre legal completo tal como aparece en su acta de nacimiento;
    - ii. Fecha y lugar de su nacimiento;
    - iii. Nombre de sus padres.

## How to Get A Birth Certificate: Guatemala

If you were born and registered in Guatemala, but do not have a copy of your birth certificate, follow the following steps to get a copy:

Contact a family member or friend in Guatemala and have him/her go to the civil registry office with a signed consent form to request a copy of the birth certificate and then have him/her send it to you via email, USPS mail, or DHL. The person requesting the copy should have the following information about you:

1. Full legal name;
2. Date of birth; and
3. Place where person was registered.

## Como Obtener un Acta de Nacimiento: Guatemala

Si usted nació en Guatemala y no tiene una copia de su acta de nacimiento, siga los siguientes pasos para obtener una copia:

Contáctese con un familiar o amigo(a) en Guatemala y pídale que vaya a la oficina de registro civil donde usted fue registrado a pedir una copia y que se la envíen por correo electrónico, correo, o paquetería. La persona que vaya a pedir una copia de su acta de nacimiento debe saber la siguiente información sobre usted:

1. Nombre legal completo;
2. Fecha de nacimiento; y
3. Lugar donde fue inscrito.

## How to Get A Birth Certificate: El Salvador

If you were born and registered in El Salvador, but do not have a copy of your birth certificate, follow the following steps to get a copy:

1. Find the consulate that serves the area in which you live:  
El Salvador Consulate General  
177 North State, 2nd floor,  
Mezzanine Chicago, IL 60601  
(312)-332-1393/ (888)-301-1130
2. Send your request in writing to physical address, above, or to the following email: [consuladochicago@rree.gob.sv](mailto:consuladochicago@rree.gob.sv).
3. Follow-up on your request by calling the phone number, above.

## Como Obtener un Acta de Nacimiento: El Salvador

Si usted nació y fue registrado en El Salvador, pero no tiene copia de su acta de nacimiento, siga los siguientes pasos para obtener una copia:

1. Contacte el consulado de El Salvador:  
Consulado General de El Salvador  
177 North State, 2nd floor, Mezzanine  
Chicago, IL 60601  
(312)-332-1393/ (888)-301-1130
2. Envíe su petición por escrito a la dirección listada arriba o al siguiente correo electrónico: [consuladochicago@rree.gob.sv](mailto:consuladochicago@rree.gob.sv).
3. De seguimiento a su petición llamando al número listada arriba.

# **Information Regarding Social Security and Individual Tax Identification Numbers**

## **SOCIAL SECURITY NUMBERS**

Social Security numbers are used to report a person's wages to the government and to determine a person's eligibility for Social Security benefits. Applying for a Social Security number and card is free. When applying, all documents submitted with your application must be originals or certified copies. The SSA will not accept photocopies or notarized copies of documents. Your documents must be current (not expired). The SSA may accept one document for two purposes, but you must provide at least two separate documents. Anyone over the age of twelve (12) must appear in person to apply for an original social security number and card.

### FOR U.S. CITIZENS

If you are a U.S. Citizen, you may apply for a Social Security number and card. To apply, you will need the following:

- A. Proof of Citizenship: You may provide one of the following as proof of citizenship:
  - 1. U.S. Passport;
  - 2. U.S. Birth Certificate;
  - 3. Certificate of Naturalization;
  - 4. Certificate of Citizenship;
  - 5. Certificate of Report of Birth;
  - 6. Consular Report of Birth Abroad.
- B. Proof of Your Identity: You may provide one of the following as proof of identity:
  - 1. U.S. driver's license;
  - 2. State-issued identification;
  - 3. U.S. Passport.

If you do not have one of these specific documents or you cannot get a replacement of one of them within ten (10) days, the SSA will ask to see other current (unexpired) documents that must include your name and date of birth or age (and preferably a photograph), such as one of the following:

- 1. Employee identification card;
- 2. School identification card;
- 3. Health insurance card (not a Medicaid card); or
- 4. U.S. Military identification card.

Proof of Child's Identity: If you are applying for a Social Security card and number for your child, you must bring your proof of identity and proof of your child's identity. The SSA will use a birth certificate as proof of age or citizenship, but not as proof of identity. Social Security needs evidence that shows the child continues to exist beyond the date

of birth. A U.S. passport is preferred, but the SSA will also consider one of the following, if it includes identifying information (i.e., age, date of birth, or parents' names), a preferably a recent photograph:

1. State-issued identification card;
2. Adoption decree;
3. Doctor, clinic, or hospital record;
4. Religious record; or
5. School record or identification card.

C. Proof of Your Age: You must provide a birth certificate, if one exists. If you were born outside of the United States and you cannot get a birth certificate within ten (10) days, the SSA will consider documents issued by the Department of Homeland Security (DHS) as evidence of your Age.

### FOR NONCITIZENS

Generally, only noncitizens authorized to work in the United States by the Department of Homeland Security (DHS) can get a Social Security number. If you are a noncitizen, there are a number of things you need to bring to the Social Security office to obtain a Social Security Card. Specifically, you will need the following:

A. Proof of Your Identity: To prove your identity and work-authorized immigration status, you may be able to use one of the following:

1. Form I-551 (Permanent Resident Card);
2. Admission stamp, showing class of admission permitting work;
3. Form I-94 (Arrival/Departure Record);
4. Form I-766 (Employment Authorization Document a/k/a work permit).

B. Proof of Your Age: To prove your age, you will need your birth certificate, your passport, or a document issued by DHS as evidence of your age.

C. Application for a Social Security Card: This can be completed at a Social Security office (find an office here: <https://secure.ssa.gov/ICON/main.jsp>) or you can complete the enclosed application and bring it with you. Additional copies can be found here: <https://www.ssa.gov/forms/ss-5.pdf>.

### **INDIVIDUAL TAX IDENTIFICATION NUMBER**

If you need a number for tax purposes, and you are not authorized to work in the United States, you can apply for an Individual Tax Identification Number (ITIN) from the Internal Revenue Service (IRS) with a Form W-7, Application for an Individual Taxpayer Identification Number. The IRS advises that if you are going to pay someone to help you obtain an ITIN and help you file a tax return, choose your preparer with care and seek an individual with a Preparer Tax Identification Number.

# Información Relacionada con Números de Seguro Social y ITINs

## NUMEROS DE SEGURO SOCIAL

Números de seguro social son usados para reportar el pago de la persona al gobierno y determinar la elegibilidad de la persona para recibir beneficios del seguro social. Aplicando para un número de seguro social y tarjeta de lo mismo es gratuito. Cuando aplica, todos los documentos sometidos con su aplicación deben ser originales o copias certificadas. La administración de Seguro Social (SSA) no acepta fotocopias o copias de documentos notariadas. Sus documentos deben ser actuales (no vencidos). La SSA puede aceptar un documento para servir dos propósitos, pero debe proveer al menos dos documentos separados. Cualquier persona mayor de los 12 años puede aparecer en persona para aplicar por su número de seguro social original y una tarjeta.

## PARA CIUDADANOS ESTADOUNIDENSES

Si usted es ciudadano estadounidense, puede aplicar para un número de seguro social y tarjeta de lo mismo. Para aplicar, necesitara lo siguiente:

A. Prueba de Ciudadanía: Puede proveer una de las siguientes pruebas de ciudadanía:

1. pasaporte estadounidense;
2. certificado de nacimiento estadounidense;
3. certificado de naturalización;
4. certificado de ciudadanía;
5. certificado de reporte de nacimiento;
6. Reporte Consular de Nacimiento Extranjero.

B. Prueba de su Identidad: Puede proveer una de las siguientes pruebas como prueba de identidad:

1. licencia de manejo estadounidense;
2. identificación emitida por el estado;
3. Pasaporte estadounidense.

Si usted no tiene uno de los documentos especificados o no puede obtener un reemplazo de ese documento dentro de diez (10) días, la SSA le pedirá ver otros documentos vigentes (no vencidos) cuales incluyan su nombre y fecha de nacimiento o edad (y de preferencia con foto), como una de las siguientes:

1. Tarjeta de Identificación de Empleo;
2. Tarjeta de Identificación de la Escuela;
3. Tarjeta de seguridad (no tarjeta de Medicaid); o
4. Tarjeta de identificación de las fuerzas armadas de los EE.UU.

Prueba de Identidad de Hijo/a: Si usted está aplicando para una tarjeta de seguro social y un número para su hijo/a, debe llevar prueba de identificación y prueba de



identificación para su hijo/a. La SSA usara su certificado de nacimiento como prueba de edad o ciudadanía, pero no como prueba de identidad. La SSA necesita pruebas demostrando que su hijo/a continúa existiendo después de su nacimiento. Un pasaporte estadounidense es preferido, pero la SSA solo considerara uno de los siguientes, si incluye información de identificación (por ejemplo: edad, fecha de nacimiento, o nombres de los padres), de preferencia con una foto reciente:

1. Tarjeta de identificación emitida por el estado;
2. Decreto de adopción;
3. Record médico del doctor, clínica o hospital;
4. Record religioso; o
5. Record de la escuela o tarjeta de identificación.

C. Prueba de su edad: Debe proveer un certificado de nacimiento, si uno existe. Si usted nació fuera de los EE.UU. y no puede obtener un certificado dentro de diez (10) días, la SSA considerara documentos emitidos por el Departamento de Seguridad Nacional (Department of Homeland Security o DHS) como prueba de su edad.

### PARA NO-CIUDADANOS

Generalmente, solo no ciudadanos autorizados para trabajar en los EE.UU. por el Departamento de Seguridad Nacional (Department of Homeland Security o DHS) puede obtener un número de seguro social. Si usted no es ciudadano, hay muchos documentos que necesitara llevar a la oficina de Seguro Social para obtener una tarjeta de seguro social. Específicamente, necesitara lo siguiente:

A. Prueba de Identidad: Para comprobar su identidad y autorización de empleo, usted puede usar uno de los siguientes:

1. Forma I-551 (Tarjeta de Residencia);
2. Estampa de admisión, indicando su clase de admisión permitiendo trabajar;
3. Forma I-766 (Autorización de Empleo o permiso de trabajo).

B. Prueba de su Edad: Para comprobar su edad, usted necesitara su certificado de nacimiento, su pasaporte, o algún documento emitido por DHS como prueba de su edad.

C. Aplicación Para Tarjeta de Seguro Social: Esta forma puede ser completada en la oficina de Seguro Social (encuentra una oficina cercana aquí: <https://secure.ssa.gov/ICON/main.jsp>) o puede completar la aplicación adjunta y llevarla con usted. Copias adicionales pueden ser encontradas aquí: <https://www.ssa.gov/forms/ss-5.pdf>.

### **IDENTIFICACION PERSONAL DEL CONTRIBUYENTE DEL IRS**

Si usted necesita un numero para propósitos de impuestos, y usted no es autorizado para trabajar en los EE.UU., usted puede aplicar para un número de identificación del contribuyente (ITIN) de la Administración Federal de Ingresos Públicos (IRS) con la forma W-7, Aplicación para Número de Identificación Personal del Contribuyente del IRS. La IRS aconseja que si usted le va a pagar a alguien para obtener un ITIN y para ayuda con sus impuestos, seleccione alguien que prepara los impuestos con cuidado y un individuo que tenga un Número de Identificación como Preparador de Impuestos.

# Proof of Residence in the U.S.

The President signed an Executive Order, entitled “Border Security and Immigration Enforcement Improvements,” on January 25, 2017. The Executive Order instructs DHS to expand application of “expedited removal” procedure throughout the country to individuals who unlawfully entered the United States and cannot prove to the Department of Homeland Security that they have been continuously present for the previous two years. This procedure does not allow a hearing before an Immigration Judge or appeal. To date, DHS has allegedly limited its application of expedited removal to noncitizens who either arrive at a port of entry or are apprehended within 14 days of their arrival and within 100 miles of an international land border.

In the event action is taken in furtherance of this Executive Order, to best safeguard yourself, collect and place in this binder documents proving continuous presence for the previous two years. You should provide documentation to account for as much of the period as reasonably possible.

Gaps in the documentation may raise doubts as to your continued presence if, for example, the gaps are lengthy or the record otherwise indicates that you may have been outside the United States. Here are some examples of documents that may help to prove continuous presence.

- Rent receipts or utility bills
- Employment records (pay stubs, W-2 Forms, etc.)
- School records (letters, report cards, etc.)
- Military records (Form DD-214 or NGB Form 22)
- Official records from a religious entity confirming participation in a religious ceremony
- Copies of money order receipts for money sent in or out of the country
- Passport entries
- Birth certificates of children born in the U.S.
- Dated bank transactions
- Automobile license receipts or registration
- Deeds, mortgages, rental agreement contracts
- Tax receipts
- Insurance policies

# ***Pruebas de Residencia en los EE.UU.***

El día 25 de enero del 2017, el presidente firmó una orden ejecutiva titulada, “Border Security and Immigration Enforcement Improvements/Seguridad fronteriza y mejoras en la ejecución de leyes de inmigración.” La orden ejecutiva expande la aplicación del proceso de la eliminación/deportación acelerada a lo largo de todo el país para individuos que hayan entrado al país sin permiso y que no puedan comprobar al Departamento de Homeland Security que han vivido continuamente en el país por dos años. Este procedimiento no permite una audiencia ante un juez de inmigración o una apelación. Hasta la fecha, el DHS supuestamente ha limitado su aplicación de remoción expedita a los no ciudadanos que llegan a un puerto de entrada o son detenidos dentro de los 14 días de su llegada y dentro de las 100 millas de una frontera terrestre internacional.

Para protegerse mejor, recoja y ponga en esta carpeta documentos que comprueben que usted ha vivido en el país continuamente por los últimos dos años. Usted deberá proveer la mayor documentación razonablemente posible para mostrar presencia durante este periodo.

Tener periodos de tiempo sin documentación puede despertar dudas acerca de si de verdad usted estuvo viviendo continuamente en el país durante el periodo si, por ejemplo, usted tiene periodos largos de tiempo sin evidencia de presencia aquí o si la evidencia indica en cualquier otra manera que usted estuvo fuera de los EE.UU. Aquí encuentre algunos ejemplos de documentos que le pueden ayudar a comprobar presencia continua:

- Recibos de renta o pago de utilidades
- Documentos de trabajo (talones de cheque, las formas W-2, etc.)
- Documentos de la escuela (cartas, reportes de calificaciones, etc.)
- Documentos militares (formulario DD-214, o NGB form 22)
- Documentos oficiales de una entidad religiosa confirmando su participación en alguna ceremonia religiosa
- Copias de recibos de money orders de dinero enviado dentro o fuera del país
- Sellos o firmas en su pasaporte
- Actas de nacimiento de sus hijos nacidos en los EE.UU.
- Documentos que muestra transacciones bancarias en los EE.UU. con fecha
- Recibos de placas de carro o renovación de registración
- Títulos, hipotecas, o contratos de renta
- Recibos de impuestos (taxes)
- Pólizas de Seguro

# How to Obtain Your Information from Immigration

It is important to collect all of the documents you have received from, or filed with, immigration authorities. Keep them in a secure but accessible location and tell someone you trust where the documents are located.

The Freedom of Information Act (FOIA) gives any person access, with certain exemptions, to information about the functions, procedures, policies, decisions, and operations of federal agencies. There are a number of immigration records available via a FOIA request from the U.S. Customs and Immigration Service (USCIS), the U.S. Department of State (DOS), Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), and the Office of Biometric Identity Management (OBIM).

An attorney or a representative accredited by the Bureau of Immigration Appeals may assist you in identifying what type of FOIA request you may need to obtain copies of your relevant immigration information.

# Como Obtener su Información de Inmigración

*Es importante guardar los documentos que haya recibido o archivado con las autoridades de inmigración. Guárdelos en un lugar seguro y accesible y dígale a alguien de confianza donde tiene los documentos.*

*La ley de libertad de información (FOIA por sus siglas en inglés), le da a cualquier persona acceso, con algunas excepciones, a información acerca de las funciones, procedimientos, pólizas, decisiones y operaciones de agencias federales. Hay un número de documentos de inmigración disponibles mediante una petición de FOIA. La petición se puede hacer a las siguientes agencias de inmigración: the U.S. Customs and Immigration Service (USCIS), the U.S. Department of State (DOS), Immigration and Customs Enforcement (ICE), Customs and Border Protection (CBP), y the Office of Biometric Identity Management (OBIM).*

*Un abogado(a) o representante acreditado por la oficina de apelaciones de inmigración pueden ayudarle a identificar qué tipo de petición de FOIA usted necesita hacer para poder obtener copias de la información de inmigración relevante.*

# Medical Information

## **HIPAA FORM**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and privacy regulations issued thereunder prohibit a health care provider and health plans from disclosing protected health information without a patient/insured's authorization or authorization by someone who, under state law, has the authority to act on behalf of the patient/insured.

A standard form all Nebraska health care providers and plans should accept is located in the Resource Section of the Guide. It allows health care providers/health plans to disclose your confidential personal health information to the individual identified. It is important to give a copy of the executed HIPAA form to your health care providers, health plans, and the individual to whom you are willing to allow your health care providers and health plans release your confidential personal health information.

## **IMMUNIZATIONS**

Obtain a copy of you and your family members' immunization records from your health care providers. You may be able to obtain a copy of your immunization records from the Nebraska State Immunization Information System's website, which can be found here: [https://nesiis-dhhs-prod.ne.gov/prd\\_ir/public/clientSearch.do?language=en](https://nesiis-dhhs-prod.ne.gov/prd_ir/public/clientSearch.do?language=en).

## **OTHER IMPORTANT MEDICAL INFORMATION**

In addition to obtaining the items described above, be certain to keep a list of you and your families' medications/prescriptions, allergies, and all medical necessities as well as a list of doctors, specialist, and/or therapists each of you see, including their contact information. Give a copy of this information to the individual identified on your HIPAA form as well as the people you have identified as having authority to act in your place (e.g., via a Temporary Delegation of Parental Powers and/or Durable Power of Attorney).

# Información Médica

## **FORMULARIO HIPAA**

La ley federal de portabilidad y responsabilidad de seguros de salud de 1996 (HIPAA por sus siglas en inglés) y las regulaciones de privacidad dentro de la misma ley prohíben que los proveedores de cuidado médico o planes de salud compartan información de salud protegida sin el permiso previo del paciente o de alguien que, bajo la ley del estado, tenga autoridad para actuar en nombre del paciente.

Un formulario estándar que todos los proveedores de salud en Nebraska deben de aceptar está localizada en la sección de recursos de la Guía. Este formulario le da permiso a los planes de salud o proveedores de cuidado médico para que compartan información confidencial acerca de su salud a la persona identificada en el formulario. Es importante que usted le dé una copia del documento HIPAA ejecutado a su proveedor de cuidado de salud, a cualquier plan de salud que usted tenga (seguro médico) y a cualquier persona a quien usted esté dispuesto a que sus proveedores médicos o planes de salud le den información personal y confidencial acerca de su salud.

## **VACUNAS**

Obtenga una copia de su tarjeta de vacunas y de la tarjeta de vacunas de los miembros de su familia de parte de sus proveedores de cuidado médico. Es posible que usted pueda obtener una copia de su tarjeta de vacunas del siguiente sitio de internet: [http://nesiis-dhhs-prod.ne.gov/prd\\_ir/public/clientSearch.do?language=en](http://nesiis-dhhs-prod.ne.gov/prd_ir/public/clientSearch.do?language=en).

## **OTRA INFORMACION MÉDICA IMPORTANTE**

Además de obtener los documentos listados arriba, asegúrese de mantener una lista de las prescripciones de medicamentos, alergias, y todas las necesidades médicas de usted y de su familia además de una lista de los doctores, especialistas y/o terapeutas que cada uno de ustedes ven y la información de contacto para cada uno de ellos. Dele una copia del documento con estas listas a la persona que usted identifico en el formulario HIPAA y a cualquier otra persona que usted le haya dado autoridad para actuar en su nombre (por ejemplo, mediante una delegación de derechos de padres temporal y/o un poder notarial duradero).

# How to Find an Attorney

Immigration law is federal law. Since immigration law is federal law, an attorney can be licensed in any state in the U.S. and represent you in your immigration proceedings in Nebraska. This is not true for state-law based cases, such as family, criminal, personal injury, etc. If you are going to hire an attorney licensed to practice in a state other than Nebraska, discuss the transportation costs of said attorney. Also, keep in mind that if there is an emergency, you will likely have to pay that additional cost of the attorney's transportation.

1. List of attorneys. See the resource section of this Guide for a list of reputable immigration attorneys and non-profit organizations who can provide you with legal immigration services recommended to you by the Nebraska Immigration Legal Assistance Hotline (NILAH) and Immigrant Legal Center.
2. Search for an attorney. If you seek to hire a Nebraska-licensed attorney, you can go to the following link: <http://www.nebar.com/search/custom.asp?id=2319> and search by name, state bar number, city or town, county, or location.
  - a. In addition to searching for an attorney on the above-mentioned website, ask friends, local agencies, welcome centers, or chamber of commerce for any recommendations.
  - b. Don't stop there. Even once you have researched this attorney online and asked your contacts, make sure the person you are speaking to during your consultation is actually an attorney. Feel free to ask the attorney to see their Nebraska attorney license or their attorney license from their state. Do not just assume the person in front of you is your attorney. While it is common for paralegals to help the attorneys with some of the paperwork, it is NOT correct to have paralegals do your legal consultation unless you are seeking help from a non-profit organization recognized by the DOJ who has their DOJ representatives do legal immigration work.

# Como Buscar a un Abogado

*La ley de inmigración es ley federal. Puesto que la ley de inmigración es ley federal, un abogado puede obtener una licencia en cualquier estado de los EE.UU. y representarlo en sus medidas de inmigración en Nebraska. Esto no es cierto para los casos basados en ley de estado como, por ejemplo, familiar, penal, lesiones, etc. Si va a contratar a un abogado con licencia para practicar en un estado distinto al de Nebraska, discuta los gastos de transporte del abogado. También, tenga en cuenta que si hay una emergencia, es probable que usted tendrá que pagar ese costo adicional del transporte del abogado.*

1. *Vea la la sección de los recursos de la Guía para una lista de confianza de abogados de inmigración y organizaciones sin fines de lucro quienes puedan dar servicios legales de inmigración recomendados a usted por la Asistencia Legal de Inmigración de Nebraska (NILAH) y el Centro Legal Para Inmigrantes.*

2. *Buscar un abogado. Si usted busca en contratar a un abogado con licencia de Nebraska, puede ir a la página web:*

*<http://www.nebar.com/search/custom.asp?id=2319> y buscar por nombre, estado, numero de barra, ciudad/pueblo, condado o locación.*

a. *Además de buscar un abogado en el sitio web mencionado, pregúntales a sus amigos, agencias locales, centros de acogida, o la cámara de comercio para cualquier recomendación.*

b. *No pare ahí. Incluso una vez que haya investigado a un abogado y ha hablado con sus contactos, asegúrese de que la persona a la cual habla durante su consulta es realmente un abogado. No dude en pedirle al abogado para ver su licencia de Nebraska o su licencia de su estado. No suponga que la persona adelante de usted es su abogado. Mientras es común que los procuradores a los abogados asisten a los abogados con algunos de los documentos, no es correcto que los procuradores hagan su consulta legal a menos que usted está buscando la ayuda de una organización sin fines de lucro donde el procurador está acreditado por la Junta de Apelaciones de Inmigración (BIA) donde si puede hacer el trabajo de inmigración legal.*



# Unauthorized Practice of Law

Unauthorized practice of law is the practice of law by someone who is not authorized to do so. The practice of law can take many forms, but the most common includes: filling out legal forms, giving legal advice, and representing someone in court. Only licensed attorneys can practice law. Remember that the attorney must be licensed in your state in order to represent you in a state court matter, such as divorce, child support, criminal defense, personal injury, etc.

1. Exception #1: An attorney licensed in another state in the U.S. can represent you on your immigration case in a state in which they are not licensed. Remember that you may have to pay the out-of-state attorney's transportation.
2. Exception #2: A DOJ representative may represent you in your immigration case but cannot represent you on any other state or federal case. The DOJ representative must also perform their work under the supervision of an attorney.
  - a. Fully accredited representatives can represent you on forms submitted to DHS and before the immigration court and the Board of Immigration Appeals.
  - b. Partially accredited representatives can represent you on forms submitted to DHS only.
3. Exception #3: Law students can assist you in your immigration case under attorney supervision.

## What is a notary?

A notary is an official appointed by the secretary of state to serve the public as an objective witness in preventing fraud related to the signing of important documents. Notaries have the responsibility of screening the signers of important documents, verify their identity, willingness to sign, and awareness of the contents. In summary, notaries cannot practice law—they cannot fill out forms or draft any legal documents for you. In many Latin American countries, notaries are attorneys. This is not true in the U.S.—here, there is a big difference between being an attorney and being a notary:

1. Notaries must study a handbook, take a 10-15 question exam and apply to the secretary of state to become a notary.
  - a. Notaries cannot charge you more than \$2.00 for their fees, however to notarize a deed or other “instrument” the fees can be up to a maximum of \$5.00. Notaries can also charge mileage if they are forced to travel to perform their services.
2. Attorneys must graduate from high school, undergraduate school, law school and pass the bar exam in their respective state in order to practice law.
3. Note: Many notaries are not attorneys, but many attorneys are notaries.

## How to Report the Unauthorized Practice of Law

If you encounter unauthorized practice of law or have been a victim of such a circumstance, please report it. People who practice law when they are not authorized to do so, can be punished under civil or criminal law and can be fined or even incarcerated. Below are your options to report:

1. To report a notary engaging in practice of law or charging more for their services they are authorized to do so:
  - a. Fill out the following complaint found the resource section of this Guide and at: [http://www.sos.ne.gov/business/notary/pdf/complaint\\_form.pdf](http://www.sos.ne.gov/business/notary/pdf/complaint_form.pdf) and
  - b. Mail to Secretary of State's Office, Business Services Division (Notary), 1445 "K" St., PO Box 95104, Lincoln, NE 68509
2. To report unlawful practice of law by anyone who is not an attorney:
  - a. Fill out the complaint the resource section of this Guide or available online at:  
<https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/rules/forms/UPLAppA.pdf>; and
  - b. Mail to Nebraska Commission on Unauthorized Practice of Law, 3806 Normal Blvd., Lincoln, NE 68506-5420.
3. To report a complaint of an attorney or someone engaging in unauthorized practice of law, file a complaint:
  - a. Online at [https://ago.nebraska.gov/forms/consumer\\_complaint](https://ago.nebraska.gov/forms/consumer_complaint); or
  - b. Print from the resource section of this Guide or [https://ago.nebraska.gov/resources/dyn/files/1309343zec7950ee/\\_fn/Consumer+Complaint+Form.pdf;jsessionid=4FFA1A2397A227F4E9ACD2C9E3CEC9B3.1b](https://ago.nebraska.gov/resources/dyn/files/1309343zec7950ee/_fn/Consumer+Complaint+Form.pdf;jsessionid=4FFA1A2397A227F4E9ACD2C9E3CEC9B3.1b); and mail to Consumer Protection Division, 2115 State Capitol Building, Lincoln, NE 68509.
4. To report a complaint of an immigration Practitioner (attorney, DOJ representative, or anyone engaging in the practice of law pertaining to immigration) fill out the following complaint:
  - a. Available in the resource section of this Guide and online and in English at <https://www.justice.gov/eoir/file/eoir44/download>
  - b. Available the resource section of this Guide online and in Spanish at [https://www.justice.gov/sites/default/files/pages/attachments/2015/07/24/eoir44\\_spanish.pdf](https://www.justice.gov/sites/default/files/pages/attachments/2015/07/24/eoir44_spanish.pdf)
  - c. Mail form to: Office of the General Counsel, Attn: Disciplinary Counsel, Executive Office for Immigration Review, 5107 Leesburg Pike, Suite 2600, Falls Church, VA 22041.
5. To report a problem with a Nebraska attorney, send a letter to the Counsel for Discipline of Nebraska that fully explains the problem and send the grievance letter to Counsel for Discipline, 3808 Normal Blvd., Lincoln, NE 68506

# La práctica de ley no autorizada

La práctica de ley no autorizada es la práctica de ley por alguien que no está autorizada para hacerlo. La práctica de ley puede tomar muchas formas, pero el más común incluye: llenar formas legales, dar asesoramiento jurídico y representar a alguien en el tribunal. Solo los abogados con licencia pueden practicar ley. Recuerde que el abogado debe ser licenciado en su estado para que le represente en un tribunal estatal como, divorcio, manutención de menores, defensa criminal, lesiones personales etc.

1. 1ª excepción: Un abogado con licencia en otro estado en los Estados Unidos le puede representar en su caso de inmigración en un estado en el que no tenga licencia. Recuerde que usted tendrá que pagar el transporte del abogado del estado.
2. 2ª excepción: Un procurador que está acreditado por el Departamento de Justicia (DOJ) puede representarle en su caso de inmigración, pero no puede representarle en ningún otro caso estatal o federal. El procurador acreditado debe realizar su trabajo bajo la supervisión de un abogado.
  - a. Los representantes totalmente acreditados le pueden representar en formas presentadas al Departamento de Seguridad Nacional antes del tribunal de inmigración y la Junta de Apelaciones (BIA) de inmigración.
  - b. Los representantes parcialmente acreditados le pueden representar en formas presentadas al Departamento de Seguridad Nacional solamente.
3. 3ª excepción: Estudiantes de derecho le pueden ayudar en su caso de inmigración bajo la supervisión del abogado.

## ¿Qué es un notario?

Un notario es un funcionario nombrado por el secretario de estado para servir al público como un testigo objetivo en la prevención de fraude relacionados con la firma de documentos importantes. Los notarios tienen la responsabilidad de proteger a los firmantes de documentos importantes, verificando su identidad, su voluntad de firmar, y el conocimiento de los contenidos. En resumen, los notarios no pueden practicar ley--no pueden llenar formularios o redactar cualquier documento legal para usted.

En muchos países latinoamericanos, los notarios son abogados. Esto no es cierto en los EE.UU.-aquí, hay una gran diferencia entre ser abogado y notario:

1. Los notarios deben estudiar un manual, tomar un examen de 10-15 preguntas y solicitar al secretario de estado para convertirse en un notario.
  - a. Los notarios no pueden cobrarle más de \$2.00 por sus honorarios, sin embargo, para certificar un hecho u otros instrumentos los

honorarios pueden ser hasta un máximo de \$5.00. Los notarios también pueden cobrar por el transporte si se ven obligados a viajar para realice sus servicios.

2. Los abogados deben graduarse de la escuela secundaria, escuela estudiantil, la escuela de derechos y pasar el examen de la barra en su estado respectivo, con el fin de practicar la ley.
3. Tenga en cuenta: Muchos notarios no son abogados, pero muchos abogados son notarios.

### Como Reportar la Práctica de Ley No Autorizada

Si encuentra la práctica de ley no autorizada o ha sido víctima de tal circunstancia, por favor repórtelo. Personas que practican la ley sin estar autorizados pueden ser castigados bajo la ley civil o penal y pueden ser multados o hasta encarcelados. A continuación hay sus opciones para reportar:

1. Para reportar a un notario que toma parte en la práctica de la ley o está cobrando más por sus servicios por cuales están autorizados de hacer:
  - a. Llene la forma de reclamos en la sección de los recursos de la Guía y en: [http://www.sos.ne.gov/business/notary/pdf/complaint\\_form.pdf](http://www.sos.ne.gov/business/notary/pdf/complaint_form.pdf); y
  - b. Envía la forma a Secretary of State's Office, Business Services Division (Notary) 1445 "K" St., PO Box 95104, Lincoln, NE 68509
2. Para reportar la práctica ilegal de la ley por parte de alguien que no sea abogado:
  - a. Llene la forma de reclamos en la sección de los recursos de la Guía y en: [https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/rules/forms/UP\\_LAppA.pdf](https://supremecourt.nebraska.gov/sites/supremecourt.ne.gov/files/rules/forms/UP_LAppA.pdf); y
  - b. Envía la forma a Nebraska Commission on Unauthorized Practice of Law 3806 Normal Blvd., Lincoln, NE 68506-5420.
3. Para reportar a un abogado o alguien que toma parte en la práctica de ley sin autorización:
  - a. Llene la forma de reclamos en [https://ago.nebraska.gov/forms/consumer\\_complaint](https://ago.nebraska.gov/forms/consumer_complaint); o
  - b. Puede imprimir una copia en la sección de los recursos de la Guía y en: [https://ago.nebraska.gov/resources/dyn/files/1309343zec7950ee/\\_fn/Consumer+Complaint+Form.pdf;jsessionid=4FFA1A2397A227F4E9ACD2C9E3CEC9B3.1](https://ago.nebraska.gov/resources/dyn/files/1309343zec7950ee/_fn/Consumer+Complaint+Form.pdf;jsessionid=4FFA1A2397A227F4E9ACD2C9E3CEC9B3.1)
  - c. Envía la forma a Consumer Protection Division, 2115 State Capitol Building, Lincoln, NE 68509
4. Para reportar a un practicante de inmigración (ya sea un abogado, procurador acreditado, o cualquier persona que toma parte en la práctica de ley que pertenece a inmigración):
  - a. Llene la forma de reclamos en inglés: <https://www.justice.gov/eoir/file/eoir44/download>

b. *Llene la forma de reclamos en español:*  
[https://www.justice.gov/sites/default/files/pages/attachments/2015/07/24/eoir44\\_spanish.pdf](https://www.justice.gov/sites/default/files/pages/attachments/2015/07/24/eoir44_spanish.pdf)

c. *Envía la forma a Office of the General Counsel, Attn: Disciplinary Counsel, Executive Office for Immigration Review, 5107 Leesburg Pike, Suite 2600 Falls Church, VA 22041.*

5. *Para reportar un problema con un abogado de Nebraska envíe una carta al Consejo de la Disciplina de Nebraska que totalmente explica el problema y envía la carta de reclamo a Counsel for Discipline, 3808 Normal Blvd., Lincoln, NE 68506.*

## How to Register A Child's Birth: Mexico

1. Find a Mexican Consulate that serves the area in which you live:  
The Consulate of Mexico  
7444 Farnam Street  
Omaha, NE 68114  
(402) 595-1841
2. Make an Appointment by calling Mexitel at 1 (877) 639-4835
3. What to bring to the appointment:
  - a. Child's Birth Certificate;
  - b. Birth Certificate of both Parents;
  - c. Original Marriage Certificate (if the parents are married);
  - d. Identification Documents of both Parents;
  - e. Two witnesses over 18 years of age with official identification (cannot be child's grandparents);
  - f. The child, parents, and witnesses must all be present.

## Como Registrar el Nacimiento de un Hijo(a): Mexico

1. *Encuentre un consulado mexicano que sirva en el área donde usted vive:*  
*El Consulado Mexicano*  
*7444 Farnam St.*  
*Omaha, NE 68114*  
*(402) 595-1841*
2. *Haga una cita llamando a Mexitel al 1 (877) 639-4835*
3. *Lleve lo siguiente a su cita en el consulado:*
  - a. *El acta de nacimiento de su hijo (esta copia no será devuelta así que le aconsejo que obtenga una segunda copia certificada de la corte para este trámite);*
  - b. *Acta de nacimiento de ambos padres;*
  - c. *Acta de matrimonio original (si los padres son casados);*
  - d. *Identificaciones oficiales de ambos padres;*
  - e. *Dos testigos mayores de 18 años con identificación oficial (los abuelos no pueden fungir como testigos);*
  - f. *Deberán presentarse ambos padres, el menor y los testigos.*

*El trámite de registro es gratuito. Cada copia certificada del acta de nacimiento que se requiera es de \$13.00 dólares.*

## How to Register A Child's Birth: Guatemala

1. Find the consulate that serves the area in which you live:  
Guatemala Consulate General  
1001 S. Monaco Parkway Suite 300  
Denver, CO 80224
2. Call (303) 629-9210 to make an appointment, or you can make an appointment online at <http://citaconsularguatemala.com/>.
3. Requirements to register your child's birth (Original and 2 photocopies of each):
  - a. Child's birth certificate;
  - b. If both parents are Guatemalan, their Guatemalan birth certificates, passports, or Identification Documents (Documento Personal de Identificación);
  - c. If one parent is not Guatemalan, that parent's passport or birth certificate;
  - d. If one parent is a US Citizen because of Naturalization, that parent's passport, Certificate of Naturalization, or Certificate of Citizenship;
  - e. If one of the parents was married before in Guatemala and divorced, the divorce certificate

## Como Registrar el Nacimiento de un Hijo(a): Guatemala

1. *Encuentre el consulado de Guatemala que sirve el área en donde vive:  
Consulado de Guatemala  
1001 S. Monaco Parkway Suite 300  
Denver, CO 80224*
2. *Llame al (303) 629-9210 para hacer una cita o haga una cita en línea en el siguiente sitio de internet: <http://citaconsularguatemala.com/>.*
3. *Requisitos para registrar el nacimiento de su hijo (se necesitan los documentos originales más dos (2) copias de cada uno de los documentos):*
  - a. *El acta de nacimiento de su hijo(a);*
  - b. *Si ambos padres son guatemaltecos, su acta de Nacimiento; guatemalteca, pasaportes o documento personal de identificación;*
  - c. *Si uno de los padres no es guatemalteco, debe proveer el pasaporte o acta de nacimiento de este padre;*
  - d. *Si uno de los padres es ciudadano americano por naturalización, provea el pasaporte de ese padre, certificado de naturalización o certificado de ciudadanía;*
  - e. *Si uno de los padres estuvo casado en Guatemala previamente y se divorció, debe proveer el decreto de divorcio.*

## How to Register A Child's Birth: El Salvador

1. Find the consulate that serves the area in which you live:  
El Salvador Consulate General  
177 North State, 2nd floor, Mezzanine  
Chicago, IL 60601  
(312)-332-1393/(888)-301-1130
2. Call (312)-332-1393 for an appointment.
3. Requirements to register your child's birth:
  - a. The Original and a Copy of the child's birth certificate;
  - b. Parent's birth certificates;
  - c. DUI, passport, or identity document of country of origin of both parents.

## Como Registrar el Nacimiento de un Hijo(a): El Salvador

1. Encuentre el consulado que sirve el área donde vive:  
Consulado de El Salvador  
177 North State, Segundo Piso, Mezzanine  
Chicago, IL 60601  
(312) 332-1393/(888) 301-1130
2. Llame al (312) 332-1393 para pedir una cita.
3. Requisitos para registrar el nacimiento de su hijo:
  - a. El original y una copia de la partida de nacimiento de su hijo;
  - b. La partida de nacimiento original de los padres del menor;
  - c. DUI, pasaporte, o documento de identificación del país de origen de ambos padres.



## Temporary Delegation of Parental Powers

Nebraska statute allows for a parent or legal guardian of a minor child to execute a power of attorney delegating to another person any of his or her powers regarding the care, custody, or property of the minor child or ward. This statute does NOT allow for the person delegated to act to consent to marriage or adoption of the minor child. This form is often used where due to the expected absence of a parent another is authorized to consent to medical treatment, enrollment in school, or other academic or athletic programs, etc.

This power of attorney is called a Temporary Delegation of Parental Powers and is limited to a six-month period. After the six-month period, the parent or legal guardian may execute another Temporary Delegation of Parental Powers.

The Temporary Delegation of Parental Powers must be signed or acknowledged before a Notary Public. Once it is completed a copy should be retained for your records and the original given to the person you have delegated as having received the authority to act in your place.

The form is available in the resource section of this Guide and on the Nebraska Supreme Court's website:

<https://supremecourt.nebraska.gov/self-help/7253/temporary-delegation-parental-powers>.

## **Delegación Temporal de Derechos Paternales**

*La ley de Nebraska da permiso para que el padre o tutor legal de un menor ejecute un poder notarial duradero delegando a otra persona cualquier o todos sus poderes y derechos referentes al cuidado, custodia, o propiedad del menor. Esta ley NO da permiso para que la persona a quien se le delegaron los derechos y responsabilidades de padre de consentimiento a matrimonio o adopción. Este formulario es usado a menudo cuando se sabe que el padre o el tutor legal va a estar ausente y se autoriza a otra persona control sobre las funciones que el padre o el tutor legal tendría como: dar consentimiento para tratamiento médico, matricular al menor en la escuela y otro programa académico o atlético, etc.*

*Este poder notarial duradero se llama Delegación Temporal de Derechos Paternales y tiene un límite de seis meses. Después de un periodo de seis meses, el padre o tutor legal puede ejecutar otra delegación temporal de derechos de padres.*

*La Delegación Temporal de Derechos Paternales debe estar firmado y notariado. Una vez que el poder legal este firmado y notariado, usted debería de quedarse con una copia para sus archivos y le deberá de dar el poder original a la persona a quien usted le ha delegado los derechos y obligaciones de padre y ha autorizado a que actúe en su lugar.*

*El formulario puede ser encontrado en la sección de los recursos de la Guía y en el siguiente sitio de internet:*

*<https://supremecourt.nebraska.gov/self-help/7253/temporary-delegation-parental-powers>.*

# Nebraska Guardianships

A guardianship is a legal relationship between a competent adult (the guardian) and an incompetent adult or minor child (the ward). Guardianship allows the guardian to make decisions and communicate needs that the ward would not otherwise be able to make or communicate on his or her own.

The guardianship process requires a potential guardian to file a petition with a county court, in addition to other pleadings, and submit to a criminal background check, sex offender registry check, a child abuse/neglect registry check, and a credit check. Additionally, the potential guardian will have to attend a training course and court hearing with the ward and file annual reports with the court. It is wise to seek the assistance of an attorney to navigate the guardianship process.

## Guardianship of a Minor Child

A guardianship should be considered if a parent is not able to provide direct care for their child for a long period of time. When a guardian is appointed, the guardian has the same powers and responsibilities of a parent, except that he or she is not legally obligated to provide from his or her own funds for the child and is not liable to third persons for the child's actions.

## Adult Guardianships

A guardianship should also be considered if an adult is unable to act in his or her own best interests or make responsible decisions regarding what is in his or her best interest. Unlike in guardianship proceedings for minor children, wherein a minor child is presumed unable to make decisions regarding his or her best interest because of his or her youth, a separate finding must be made that the adult ward is incompetent or unable to act in his or her best interest.

## ***Las Tutelas en Nebraska***

Una tutela es una relación legal entre un adulto competente (tutor) y un adulto o menor de edad incompetente (pupilo). La tutela permite que el tutor haga decisiones y comunique las necesidades que el pupilo no podría hacer o comunicar por sí mismo.

El proceso de tutela requiere que un tutor potencial presente una petición ante una corte del condado, además de otras alegaciones, y someterse a una verificación de antecedentes penales, chequeo de registro de delincuentes sexuales, chequeo de registro de abuso / negligencia infantil y una verificación de crédito. Además, el tutor potencial tendrá que asistir a un curso de capacitación, ir a una audiencia con el pupilo y presentar informes anuales. Es aconsejable buscar la ayuda de un abogado para navegar por el proceso de tutela.

### La Tutela de un Menor de Edad

Se debe considerar una tutela si un padre no puede proveer cuidado directo para su niño por un período de tiempo largo. Cuando se designa a un tutor, el tutor tiene los mismos poderes y responsabilidades de un padre, excepto que no está legalmente obligado a proveer de sus propios fondos para el niño y no es responsable por las acciones cometidas hacia otras personas.

### La Tutela de un Adulto

También se debe considerar una tutela si un adulto es incapaz de actuar en su propio interés o tomar decisiones responsables con respecto a lo que es en su mejor interés. A diferencia de los procedimientos de tutela para hijos menores, en los que se presume que un niño menor no puede tomar decisiones con respecto a su interés por su juventud, debe hacerse un hallazgo separado de que el adulto es incompetente o incapaz de actuar en su mejor interés.

## **How to Get a Copy of a Marriage Certificate: Nebraska**

If you were married in the State of Nebraska, to obtain a certified copy of your marriage certificate in person, fill out the enclosed Application for Certified Copy of Marriage Certificate, and bring it with a \$16.00 check or money order (no credit cards) made out to Vital Records and a photocopy of your current government-issued photo identification to the following address:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

To obtain a marriage certificate by mail, send all of the above and a self-addressed, stamped envelope to the following address:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

## **Como Obtener una Copia de su Certificado de Matrimonio: Nebraska**

Si usted se casó en el estado de Nebraska, para obtener una copia certificada de su acta de matrimonio en persona, llene el formulario adjunto titulado, Application for Certified Copy of Marriage Certificate, y llévelo con un cheque o money order de \$16.00 (no se aceptan tarjetas de crédito) pagable a Vital Records y una copia de su identificación con foto dada por el gobierno a la siguiente dirección:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

Para obtener una copia certificada del acta por correo, envíe los documentos listados arriba además de un sobre con su dirección y estampilla a la siguiente dirección:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

## How to Get a Copy of a Divorce Decree: Nebraska

If you were divorced in the State of Nebraska, to obtain a certified copy of your divorce decree in person, fill out the enclosed Application for Certified Copy of Dissolution of Marriage, and bring it with a \$16.00 check or money order (no credit cards) made out to Vital Records and a photocopy of your current government-issued photo identification to the following address:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

To obtain a Decree of Dissolution of Marriage by mail, send all of the above and a self-addressed, stamped envelope to the following address:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

Alternatively, you can do a search for a copy of the Decree of Dissolution of Marriage online via the JUSTICE court case database public search: <https://www.nebraska.gov/justicecc/ccname.cgi>. Every search costs \$15.00. If you obtain a copy from this website, the copy will not be a certified copy.

## **Como Obtener una Copia de su Decreto de Divorcio: Nebraska**

Si usted se divorció en el estado de Nebraska, para obtener una copia de su decreto de divorcio en persona, debe seguir los siguientes pasos: llene el formulario adjunto titulado, Application for a Certified Copy of Dissolution of Marriage, obtenga un cheque o money order por \$16.00 pagable a Vital Records (no se aceptan tarjetas de crédito), tome una fotocopia de su identificación otorgada por el gobierno y lleve el formulario, el cheque y la copia de su identificación a la siguiente dirección:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

Para obtener una copia del decreto de divorcio por correo, envíe todos los documentos listados arriba más un sobre con su dirección y estampilla a la siguiente dirección:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

Alternativamente, usted puede hacer una búsqueda para encontrar una copia de su decreto de divorcia en línea mediante una base de datos llamada JUSTICE en la siguiente dirección: <https://www.nebraska.gov/justicecc/ccname.cgi>. Cada búsqueda tiene un costo de \$15.00. Si usted obtiene una copia del decreto de este sitio de internet, la copia NO será una copia certificada.

## **How to Get a Copy of a Death Certificate: Nebraska**

If the decedent passed away in the State of Nebraska, to obtain a certified copy of his/her death certificate in person, fill out the enclosed Application for Certified Copy of Death Certificate, and bring it with a \$16.00 check or money order (no credit cards) made out to Vital Records and a photocopy of your current government-issued photo identification to the following address:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

To obtain a death certificate by mail, send all of the above and a self-addressed, stamped envelope to the following address:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

## ***Como Obtener una Copia de una Acta de Defunción: Nebraska***

Si el difunto falleció en el estado de Nebraska, para obtener una copia del acta de defunción en persona, siga los siguientes pasos: llene el formulario adjunto titulado, Application for Certified Copy of Death Certificate, haga un cheque o money order por \$16.00 pagable a Vital Records (no se aceptan tarjetas de crédito), tome una fotocopia de su identificación con foto otorgada por el gobierno y lleve todos estos documentos a la siguiente dirección:

Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

Para obtener una copia del acta de defunción por correo, envíe todos los documentos listados arriba más un sobre con su dirección y estampilla a la siguiente dirección:

Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065



## ***Nebraska Durable Power of Attorney***

A Power of Attorney is a legal document that authorizes another person (your “agent”) to make decisions concerning your property for you (you are the “principle”). Your agent will be able to make decisions and take action regarding your property (including your money, your car, your house) whether or not you are able to act for yourself. You should select someone you trust to serve as your agent. Most of the time, trusted family members or friends will be selected as agents. It is typically not advisable to select an attorney or a notario to act as your agent. If you wish to select more than one agent, you may name a co-agent or a successor or replacement agent.

The Power of Attorney must be signed in front of a Notary Public. In Nebraska, a Notary Public is not allowed to charge more than \$5.00 for notarizing a document.

The Power of Attorney becomes effective immediately, unless you state otherwise in the Special Instructions.

A copy of the Power of Attorney document is as effective as the original document.

Power of Attorney documents are not filed with the court; however, it is important to keep your Power of Attorney document in a safe place and give a copy to your agent.

Unless you say otherwise in the Power of Attorney document, the agent’s authority will continue until you die or revoke the Power of Attorney, or the agent resigns or is unable to act for you.

## ***Poder Notarial Duradero en Nebraska***

Un poder notarial duradero es un documento legal que autoriza a otra persona (su “agente”) para que tome decisiones en relación a su propiedad (usted es el “principal”). Su agente podrá tomar decisiones y tomar acción en relación a su propiedad (incluyendo su dinero, su carro, su casa) independientemente en si usted puede actuar/tomar decisiones por sí mismo. La mayoría del tiempo, miembros de familia o amigos de confianza son seleccionados como agentes. Típicamente NO se recomienda que se seleccione a un abogado o un notario para que actúen como su agente. Si desea seleccionar más de un agente, usted puede nombrar un co-agente o un sucesor o reemplazo de agente.

El poder notarial duradero debe de ser firmado frente a un notario. En Nebraska, un notario público no está autorizado para cobrar más de \$5.00 por notarizar un documento.

El poder notarial duradero es efectivo inmediatamente, a menos de que usted de instrucciones de lo contrario bajo la sección titulada instrucciones especiales.

Una copia del poder notarial duradero es tan efectiva como el documento original.

Documentos de poder notarial duradero no son archivados con la corte. No obstante, es muy importante guardar su poder notarial duradero en un lugar seguro y darle una copia a su agente.

Amenos de que indique de otra manera en el poder notarial duradero, la autoridad del agente continuara hasta que usted muera o revoque el poder notarial duradero o hasta que el agente resigne o no pueda actuar por usted.

## ***Nebraska Department of Motor Vehicles Power of Attorney for Vehicles Only***

A Nebraska Department of Motor Vehicle (DMV) Power of Attorney for Vehicle/Motorboat Only allows you to designate an agent (also known as an attorney-in-fact) to make decisions regarding your vehicle (car, truck, van, SUV, etc.). The DMV Power of Attorney for Vehicle/Motorboat Only allows your agent to transfer ownership or make applications for title and registration for your vehicle. The DMV Power of Attorney for Vehicle/Motorboat only is an ideal option if you only want to allow your agent to have the authority over decision-making regarding your vehicle. Keep the DMV Power of Attorney in a safe place and give a copy to your agent.

## ***Poder Notarial Duradero del Departamento de Vehículos de Nebraska, Poder Notarial Vehículos Solamente***

Un poder notarial duradero del departamento de motores de Nebraska para vehículos o botes de motor solamente, le permite designar un agente (también conocido como attorney-in-fact) para tomar decisiones acerca de su vehículo (carro, troca, van, SUV, etc.). El poder notarial duradero del DVM para vehículos y botes motorizados solamente permite que su agente transfiera la propiedad o haga peticiones para el título y registraci3n de su veh3culo. El poder notarial duradero del DVM es una opci3n ideal si usted quiere permitir que su agente solo tenga autoridad sobre tomar decisiones acerca de su veh3culo. Guarde el Poder Notarial Duradero en un lugar seguro y asegurese que su agente tiene una copia.

## Where am I Safe?

ICE has a policy that it will not enforce immigration actions (such as arrests, interviews, searches, or surveillance) in certain “sensitive locations” including:

1. Schools, such as known and licensed daycares, pre-schools and other early learning programs; primary schools; secondary schools; post-secondary schools up to and including colleges and universities; as well as scholastic or education-related activities or events, and school bus stops that are marked and/or known to the officer, during periods when school children are present at the stop;
2. Medical treatment and health care facilities, such as hospitals, doctors’ offices, accredited health clinics, and emergent or urgent care facilities;
3. Places of worship, such as churches, synagogues, mosques, and temples;
4. Religious or civil ceremonies or observances, such as funerals and weddings; and
5. During a public demonstration, such as a march, rally, or parade.

**Note: There is no guarantee that ICE will not search for you in the above-mentioned places. This is why it is so important that you know your rights when confronted with the Police or ICE regardless of where you are located.**

## ¿Dónde Estoy Seguro?

Los agentes de inmigración tienen póliza de que no cumplirán las medidas de inmigración (tales como detenciones, entrevistas, búsquedas, o vigilancia) en ciertos lugares sensibles, incluyendo:

1. Escuelas, tales como guarderías conocidas y licenciadas, preescolares y otros programas de aprendizaje temprano; escuelas primarias; escuelas secundarias; escuelas postsecundarias hasta e incluyendo colegios y universidades; así como actividades o eventos escolares o relacionados con la educación, y paradas de autobús escolar que sean marcadas y/o conocidas por el oficial, durante los períodos en que los niños de la escuela estén presentes en la parada;
2. Instalaciones de servicios médicos y de atención médica, como hospitales, consultorios médicos, clínicas de salud acreditadas y centros de atención emergentes o de urgencia;
3. Lugares de culto, como iglesias, sinagogas, mezquitas y templos;
4. Ceremonias o celebraciones religiosas o civiles, tales como funerales y bodas; y
5. Lugares públicos de demostración, como marchas, manifestaciones o desfiles.

**Tenga en cuenta: No hay ninguna garantía de que los agentes de inmigración no busquen en los lugares mencionados. Por eso es tan importante que conozca sus derechos cuando se enfrenta con la policía o con agentes de inmigración sin importar donde se encuentre.**

# Glossary

The following are common terms used in this Guide and immigration law, in general:

1. **BIA:** The **Board of Immigration Appeals** is the highest administrative body which interprets and applies immigration law. Typically, when you lose a case at the Immigration Court level with the Immigration Judge, you will appeal your case to the BIA.
2. **CBP: Customs and Border Patrol** is an agency within the Department of Homeland Security which secures the ports of entry to the U.S., such as airports and borders.
3. **Deportation.** Deportation (also called “removal”) occurs when someone who is not a U.S. citizen is removed from the U.S. Once you are deported, usually, you are NOT able to return to the U.S. for some period of time (3, 5, 10 years, or longer, depending on your case). There may be waivers available to overcome the time bars, but they are limited AND they are extremely difficult to get.
4. **DHS:** The **Department of Homeland Security** is a department within the U.S. federal government with the responsibility of protecting the country against any threat, both within and outside of the U.S.
5. **DOJ Representative (formerly known as BIA representative):** A non-lawyer who is given permission by the DOJ to represent undocumented and documented people on behalf of a recognized non-profit organization (i.e. religious, charitable, social service, or similar organization) before USCIS and/or Immigration Court depending on the level of accreditation. There are two types of accreditation:
  - i) **Partially-Accredited DOJ representatives** may represent individuals before DHS only.
  - ii) **Fully-Accredited DOJ representatives** may represent individuals before DHS, Immigration Court, and the BIA. Both fully- and partially-accredited DOJ representatives cannot practice state law or any other type of federal law, as they are not attorneys.
6. **ICE: Immigration and Customs Enforcement** is an agency within the Department of Homeland Security which enforces immigration law. You will usually hear about ICE in relation to raids or when a person is being detained.
7. **USCIS: United States Citizenship and Immigration Services** is an agency within the Department of Homeland Security that oversees authorized immigration to the United States. This agency is in charge of processing applications for citizenship, renewal of work permits, family petitions, and many others.

# Glosario

Los siguientes son términos comunes usados en esta Guía y la ley de inmigración, en general:

1. **BIA: Junta de Apelaciones de Inmigración** es el máximo órgano administrativo que interpreta y aplica la ley de inmigración. Típicamente, cuando pierde un caso en el Corte de Inmigración con el Juez de Inmigración, apelará su caso ante el BIA.
2. **CBP: Aduanas y Patrulla Fronteriza** es una agencia dentro del Departamento de Seguridad Nacional que asegura los puertos de entrada a los EE.UU, tales como aeropuertos y fronteras.
3. **Deportación.** La deportación (también llamada "remoción") ocurre cuando alguien que no es ciudadano de los EE.UU es retirado de los EE.UU. Una vez que usted es deportado, usualmente, NO puede regresar a los EE.UU por un período de tiempo (3, 5, 10 Años o más dependiendo de su caso). Hay perdones disponibles para superar los límites de tiempo, pero se limitan y son extremadamente difíciles de obtener.
4. **DHS: Departamento de Seguridad Nacional** es un departamento dentro del gobierno federal de los Estados Unidos con la responsabilidad de proteger al país contra cualquier amenaza, dentro y fuera de los EE.UU.
5. **ICE: Inmigración y Control de Aduanas** es una agencia dentro del Departamento de Seguridad Nacional que hace cumplir la ley de inmigración. Usualmente, se oye hablar de ICE en relación con las incursiones o cuando una persona está siendo detenida.
6. **Representante de la DOJ:** Es alguien que no es abogado, pero tiene permiso de la DOJ (Departamento de Justicia) para representar a personas indocumentadas y documentadas en nombre de una organización sin fines de lucro reconocida (es decir, religiosa, caritativa, servicio social u organización similar) ante el USCIS y / o la Corte de Inmigración dependiendo en el nivel de acreditación. Hay dos tipos de acreditación:
  - i) **Representantes de la DOJ parcialmente acreditados** pueden representar a personas ante el DHS solamente.
  - ii) **Representantes de la DOJ completamente acreditados** pueden representar a personas ante el DHS, la Corte de Inmigración, y la BIA. Tanto los representantes de DOJ completamente como parcialmente acreditados no pueden ejercer la ley estatal o cualquier otro tipo de ley federal, ya que no son abogados.
7. **USCIS: Servicios de Ciudadanía e Inmigración de los Estados Unidos** es una agencia dentro del Departamento de Seguridad Nacional que supervisa la inmigración autorizada a los EE.UU. Esta agencia está a cargo de procesar aplicaciones de ciudadanía, renovación de permiso de trabajo, peticiones familiares, y muchas otras.

# Resources

Usted tiene derechos constitucionales.

• NO ABRA LA PUERTA SI UN AGENTE DEL 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

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.*

File No. (b)(6), (b)(7)(C)  
Event No. (b)(7)(e)  
Date: October 20, 2010

FINS #: (b)(6), (b)(7)(C)

**Your name should appear here.**

To any officer delegated authority pursuant to Section 2 Act:

From evidence submitted to me, it appears that:

(b)(6), (b)(7)(C)  
(Full name of alien) EAGLE PASS, TEXAS  
an alien who entered the United States at or near (Port) on  
March 1, 2003 (Date) is within the country in violation of the immigration laws and is

therefore liable to being taken into custody as authorized by section 236 of the Immigration and Nationality Act.

By virtue of the authority vested in me by the immigration laws of the United States and the regulations issued pursuant thereto, I command you to take the above-named alien into custody for proceedings in accordance with the applicable provisions of the immigration laws and regulations.

**Signed and printed name of Immigration Officer**

(b)(6), (b)(7)(C)  
(Signature of Designated Immigration Officer)  
(b)(6), (b)(7)(C)  
(Print name of Designated Immigration Officer)  
SDDO  
(Title)

Certificate of Service

Served by me at NASHVILLE, TENNESSEE on October 20, 2010 at 12:00 AM.  
I certify that following such service, the alien was advised concerning his or her right to counsel and was furnished a copy of this warrant.

(b)(6), (b)(7)(C)  
(Signature of officer serving warrant)  
SENIOR SPECIAL AGENT  
(Title of officer serving warrant)

**Your address**

**Name of immigration officer serving you the warrant**





**I. Your Travel Experience**

Thank you for contacting the Department of Homeland Security Traveler Redress Inquiry Program (DHS TRIP).  
Please check ALL scenarios that describe your travel experience:

- I am always subjected to additional screening when going through an airport security checkpoint
- I was denied boarding
- I was unable to print a boarding pass at the airport kiosk or at home
- I am directed to the ticket counter every time I fly
- The airline ticket agent stated that I am on a Federal Government Watch List
- I was detained during my travel experience
- A ticket agent took my identification and called someone before handing me a boarding pass
- I missed my flight while attempting to obtain a boarding pass
- I am repeatedly referred for secondary screening when clearing U.S. Customs and Border Protection
- I was denied entry into the United States
- I am a foreign student or exchange visitor who is unable to travel due to my status
- I was told my fingerprints were incorrect or of poor quality
- I feel my civil rights have been violated because I was discriminated against on the basis of my race, ethnicity, religion, disability, or gender
- I feel my civil rights have been violated because my questioning or treatment during screening was abusive or coercive
- I feel my civil rights have been violated because a search of my person or property violated freedom of speech or press
- I believe my privacy has been violated because a government agent has exposed or inappropriately shared my personal information
- I was given an information sheet by a CBP Officer
- I was told by CBP at a U.S. Port of entry that my fingerprints need to be corrected by US-VISIT
- Other travel related issue

**II. Personal Information**

Full Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
mm / dd / yyyy City or Town / Province / Country

Sex:  Male  Female    Height: \_\_\_\_\_    Weight: \_\_\_\_\_    Hair Color: \_\_\_\_\_    Eye Color: \_\_\_\_\_

**III. Contact Information**

Mailing Address: \_\_\_\_\_  
Street or PO Box Apt. No.

\_\_\_\_\_ City or Town State or Province Zip or Postal Code Country

Physical Address (if different): \_\_\_\_\_  
Street or PO Box Apt. No.

\_\_\_\_\_ City or Town State or Province Zip or Postal Code Country

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



IV. Additional Information (if applicable)

Form section for IV. Additional Information (if applicable) with fields for Date of Entry into U.S., Port of Entry into U.S., Departure Date from U.S., U.S. Port of Departure, Name of Airline or Ship, Flight or Cruise Number, Other Names Used, and Name at Entry into U.S.

V. Required Documentation and Information

U.S. citizens: Please provide a legible, unexpired copy of a U.S. passport. If you do not have a U.S. passport, please provide at least one legible, unexpired copy of a government-issued identification document from the list below, preferably a photo I.D. For minors (individuals under the age of 18), a copy of a certified birth certificate is the only identity document required.

Non-U.S. citizens: Please provide legible, unexpired copies of the biographical pages of your passport/travel document and/or copies of any U.S. government-issued travel documents.

Check the box next to the document(s) you are submitting with this form:

Table with columns for Documentation and Information. Rows include Passport, Passport Card, Driver's License, Birth Certificate, Military Identification Card, Government Identification Card, Certificate of Citizenship, Naturalization Certificate, Immigration/Non-immigrant Visa, Alien Registration, Petition or Claim Receipt, I-94 Admission, FAST, and SENTRI.



V. Required Documentation and Information (continued)

Form with checkboxes for NEXUS, Border Crossing Card, and SEVIS, each with fields for Number and Date.

VI. Incident Details

Please briefly describe your travel experience

VII. Acknowledgement

The information I have provided on this application is true, complete and correct to the best of my knowledge and is provided in good faith. I understand that knowingly and willfully making any materially false statement, or omission of a material fact, on this application can be punished by fine or imprisonment of both (see section 1001 of Title 18 United States Code).
I understand the above information and am voluntarily submitting this information to the Department of Homeland Security
Date: Full Name: Signature:

PAPERWORK REDUCTION ACT STATEMENT:
Through this information collection, DHS is gathering information about you to conduct redress procedures, as an individual who believes he or she has been (1) denied or delayed boarding, (2) denied or delayed entry into or departure from the United States as a port of entry, or (3) identifies for additional screening at our Nation's transportation hubs, including airports, seaports, train stations and land borders. The public burden for this collection of information is estimated to be five minutes. This is voluntary collection of information. If you have any comments on this form, you may contact the Transportation Security Administration, Office of Transportation Security Redress, TSA-901, 601 South 12th Street, Arlington, VA 20598-6901. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number assigned to this collection is 1652-0044 which expires on 10/31/2015.

PRIVACY ACT STATEMENT:
Authority: Title IV of the Intelligence Reform and Terrorism Prevention Act of 2004 authorizes the Department of Homeland Security (DHS) to take security measures to protect travel, and under Subtitle B, Section 4012(I) (G), the Act directs DHS to provide appeal and correction opportunities for travelers whose information may be incorrect.
Principal Purposes: DHS will use this information in order to assist you with seeking redress in connection with travel.
Routine Uses: DHS will use and disclose this information to appropriate governmental agencies to verify your identity, distinguish your identity from that of another individual, such as someone included on a watch list, and/or address your redress request. Additionally, limited information may be shared with non-governmental entities, such as air carriers, where necessary for the sole purpose of carrying out your redress request, and otherwise in accordance with the DHS system of records notice, DHS/ALL-005, DHS Redress and Records Response System.
Disclosure: Furnishing this information is voluntary; however, DHS may not be able to process your redress inquiry without the information requested.

Mailing Instructions
Please mail the completed form and copies of identity documents to:
DHS Traveler Redress Inquiry Program (TRIP) 601 South 12th Street, TSA-901 Arlington, VA 20598-6901
E-mailing Instructions
Please e-mail the completed form and copies of identity documents to:
TRIP@dhs.gov



U.S. Department of Transportation  
 Aviation Consumer Protection Division , C-75-D  
 1200 New Jersey Ave., SE  
 Washington, DC 20590

**Complaint Alleging Discrimination by an Airline Based on Race, Ethnicity, National Origin, Gender, Religion, or other prohibited criteria**

For reporting incidents of alleged discrimination against an airline passenger based on race, ethnicity, national origin, gender, religion, or other prohibited criteria. Please complete this form and mail it to the above address. Please type, write legibly, or print, in black ink. You may wish to keep a photocopy of this form. If available, enclose a copy of your airline ticket or travel agency itinerary sheet.

**Passenger Information**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 (with area code)  
 E-mail address (if any): \_\_\_\_\_

**Person to contact** about this complaint, if other than the passenger:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_  
 (with area code)  
 E-mail address (if any): \_\_\_\_\_

**Flight Information** List only the flight(s) on which the alleged discrimination occurred.

Date	Airline	Flight number	From (city)	To (city)

**PRIVACY ACT STATEMENT:** The authority for collecting this information is contained in 49 U.S.C. 46101. We need this information in order to investigate your complaint. The personal information will be used primarily for enforcement and compliance purposes. The Department will not disclose the name or other identifying information about an individual unless it is necessary for enforcement activities against an entity alleged to have violated Federal law, or unless such information is required to be disclosed under the Freedom of Information Act, 5 U.S.C. 552, or as is allowed through the publication of a routine use in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. To further the Department's enforcement activities, information we have about you may be given to appropriate Federal, State, or local agencies. Additional disclosures of information may be made to members of Congress or its staff, to volunteer student workers within the Department of Transportation so that they may perform their duties; to the news media when release is made consistent with the Freedom of Information Act and 49 CFR Part 7; and to the National Archives and Records Administration and General Services Administration to perform records management inspection functions in accordance with their statutory responsibilities. Furnishing of the requested information is voluntary, except that the failure to provide such information may result in our being unable to process your complaint.

Issued 4/99

**DOT Use**

Case number: \_\_\_\_\_ Date logged: \_\_\_\_\_ Complaint code: \_\_\_\_\_



**Your A#**

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

In the Matter of:  
Respondent: \_\_\_\_\_  
\_\_\_\_\_  
(Number, street, city, state and ZIP code)

**Name and Address**

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. You have been admitted to the United States, but are deportable for the reasons stated below.

The Service alleges that:  
1) You are not a citizen or national  
2) You are a native of \_\_\_\_\_  
3) You were admitted to the United States for a period of \_\_\_\_\_ and remain in the United States for a time longer than permitted.  
4) You remained in the United States beyond \_\_\_\_\_ without authorization.

**Below is what you are being charged with**

**This is what immigration knows about you**

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:  
Section 237 (a) (1) (B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a) (15) of the Act, you have remained in the United States for a time longer than permitted.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to:  8 CFR 208.30(f)(2)  8 CFR 235.3(b)(1)

**Address of the Immigration Court where your hearing will take place**

**YOU ARE ORDERED** to appear before an immigration judge of the United States at \_\_\_\_\_  
(Complete Address of Immigration Court, including Room number, if any)  
on \_\_\_\_\_ at \_\_\_\_\_ to show why you should not be removed  
(Date) (Time)  
the charge(s) set forth above.

**Date of your court hearing**

**Time of your court hearing**

(Signature and Title)  
\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
verse for \_\_\_\_\_  
w. 3/22/99 (N)





## NOTICE TO APPEAR

### What is a Notice to Appear and what information does it include?

A Notice to Appear (NTA) is a document given to an individual that explains why they are in removal proceedings. The NTA will have:

1. Information about the individual in removal proceedings (full name, mailing address, etc.)
2. The Alien number or "A-number" of the individual. This number is a unique number issued by immigration and used to identify the individual. This number begins with the letter A and is followed by eight or nine digits.
3. The government's facts or "allegations" stating why the government believes the individual should be removed from the U.S.
4. The law or statute under which the individual can be removed.
5. The (date) and (time) the individual is instructed to appear before an immigration judge.

### How do I find my immigration hearing date?

At the bottom of the form, it says "YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: on (date) at (time)." That is the hearing date and the individual must go to court at the address indicated on the NTA on the date and time it states. Not attending court will result in a removal order. It is very important that you pay attention to the date and time of your hearing. It is possible that the date and time listed in your Notice to Appear:

- Is not a date and time when the Immigration Court is open.
- Does not include a date and time and instead lists the following initials TBD, which stands for To Be Determined.

If you are in any of the situations listed, you might need to take extra steps to figure out when your actual hearing is.

An individual will also be served with a **Notice of Hearing** in Removal Proceedings. The hearing notice will be mailed to the individual at the address provided in the NTA. The hearing notice will contain the following information:

- Information about the individual in removal proceedings (full name, mailing address, etc.).
- The Alien number or "A-number" of the individual.
- The date and time the individual must appear before the immigration judge (court date).
- The full address of the immigration court before which the individual must appear.

### IMMIGRANT LEGAL CENTER

An Affiliate of the Justice For Our Neighbors Network

4223 Center Street | Omaha, NE 68105 | P: 402.898.1349 | F: 402.502.4604 | [Immigrantlc.org](http://Immigrantlc.org)





## NOTICE TO APPEAR

### How do I call to confirm my immigration hearing date?

Immigration court hearing dates can change for various reasons. As result, it is crucial to periodically confirm the individual's hearing date.



**Executive Office of Immigration Review (EOIR)**  
**1.800.898.7180**

The Executive Office of Immigration Review (EOIR) has an automated 24-hour phone system, which allows an individual to confirm his or her hearing date. To complete this step, have the Alien number or "A-number" for the person in removal proceedings.

### Complete the following steps:

1. Press 1 for instructions in English or 2 for instructions in Spanish.
2. Enter the nine (9) digit Alien number or "A-number".
3. Confirm the Alien number inserted is correct and press 1 to accept.
4. Confirm the Alien number matches the individual's name and press 1 to accept.
5. Write down the individual's hearing date.

### What if I change my mailing address?

If the individual changes addresses or their phone number, the law requires to file a Change of Address Form (Form EOIR – 33/IC) with the Immigration Court. The individual or must file this form within five (5) working days of a change in your address or phone number. The individual will only receive notification as to the time, date, and place of hearing or other official correspondence at the address which you provide.

The form can be hand-delivered at the Immigration Court window or mailed to the following address. In addition, a copy must be sent to the Office of Chief Counsel at the Department of Homeland Security.



Immigration Court  
1717 Avenue H  
Omaha, NE 68110



Department of Homeland Security  
1717 Avenue H, Suite 174  
Omaha, NE 68110

**ALWAYS keep a copy of any documents you send to  
Immigration Court for your personal records.**

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### ¿Qué es un 'Notice to Appear' y que información es incluido?

Una Hoja de Comparecencia, NTA (por sus siglas en inglés), es el documento que la Inmigración le da a un individuo cuando y porque están en el procedimiento de expulsión. El 'NTA' tendrá:

1. Información sobre el individuo en el procedimiento de expulsión (nombre completo, dirección postal, etc.)
2. El Número de Registro Extranjero o "A-number" del individuo. El número es un número único emitido por Inmigración y usado para identificar al individuo. Este número empieza con una letra 'A' seguido por ocho (8) o nueve (9) dígitos.
3. Los hechos o 'acusaciones' del gobierno declarando porque el gobierno cree que el individuo debería ser deportado de los EE.UU.
4. La ley o estatuto bajo el cual el individuo es deportable.
5. La (fecha) y (tiempo) en el que el individuo es instruido a aparecer ante el juez de inmigración.

### ¿Cómo encuentro la fecha de mi audiencia de inmigración?

El último párrafo de la página dice, "USTED ESTA ORDENADO a aparecer ante el juez de inmigración del Departamento de Justicia de los Estados Unidos a: la (fecha) al (tiempo)."

***"YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: on (date) at (time)."***

Este es la audiencia de inmigración y el individuo debe ir a la Corte a la dirección postal indicada en su 'NTA' en la fecha y tiempo confirmada. No asistir a la Corte resultará en el procedimiento de expulsión (deportación). Es posible que la fecha y el tiempo indicado en su 'NTA' tenga uno de los siguientes defectos:

- No es una fecha y tiempo que la Corte de inmigración está abierta.
- No incluye fecha, ni hora de audiencia y lista las siguientes iniciales TBD, que por sus siglas en inglés significa, 'Será determinado' (To be determined).

Si el individuo está en alguna de las situaciones listadas, tendrá que tomar medidas adicionales para determinar cuándo es la audiencia de inmigración.

El individuo en los procedimientos de expulsión también recibirá notificación del **Aviso de Audiencia** (Notice of Hearing). Será enviado por correo al individuo a la dirección postal proporcionado en el 'NTA.' El Aviso de Audiencia tendrá:

- Información sobre el individuo en el procedimiento de expulsión.
- El Número de Registro Extranjero o "A-number" del individuo.
- La (fecha) y (hora) que el individuo es instruido a aparecer ante el juez de inmigración.
- La dirección completa de la Corte de inmigración que debe aparecer en.

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# CONOZCA SUS DERECHOS

page 2

## HOJA DE COMPARECENCIA (NOTICE TO APPEAR)

### ¿Cómo llamo para confirmar mi fecha de la audiencia de inmigración?

Las fechas de la audiencia de Inmigración puede cambiar por varias razones. Como resultado, es crucial que confirme periódicamente la fecha de la audiencia.



**Corte de inmigración**  
**Executive Office of Immigration Review (EOIR)**  
**1.800.898.7180**

La Corte de Inmigración, EOIR (por sus siglas en inglés), tiene un sistema telefónico de 24 horas, que permite al individuo confirmar su fecha de la audiencia. Para completar la llamada, tenga el Número de Registro Extranjero o "A-number" del individuo en el procedimiento de expulsión a la mano.

### Completa los siguientes pasos:

1. Marque 1 para instrucciones en inglés o 2 para instrucciones en español.
2. Marque los nueve (9) dígitos del Número de Registro Extranjero.
3. Confirme el Número de Registro Extranjero insertado es correcto y marque 1 para aceptar.
4. Confirme el Número de Registro Extranjero coincide con el individuo y marque 1 para aceptar.
5. Anote la fecha de audiencia del individuo.

### ¿Qué sucede si cambio mi dirección postal?

Si el individuo cambia de dirección postal o número telefónico, la ley requiere que entregue u Formulario para Cambiar la Dirección Postal (Documento EOIR – 33/IC) a la Corte de inmigración. El individuo debe entregar la petición dentro de cinco (5) días de hábiles del cambio de dirección postal o numero telefónico. El individuo solamente recibirá notificación sobre la fecha, tiempo, y localización de la audiencia o otra correspondencia oficial a la dirección postal que proporciono.

El documento puede ser entregado en persona en la ventanilla de archivar de la Corte de inmigración o puede ser enviado por correo a la siguiente dirección postal. Además, una copia del documento a la Oficina de los abogados del gobierno (Office of Chief Counsel) a la siguiente dirección postal:



Immigration Court  
1717 Avenue H  
Omaha, NE 68110



Department of Homeland Security  
1717 Avenue H, Suite 174  
Omaha, NE 68110

**SIEMPRE quédese con una copia de los documentos**  
**que envía a la Corte de inmigración para sus documentos personales.**

#### **IMMIGRANT LEGAL CENTER**

An Affiliate of the Justice For Our Neighbors Network

4223 Center Street | Omaha, NE 68105 | P: 402.898.1349 | F: 402.502.4604 | [immigrantlc.org](http://immigrantlc.org)





## U.S. PASSPORT APPLICATION

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

### FOR INFORMATION AND QUESTIONS

Visit the official Department of State website at [travel.state.gov](http://travel.state.gov) or contact the National Passport Information Center (NPIC) via toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) and [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.

#### WHAT TO SUBMIT WITH THIS FORM:

- 1. PROOF OF U.S. CITIZENSHIP:** Evidence of U.S. citizenship **AND a photocopy** of the front (and back, if there is printed information) must be submitted with your application. The photocopy must be on 8 1/2 inch by 11-inch paper, black and white ink, legible, and clear. Evidence that is not damaged, altered, or forged will be returned to you. **Note:** Lawful permanent resident cards submitted with this application will be forwarded to U.S. Citizenship and Immigration Services, if we determine that you are a U.S. citizen.
- 2. PROOF OF IDENTITY:** You must present your original identification **AND submit a photocopy** of the front and back with your passport application.
- 3. RECENT COLOR PHOTOGRAPH:** Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.
- 4. FEE:** Please visit our website at [travel.state.gov](http://travel.state.gov) for current fees.

#### HOW TO SUBMIT THIS FORM:

Complete and submit this application in person to a designated acceptance agent: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit [travel.state.gov](http://travel.state.gov) or contact the National Passport Information Center at 1-877-487-2778.

Follow the instructions on Page 2 for detailed information to completion and submission of this form.

### REQUIREMENTS FOR CHILDREN

- **AS DIRECTED BY PUBLIC LAW 108-113 AND 22 CFR 61.23:**

To **submit an application** for a child under age 18 **both parents or the child's legal guardian(s) must appear** and present the following:

- Evidence of the child's U.S. citizenship;
- Evidence of the child's relationship to parents/guardian(s); **AND**
- Original parental/guardian government-issued identification **AND a photocopy** of the front and back side of presented identification.

#### IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:

- 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 and **must** be signed and notarized on the same day, and **must** come with a photocopy of the front and back side of the second parent's government-issued photo identification; **OR**
- Second parent's death certificate if second parent is deceased; **OR**
- Primary evidence of sole authority to apply, such as a court order; **OR**
- A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent's unavailability.

- **AS DIRECTED BY REGULATION 22 C.F.R. 61.21 AND 61.23:**

- Each minor child applying for a U.S. passport book and/or passport card must appear in person.

### PASSPORT VALIDITY LENGTH

**If you are 16 years of age or older:** Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period.

**If you are under 16 years of age:** Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period.

### APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD

**LOST OR STOLEN** - If you cannot submit your valid or potentially valid U.S. passport book and/or passport card with this application and you have not previously submitted Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, you are required to fill out and submit a DS-64 with this application.

**IN MY POSSESSION** - If your most recent **U.S. passport** book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail.

**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.**

**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 the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.



## PROOF OF U.S. CITIZENSHIP

**APPLICANTS BORN IN THE UNITED STATES:** Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth: It must be supported by evidence described in the next paragraph.
- If no birth record exists: Submit a registrar's notice to that effect. Also, submit a combination of the evidence listed below, which should include your given name and surname, date and/or place of birth, and 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); and
  - 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:** Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Consular Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, **and** your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (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), proof of U.S. citizenship of your parent, your parents' marriage certificate, **and** an affidavit showing all of your U.S. citizen parents' periods and places of residence/physical presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, **and** your U.S. citizen parent(s) evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 02/28/1983.)

**ADDITIONAL EVIDENCE:** You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit [travel.state.gov](http://travel.state.gov) for details.

## PROOF OF IDENTITY

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book; previous or current U.S. passport card; driver's license (not temporary or learner's license); Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see [travel.state.gov](http://travel.state.gov) for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS, who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien that has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-71) before the acceptance agent. You must also submit some identification of your own.

## COLOR PHOTOGRAPH

Submit a color photograph of you alone, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be in color, clear, with a full front view of your face. The photograph must be taken with a neutral facial expression (preferred) or a natural smile, and with both eyes open and be printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, or head covering unless a signed statement is submitted verifying that the hat or head covering is part of recognized, traditional religious attire that is customarily or required to be worn continuously when in public or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, "cover-ups", or similar devices must not be worn in the passport photograph. Glasses or other eyewear are not acceptable unless you provide a signed statement from a doctor explaining why you cannot remove them due to medical reasons (e.g., during the recovery period from eye surgery). Any photograph retouched so that your appearance is changed is unacceptable. A snapshot, most vending machine prints, hand-held ~~self-portraits and~~ magazine or full-length photographs are unacceptable. ~~A double~~ photo must meet the previously stated qualifications, and will be accepted for use at the discretion of Passport Services. Visit our website at [travel.state.gov](http://travel.state.gov) for details and information.

## FEES

FEES ARE LISTED ON OUR WEBSITE AT [TRAVEL.STATE.GOV](http://TRAVEL.STATE.GOV). BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- The passport application fee, security surcharge, and expedite fee may be paid in any of the following forms: Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (Visa, Master Card, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, international, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.
- For faster processing, you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is only available for passports mailed in the United States and Canada.
- OVERNIGHT DELIVERY SERVICE is only available for passport book mailings in the United States. Please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- For applicants with U.S. government or military authorization for no-fee passports, no fees are charged except the execution fee when applying at a designated acceptance facility.

### NOTE REGARDING MAILING OF YOUR PASSPORT(S)

Passport Services will not mail a U.S. passport to a private address outside the United States or Canada. If you do not live at the address listed in the "mailing address", then you must put the name of the person and mark it as "In Care Of" in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in item #6 on this application, Passport Services may use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport card, you may receive three separate mailings: one with your returned citizenship evidence, one with your newly issued passport book, and one with your newly issued passport card.

### FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C 2714a(f) require you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have never been issued a SSN, you must enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury. If you fail to provide the information, your application may be denied and you are subject to a \$500 penalty enforced by the IRS. All questions on this matter should be referred to the nearest IRS office.

### NOTICE TO CUSTOMERS APPLYING OUTSIDE A DEPARTMENT OF STATE FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time fee of \$25, which we will also collect by EFT.

### FEE REMITTANCE

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. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.F.R. Part 34, and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (D.C.I.A., 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by U.S. Department of Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing, or withholding eligible federal payments (e.g., tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

### USE OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

### NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2; 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 for forwarding to you.

### PROTECT YOURSELF AGAINST IDENTITY THEFT! REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information regarding reporting a lost or stolen U.S. passport book or passport card (Form DS-64), or to determine your eligibility for a passport renewal (Form DS-82), call NPIC at 1-877-487-2778 or visit [travel.state.gov](http://travel.state.gov).

### NOTICE TO U.S. PASSPORT CARD APPLICANTS

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten one of your given names you list on item 1 of this form.


U.S. passports, either in book or card format, are only issued to U.S. citizens or non-citizen U.S. nationals. Each person must obtain his or her own U.S. passport book or U.S. passport card. The passport card is a U.S. passport issued in card format. Like the traditional U.S. passport book, it reflects the bearer's origin, identity, and nationality, and is subject to existing passport laws and regulations. Unlike the U.S. passport book, the U.S. passport card is valid only for entry at land border crossings and sea ports of entry when traveling from Canada, Mexico, the Caribbean, and Bermuda. The U.S. passport card is not valid for international air travel.

## ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. The electronic passport book continues to be proof of the bearer's U.S. citizenship/nationality and ~~identity~~ and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all ports-of-entry, including those that do not yet have electronic chip readers.

Use of the electronic format ~~provides the~~ traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol  will appear in port-of-entry areas where the electronic passport book can be read.

## ACTS OR CONDITIONS

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

I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crimes statute, 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; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

## PRIVACY ACT STATEMENT

**AUTHORITY:** Collection of this information is authorized by 22 U.S.C. 211a 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. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services 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 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 a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section.

## 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20186-1227





# APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

OMB CONTROL NO. 1405-0004  
OMB EXPIRATION DATE: 06-30-2019  
ESTIMATED BURDEN: 85 MIN

Attention: Read **WARNING** on page 1 of instructions  
**Please select the document(s) for which you are applying:**  
 U.S. Passport Book     U.S. Passport Card     Both  
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.  
 Regular Book (Standard)     Large Book (Non-Standard)  
**Note:** The large book option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

**1. Name Last** \_\_\_\_\_ **End #** \_\_\_\_\_ **Exp.** \_\_\_\_\_  
 \_\_\_\_\_  
**First** \_\_\_\_\_ **Middle** \_\_\_\_\_  
 \_\_\_\_\_  
**5. Social Security Number** \_\_\_\_\_ **6. Email (Info alerts offered at [travel.state.gov](http://travel.state.gov))** \_\_\_\_\_ **7. Primary Contact Phone Number** \_\_\_\_\_  
 \_\_\_\_\_

**3. Mailing Address:** Line 1: Street/RFD#, P.O. Box, or URB. \_\_\_\_\_  
 \_\_\_\_\_  
 Address Line 2: **Clearly label** Apartment, Company, Suite, Unit, Building, Floor, In-Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)  
 \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Country, if outside the United States** \_\_\_\_\_  
**8. List all other names you have used.** (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)  
 A. \_\_\_\_\_ B. \_\_\_\_\_

**STOP! CONTINUE TO PAGE 2**

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

**Identifying Documents - Applicant or Mother/Father/Parent 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 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, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four 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 one of the instructions to the application form.

Acceptance Agent     (Vice) Consul USA  
 Passport Staff Agent

(See)

Name of courier company (if applicable) \_\_\_\_\_ Facility ID Number \_\_\_\_\_  
 Facility Name/Location \_\_\_\_\_ Agent ID Number \_\_\_\_\_


Signature of person authorized to accept applications \_\_\_\_\_ Date \_\_\_\_\_

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\_\_\_\_\_  
**Applicant's Legal Signature - age 16 and older**  
 \_\_\_\_\_  
**Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)**

For Issuing Office Only → **SI** \_\_\_\_\_ **C** and \_\_\_\_\_ **EF** \_\_\_\_\_ **Passport Execution** \_\_\_\_\_ **Other** \_\_\_\_\_

\* DS 11 C 09 2013 1 \*

Name of Applicant (Last, First, & Middle)				Date of Birth (mm/dd/yyyy)			
<b>10. Parental Information</b>							
Mother/Father/Parent - First & Middle Name				Last Name (of Parent's Birth)			
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex		U.S. Citizen?	
				<input type="checkbox"/> Male <input type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No			
Mother/Father/Parent - First & Middle Name				Last Name (of Parent's Birth)			
Date of Birth (mm/dd/yyyy)		Place of Birth		Sex		U.S. Citizen?	
				<input type="checkbox"/> Male <input type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No			
<b>11. Have you ever been married?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #11.</i>							
Full Name of Current Spouse or Most Recent Spouse				Date of Birth (mm/dd/yyyy)		Place of Birth	
U.S. Citizen?		Date of Marriage		Have you ever been widowed or divorced?		Widow/Divorce Date	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> (mm/dd/yyyy)		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> (mm/dd/yyyy)	
<b>12. Additional Contact Phone Number</b>				<b>13. Occupation (if age 16 or older)</b>		<b>14. Employer or School (if applicable)</b>	
		<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
<b>15. Height</b>		<b>16. Hair Color</b>		<b>17. Eye Color</b>		<b>18. Travel Plans</b>	
						Departure Date (mm/dd/yyyy) - Return Date (mm/dd/yyyy) Countries to be Visited	
<b>19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.</b>							
Street/RFD # or URB (No P.O. Box)						Apartment/Unit	
City				State		Zip Code	
<b>21. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.</b>							
Name			Address: Street/RFD # or P.O. Box			Apartment/Unit	
City		State		Zip Code		Phone Number	
						Relationship	
<b>20. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the remaining items in #21.</i>							
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: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> 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: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)							
<b>PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY</b>							
Name as it appears on citizenship evidence				Birth Certificate			
<input type="checkbox"/> SR      CR      C&P      Filed:				<input type="checkbox"/> Issued:			
<input type="checkbox"/> Nat. / C&P Cert. <del>US955-14826</del> Date/Place Acquired:				<input type="checkbox"/> All			
<input type="checkbox"/> Report of Birth      Filed/Place: Passport							
<input type="checkbox"/> CIR    S/R    Per PERS    W/DOL:							
<input type="checkbox"/> Other:							
<input type="checkbox"/> Attached:							
<input type="checkbox"/> PIC of C&P <input type="checkbox"/> PIC of ID <input type="checkbox"/> DS-71 <input type="checkbox"/> DS-3153 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-5520 <input type="checkbox"/> DS-5526 <input type="checkbox"/> PAW <input type="checkbox"/> NPIC <input type="checkbox"/> IRL <input type="checkbox"/> C&P/W/S							
				* DS 11 C 09 2013 2 *			





**U.S. Department of State  
STATEMENT OF CONSENT:  
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16**

**USE OF THIS FORM**

The information collected on this form is used in conjunction with the DS-11, "Application for a U.S. Passport." When a minor under the age of 16 applies for a passport and one of the minor's parents or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 can be used as the statement of consent. If the required statement is not submitted, the minor may not be eligible to receive a U.S. passport. The required statement may be submitted in other formats provided they meet statutory and regulatory requirements.

**FORM INSTRUCTIONS**

1. Complete fields 1, 2, and 3. If field 3 is not completed, authorization will be valid for both products.
2. Complete field 4, Statement of Consent, only if you are a non-applying parent or guardian consenting to the issuance of a passport for your minor child. NOTE: Your signature must be witnessed and notarized in field 5.
3. The written consent from the non-applying parent that accompanies an application for a new U.S. passport must not be more than 90 days old. A clear photocopy of the front and back of the non-applying parent's government-issued photo identification presented to the notary is required with the written consent.
4. Please submit this form with your minor child's new DS-11 passport application to any designated acceptance facility, U.S. Passport Agency, U.S. Embassy, or U.S. Consulate abroad.

**SPECIAL REQUIREMENTS FOR INSTITUTIONS/ENTITIES GRANTED GUARDIANSHIP**

Below is a list of documents **you must** submit with your DS-3053:

1. A **certified** order of a court of competent jurisdiction granting guardianship to the institution/entity. (Photocopies are not acceptable.)
2. A signed statement from the institution/entity **on letterhead** authorizing a specific person to apply for a passport for the child on its behalf. The statement must include the minor's name and the name of the individual(s) authorized to apply for the passport.
3. A photocopy of employee identification documents proving the person applying for the minor's passport works at the institution/entity.

Please ensure that **all** of the above **do NOT have any conditions** placed on the period of validity of the passport or where the minor may travel. If there are conditions in the statement, a new statement of unequivocal consent is required.

**WARNING: False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be 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. 1821.**

**FOR INFORMATION AND QUESTIONS**

For passport and travel information, please visit our website at [travel.state.gov](http://travel.state.gov). In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7793) or by e-mail at [NPIC@state.gov](mailto:NPIC@state.gov). Customer Service Representatives are available Monday-Friday, 8:00 a.m. - 10:00 p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit [www.travel.state.gov/childabduction](http://www.travel.state.gov/childabduction) or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at [PreventAbductions1@state.gov](mailto:PreventAbductions1@state.gov).

**PRIVACY ACT STATEMENT**

**AUTHORITIES:** We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

**PURPOSE:** The primary purpose for soliciting the information is to establish two parent consent for a minor's passport application, as required by Public Law 106-113, Section 236.

**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. More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

**DISCLOSURE:** Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

**PAPERWORK REDUCTION ACT STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, Attn: Forms Officer 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.





# UNITED STATES PASSPORT FEES

**Payment Instructions:** \*The application fee is paid directly to the Department of State. \*\*The Execution/Acceptance fee is paid directly to the acceptance facility. Two separate payments are required. (Effective 1/28/2019)

## ADULT APPLICANTS (16 Years and Older) Please see [Apply in Person](#).

What are you applying for?	Use Form	Application Fee <small>*Paid to the U.S. Department of State</small>	Execution Fee (Acceptance Fee) <small>**Paid to the Acceptance Facility</small>
First-time Adult Passport Book	<a href="#">DS-11</a>	\$110	\$35
First-time Adult Passport Card <small>Not valid for international air travel. Valid only for travel by land and by sea to Canada, Mexico, Bermuda, and the Caribbean.</small>	<a href="#">DS-11</a>	\$30	\$35
First-time Adult Passport Book & Card	<a href="#">DS-11</a>	\$140	\$35
Adult Passport Card <small>For applicants who currently have a valid passport book.</small>	<a href="#">DS-82</a>	\$30	No Charge

## ADULT RENEWALS Please see [Renewal by Mail](#).

What are you renewing?	Use Form	Application Fee <small>*Paid to the U.S. Department of State</small>
Adult Passport Book	<a href="#">DS-82</a>	\$110
Adult Passport Card <small>Not valid for international air travel. Valid only for travel by land and by sea to Canada, Mexico, Bermuda, and the Caribbean.</small>	<a href="#">DS-82</a>	\$30
Adult Passport Book & Card	<a href="#">DS-82</a>	\$140

## ALL MINOR APPLICANTS (Under 16) Please see [Children Under 16](#).

What are you applying for?	Use Form	Application Fee <small>*Paid to the U.S. Department of State</small>	Execution Fee (Acceptance Fee) <small>**Paid to the Acceptance Facility</small>
Minor Passport Book	<a href="#">DS-11</a>	\$80	\$35
Minor Passport Card <small>A passport card is valid only for travel by land and by sea to the following locations: Canada, Mexico, Bermuda, and the Caribbean.</small>	<a href="#">DS-11</a>	\$15	\$35
Minor Passport Book & Card	<a href="#">DS-11</a>	\$95	\$35

## OPTIONAL FEES (Paid to the U.S. Department of State)

<b>Expedite Fee</b>	Paid per application, in addition to required fees. Provides faster processing than routine service. Please see <b>Processing Times</b> .	\$60
<b>1-2 Day Delivery</b>	Paid per application for 1-2 day delivery of an issued passport book from the Department of State to the customer. Only applies to mailing addresses within the United States. Not valid for passport cards.	\$16.48
<b>File Search Fee</b>	A file search is necessary when an applicant is unable to present evidence of U.S. citizenship or verification of a previously issued U.S. Passport or Consular Report of Birth Abroad. Applicant must submit <a href="#">Form DS-11</a> and a written request for a file search.	\$150

Submitting incorrect passport fees could delay the processing of your application. For more information regarding passport application fees, please visit [travel.state.gov/fees](http://travel.state.gov/fees) or call 1-877-487-2778, TDD/TTY: 1-888-874-7793.

Updated January 2019



## SOLICITUD DE PASAPORTE ORDINARIO MEXICANO (OP5)

Primera vez: <input type="checkbox"/>	<b>Renovación:</b> Con Pasaporte: <input type="checkbox"/> Por mutilación o destrucción: <input type="checkbox"/> Por extravío: <input type="checkbox"/> Por autorización Judicial: <input type="checkbox"/> Por robo: <input type="checkbox"/>	<b>Vigencia:</b> Un año (para niños de 0 a 17 años): <input type="checkbox"/> Tres años: <input type="checkbox"/> Seis años: <input type="checkbox"/>	OBSERVACIONES  NÚMERO DE SOLICITUD
---------------------------------------	--	--	--

Antes de llenar la presente solicitud lee detenidamente su contenido.  
 Ante los datos solicitados, respetando los espacios delimitados, sobre todo los campos destinados a las firmas.  
 La presente solicitud deberá ser llenada con tinta negra y letra de molde.

LUGAR Y FECHA: CALEXICO, CALIFORNIA, E.U.A.

1. NÚMERO DE PASAPORTE ANTERIOR (renovación):

2. C.U.R.P. (Clave Única de Registro de Población):

3. APELLIDO PATERNO:

4. APELLIDO MATERNO:

5. NOMBRE (S):

6. FECHA DE NACIMIENTO (dd / mm / aaaa):  día  mes  año

7. SEXO/GÉNERO:  Masculino  Femenino

8. NACIDO EN:

a) Estado:

b) Municipio y Ciudad:

9. IDENTIFICACIÓN QUE PRESENTA:  No:

10. DOMICILIO ACTUAL:

Calle o Avenida:  Número:  Apt. - Spc.:  Colonia o Fraccionamiento:  Código Postal:

Población - Ciudad y Municipio:  Estado:  País:

Teléfonos: Particular: (  ) Celular: (  ) Trabajo: (  )

11. EN CASO DE ACCIDENTE O FALLECIMIENTO AVISAR A:  Nombre:

Abuelo  Conocido  Cónyuge  Hermano(a)  Hijo (a)  Madre  Padre  Primo(a)  Sobrino(a)  Tío(a)

Domicilio:  TELÉFONO: (  )

**CAMPOS DE CONTROL**

RECEPCIÓN:

REVISIÓN:

CAPTURA Y VERIFICACIÓN DE DATOS:

IMPRESIÓN Y ENSAMBLE:

AUTORIZACIÓN Y CONTROL DE CALIDAD:

DIGITALIZACIÓN:

ENTREGA:

Dado que la información contenida en la presente solicitud es confidencial de conformidad con lo dispuesto por los artículos 18 y 19 de la Ley Federal de Transparencia y Acceso a la Información Pública Gubernamental, manifiesto que Si  No  otorgo mi consentimiento para su difusión o distribución en caso de ser solicitada al amparo del referido ordenamiento legal.

Así mismo, declaro bajo protesta de decir verdad y apercibido de las penas en que incurrir las personas que declaran con falsedad ante una autoridad distinta de la judicial, en los términos de lo dispuesto por el artículo 247, fracción I del Código Penal Federal, que la información asentada en la presente solicitud es correcta y concuerda con los documentos que se anexan a la misma, y quedo enterado de los términos, condiciones y plazos de este trámite por lo que no tengo duda alguna y estoy conforme con ello.

FIRMA DE CONFORMIDAD CON LOS DATOS CONTENIDOS EN EL PASAPORTE **AL RECIBIRLO**

FIRMA DEL SOLICITANTE (cuando se lo indiquen)



HUELLAS DIGITALES

ÍNDICE IZQUIERDO

ÍNDICE IZQUIERDO

ÍNDICE IZQUIERDO

ÍNDICE DERECHO

ÍNDICE DERECHO

ÍNDICE DERECHO





**OP-7**

**PERMISO QUE OTORGAN LOS PADRES O PERSONAS QUE EJERCEN LA PATRIA POTESTAD O TUTELA, PARA LA EXPEDICIÓN DE PASAPORTE**

OBSERVACIONES \_\_\_\_\_

LUGAR Y FECHA \_\_\_\_\_

LOS QUE SU SCRIBIMOS PADRES Y/O TUTORES DEL MENOR \_\_\_\_\_ MANIFESTAMOS, PARA LOS EFECTOS DEL ARTÍCULO 14 DEL REGLAMENTO DE PASAPORTES Y 215 DEL REGLAMENTO DE LA LEY GENERAL DE POBLACIÓN EN VIGOR, EL CONSENTIMIENTO PARA QUE NUESTRO (A) HIJO (A) PUEDA SALIR DEL TERRITORIO DE LA REPÚBLICA MEXICANA POR LO QUE SOLICITAMOS SE LE EXPIDA PASAPORTE ORDINARIO BAJO EL NOMBRE QUE APARECE EN EL FORMATO OP-5 DE LA PRESENTE SOLICITUD Y CON UNA VIGENCIA DE \_\_\_\_\_ QUEDANDO EN EL ENTENDIDO QUE A MENORES DE TRES AÑOS DE EDAD SOLO SE LE EXPEDIRÁ DICHO DOCUMENTO POR UN PERIODO MÁXIMO DE 12 MESES.

Y \_\_\_\_\_

(PADRE O TUTOR)

(MADRE O TUTORA)

**DATOS DEL PADRE O TUTOR**

Como  Padre      Como  Tutor

Para realizar el trámite identifico con el siguiente documento \_\_\_\_\_

No. \_\_\_\_\_

Expedido (a) por \_\_\_\_\_

De fecha

                  día           mes           año

INDICE DERECHO

INDICE DERECHO

**DATOS DE LA MADRE O TUTORA**

Como  Madre      Como  Tutora

Para realizar el trámite identifico con el siguiente documento \_\_\_\_\_

No. \_\_\_\_\_

Expedido (a) por \_\_\_\_\_

De fecha

                  día           mes           año

INDICE DERECHO

INDICE DERECHO



# APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

The Office of Vital Records has been registering births for persons born in Nebraska since 1904.

## PLEASE TYPE OR PRINT LEGIBLY

Full name at birth \_\_\_\_\_  
(If adopted, list adoptive name)

Month, day, and year of birth \_\_\_\_\_

City or town of birth \_\_\_\_\_ County of birth \_\_\_\_\_

Father/Parent name at birth \_\_\_\_\_  
(If adopted, list adoptive father's/parent's name)

Mother/Parent name at birth \_\_\_\_\_  
(If adopted, list adoptive mother's/parent's name)

Is this the record of an adopted person?    q Yes    q No

For what purpose is this record to be used? \_\_\_\_\_

If this is not your record, how are you related to the person named on the record? \_\_\_\_\_

**Delayed Birth Certificate** - Legislation passed in 1941 provides for the filing of delayed birth certificates for persons who were born prior to 1904 OR for persons whose births were not recorded at the time of birth.

Is this a delayed birth certificate?    q Yes    q No

**WARNING:** Section 71-849, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE OF REQUESTOR \_\_\_\_\_

Type or print name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

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

Today's Date \_\_\_\_\_

**(Please enclose a photocopy of your photo ID [i.e. current driver's license] when mailing in this request).**

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies \_\_\_\_\_ x \$17.00 each = \$ \_\_\_\_\_ Total  
**(Please make checks payable to Vital Records)**

**Mail to:**  
Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

**Bring to:**  
Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

(Please enclose a stamped, self-addressed business size envelope.)

### FOR OFFICE USE ONLY

q Check    q MO    q Cash

Amount Received \_\_\_\_\_

Date \_\_\_\_\_ Received \_\_\_\_\_

By Whom \_\_\_\_\_ Received \_\_\_\_\_

### PROOF OF IDENTIFICATION:

DL                      STATE ID                      OTHER

HHS-88 (55088) Rev. 6/16



## **SOCIAL SECURITY ADMINISTRATION**

### **Application for a Social Security Card**

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**Applying for a Social Security Card is free!**

#### **USE THIS APPLICATION TO:**

- Apply for an original Social Security card
- Apply for a replacement Social Security card
- Change or correct information on your Social Security number record

**IMPORTANT:** You **MUST** provide a properly completed application and the required evidence before we can process your application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable. We will return any documents submitted with your application. For assistance call us at 1-800-772-1213 or visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov).

#### **Original Social Security Card**

To apply for an original card, you must provide at least two documents to prove age, identity, and U.S. citizenship or current lawful, work-authorized immigration status. If you are not a U.S. citizen and do not have DHS work authorization, you must prove that you have a valid non-work reason for requesting a card. See page 2 for an explanation of acceptable documents.

**NOTE:** If you are age 12 or older and have never received a Social Security number, you must apply in person.

#### **Replacement Social Security Card**

To apply for a replacement card, you must provide one document to prove your identity. If you were born outside the U.S., you must also provide documents to prove your U.S. citizenship or current, lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

#### **Changing Information on Your Social Security Record**

To change the information on your Social Security number record (i.e., a name or citizenship change, or corrected date of birth) you must provide documents to prove your identity, support the requested change, and establish the reason for the change. For example, you may provide a birth certificate to show your correct date of birth. A document supporting a name change must be recent and identify you by both your old and new names. If the name change event occurred over two years ago or if the name change document does not have enough information to prove your identity, you must also provide documents to prove your identity in your prior name and/or in some cases your new legal name. If you were born outside the U.S. you must provide a document to prove your U.S. citizenship or current lawful, work-authorized status. See page 2 for an explanation of acceptable documents.

#### **LIMITS ON REPLACEMENT SOCIAL SECURITY CARDS**

Public Law 108-458 limits the number of replacement Social Security cards you may receive to 3 per calendar year and 10 in a lifetime. Cards issued to reflect changes to your legal name or changes to a work authorization legend do not count toward these limits. We may also grant exceptions to these limits if you provide evidence from an official source to establish that a Social Security card is required.

#### **IF YOU HAVE ANY QUESTIONS**

If you have any questions about this form or about the evidence documents you must provide, please visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) for additional information as well as locations of our offices and Social Security Card Centers. You may also call Social Security at 1-800-772-1213. You can also find your nearest office or Card Center in your local phone book.



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## EVIDENCE DOCUMENTS

The following lists are examples of the types of documents you must provide with your application and are not all inclusive. Call us at 1-800-772-1213 if you cannot provide these documents.

**IMPORTANT** : If you are completing this application on behalf of someone else, you must provide evidence that shows your authority to sign the application as well as documents to prove your identity and the identity of the person for whom you are filing the application. We can only accept original documents or documents certified by the custodian of the original record. Notarized copies or photocopies which have not been certified by the custodian of the record are not acceptable.

### Evidence of Age

In general, you must provide your birth certificate. In some situations, we may accept another document that shows your age. Some of the other documents we may accept are:

- U.S. hospital record of your birth (created at the time of birth)
- Religious record established before age five showing your age or date of birth
- Passport
- Final Adoption Decree (the adoption decree must show that the birth information was taken from the original birth certificate)

### Evidence of Identity

You must provide current, unexpired evidence of identity in your legal name. Your legal name will be shown on the Social Security card. Generally, we prefer to see documents issued in the U.S. Documents you submit to establish identity must show your legal name AND provide biographical information (your date of birth, age, or parents' names) and/or physical information (photograph, or physical description - height, eye and hair color, etc.). If you send a photo identity document but do not appear in person, the document must show your biographical information (e.g., your date of birth, age, or parents' names). Generally, documents without an expiration date should have been issued within the past two years for adults and within the past four years for children.

As proof of your identity, you must provide a:

- U.S. driver's license; or
- U.S. State-issued non-driver identity card; or
- U.S. passport

If you do not have one of the documents above or cannot get a replacement within 10 work days, we may accept other documents that show your legal name and biographical information, such as a U.S. military identity card, Certificate of Naturalization, employee identity card, certified copy of medical record (clinic, doctor or hospital), health insurance card, Medicaid card, or school identity card/record. For young children, we may accept medical records (clinic, doctor, or hospital) maintained by the medical provider. We may also accept a final adoption decree, or a school identity card, or other school record maintained by the school.

If you are not a U.S. citizen, we must see your current U.S. immigration document(s) and your foreign passport with biographical information or photograph.

**WE CANNOT ACCEPT A BIRTH CERTIFICATE, HOSPITAL SOUVENIR BIRTH CERTIFICATE, SOCIAL SECURITY CARD STUB OR A SOCIAL SECURITY RECORD as evidence of identity.**

### Evidence of U.S. Citizenship

In general, you must provide your U.S. birth certificate or U.S. Passport. Other documents you may provide are a Consular Report of Birth, Certificate of Citizenship, or Certificate of Naturalization.

### Evidence of Immigration Status

You must provide a current unexpired document issued to you by the Department of Homeland Security (DHS) showing your immigration status, such as Form I-551, I-94, or I-766. If you are an international student or exchange visitor, you may need to provide additional documents, such as Form I-20, DS-2019, or a letter authorizing employment from your school and employer (F-1) or sponsor (J-1). We CANNOT accept a receipt showing you applied for the document. If you are not authorized to work in the U.S., we can issue you a Social Security card only if you need the number for a valid non-work reason. Your card will be marked to show you cannot work and if you do work, we will notify DHS. See page 3, item 5 for more information.



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## **HOW TO COMPLETE THIS APPLICATION**

**Complete and sign this application LEGIBLY using ONLY black or blue ink on the attached or downloaded form using only 8 ½" x 11" (or A4 8.25" x 11.7") paper.**

**GENERAL:** Items on the form are self-explanatory or are discussed below. The numbers match the numbered items on the form. If you are completing this form for someone else, please complete the items as they apply to that person.

4. Show the month, day, and full (4 digit) year of birth; for example, "1998" for year of birth.
5. If you check "Legal Alien Not Allowed to Work" or "Other," you must provide a document from a U.S. Federal, State, or local government agency that explains why you need a Social Security number and that you meet all the requirements for the government benefit. NOTE: Most agencies do not require that you have a Social Security number. Contact us to see if your reason qualifies for a Social Security number.
- 6., 7. Providing race and ethnicity information is voluntary and is requested for informational and statistical purposes only. Your choice whether to answer or not does not affect decisions we make on your application. If you do provide this information, we will treat it very carefully.
- 9.B., 10.B. If you are applying for an original Social Security card for a child under age 18, you **MUST** show the parents' Social Security numbers unless the parent was never assigned a Social Security number. If the number is not known and you cannot obtain it, check the "unknown" box.
13. If the date of birth you show in item 4 is different from the date of birth currently shown on your Social Security record, show the date of birth currently shown on your record in item 13 and provide evidence to support the date of birth shown in item 4.
16. Show an address where you can receive your card 7 to 14 days from now.
17. **WHO CAN SIGN THE APPLICATION?** If you are age 18 or older and are physically and mentally capable of reading and completing the application, you must sign in item 17. If you are under age 18, you may either sign yourself, or a parent or legal guardian may sign for you. If you are over age 18 and cannot sign on your own behalf, a legal guardian, parent, or close relative may generally sign for you. If you cannot sign your name, you should sign with an "X" mark and have two people sign as witnesses in the space beside the mark. Please do not alter your signature by including additional information on the signature line as this may invalidate your application. Call us if you have questions about who may sign your application.

## **HOW TO SUBMIT THIS APPLICATION**

In most cases, you can take or mail this signed application with your documents to any Social Security office. Any documents you mail to us will be returned to you. Go to <https://secure.ssa.gov/apps6z/FOLQ/fo001.jsp> to find the Social Security office or Social Security Card Center that serves your area.

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## **PROTECT YOUR SOCIAL SECURITY NUMBER AND CARD**

Protect your SSN card and number from loss and identity theft. DO NOT carry your SSN card with you. Keep it in a secure location and only take it with you when you must show the card; e.g., to obtain a new job, open a new bank account, or to obtain benefits from certain U.S. agencies. Use caution in giving out your Social Security number to others, particularly during phone, mail, email and Internet requests you did not initiate.

### **PRIVACY ACT STATEMENT Collection and Use of Personal Information**

Sections 205(c) and 702 of the Social Security Act, as amended, authorize us to collect this information. The information you provide will be used to assign you a Social Security number and issue a Social Security card.

The information you furnish on this form is voluntary. However, failure to provide the requested information may prevent us from issuing you a Social Security number and card.

We rarely use the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g., to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Complete lists of routine uses for this information are available in System of Records Notice 60-0058 (Master Files of Social Security Number (SSN) Holders and SSN Applications). The Notice, additional information regarding this form, and information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at any local Social Security office.

This information collection meets the requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8.5 to 9.5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**



# SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved  
OMB No. 0960-0066

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD			First	Full Middle Name	Last
	<b>FULL NAME AT BIRTH</b> IF OTHER THAN ABOVE			First	Full Middle Name	Last
	OTHER NAMES USED					
<b>2</b>	Social Security number previously assigned to the person listed in item 1			[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]		
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate)			City	State or Foreign Country	FCI
			<b>4</b>	<b>DATE OF BIRTH</b>		MM/DD/YYYY
<b>5</b>	<b>CITIZENSHIP</b> (Check One)			<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> Legal Alien Allowed To Work	<input type="checkbox"/> Legal Alien <b>Not</b> Allowed To Work (See Instructions On Page 3)
			<input type="checkbox"/> Other (See Instructions On Page 3)			
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary)		<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary)		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian			
<b>8</b>	<b>SEX</b>			<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>			First	Full Middle Name	Last
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9 B on Page 3)			[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] <input type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>			First	Full Middle Name	Last
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)			[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] <input type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (if "yes" answer questions 12-13) <input type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)					
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1			First	Full Middle Name	Last
<b>13</b>	Enter any different date of birth if used on an earlier application for a card			MM/DD/YYYY		
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY		<b>15</b>	<b>DAYTIME PHONE NUMBER</b> Area Code Number		
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)			Street Address, Apt. No., PO Box, Rural Route No. City State/Foreign Country ZIP Code		
<b>17</b>	<b>YOUR SIGNATURE</b>			<b>18 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify		
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)						
NPN		DOC		NTI		CAN
PBC		EVI	EVA	EVC	PRA	ITV
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW			
			DATE			
			DCL DATE			

HIPAA AUTHORIZATION FOR USE AND DISCLOSURE

BY SIGNING THIS FORM, YOU PERMIT THE HEALTH CARE PROVIDER(S)/HEALTH PLAN(S) IDENTIFIED BELOW TO DISCLOSE YOUR CONFIDENTIAL PERSONAL HEALTH INFORMATION

1. PATIENT/INSURED. The patient/insured whose information may be released is:

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_
ADDRESS \_\_\_\_\_
PHONE # \_\_\_\_\_ ACCOUNT OR POLICY # (if known) \_\_\_\_\_

2. PERSONAL HEALTH INFORMATION. Disclose the following documents or dates of service (be specific) \_\_\_\_\_

OR

If Provider:

- Discharge summary - Face sheet
H&P/consultation - Progress notes
ER record - Operative report
X-rays and other films - Lab results
Itemized statement - Billing records
Entire medical record

If Health Plan:

- My enrollment/application record
My premium payment/billing record
My claims record (claim #: \_\_\_\_\_)
My medical record

3. SPECIAL LIMITATIONS. Does this Authorization exclude (check all that apply):

- HIV/AIDS test results (if part of the specified record)
Other exclusions (be specific) \_\_\_\_\_

4. DISCLOSING PROVIDER/PLAN. The following provider(s)/plan(s) may disclose the personal health information:

Provider/Plan \_\_\_\_\_
Address \_\_\_\_\_ Phone \_\_\_\_\_

5. RECIPIENT. The following persons or organizations are to receive the personal health information:

Name \_\_\_\_\_ Phone \_\_\_\_\_
Address \_\_\_\_\_

6. PURPOSE OF DISCLOSURE. The reason I am authorizing release is:

- My request
Other (describe): \_\_\_\_\_

7. EXPIRATION. This Authorization expires (periods longer than 180 days may not be accepted):

Date: \_\_\_\_\_ OR Event: \_\_\_\_\_

8. EXPLANATION OF RIGHTS. I understand that:

- I can revoke this Authorization at any time by giving my written revocation to the Disclosing Provider/Plan. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization.
The disclosing provider/plan may NOT condition treatment, enrollment in the health plan or eligibility for benefits on whether I sign this Authorization.
I am authorizing disclosure of information protected under federal law. This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law.

Signature of Patient/Insured or Personal Representative \_\_\_\_\_

Date \_\_\_\_\_

Representative's Relationship to Patient/Insured (if applicable) \_\_\_\_\_

Representative's Printed Name \_\_\_\_\_

Use of this form does not assure acceptance by provider or health plan. This form is not to be interpreted as the standard HIPAA authorization for Nebraska. (See "Explanation and Instructions" on reverse side)



## EXPLANATION AND INSTRUCTIONS

1. **Explanation.** The administrative simplification provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. §§ 1320d to d-7, and the privacy regulations issued thereunder at 45 C.F.R. §§ 160.101 *et seq.* and 164.501 *et seq.* impose many new privacy duties on covered health care providers (doctors, hospitals, nursing homes, pharmacies, physical therapists, etc.) and health plans (typically insurers and group health plans offering health, dental, vision, Medicare supplemental and long-term care coverage). Under HIPAA, before a covered provider/plan may disclose protected health information based on a patient's/insured's authorization or the authorization of a "personal representative," *the authorization form itself must meet specific (often new) content requirements.* Specifically, see 45 C.F.R. § 164.508, the rule governing required content of authorizations.

The purpose of this form is to give lawyers and others a standard form which covered health care providers and plans in Nebraska should accept. Note that if you are dealing with a specific provider or plan, you can always obtain and use their pre-printed form and thereby be assured they will not object to the form of the authorization. Use this form to: (i) to obtain protected health information (a medical record or a health care billing record, for example) from a provider or plan, or (ii) to help a patient/insured or their personal representative arrange for disclosure of protected health information to a third party.

2. **Description of Information to be Released.** HIPAA requires authorizations to identify the information to be released "*in a specific and meaningful fashion.*" Providers/Plans will not honor authorizations if the scope of covered information is unclear. In various guidance, the regulators approve of descriptions such as "entire medical record" or "complete patient file" because they put the patient or personal representative on notice of what information is covered. Elsewhere, the guidance suggests a description such as "all protected health information" might not be sufficiently specific and meaningful to permit disclosure of a medical record. Be as specific as possible. It is recommended that you identify the treating MD or practitioner and the specific clinic or facility at which services were received, if known, when requesting a specific record to facilitate locating the correct record and information. *An authorization to release "psychotherapy notes" cannot be combined with another authorization.*

3. **Disclosing Provider/Plan and Recipients.** HIPAA requires the authorization to include "*the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.*" An authorization can name one or more specific providers or plans, or it can identify disclosing providers or plans by class, such as "any physician, health care professional, hospital, clinic, laboratory . . . , or other health care provider that has provided treatment or services to me or on my behalf."

Recipients can also be identified specifically or by class. However, do not describe a class of recipients, if it will leave the disclosing provider/plan guessing. For example, identify the recipient as "the XYZ Law Firm and any of its attorneys" (easily identifiable and verifiable) rather than "any lawyer providing legal services to me." The provider/plan is left having to contact the patient/insured to verify your representation in this latter case.

4. **Purpose.** HIPAA only requires that an authorization state a purpose if the authorization is being requested or initiated by the covered entity holding the information (for example, a hospital requesting an authorization so it can use information for research purposes). Check "my request" if the patient/insured is initiating the authorization.

5. **Expiration Date or Event.** An authorization must state an expiration date or event. If an authorization "event" is used, it *must be an event that relates to the individual or the purpose of the use or disclosure.* Guidance suggests expiration events such as "upon termination of enrollment in a health plan" would be a sufficient description of an expiration event. You may also be able to use "conclusion of [named] litigation" as an expiration event. If you use an expiration event, be sure it is something the disclosing provider/plan will know about. See also Neb. Rev. Stat. § 71-8403(1) which many providers/plans interpret as placing a maximum time limit of 180 days on any authorizations.

6. **Personal Representatives.** The authorization must be signed by the patient/insured or their "personal representative." A personal representative is someone who, *under state law,* has "authority to act on behalf of an individual who is an adult or an unemancipated minor in making decisions related to health care." Obvious examples in Nebraska are persons named as decision makers in a health care power of attorney, court-appointed guardians, court-appointed conservators as to information needed to carry out their responsibilities, parents of unemancipated minors (in most situations), and spouses and adult children of incapacitated patients/insureds. In the case of deceased patients/insureds, court-appointed personal representatives are usually required.

This model HIPAA authorization form is provided courtesy of the Nebraska Strategic National Implementation Process – a HIPAA implementation work group. More information is available at [www.nesnip.org](http://www.nesnip.org). All Rights Reserved.



**IMMIGRATION ATTORNEY REFERRAL LIST**  
**LISTA DE REFERENCIA DE ABOGADOS DE INMIGRACIÓN**



Immigrant Legal Center (ILC) has compiled this list as a resource you may use when looking for an attorney to represent you in immigration matters.

**Please be advised:** ILC does not guarantee the work of any of these attorneys or organizations, nor does it personally endorse them.

Centro Legal para Inmigrantes (ILC) ha compilado esta lista como un recurso que se puede utilizar en búsqueda de un abogado para representarlos en asuntos de inmigración.

**Tenga en Cuenta:** ILC no garantiza el trabajo de estos abogados u organizaciones, ni tampoco los endorsa personalmente.

**OMAHA**

**BLACKFORD LAW LLC**

Phone: [\(402\) 933-4090](tel:4029334090)  
11711 Arbor St. Suite 220  
Omaha, NE 68144  
[brian@blackfordlawllc.com](mailto:brian@blackfordlawllc.com)

**CURLEY IMMIGRATION LAW OFFICE**

Phone: [\(402\) 733-8989](tel:4027338989)  
8420 West Dodge Road,  
Morgan Place Suite 310  
Omaha, NE 68114  
[www.curleylawoffice.com](http://www.curleylawoffice.com)

**IVAN VELASCO, JR. PC LLO**

Phone: [\(402\) 932-4826](tel:4029324826)  
Keeline Building  
319 South 17th St. Suite 728  
Omaha, NE 68102  
[ivan@ivanvelascojr.com](mailto:ivan@ivanvelascojr.com)

**JASON FINCH AND ASSOCIATES**

Phone: [\(402\) 384-2464](tel:4023842464)  
260 Regency Parkway Dr. Suite 220  
Omaha, NE 68114  
[jfinch@jasonfinchlaw.com](mailto:jfinch@jasonfinchlaw.com)

**KASABY & NICHOLLS LLC**

Phone: [\(402\) 884-0700](tel:4028840700)  
Empire State Building  
308 South 19th Street  
Omaha, Nebraska 68102  
[contact@kasaby.com](mailto:contact@kasaby.com)

**LAW OFFICES OF DORNAN,  
TROIA, HOWARD, BREITKREUTZ &  
CONWAY**

Phone: [\(402\) 884-7044](tel:4028847044)  
Historic Paxton Hotel  
1403 Farnam Street Suite 232  
Omaha, Nebraska 68102  
[www.ditlawyers.com](http://www.ditlawyers.com)

**MARKS, CLARE & RICHARDS LLC JULIA A.  
CRYNE**

Phone: [\(402\) 492-9800](tel:4024929800)  
Español: [\(402\) 492-1796](tel:4024921796)  
11605 Miracle Hills Drive, Suite 300  
Omaha, NE 68154  
[jcryne@mcrlawyers.com](mailto:jcryne@mcrlawyers.com)

**PETTIS LAW OFFICE**

Phone: [\(402\) 397-7117](tel:4023977117)  
11920 Burt St Suite 145  
Omaha, NE 68154

**VANDENBOSCH LAW OFFICE**

Phone: [\(402\) 884-4489](tel:4028844489)  
3515 S 50th St  
Omaha, NE 68106

**YAMAMOTO & KITCHENS  
PC LLO**

Phone: [\(402\) 346-8323](tel:4023468323)  
4535 Leavenworth Street, Suite 1  
Omaha, NE 68106  
[www.yk-law.us](http://www.yk-law.us)

## **LINCOLN**

### **NEBRASKA DOMESTIC VIOLENCE SEXUAL ASSAULT COALITION**

Phone: [\(402\) 476-6256](tel:4024766256)  
245 S. 84th Street, Suite 200  
Lincoln, NE 68510  
[www.ndvsac.org](http://www.ndvsac.org)

### **WOLZEN LAW OFFICE**

Phone: [\(402\) 474-5100](tel:4024745100)  
U.S. Bank Building  
233 South 13th St. Suite 1209  
Lincoln, NE 68508  
[brent@wolzenlaw.com](mailto:brent@wolzenlaw.com)

### **UNIVERSITY OF NEBRASKA COLLEGE OF LAW -**

#### **Legal Clinic**

Phone: [\(402\) 472-3271](tel:4024723271)  
172 Welpton Courtroom Building  
University of Nebraska  
P.O. Box 830902  
Lincoln, NE 68583-0902

## **SOUTH SIOUX CITY**

### **OLIGMUELLER LAW**

Phone: [\(402\) 494-2199](tel:4024942199)  
1915 Dakota Ave.  
South Sioux City, NE 68776  
[www.oligmuellerlaw.com](http://www.oligmuellerlaw.com)

## **NON-PROFIT REFERRALS**

### **REFERENCIAS DE ORGANIZACIONES SIN FINES DE LUCRO**

#### **NEBRASKA IMMIGRATION LEGAL ASSISTANCE HOTLINE (NILAH)**

Phone: **[1-855-307-6730](tel:18553076730)**

*To apply for immigration legal services from one of the following non-profits:*

*Para aplicar para servicios legales de inmigración de una de estas organizaciones:*

- Catholic Charities
- Center for Legal Immigration Assistance
- Women's Center For Advancement

## **NORTH PLATTE**

### **LINDEMEIER & DAWSON**

#### **CHAWNTA DURHAM**

Phone: [\(308\) 946-7843](tel:3089467843)  
1020 S. Dewey Street  
North Platte, NE 69101  
[www.flatrocklaw.com](http://www.flatrocklaw.com)

## **IOWA**

### **COLE & VONDRA, PC**

Phone: [\(319\) 358-1900](tel:3193581900)  
E. Washington St. #305  
Iowa City, IA 52240  
[www.vondramalott.com](http://www.vondramalott.com)

### **JUSTICE FOR OUR NEIGHBORS-IOWA**

Phone: [\(515\) 255-9809](tel:5152559809)  
Fax: (515) 619-5765  
P.O. Box 41006  
Des Moines IA 50311  
[www.iowallc.org](http://www.iowallc.org)

### **PRISCILLA E. FORSYTH**

Phone: [\(712\) 224-2371](tel:7122242371)  
505 5th Street, Suite 240  
Sioux City, IA 51101  
[www.priscillaforsyth.com](http://www.priscillaforsyth.com)

- Lutheran Family Services
- Immigrant Legal Center

### **LATINO CENTER OF THE MIDLANDS**

Phone: [\(402\) 733-2720](tel:4027332720)  
4821 S 24th St. Omaha, NE 68107  
*Immigration attorneys available for consultation by appointment weekly. Call for more details*  
Abogados de inmigración disponibles para consulta bajo cita cada semana. Llame para mas detalles.



<b>NEBRASKA</b>			
<b>Recognized Organization</b>	<b>Date Recognized</b>	<b>Recognition Expiration Date</b>	<b>Organization Status</b>
<b>Columbus</b>			
<u>Centro Hispano Comunitario de Nebraska</u>  Principal Office 3020 18th Street, Suite 7 Columbus, NE 68601 (402) 564-2110	08/27/10	01/18/20	Active
<b>Grand Island</b>			
<u>Lutheran Family Services of Nebraska, St. Stephens Center</u>  Principal Office 1811 W. 2nd Street, Suite 440 Grand Island, NE 68803 000-000-0000	01/30/04	01/18/19* (Pending Renewal)	Active
<u>Multicultural Coalition</u>  Principal Office 221 West Second Street Grand Island, NE 68801 (308) 385-5242	07/13/18	07/13/20	Active
<u>St. Mary's Cathedral Immigration Program</u>  Principal Office 207 South Elm St. Grand Island, NE 68801 (308) 384-2523	06/04/08	01/18/20	Active
<b>Lexington</b>			
<u>Saint Mary's Immigration Program</u>  Principal Office 1003 Taft St Lexington, NE 68850 (308) 324-7300	08/05/13	01/18/20	Active
<b>Lincoln</b>			
<u>Catholic Social Services of Southern Nebraska-Lincoln Office</u>  Principal Office 2241 O Street Lincoln, NE 68510 (402) 474-1600	05/19/99	01/18/19* (Pending Renewal)	Active
<u>Center for Legal Immigration Assistance</u>  Principal Office 3047 North 70th Street Lincoln, NE 68507 (402) 471-1777	09/11/12	01/18/20	Active
<b>Omaha</b>			
<u>Catholic Charities of the Archdiocese of Omaha</u>  Principal Office 5211 South 31st Street Omaha, NE 68107 (402) 554-0520	01/15/02	01/18/19* (Pending Renewal)	Active
<u>Immigrant Legal Center</u>  Principal Office 4223 Center St. Omaha, NE 68105 (402) 898-1349	05/17/07	01/18/20	Active

<u>Lutheran Family Services of Nebraska - Strong Urban Neighborhood Office</u>  Principal Office Strong Urban Neighborhood Ofc. 1941 S. 42nd Street, Suite 402 Omaha, NE 68105 (402) 346-6100	04/11/02	01/18/19* (Pending Renewal)	Active
<u>Women's Center for Advancement</u>  Principal Office 222 S. 29th Street Omaha, NE 68131 (402) 345-6555	06/21/13	01/18/20	Active
<b>Schuyler</b>			
<u>Catholic Charities of the Archdiocese of Omaha, El Puente Immigration Legal Services</u>  Principal Office 1123 Road I Schuyler, NE 68661 (402) 352-3644	02/05/16	01/18/19* (Pending Renewal)	Active



## Statement of Complaint Against a Notary Public

**John A. Gale**  
Secretary of State  
State of Nebraska

Nebraska statutes grant the Secretary of State's Office the authority to investigate written complaints against commissioned Notaries to determine if the Notary is responsible for acts of malfeasance. Malfeasance in office means, while serving as a Notary Public, a Notary has: a) failed to follow the requirements and procedures for notarial acts provided for in any of the above situations or (b) being convicted of a felony or other crime involving fraud or dishonesty.

In order to have the Secretary of State's Office investigate alleged misconduct of a Notary, the complainant must complete this form and sign in the presence of a Notary. Please type or clearly print all facts in the spaces provided below. If additional space is needed, please attach 8 ½ x 11 pages that are typed or clearly printed. Be sure to submit any documents you have to support your complaint, including the notarized document(s) that give rise to the complaint. If you are alleging that it is not your signature on a notarized document, you may be asked to provide original samples of your signature so that we may have the State Patrol conduct handwriting analysis.

Sign this form and return it to: **Secretary of State's Office, Business Services Division (Notary), 1445 "K" St., PO Box 95104, Lincoln, NE 68509.** If you have questions, contact the Notary staff at (402) 471-2558.

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Your telephone number: ( ) \_\_\_\_\_

Name of Notary who is the subject of the complaint: \_\_\_\_\_

Address of Notary (if known): \_\_\_\_\_

Date notarial act occurred: \_\_\_\_\_

Location where notarial act occurred: \_\_\_\_\_





**4. Are they still doing the same thing that you are complaining about?**

Yes

No

I don't know

If you answered **Yes**, please tell us how you know? Tell us about other people or other things that have happened that show the person is still doing the same things you are complaining about. If you need additional space, please use the supplement pages at the end of this form.

**5. Did you pay money to this person for some services?**

Yes  No

How much money did you pay?

\$

How did you pay the money?

Cash

Check

Credit Card

Other

**6. What kind of services did you receive?**

Tell us everything you can about what things they did for you, and maybe what they didn't do for you. What did you really want them to do? Did you get what you wanted? Did you have any problems with the services at any time? Do you still have problems because of the services? If you need additional space, please use the supplement pages at the end of this form.

**7. Have you filed complaints, or a lawsuit, about this person and this matter with anyone else?**

Yes \_\_\_\_\_

If you answered **Yes**, tell us who you contacted. If you hired a lawyer about this matter, please give us the name, address, phone, and email of your lawyer. Tell us about what they have told you and what they have done. If you need additional space, please use the supplement pages at the end of this form.

No \_\_\_\_\_

**8. Do you know of anyone else who knows about this situation?**

Name

Address

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

**IMPORTANT: PLEASE READ CAREFULLY BEFORE SIGNING**

The information given in this complaint form is true and correct to the best of my knowledge and belief. I understand it may be used in legal proceedings.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**Do not write in this area.**



**Nebraska Department of Justice**  
**Office of the Attorney General**  
**Consumer Complaint Form**

**Return To:**

**Consumer Protection Division**  
 2115 State Capitol Building  
 Lincoln, NE 68509  
 (402) 471-2682  
 (800) 727-6432 - Nebraska Only  
 (402) 471-0006 - FAX  
<http://www.ago.ne.gov>

**Doug Peterson**  
 Attorney General

**Complaint Reported By**

**Complaint Reported Against**

<p><b>Your Name</b> _____</p> <p><b>Your Address</b> _____</p> <p><b>City, State, ZIP Code</b> _____ <b>County</b> _____</p> <p><b>Phone Number</b> _____</p> <p><b>E-Mail Address</b> _____</p> <p><b>Preferred Method of Communication:</b>  <input type="checkbox"/> E-Mail <input type="checkbox"/> Regular Mail</p> <p>Have you contacted the business/person about your complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Age:</b> <input type="checkbox"/> 19 and Under <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59  <input type="checkbox"/> 60-69 <input type="checkbox"/> 70+</p> <p><b>Military (If Applicable):</b> <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran</p> <p>Have you contacted an attorney about your complaint?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Would you like to receive consumer alerts and information from the Attorney General's Office?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Name of Business or Person</b> _____</p> <p><b>Business Address</b> _____</p> <p><b>City, State, ZIP Code</b> _____</p> <p><b>Phone Number</b> _____</p> <p><b>Business Website/E-mail Address</b> _____</p> <p><b>Name and Title of Individual with Whom You Dealt</b> _____</p> <p><b>Amount Paid/Disputed</b> _____</p> <p><b>Date of Purchase</b> _____</p> <p><b>Method of Payment</b> _____</p>
--	---

**Enclose photocopies of any documents that may relate to your complaint (contracts, advertisements, correspondence, canceled checks or other proof of payment.)**

**DO NOT SEND ORIGINALS**

FOR OFFICE USE ONLY

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

Bus ID \_\_\_\_\_

\_\_\_\_\_

(Over, Please)

FOR OFFICE USE ONLY

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

Closing ID \_\_\_\_\_ Box # \_\_\_\_\_





Your NAME and ADDRESS					
Mr.	<input type="checkbox"/>				
Mrs.	<input type="checkbox"/>				
Ms.	<input type="checkbox"/>	First	(Middle Initial)	Last	Alien Number of Case Related to Complaint
Number and Street		Apt. No.	City	State	Zip Code
Telephone Number: Home: ( )			Work: ( )		
Name of ATTORNEY, REPRESENTATIVE, or ORGANIZATION against whom you wish to file a complaint					
Attorney	<input type="checkbox"/>	First	(Middle Initial)	Last	
Representative	<input type="checkbox"/>	First	(Middle Initial)	Last	
Organization	<input type="checkbox"/>	Name of Organization			
Number and Street		Suite Number	City	State	Zip Code
Office Telephone Number: ( )			Email address (if any): @		

Have you or a member of your family complained about this matter to anyone else (such as a state bar or consumer protection agency)?  
Yes  No  If yes, please provide details, including to whom the complaint was made (including name and address of the entity), its approximate date, and any disposition. (Use additional paper if necessary.)

Did you hire the attorney or representative/organization? Yes  No  If yes, give the approximate date of employment and the amount paid, if any. If no, what is your connection with the attorney, representative, or organization? (Use additional paper if necessary.) Attach a copy of your retainer agreement or contract if you have one.

Explain the circumstances and details of your complaint on additional sheets of paper. Include a statement of what the attorney or representative/organization did or did not do, and a narrative of the facts as you understand them. Do not include opinions or arguments. If you employed the attorney or representative/organization, state what work was supposed to be performed for you. Sign and date each separate piece of paper and attach copies of any pertinent or supporting documents.

**I, the undersigned, hereby certify that the statements in this complaint are true and correct to the best of my knowledge. I waive the attorney-client privilege and any other confidentiality protections under the Freedom of Information Act/Privacy Act necessary to conduct an inquiry including, but not limited to, making referrals and disclosures to state attorney discipline authorities and any other law enforcement authorities for the purpose of investigating, examining, and/or taking disciplinary action against the attorney, representative, or organization as necessary. I hereby permit the Executive Office for Immigration Review to release any and all records in its system of records for the purpose of conducting such an inquiry.**

Mail Complaint to: Office of the General Counsel  
Attn: Disciplinary Counsel  
Executive Office for Immigration Review  
5107 Leesburg Pike, Suite 2600  
Falls Church, VA 22041

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Instructions for Filing a Complaint**  
**Against an Attorney, Representative, or Recognized Organization**

Every immigration practitioner (private attorney, accredited representative, law student, and others) authorized to practice before the Board of Immigration Appeals (Board), Immigration Courts, and the Department of Homeland Security is obligated to observe high standards of ethical conduct and professional behavior. Every immigration practitioner and every EOIR recognized organization is subject to the Rules of Professional Conduct for Practitioners (Rules) set forth at 8 C.F.R. §§1003.101-1003.111. These rules govern an immigration practitioner's and recognized organization's actions. The following are examples of behavior that may provide grounds for an investigation:

- charging grossly excessive fees
- engaging in conduct lacking competence or diligence
- knowingly or recklessly making a false statement of material fact or otherwise misleading and/or misinforming any person, including knowingly or recklessly offering evidence known to be false
- making false or misleading communications about qualifications or services
- providing ineffective assistance of counsel as found by the Board of Immigration Appeals or an Immigration Judge
- repeatedly failing to appear for scheduled hearings in a timely manner without good cause
- failing to maintain communication with a client
- failing to abide by a client's decision in a case
- failing to adequately supervise an accredited representative
- employing, receiving services from, or affiliating with an individual who performs an activity that constitutes the unauthorized practice of law or immigration fraud

Some conduct on the part of practitioners and organizations falls outside the parameters of the Rules. The Executive Office for Immigration Review (EOIR) Disciplinary Counsel (DC) is unable to investigate those activities falling outside the Rules and cannot:

- give you legal advice or otherwise represent you, or recommend a particular attorney, firm, or organization
- compel an attorney or representative to act for you, or tell your attorney or representative how to proceed with your case or to refund your fee
- investigate complaints about Department of Homeland Security attorneys

**Confidentiality** Generally, information about complaints or preliminary inquiries is confidential. However, by signing this complaint form, you waive the attorney-client privilege and any other confidentiality and/or privacy protections with respect to the practitioner's or organization's handling of an immigration case to the extent necessary for DC to conduct an inquiry. By signing this complaint form, you also agree to allow DC to make referrals to state bar and law enforcement authorities where it appears the practitioner or organization has engaged in ethical and/ or criminal misconduct and to make any disclosure to such law enforcement authorities of any and all records maintained in an EOIR system of records that are otherwise subject to confidentiality protections under the Freedom of Information Act/Privacy Act.

**How to File a Complaint** Your complaint should be filed in writing by (1) completing this complaint form and/or (2) writing your own statement. If you write your own statement, you should include your name and address, the practitioner or organization's name and address, an explanation of the circumstances and specific details of your complaint, and your signature. Supporting documents and information, such as correspondence between you and the practitioner or organization, documents concerning the immigration case involved (including the case name and number), and copies of filings in connection with the case should accompany the completed complaint form or signed statement, as these documents will assist us in our investigation. The complaint form and/or your statement should be mailed to the address listed on the form.

**Formulario de queja contra un profesional de inmigración**

Lea el reverso antes de completar este formulario. Use este formulario para presentar una queja contra un abogado o representante.

Sr. <input type="checkbox"/>					
Sra. <input type="checkbox"/>					
Su nombre: Srta. <input type="checkbox"/>	(Primer nombre)	(Inicial del segundo nombre)	(Apellido)	Número de caso de inmigración relacionado con la queja	
Dirección:	(Número y calle)	(No. de Apart.)	(Ciudad)	(Estado)	(Código postal)
Número de teléfono:	Casa: ( )		Trabajo: ( )		

Nombre del ABOGADO O REPRESENTANTE contra el que desea presentar una queja:		
(Primer nombre)	(Inicial del segundo nombre)	(Apellido)
Dirección:	(Número y calle)	(Apart. No.)
	(Ciudad)	(Estado)
		(Código postal)
Número de teléfono de la oficina: ( )		

Usted o un familiar, ¿ se han quejado de este asunto con un tercero (por Ej., un colegio de abogados estatal)?  
Sí \_\_\_\_\_ No \_\_\_\_\_ Si contestó "sí", incluya detalles, entre ellos a quién fue realizada la queja (incluya nombre y dirección de la organización), su fecha aproximada y cualquier disposición realizada. (Use papel adicional de ser necesario).

¿Usted contrató al abogado o representante? Sí \_\_\_\_\_ No \_\_\_\_\_ Si contestó "sí", escriba la fecha aproximada en que usted lo o la empleó y la cifra pagada, de haber pagado. Si contestó "no", ¿qué relación tiene con el abogado o representante? (Use papel adicional de ser necesario). Adjunte copia de acuerdo de honorarios o contrato si la posee.

Explique las circunstancias y los detalles de su queja en hojas adicionales de papel. Incluya una declaración de lo que hizo o dejó de hacer el abogado o representante y un relato de los hechos desde su óptica. No incluya opiniones o argumentos. Si usted empleó al abogado o representante, especifique qué trabajo se suponía que tenía que realizarle. Firme y feche cada hoja de papel y adjunte copias de cualquier documento pertinente o complementario.

**Yo, el abajo firmante, certifico por el presente documento que las declaraciones presentadas en esta queja son verdaderas y correctas a mi leal saber y entender. Renuncio al privilegio entre abogado y cliente y cualquier otra protección de confidencialidad bajo la Ley de Libertad de Información/Ley de Privacidad necesaria para realizar una investigación, que incluye, entre otras, hacer remisiones o declaraciones a autoridades estatales de disciplina a abogados y a cualquier otra autoridad de las fuerzas del orden público con el fin de investigar, examinar y/o tomar acciones disciplinarias contra el abogado o representante según sea necesario. Por el presente documento, permito que la Oficina Ejecutiva de Revisión de Inmigración divulgue cualquiera de los registros incluidos en su sistema de registros con el fin de realizar dicha investigación.**

Enviar a: Office of the General Counsel  
Attn: Bar Counsel  
Executive Office for Immigration Review  
5107 Leesburg Pike, Suite 2600  
Falls Church, VA 22041

Firma \_\_\_\_\_  
Fecha \_\_\_\_\_



### **Instrucciones para presentar una queja contra un abogado o representante**

Todo profesional inmigratorio (abogado privado, representante acreditado, estudiante de abogacía, etc.) autorizado para ejercer su profesión ante la Junta de Apelaciones de Inmigración (Junta), Tribunales de Inmigración y el Departamento de Seguridad Nacional tiene la obligación de cumplir altos estándares de conducta ética y profesional. Las Normas de Conducta Profesional para Abogados de Inmigración (Normas) establecidas en C.F.R. §§1003.101-1003.107, 1292.3 gobiernan las acciones de los abogados de inmigración. Los siguientes son ejemplos de conducta que puede dar lugar a una investigación:

- cobro de honorarios extremadamente excesivos
- soborno, intento de soborno o coacción de cualquier persona en conexión con cualquier caso
- realizar declaraciones falsas de hechos materiales a sabiendas o de manera irresponsable o engañar y/o informar erróneamente a cualquier persona, lo que incluye ofrecer a sabiendas o de manera irresponsable evidencia que se sabe que es falsa
- realizar comunicaciones falsas o engañosas sobre las calificaciones o servicios del abogado o representante
- brindar asistencia ineficaz de defensa según lo establecido por la Junta de Apelaciones de Inmigración o un Juez de Inmigración
- dejar de comparecer a audiencias programadas en el horario marcado sin una buena causa
- pagar a terceros para buscar clientes de inmigración en nombre del abogado inmigratorio
- comportarse de manera frívola en un proceso legal

Algunas conductas por parte de abogados quedan fuera de los parámetros de las Normas. El Consejo Disciplinario [Disciplinary Counsel (DC)] de la Oficina Ejecutiva de Revisión de Inmigración [Executive Office for Immigration Review (EOIR)] no puede investigar esas actividades y no puede:

- darle asesoría legal o representarlo de otra forma, o recomendar un abogado o estudio jurídico particular
- obligar a un abogado a actuar en su nombre o decirle a su abogado cómo proseguir con su caso o que le reembolse sus honorarios
- investigar quejas sobre abogados del Departamento de Seguridad Nacional

**Una aclaración sobre la confidencialidad** Generalmente, la información sobre quejas o investigaciones preliminares es confidencial. Sin embargo, al firmar este formulario de queja, usted renuncia al privilegio entre abogado y cliente y cualquier otra protección de la confidencialidad y/o privacidad respecto del tratamiento de un caso de inmigración por parte del abogado en el grado necesario para que el DC realice una investigación. Al firmar este formulario de queja, usted también acepta permitir al DC que haga remisiones al colegio de abogados estatal y a autoridades de las fuerzas del orden público en casos en los que parezca que el abogado haya incurrido en una conducta indebida ética y/o penal y que realice cualquier divulgación a cualquiera de estas autoridades de coacción de cualquiera de los registros mantenidos en un sistema de registros de la EOIR, que de otro modo están sujetos a protecciones de confidencialidad bajo la Ley de Libertad de Información/Ley de Privacidad.

**Cómo presentar una queja** Su queja debe ser presentada por escrito completando un formulario de queja o escribiendo su propia declaración. Su declaración debe incluir su nombre y dirección, el nombre y la dirección del abogado, una explicación de las circunstancias y detalles específicos de su queja, y su firma. Documentos e información complementarios, como correspondencia entre usted y el abogado, documentos sobre el caso de inmigración en cuestión (lo que incluye el nombre y el número del caso) y copias de presentaciones relacionadas con el caso nos ayudarán en nuestra investigación.

**Qué sucede con su queja** Cuando su queja sea recibida, será revisada por el DC para determinar si, con base a los méritos, se justifica una investigación adicional. La queja, ¿allega conducta por parte del abogado que, de ser verdad, violaría las Normas de Conducta Profesional? Si la respuesta a esta pregunta es "no", no se tomarán medidas adicionales. Si la respuesta a esta pregunta es "sí", se realizará una investigación preliminar. Si se necesita información adicional sobre la queja, el DC puede solicitar respuestas a preguntas específicas, revisar el archivo judicial y entrevistar a testigos potenciales. Si, al finalizar la investigación, determinamos que el abogado ha cometido una violación de las Normas, el DC puede llegar a emitir una carta de advertencia o una amonestación informal, realizar un acuerdo a modo de medida disciplinaria o emitir un Aviso de intención de realizar una acción disciplinaria [Notice of Intent to Discipline (NID)] para el abogado recomendando la aplicación de medidas disciplinarias.

En un caso disciplinario en el que se emite un NID y el abogado así lo solicita, se programará una audiencia ante un Árbitro (por ejemplo, un Juez de Inmigración). Esta es una audiencia acusatoria en que el DC actúa como fiscal. El DC no representa a demandantes individuales en esta audiencia; no obstante, como demandante, usted puede ser convocado como testigo. Después de la audiencia, el Árbitro emitirá una decisión recomendando la desestimación de los cargos o adoptando, modificando o enmendando la acción disciplinaria propuesta. La decisión del Árbitro es final a menos que el abogado presente una apelación. Si el abogado presenta una apelación, la decisión del Árbitro es revisada por la Junta de Apelaciones de Inmigración, que luego emite una decisión administrativa final. Usted será informado por carta de la disposición final de su queja.

Información adicional sobre Normas y Procedimientos de Conducta Profesional para Abogados de Inmigración está disponible en el sitio web de la EOIR en: <http://www.usdoj.gov/eoir/press/subject.htm>.

**Una nota final** La presentación de una queja contra un abogado de inmigración es un asunto de gran seriedad. Su decisión de presentar una queja solo debe realizarse después de analizarlo seriamente y de que todos los esfuerzos posibles para resolver el problema con el abogado hayan fallado. El sistema disciplinario está diseñado para brindar una manera ordenada y justa de tratar quejas éticas contra abogados. Esperamos que el problema que dio lugar a su queja sea resuelto de manera satisfactoria.

Formulario EOIR-44  
Rev. July 2015

**TEMPORARY DELEGATION OF PARENTAL POWERS  
DELEGACIÓN TEMPORAL DE PODERES PATERNALES**

I/ Yo, \_\_\_\_\_ of/ de \_\_\_\_\_,  
(your full name/ su nombre completo) (city where you reside/ ciudad donde reside)

**Nebraska, do make and appoint/ Nebraska, hago y nombro a \_\_\_\_\_ of/ de \_\_\_\_\_**  
(full name of person being appointed/ nombre completo de la persona nombrada)

\_\_\_\_\_, **to act for me and in/ para que actúe por mi y en**  
(address, city and state where person being appointed resides/ dirección, ciudad y estado en donde reside la persona nombrada)

**my name to exercise all my powers regarding the care, custody and property of**  
mi nombre para ejercer todos mis poderes relacionados con el cuidado, custodia y bienes de

\_\_\_\_\_, **born/ nacido \_\_\_\_\_**  
(child's full name/ nombre completo del niño) (child's date of birth/ fecha de nacimiento del niño)

**except my power to consent to marriage and adoption of the child. I hereby give**  
con la excepción de dar consentimiento al matrimonio y adopción del niño. Por medio del presente, doy a

\_\_\_\_\_  
(full name of person being appointed/ nombre completo de la persona nombrada)

**full authority and power to do everything/ la autoridad y poder pleno de hacer todo lo**  
**necessary to be done, as fully as I could or might do if personally present, for a period not/**  
necesario, de la misma manera como yo podría o pudiera hacer si estuviera personalmente presente, por un  
período que no  
**exceeding six months beyond this date. I confirm and ratify all lawful acts done, or caused to be/**  
exceda los seis meses después de esta fecha. Hago constar y ratifico toda acción legal hecha o mandada a

**done by/ hacer por \_\_\_\_\_**  
(full name of person being appointed/ nombre completo de la persona nombrada)

**acting under this Delegation of Powers/ actuando conforme con esta Delegación de Poderes**  
**regarding the care, custody and property of my child. This Delegation of Parental Powers may be/**  
referente al cuidado, custodia y bienes de mi hijo. Esta Delegación de Poderes Paternales puede ser  
**revoked by me at any time before the expiration of this six-month period by written notice to/**  
revocado por mí en cualquier momento antes de la fecha de vencimiento del período de seis meses por medio  
de una notificación escrita al

\_\_\_\_\_ **at the address above./ a la dirección de arriba.**  
(full name of person being appointed/ nombre completo de la persona nombrada)

**WITNESS my hand this/ QUE CONSTE AQUÍ mi firma este \_\_\_\_\_ day of/ día de \_\_\_\_\_,**  
**20/ del 20 \_\_\_\_\_.**

\_\_\_\_\_  
(your signature/ su firma)

**ACKNOWLEDGED before me this/ CERTIFICADO ante mí este \_\_\_\_\_ day of/ día de \_\_\_\_\_,**  
**20/ del 20 \_\_\_\_\_.**

\_\_\_\_\_  
(Notary Public/Notario Público General)

Temporary Delegation of Parental Powers, DC 6:10(1) /Delegación Temporal de Poderes Paternales, DC 6:10(1)



## What is Guardianship/Conservatorship?

### Development Team of

Eileen M. Krumbach, Extension Educator, University of Nebraska; Richard J. Bischoff, Professor, UNL Department of Child, Youth and Family Studies; Sue Fredricks, Executive Director, Volunteers Assisting Seniors (VAS), Omaha; Thomas K. Harmon, Attorney at Law, Omaha; Bruce A. Cudly, Nebraska Region V Services; Dianne D. Delair, Staff Attorney, Nebraska Advocacy Services, Inc.; Julie J. Hippen, Program Specialist, Nebraska Department of Health and Human Services, Adult Protective Services; Marla J. Fischer-Lempke, Executive Director, The Arc of Nebraska; Mary Evans, Guardian; Sheryl L. Connolly, Trial Court Services Director, Administrative Office of the Courts

This publication describes the role of a guardian, including types of guardianships/conservatorships; rights, powers, and responsibilities of a guardian; and how to establish or end a guardianship. This NebGuide is the first in a series of seven.

### Why Should I Be Interested In Guardianship?

Webster's dictionary defines a Guardian as a person who guards or keeps safe and secure a minor child or an adult who the law regards as incompetent to manage his or her own affairs. Legally, a Guardian is "one who has, or is entitled to, the care and management of the person or property, or both." A Guardian can be an effective safeguard to protect vulnerable citizens from exploitation and abuse.

Guardianship, then, is a legal relationship between a competent adult (Guardian) and an incompetent adult or minor child (Ward). Guardianship transfers rights and powers from the Ward to the Guardian, so that the Guardian has the power to make decisions on the Ward's behalf. At the same time, Guardianship creates a duty on the part of the Guardian to act in the Ward's best interests.

Guardianship is important because it allows a responsible person to substitute judgment for someone who cannot make or communicate

decisions. Even so, Guardianship should be used sparingly, precisely because Guardians have so much power.

### Types of Guardianships/Conservatorships

- **Full Guardian** — a person appointed to make all decisions in all areas of a person's life, for example, for a minor child or a person with advanced Alzheimer's. If no Conservator is appointed, the Guardian is also the Conservator and has specific responsibilities. See *Guardian/Conservator Financial Responsibilities*, NebGuide G1595.
- **Limited Guardian** — a person appointed to make decisions in only those areas in which the Ward was found to be unable to handle his/her own affairs.
- **Temporary Guardian** — if an individual is alleged to be incapacitated and an emergency exists, the court may appoint a temporary Guardian to address the emergency.
- **Testamentary Guardian** — a person assigned in a person's Last Will and Testament to serve as a Guardian, typically for a minor child. The Guardianship becomes effective after giving proper notice and filing an acceptance with the court.

- **Conservator**—a person appointed by a court to manage the estate (money and property) of a protected person. Decisions made by a Conservator can only be in regard to the spending, investing, and disposal of the estate. An individual may be found to be only in need of a Conservator for financial affairs. In some cases, an individual may have a Conservator as well as a Guardian appointed for other decisions.

### **What Powers Does A Guardian Have?**

The Guardian has only the powers authorized by the Court and they are specified in the Letters of Guardianship. In areas designated by the Court, the Guardian of an incapacitated person has the same powers, rights, and duties toward the Ward as a parent has to a child.

The Nebraska Statute regarding Guardianship is Neb. Rev. Stat. 30-2620, 1998 cum. Supp. Following is a summary of the powers that may be conferred onto a Guardian by the Court:

- selecting the Ward's place of living within the state or, with court permission, outside the state
- arranging for medical care for the Ward
- protecting the personal effects of the Ward (clothing, furniture, vehicle, etc.)
- giving necessary consent, approval, or releases on behalf of the Ward
- arranging for training, education, or other services appropriate for the Ward
- applying for private or governmental benefits to which the Ward may be entitled
- doing what is necessary to ensure that any person who may be required to help support the Ward does so
- entering into contractual arrangements on behalf of the Ward
- receiving money and any other items of value on behalf of the Ward and applying these funds to the Ward's room and board, medical care, personal effects, training, education, and other services

- any other area of inquiry which the court may direct

A Guardian can be any competent person. Nebraska law states: "When appointing a Guardian, the court shall take into consideration the expressed wishes of the allegedly incapacitated person."

Before an individual can be selected as a Guardian, he/she will need to obtain:

- a criminal record check;
- a report of the Abuse and Neglect Registries for adults and children;
- a report with the sex offender registry; and
- a credit check through a process approved by the State Court Administrator Office.

The results of all of these reviews must be filed with the county court 10 days before the appointment hearing.

There are many options for choosing a Guardian, but there are some restrictions. A Guardian cannot be an agency that provides residential care, or the owner, administrator, or employee (or his or her spouse) of a residential facility that provides care and treatment for the Ward.

### **Establishing A Guardianship**

Guardianship proceedings begin with the filing of a petition in the county court in which the person alleged to be incapacitated lives. A petition may be filed by the person who allegedly is incapacitated or by anyone interested in the person's welfare. For further information regarding petitioning for Guardianship, contact an attorney or the Nebraska State Bar Association.

### **Ending a Guardianship**

How does a Guardianship end?

- For a minor, it ends at 19.
- For an adult, it ends at death or when the incapacity or incompetence no longer exists.



## Alternatives To Guardianship

When a Guardian is appointed, the Ward loses independence and autonomy, as well as the power to exercise many legal rights. Families, friends, and advocates considering Guardianship should first review other options. Those options include providing guidance or acting as an advocate. Only when a person is truly unable to make or communicate decisions should Guardianship be considered.

Some alternatives to Guardianship include: a conservator, a trust, representative payee, durable power of attorney, and durable medical power of attorney.

## Resources

*Developmental Disability Law: A Manual for Nebraska Advocates*, 1996. Nebraska Advocates Services N.R.R.S. 30-2601 through 30-2661.

*Nebraska Revised Statutes*, Article 26, Section 30, the Nebraska law regarding guardianships.

UNL Guardianship website at <http://www.extension.unl.edu/guardianship/> includes information, helpful links, and a calendar of educational workshops and programs.



**This publication has been peer reviewed.**

UNL Extension publications are available online at <http://extension.unl.edu/publications>.

**Index: Family Life Relationships**

2005, Revised December 2011

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## ¿Qué es la Tutela?

Por el Equipo de Desarrollo:

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Esta publicación describe el rol de un tutor, incluyendo los tipos de tutelas; los derechos, y los poderes, las responsabilidades de un tutor; y como establecer o terminar una tutela. Este NebGuide es la primera publicación de una serie de siete publicaciones.

La tutela es importante porque permite a una persona responsable sustituir el juicio para alguien que no puede tomar ni comunicar decisiones. Aún así, se debe utilizar la tutela con moderación, precisamente porque los tutores tienen tanto poder.

### Tipos de Tutelas

#### La Definición de Webster de un Tutor

El diccionario Webster define la palabra Tutor como una persona que guarda o mantiene seguro a un niño menor o un adulto a quien la ley considera ser incompetente de manejar sus propios asuntos. Legalmente, un tutor es “uno que tiene, o que tiene el derecho al cuidado y manejo de la persona o propiedad, o las dos cosas.” Un tutor puede ser una salvaguarda efectiva para proteger a los ciudadanos vulnerables de explotación y abuso.

Entonces, la tutela es una relación legal entre un adulto competente (tutor) y un adulto incompetente o niño menor (pupilo). La tutela transfiere los derechos y poderes del pupilo al tutor para que el tutor tenga el poder de tomar decisiones en nombre del pupilo. Al mismo tiempo, la tutela crea una obligación de la parte del tutor para obrar del beneficio propio del pupilo.

- **Tutor completo** — una persona asignada a tomar todas las decisiones en todas las áreas de la vida de otra persona, por ejemplo, un niño menor o una persona con Alzheimer’s avanzada. Si no se asignan un Curador, el Tutor se está considerado también como un Curador y tiene responsabilidades específicas. Vea *Responsabilidades Financieras de los Tutores/ Curadores*, NebGuide 1595s.
- **Tutor limitado** — una persona asignada a tomar solo las decisiones en las áreas en las cuales el pupilo ha sido encontrado incapaz de manejar sus propios asuntos.
- **Tutor temporal** — si un individuo es considerado estar incapacitado y existe una emergencia, el tribunal puede asignar a un tutor temporal para hacer frente a la emergencia.



- **Tutor testamentario** — una persona asignada en el Testamento de otra persona para servir como Tutor, típicamente para un niño menor. La tutela se haga efectiva después de dar la debida notificación y la presentación de una aceptación ante el tribunal.
- **Curador** — una persona asignada por un tribunal para manejar el patrimonio (el dinero y la propiedad) de una persona protegida. Las decisiones tomadas por un Curador solo pueden estar en relación con el gasto, inversión, y disposición del patrimonio. Un individuo pueda estar encontrado solo estar en la necesidad de un Curador para sus asuntos financieros. En ciertos casos, un individuo pueda tener un Curador y un Tutor asignados para tomar otras decisiones.

### ¿Qué Poderes Tiene un Tutor?

El tutor solamente tiene los poderes autorizados por el tribunal y están especificados en las Cartas de Tutela. En áreas designadas por el tribunal, el tutor de una persona discapacitada tiene los mismos poderes, derechos y obligaciones con el pupilo como un padre a hijo.

El Estatuto de Tutela de Nebraska es Neb. Rev.Stat. 30-2620, 1998 cum.Supp. Aquí tiene un resumen de los poderes que el tribunal puede conceder a un tutor:

- escoger el lugar de residencia del pupilo dentro o fuera del estado.
- encargarse de conseguir cuidado médico para el pupilo.
- proteger los efectos personales del pupilo (ropa, muebles, vehículo, etc.).
- dar consentimiento, aprobación o divulgaciones necesarias en nombre del pupilo.
- encargarse de conseguir capacitación, educación u otros servicios apropiados para el pupilo.
- solicitar beneficios privados o gubernamentales a los cuales puede tener derecho el pupilo.
- hacer lo necesario para asegurar que cualquier persona de quien se requiera ayuda para mantener al pupilo haga tal acción.

- asumir acuerdos contractuales de parte del pupilo.
- recibir dinero y cualquier otro artículo de valor de parte del pupilo y utilizar estos fondos para pagar el alojamiento y comida, cuidado médico, efectos personales, capacitación, educación y otros servicios para el pupilo.
- Cualquier otra área de investigación que el tribunal decida

Un tutor puede ser cualquier persona competente. La ley de Nebraska declara: "Cuando se designa a un tutor, el tribunal debe tomar en consideración los deseos expresados de la presunta persona discapacitada."

Antes de poder estar aprobado como un Tutor, un individuo necesita obtener:

- una hoja de delincuencia;
- un informe de los Registros de Abuso y Negligencia para adultos y niños;
- un informe del registro de delincuentes sexuales;
- una verificación de crédito por un proceso aprobado por la State Court Administrator Office (la Oficina del Administrador del Tribunal Estatal)

Los resultados de todos estos informes deben ser presentados al tribunal del condado 10 días antes de la audiencia de la asignación.

Hay muchas opciones para escoger a un Tutor, pero hay unas restricciones. Un Tutor no puede ser una agencia que proporciona cuidado residencial, ni puede ser un dueño, administrador o empleado (o su cónyuge) de una instalación residencial que proporciona cuidado y tratamiento para el pupilo.

### Establecer una Tutela

Los procedimientos de tutela empiezan con presentar un pedido en el tribunal del condado donde vive la presunta persona discapacitada. Un pedido puede ser presentada por la presunta persona discapacitada o por cualquier persona interesada en el bienestar de la persona. Para más información acerca de elevar un pedido solicitando la tutela, comuníquese con un abogado o con el *Nebraska*

*State Bar Association [Barra de Abogados del Estado de Nebraska].*

### **Terminar una Tutela**

¿Cómo se termina una tutela?

- Para un niño menor, la tutela se concluye a los 19 años.
- Para un adulto, la tutela se concluye con la muerte o cuando la incapacidad o la incompetencia ya no existe.

### **Alternativas a la Tutela**

Cuando se asigna a un tutor, el pupilo pierde independencia y autonomía, además del poder de ejercer muchos derechos legales. Las familias, amigos y defensores que están considerando la tutela deben revisar primero otras opciones. Esas opciones incluyen el proveer consejos o el actuar como defensor. Solamente se debe considerar la tutela cuando una persona es verdaderamente incapaz de tomar o comunicar decisiones.

Algunas opciones a una tutela incluyen: curador, beneficiario representativo, carta poder, fideicomisos, y poder duradero médico.

### **Recursos**

*Developmental Disability Law: A Manual for Nebraska Advocates. (La Ley de Discapacidades del Desarrollo: Un Manual para Defensores de Nebraska).* Nebraska Advocates Services (Servicios de Defensores de Nebraska). 1996. Lincoln, Nebr.

*Nebraska Revised Statutes (Los Estatutos Revisados de Nebraska).* Article 26, Section 30 (Artículo 26, Sección 30), la ley de Nebraska con relación a la Tutela.

UNL sitio web de Tutela <http://www.extension.unl.edu/guardianship/> incluye información, vínculos informativos, y un calendario de talleres y programas educativos.



**Esta publicación ha sido revisada por profesionales.**

Para encontrar más publicaciones visite el sitio de la red de publicaciones de extensión de la universidad de Nebraska <http://extension.unl.edu/publications>.

**Índice: Family Life (Vida de familia)  
Relationships (Relaciones)**  
2005, Revisado Enero 2012

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## Guardianship of a Minor

### Development Team of

Eileen M. Krumbach, Extension Educator, University of Nebraska; Richard J. Bischoff, Professor, UNL Department of Child, Youth and Family Studies; Sue Fredricks, Executive Director, Volunteers Assisting Seniors (VAS), Omaha; Thomas K. Harmon, Attorney at Law, Omaha; Bruce A. Cudly, Nebraska Region V Services; Dianne D. Delair, Staff Attorney, Nebraska Advocacy Services, Inc.; Julie J. Hippen, Program Specialist, Nebraska Department of Health and Human Services, Adult Protective Services; Marla J. Fischer-Lempke, Executive Director, The Arc of Nebraska; Mary Evans, Guardian; Sheryl L. Connolly, Trial Court Services Director, Administrative Office of the Courts

State laws specify the circumstances for the appointment of a Guardian of a minor. This NebGuide, one of seven in this series, outlines the powers and responsibilities of a Guardian of a minor.

There are circumstances that require that a Guardian be appointed for a child or adolescent who has not yet reached the age of majority (19). There may be different requirements for the Guardian depending upon the reasons for their appointment.

### Guardianship of a Minor — Probate Court

Parents might decide who they would like to have as Guardian for their child by making that selection in their will. If the parents die before their child reaches the age of majority, the Court can make a testamentary appointment of that person as Guardian when he/she files an acceptance with the Court. This can be done if the parents have named a person(s) in their last will and testament.

The Court also may be petitioned to appoint a Guardian when the parental rights of minor's parents have been suspended by the circumstances or terminated. These rights could have been suspended by a prior Court action or for other reasons, including a sudden illness or incapacity of the parents, overseas work, a death of the parents, or abandonment of the child with no prearrangements.

These types of Guardianships follow the same process as adult Guardianships. A typical result is the appointment of a full Guardian because the law already presumes that the child does not have the ability to exercise his or her rights until the age of 19. The only exception would be if the Court determines that the child is emancipated prior to turning the age of 19.

The Nebraska Statute regarding the powers of the Guardian of a minor is Nebraska Revised Statute 30-2613, 1998 cum. Supp.

### Powers of a Guardian of a Minor

1. A Guardian of a minor has the powers and responsibilities of a parent who has not been deprived of custody of his minor and un-emancipated child. A Guardian is not legally obligated to provide from his or her own funds for the Ward and is not liable to third persons by reason of the parental relationship for acts of the Ward. A Guardian has the following powers and duties:
  - a. He/she must take reasonable care of and take steps to protect the Ward's personal effects.
  - b. He/she may receive assets payable for the support of the Ward and must apply these assets to the support and care of the Ward.

- c. The Guardian is empowered to facilitate the Ward's education, social or other activities and to authorize medical or other professional care, treatment or advice. When giving consent, the Guardian is not liable for injuries to the minor caused by the negligence of other individuals unless it was illegal to consent. A Guardian may consent to the marriage or adoption of his/her Ward.
  - d. A Guardian must report the condition of the Ward and of the Ward's estate which has been subject to his/her possession or control at least annually or at such other times as ordered by the court.
2. Appointment of a Guardian for a minor shall not relieve a parent or parents, liable for the support of such minor, from their obligation to provide for such minor. The application of Guardianship, income, and principal after payment of debts and charges of managing the estate, in relationship to the respective obligations owed by fathers, mothers, and others, for the support, maintenance, and education of the minor shall be:
    - a. The income and property of the parents in such manner as they can reasonably afford, with regard given to the situation of the family and to all the circumstances of the case.
    - b. The income and property of any other person having a legal obligation to support the minor, in such manner as the person can reasonably afford.
    - c. The Guardianship principal, either personal or real estate, in whole or in part, as shall be judged for the best interest of the minor, considering all the circumstances of the minor and those liable for his support.
  3. The Court may from time to time authorize the Guardian to use so much of the Guardianship income or principal, if it is shown that
    - an emergency exists which justifies an expenditure, or
    - a fund has been given to the minor for a special purpose and the Court can, with reasonable certainty, ascertain such purpose.

**Note:** The Guardian, acting as conservator of the assets and income of the minor, cannot accept payment of any amount (even room and board) without approval of the Court. A bill should be submitted with the annual report of the Court. The judge will then approve or disapprove the amounts requested. If funds need to be paid to the Guardian prior to the annual report, the Guardian should obtain Court approval. Any investing or management of the assets and income should be done prudently. Decisions regarding purchases and expenditures for the minor also should be made in a prudent manner.
  4. The Court may require a Guardian to furnish a bond. Termination of the Guardianship and the authority of the Guardian occurs when the child dies or reaches the age of majority. A final accounting of funds and a final report must be submitted to the Court. If the child is 19, he or she must receive notice of this accounting and report. If the child who has turned 19 is still in need of Guardianship due to a disability or some other incapacity to exercise his or her own rights, a new petition needs to be filed for appointment of a Guardian for an adult.
  5. The Guardian is required to obtain support from the Ward's parent or parents or any other person who is obligated to provide support to the extent that they are able.
- The filing and reporting requirements and forms for these Guardians of minors is the same as discussed in the NebGuide: *G1592, Guardianship Responsibilities to the Court.*



## Resources

National Guardianship Association. (1998). *A Model Code of Ethics for Guardians*. Tucson, Ariz.

National Guardianship Association. (2003). *Standards of Practice*. Tucson, Ariz.

Nebraska Advocacy Services. (1996). *Developmental Disability Law: A Manual for Advocates*. Lincoln, Nebr.

Nebraska Revised Statutes, Article 26, Section 30-26012661.

UNL Guardianship website at <http://www.extension.unl.edu/guardianship/> includes information, helpful links, and a calendar of educational workshops and programs.



**This publication has been peer reviewed.**

UNL Extension publications are available online at <http://extension.unl.edu/publications>.

**Index: Family Life Relationships**

2005, Revised December 2011

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## La Tutela de un Menor

Por el Equipo de Desarrollo:

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Las leyes del estado especifican las circunstancias para la designación de un Tutor a un menor. Este NebGuide, una publicación de una serie de siete publicaciones, explica los poderes y responsabilidades de un Tutor de un menor.

Hay circunstancias que requieren que un Tutor sea designado para un niño o adolescente que todavía no sea mayor de edad (19). Es posible que haya requisitos diferentes para el Tutor, dependiendo de las razones para la designación.

### La Tutela de un Menor-Tribunal de Sucesiones

Puede que los padres decidan a quién les gustaría designar como Tutor para su hijo al hacer esa elección en su testamento. Si los padres mueren antes de que su hijo cumpla 19 años, el Tribunal puede hacer una designación testamentaria de esa persona como Tutor cuando él/ella presenta una aprobación al Tribunal.

También se puede pedir al Tribunal para designar a un Tutor cuando la patria potestad de los padres del menor ha sido suspendida o terminada por las circunstancias. Estos derechos podrían haber sido suspendidos por una acción previa del Tribunal o por otras razones, incluyendo una enfermedad imprevista o discapacidad de los padres, un trabajo fuera del país, una muerte o abandono del niño sin planes previos.

Estos tipos de Tutela siguen el mismo proceso que las Tutelas para adultos. Un resultado típico es la designación de un Tutor con poder total porque la ley ya presume que el niño no tiene la capacidad de ejercer sus derechos hasta que tenga 19 años. La única excepción

sería si el tribunal determina que el niño es emancipado antes de cumplir los 19 años.

El estatuto de Nebraska que trata de los poderes del Tutor de un menor es Neb. Rev. Statute 30-2613, 1998 cum. Supp.

### Los Poderes de un Tutor de un Menor

- I. Un Tutor de un menor tiene los poderes y responsabilidades de un padre que no haya sido privado de la custodia de su hijo menor ni emancipado. Un Tutor no está obligado legalmente a utilizar sus propios fondos para ayudar al Pupilo y no está sujeto a terceros por el hecho de la relación paternal para las acciones del Pupilo. Un Tutor tiene los siguientes poderes y obligaciones:
  - a. Él/ella tiene que cuidar razonablemente de los efectos personales del Pupilo y tomar precaución para protegerlos.
  - b. Es posible que él/ella reciba activos pagaderos para mantener al Pupilo y tiene que disponer de estos activos para mantener y cuidar al Pupilo.
  - c. Se otorga poderes al Tutor para facilitar la educación, actividades sociales u otras, y para autorizar cuidado médico u otros servicios profesionales, tratamiento o consejos. Al dar el consentimiento, el Tutor no es responsable por las heridas del Pupilo causadas por la negligencia de otros individuos a menos que fuera ilegal dar el consentimiento. Un Tutor puede acceder a la boda o adopción del Pupilo.
  - d. Un Tutor tiene que informar por lo menos cada año o durante ciertos momentos como ordenó el Tribunal sobre la condición de su Pupilo y



- sobre la propiedad del Pupilo, la cual ha estado sujeta a su posesión o control.
2. La designación de un Tutor para un menor no debe aliviar al padre o padres, quienes son responsables por la manutención de tal menor, de su obligación de proporcionar el cuidado necesario a tal menor. La solicitud de Tutela, los ingresos y la capital después de pagar las deudas y los costos para manejar la propiedad, en relación a las obligaciones respectivas que los padres, madres y otras personas deben por el apoyo, manutención y educación del menor, deben ser:
    - a. Los ingresos y la propiedad de los padres en tal manera que puedan pagar razonablemente, con consideración dada a la situación de la familia y a todas las circunstancias del caso.
    - b. Los ingresos y la propiedad de cualquier otra persona que tenga una obligación legal de mantener al menor, de tal manera que la persona pueda pagar razonablemente.
    - c. El capital de la Tutela, la propiedad personal o los bienes raíces, en total o en parte, como debe ser decidido para el beneficio propio del menor, considerando todas las circunstancias del menor y aquellos que son responsables de su manutención.
  3. Es posible que de vez en cuando el Tribunal autorice al Tutor a utilizar una porción del ingreso o capital de la Tutela, si se prueba que
    - a. una emergencia existe, la cual justifica un gasto, o
    - b. se le ha dado al menor un fondo para un propósito especial y el tribunal puede determinar tal propósito con certidumbre razonable.

**Nota:** El Tutor, desempeñando el rol del Curador de los activos e ingresos del menor, no puede aceptar pagos de ninguna cantidad (incluso alojamiento y comida) sin la aprobación del Tribunal. Se debe entregar una factura junto con el informe anual al Tribunal. Después, el juez aprobará o no aprobará las cantidades pedidas. Si los fondos necesitan ser pagados al Tutor antes del informe anual, el Tutor debe obtener una aprobación del Tribunal. Cualquier inversión o manejo de los activos e ingresos deben ser hechos prudentemente. Las decisiones acerca de compras y gastos para el menor también deben ser tomadas de una manera prudente.
  4. Es posible que el Tribunal requiera que un Tutor proporcione un bono. La terminación de la Tutela y la autoridad del Tutor ocurre cuando el menor muere

o cuando cumple 19 años. Los cálculos finales de los fondos y un informe final tienen que ser entregados al Tribunal. Si el menor tiene 19 años, él o ella tiene que recibir una notificación de, y un informe de, los cálculos. Si el menor que ha cumplido 19 años todavía necesita la Tutela debido a una discapacidad u otra incapacidad para ejercer sus propios derechos, se tiene que presentar una nueva petición para designar a un Tutor para adulto.

5. Se requiere que el Tutor obtenga el apoyo del padre o los padres del Pupilo o de cualquier otra persona que está obligada a proporcionar apoyo a la medida en que son capaces de hacerlo.

Los requisitos para presentar e informar y los formularios para los Tutores de menores son iguales a los que se exponen en el NebGuide G1592s, *Las Responsabilidades de la Tutela/Curatela al Tribunal*.

### Recursos

- A Model Code of Ethics for Guardians (Un Código de Ética Modelo para Tutores)*. National Guardianship Association (Asociación Nacional de la Tutela). 1998. Tucson, Ariz.
- Developmental Disability Law: A Manual for Nebraska Advocates. (La Ley de Discapacidades del Desarrollo: Un Manual para Defensores de Nebraska)*. Nebraska Advocates Services (Servicios de Defensores de Nebraska). 1996. Lincoln, Nebr.
- Nebraska Revised Statutes (Los Estatutos Revisados de Nebraska)*. Article 26, Section 30-26012661 (Artículo 26, Sección 30-26012661).
- Standards of Practice (Los Estándares de la Práctica)*. National Guardianship Association (Asociación Nacional de la Tutela). 2003. Tucson, Ariz.

UNL sitio web de Tutela <http://www.extension.unl.edu/guardianship/> incluye información, vínculos informativos, y un calendario de talleres y programas educativos.



**Esta publicación ha sido revisada por profesionales.**

Para encontrar más publicaciones visite el sitio de la red de publicaciones de extensión de la universidad de Nebraska <http://extension.unl.edu/publications>.

**Índice: Family Life (Vida de familia)  
Relationships (Relaciones)**

2005, Revisado Enero 2012

Extensión es una división del Instituto de Agricultura y Recursos Humanos de la universidad de Lincoln Nebraska en colaboración con los condados y con el Departamento de Agricultura de los Estados Unidos.

Los programas adicionales de la universidad de Lincoln Nebraska cumplen con las políticas de no-discriminación de la universidad de Lincoln Nebraska y del Departamento de Agricultura de los Estados Unidos.

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# APPLICATION FOR CERTIFIED COPY OF MARRIAGE CERTIFICATE

This office has been registering marriages occurring in Nebraska since 1909. (For records occurring prior to 1909, contact the County Clerk of the county where the marriage license was issued or the State Historical Society, P.O. Box 82554, Lincoln, NE 68501. They both will require a file search fee.)

## PLEASE TYPE OR PRINT LEGIBLY

Full name of groom/Party A \_\_\_\_\_

Full maiden name of bride/Party B \_\_\_\_\_  
(Please list any other name(s) bride may have used)

County in which license was issued \_\_\_\_\_

Month, day, and year of marriage \_\_\_\_\_

For what purpose is this record to be used? \_\_\_\_\_

If this is not your marriage record, how are you related to the persons listed on the record? \_\_\_\_\_

**WARNING:** Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE \_\_\_\_\_  
Type or print name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Daytime Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Today's Date \_\_\_\_\_

Please enclose a photocopy of your photo ID (i.e. current driver's license) when mailing in this request.

**IMPORTANT INFORMATION REQUIRED.** If not specified, you will receive abstract of the marriage certificate. Please select which form you want to receive:

\_\_\_\_\_ LONG FORM MARRIAGE CERTIFICATE

(THIS OPTION IS AVAILABLE ONLY FOR EVENTS DATED AFTER JANUARY 1, 2007)

\_\_\_\_\_ ABSTRACT OF MARRIAGE CERTIFICATE

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies \_\_\_\_\_ x \$16.00 each = \$ \_\_\_\_\_ Total  
(Please make checks payable to Vital Records)

**Mail to:**  
Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065  
(Please enclose a stamped, self-addressed business size envelope.)

**Bring to:**  
Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

### FOR OFFICE USE ONLY

Check     MO     Cash

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

By Whom Received \_\_\_\_\_

### PROOF OF IDENTIFICATION:

DL                      STATE ID                      OTHER



## APPLICATION FOR CERTIFIED COPY OF DISSOLUTION OF MARRIAGE (DIVORCE) CERTIFICATE

This office has been registering dissolutions of marriage (divorces) occurring in Nebraska since 1909. For records occurring prior to 1909, or if you wish to obtain the divorce decree, contact the District Court in the county where the divorce was granted.)

**PLEASE TYPE OR PRINT LEGIBLY**

Full name of husband \_\_\_\_\_

Full name of wife \_\_\_\_\_

City or county where granted \_\_\_\_\_

Month, day, and year granted \_\_\_\_\_

For what purpose is this record to be used? \_\_\_\_\_

If this is not your divorce certificate, how are you related to the person listed on the record? \_\_\_\_\_

**WARNING:** Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

SIGNATURE \_\_\_\_\_

Type or print name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Today's Date \_\_\_\_\_

**Please enclose a photocopy of your photo ID (i.e. current driver's license) when mailing in this request.**

**FOR OFFICE USE ONLY**

Check     MO     Cash

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

By Whom Received \_\_\_\_\_

**PROOF OF IDENTIFICATION:**

DL                      STATE ID                      OTHER

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

**Number of certified copies \_\_\_\_\_ x \$16.00 each = \$ \_\_\_\_\_ Total**  
**(Please make checks payable to Vital Records)**

**Mail to:**  
 Vital Records  
 PO Box 95065  
 Lincoln, NE 68509-5065  
 (Please enclose a stamped, self-addressed business size envelope.)

**Bring to:**  
 Vital Records  
 1033 O Street, Suite 130  
 Lincoln, NE 68508-3621





# APPLICATION FOR CERTIFIED COPY OF DEATH CERTIFICATE

This office has been registering deaths occurring in Nebraska since **1904**.

### PLEASE TYPE OR PRINT LEGIBLY

Full name of deceased \_\_\_\_\_  
*(If female, list married name or any other name(s) decedent may have used)*

City or town of death \_\_\_\_\_ County of death \_\_\_\_\_  
*(If exact place of death is not known, list last known address)*

Month, day and year of death \_\_\_\_\_  
*(If exact date of death is unknown, list date decedent was last known to be alive or indicate a span of years to search)*

How are you related to decedent? \_\_\_\_\_

For what purpose is this record to be used? \_\_\_\_\_

### The information in this section is needed in order to do a thorough search in locating and identifying the requested record:

Year of birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Spouse's full name \_\_\_\_\_ Home address \_\_\_\_\_

Father's full name \_\_\_\_\_

Mother's full name \_\_\_\_\_

Funeral Director \_\_\_\_\_ City \_\_\_\_\_

**WARNING:** Section 71-649, Nebraska Revised Statutes: It is a felony to obtain, possess, use, sell, furnish, or attempt to obtain any vital record for purposes of deception.

**PLEASE ENCLOSE A PHOTOCOPY OF YOUR PHOTO ID (i.e., DRIVER'S LICENSE) WHEN MAILING IN THIS REQUEST.**

SIGNATURE \_\_\_\_\_

Type or print name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Fees are subject to change without notice. Please call our 24-hour recorded message at (402) 471-2871 to verify fees.

Number of certified copies \_\_\_\_\_ x \$16.00 each = \$ \_\_\_\_\_ Total  
**(Please make checks payable to Vital Records)**

**Mail to:**  
Vital Records  
PO Box 95065  
Lincoln, NE 68509-5065

**Bring to:**  
Vital Records  
1033 O Street, Suite 130  
Lincoln, NE 68508-3621

(Please enclose a stamped, self-addressed business size envelope.)

### FOR OFFICE USE ONLY

Check     MO     Cash

Amount Received \_\_\_\_\_

Date Received \_\_\_\_\_

By Whom Received \_\_\_\_\_

### PROOF OF IDENTIFICATION:

DL                      STATE ID                      OTHER



**NEBRASKA POWER OF ATTORNEY**  
(NEB. REV. STAT. §30-4041)

**DESIGNATION OF AN AGENT / DESIGNACIÓN DE UN AGENTE**

I/Yo, \_\_\_\_\_, name the following person as my Agent/nombro a la siguiente persona como mi Agente:

Name of Agent/Nombre del Agente:

\_\_\_\_\_

Agent's address/Domicilio del Agente:

\_\_\_\_\_

Agent's telephone number/número de teléfono del Agente:

**DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)/ DESIGNACIÓN DE UN AGENTE SUCESOR (OPCIONAL)**

Name of Successor Agent/ Nombre del Agente Sucesor:

\_\_\_\_\_

Successor Agent's address/ Domicilio del Agente Sucesor:

\_\_\_\_\_

Successor Agent's telephone number/ Numero de teléfono del Agente Sucesor:

**RELEASE OF INFORMATION/ DIVULGACIÓN DE INFORMACIÓN**

I agree to authorize and allow full release of information by any governmental agency, business, creditor, or third party who may have information pertaining to my assets or income, to my agent named herein. / Estoy de acuerdo en autorizar y permitir la divulgación completa de información por cualquier agencia, negocio, acreedor, o parte tercero que pueda tener información relacionada con mis bienes o ingresos, a mi agente nombrado en este documento.

**GRANT OF GENERAL AUTHORITY/ OTORGACIÓN DE AUTORIDAD GENERAL**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Nebraska Uniform Power of Attorney Act: /Concedo a mi agente y cualquier agente sucesor autoridad general para actuar de mi parte con respecto a los siguientes temas definidos en el Poder Uniforme de Nebraska de la Ley Fiscal:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subjects" instead of initially each subject.) / (Ponga sus INICIALES en los sujetos que quiera incluir en la autoridad general del agente. Si desea conceder autoridad general de todos los sujetos puede poner sus iniciales en el lugar al lado de "All Preceding Subjects/ Todos los Sujetos Mencionados" en vez de poner sus iniciales en todos los sujetos.)

\_\_\_\_ Real Property/ Propiedad Real

\_\_\_\_ Tangible Personal Property/ Propiedad Personal Tangible

\_\_\_\_ Stocks and Bonds/ Acciones y Bonos

\_\_\_\_ Commodities and Options/ Materias Primas y Opciones

- \_\_\_\_\_Banks and other Financial Institutions/ Bancos y otros Instituciones Financieras
- \_\_\_\_\_Operation of Entity or Business/ Operación de Entidad o Negocio
- \_\_\_\_\_Insurance and Annuities/ Seguros y Pensiones
- \_\_\_\_\_Estates, Trusts, and Other Beneficial Interests/Bienes Testamentarios, fideicomisos, y otros intereses  
beneficiales
- \_\_\_\_\_Claims and Litigation/ Reclamaciones y Litigios
- \_\_\_\_\_Personal and Family Maintenance/ Mantenimiento Personal y Familiar
- \_\_\_\_\_Benefits from Governmental Programs or Civil or Military Service/ Beneficios de  
Programas Gubernamental o Civil o Servicio Militar
- \_\_\_\_\_Retirement Plans/ Plan de Jubilación
- \_\_\_\_\_Taxes/ Impuestos
- \_\_\_\_\_All Preceding Subjects/ Todos los Sujetos Mencionados

**LIMITATIONS ON AGENT’S AUTHORITY/ LIMITACIONES A LA AUTORIDAD DEL AGENTE**

Except as otherwise authorized by the Power of Personal and Family Maintenance, an agent MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions or the Grant of Specific Authority. / A excepción de lo autorizado por el Poder de Personal y Manutención de la Familia, un agente NO PUEDE usar mi propiedad para el beneficio del agente o una persona a la que el agente debe una obligación de ayuda a menos que yo haiga incluido esta autoridad en las Instrucciones Especiales o de la concesión de Autoridad Especifica.

**SPECIAL INSTRUCTIONS/ INSTRUCCIONES ESPECIALES**

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**RELIANCE ON THIS POWER OF ATTORNEY/ DEPENDENCIA A ESTE PODER**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid. Cualquier persona, incluyendo mi agente, puede depender de la validez de este poder legal o una copia a menos que esa persona sepa que ya ha sido terminada o que no es válida.

**EFFECTIVE DATE/ FECHA DE VIGENCIA**

This power of attorney is effective immediately. / Este poder legal es efectivo inmediatamente.

**SIGNATURE AND ACKNOWLEDGEMENT/ FIRMA Y RECONOCIMIENTO**

\_\_\_\_\_  
Signature/ Firma

Date/ Fecha

Printed name/ Nombre : \_\_\_\_\_

Address/ Domicilio: \_\_\_\_\_

Telephone number/ Número de Teléfono: \_\_\_\_\_

State of Nebraska/ Estado de Nebraska )  
County of/ Condado de \_\_\_\_\_)

This document was acknowledged before me on \_\_\_\_\_(Date), by Full Name. / Este documento fue reconocido en mi presencia el \_\_\_\_\_(fecha), por Nombre.

\_\_\_\_\_  
Signature of Notary/ Firma del Notario

**NEBRASKA POWER OF ATTORNEY**  
(NEB. REV. STAT. §30-4041)

**DESIGNATION OF AN AGENT**

I, \_\_\_\_\_, name the following person as my Agent:

Name of Agent: \_\_\_\_\_

Agent's address: \_\_\_\_\_  
\_\_\_\_\_

Agent's telephone number: \_\_\_\_\_

**DESIGNATION OF SUCCESSOR AGENT (OPTIONAL)**

Name of Successor Agent: \_\_\_\_\_

Successor Agent's address: \_\_\_\_\_  
\_\_\_\_\_

Successor Agent's telephone number: \_\_\_\_\_

**RELEASE OF INFORMATION**

I agree to authorize and allow full release of information by any governmental agency, business, creditor, or third party who may have information pertaining to my assets or income, to my agent named herein.

**GRANT OF GENERAL AUTHORITY**

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined in the Nebraska Uniform Power of Attorney Act:

(INITIAL each subject you want to include in the agent's general authority. If you wish to grant general authority over all of the subjects you may initial "All Preceding Subject" instead of initially each subject. )

- \_\_\_ Real Property
- \_\_\_ Tangible Personal Property
- \_\_\_ Stocks and Bonds
- \_\_\_ Commodities and Options
- \_\_\_ Banks and other Financial Institutions
- \_\_\_ Operation of Entity or Business
- \_\_\_ Insurance and Annuities
- \_\_\_ Estates, Trusts, and Other Beneficial Interests
- \_\_\_ Claims and Litigation
- \_\_\_ Personal and Family Maintenance
- \_\_\_ Benefits from Governmental Programs or Civil or Military Service
- \_\_\_ Retirement Plans
- \_\_\_ Taxes
  
- \_\_\_ All Preceding Subjects

**LIMITATIONS ON AGENT'S AUTHORITY**

Except as otherwise authorized by the Power of Personal and Family Maintenance, an agent MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the Special Instructions or the Grant of Specific Authority.

**SPECIAL INSTRUCTIONS**

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

**RELIANCE ON THIS POWER OF ATTORNEY**

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

**EFFECTIVE DATE**

This power of attorney is effective immediately.

**SIGNATURE AND ACKNOWLEDGEMENT**

\_\_\_\_\_  
Signature Date

Printed name: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

State of Nebraska \_\_\_\_\_ )

County of \_\_\_\_\_ )

This document was acknowledged before me on \_\_\_\_\_ (Date), by Full Name.

(Stamp)

\_\_\_\_\_  
Signature of Notary



**Power of Attorney\***  
(For Vehicle/Motorboat Only)

I hereby appoint \_\_\_\_\_ as my attorney-in-fact, for the purpose of transferring ownership or making application for title and registration to the following described vehicle/motorboat:

\_\_\_\_\_ Year                      \_\_\_\_\_ Make                      \_\_\_\_\_ VIN/HIN

With full authority to sign on my behalf all papers and documents and to do all that is necessary to this appointment.

<b>Vehicle/Motorboat Owner 1</b>	<b>Vehicle/Motorboat Owner 2</b>
_____ Name (Please Print)	_____ Print Name (Please Print)
_____ Signature	_____ Signature
_____ Date	_____ Date

<b>Notary 1</b>	<b>Notary 2</b>
State of _____ County of _____	State of _____ County of _____
The foregoing signature was acknowledged before me this _____ day of _____ .	The foregoing signature was acknowledged before me this _____ day of _____ .
_____ Notary or Designated County Official	_____ Notary or Designated County Official
Seal	Seal

\*Dealers may only use this form when making application for a duplicate title or when the odometer is exempt from reporting.

Revised 7/2017

## **Immigration 101 Outline**

- I. Types of Immigration Status
  - a. U.S. Citizens
    - i. By birth in the U.S.
    - ii. By acquisition (acquiring U.S. citizenship from a U.S. citizen parent)
    - iii. By naturalization
    - iv. By derivation (deriving U.S. citizenship when a parent naturalizes to become a U.S. citizen)
  - b. Non-Citizens
    - i. Immigrants (Lawful Permanent Residents “LPRs” or “Green Card” Holders)
    - ii. In U.S. fleeing past or future persecution (Asylees, Refugees)
    - iii. Those in U.S. with temporary permission (TPS, DACA)
    - iv. Nonimmigrants (visitors, students)
    - v. Undocumented
      - 1. Words matter! The phrase “illegal immigrant” is dehumanizing and inaccurate. No person is illegal!
      - 2. Over 11 million undocumented people currently living in U.S.
- II. Forms of Immigration Relief
  - a. Path to U.S. Citizenship
    - i. Diversity lottery (available to people in countries with low immigration rates in U.S.)
    - ii. Employment-based (U.S. employers hire highly skilled workers from other countries)
    - iii. Family-based
      - 1. Immediate Relatives (spouses, children, parents)
        - a. Children- under 21 years of age and unmarried
        - b. Parents- over 21 years of age
      - 2. Preference Categories:
        - a. spouses of LPRs
        - b. children of LPRs, older than 21 children of USCs, brothers and
        - c. sisters of USCs, and
        - d. married children of USCs
    - iv. Humanitarian
      - 1. Relief from persecution (Asylum / Refugee)
      - 2. Relief for victims of domestic violence, child abuse, particular crimes and human trafficking (VAWA, SIJS, U visa and T visa)

## Contorno de Inmigración 101

- I. Tipos de Estado de Inmigración
  - a. Ciudadanos estadounidenses
    - i. Nacimiento en los EE.UU.
    - ii. Adquisición (adquiriendo la ciudadanía estadounidense a través de un padre ciudadano estadounidense)
    - iii. Naturalización
    - iv. Derivación (derivando la ciudadanía estadounidense cuando un padre se naturaliza para hacerse ciudadano en los EE.UU.)
  - b. No Ciudadanos
    - i. Inmigrantes (Residentes Permanentes)
    - ii. En el país huyendo persecución (Asilados/Refugiados)
    - iii. Permiso temporal (TPS, DACA)
    - iv. No inmigrantes (estudiantes/turistas)
    - v. Indocumentado
      - 1. La frase “inmigrante ilegal” es deshumanizante e incorrecto. ¡Ninguna persona es ilegal!
      - 2. Más de 11.3 millones de indocumentados viven en los EE.UU.
- II. Formas de Alivio Inmigratorios
  - a. Camino a la Ciudadanía
    - i. Lotería de diversidad (Disponible para personas en países con bajos niveles de inmigración)
    - ii. Empleo (muchos empleadores contratan a trabajadores muy calificados de otros países)
    - iii. Familiares
      - 1. Parientes inmediatos (cónyuges, niños, padres)
        - a. Hijos- menores de 21 años de edad y solteros
        - b. Padres- mayores de 21 años de edad
      - 2. Categorías de preferencia
        - a. cónyuges e hijos de Residentes Permanentes
        - b. hijos de ciudadanos estadounidenses mayores de 21 años de edad
        - c. Hermanos/hermanas de ciudadanos estadounidense
        - d. hijos casados de un ciudadano estadounidense
    - iv. Humanitaria
      - 1. Alivio de persecución (Asilados/Refugiados)
      - 2. Alivio para las víctimas de violencia doméstica, abuso infantil, crímenes particulares y tráfico humano (VAWA, SIJS, U-Visa, y T-Visa)

## **Interpretation/Translation Services**

Global Language Solutions / Lutheran Family Services is a non-profit organization that provides language interpretation and translation services in Omaha, Nebraska and other in the following languages: Amharic, Arabic, Burmese, Dari, Dinka, Farsi, French, Karen, Karenni, Kikongo, Kinyarwanda, Kirundi, Lingala, Luganda, Nepali, Nuer, Pashto, Somali, Spanish and Swahili. Prices for interpretation services are \$45-\$55 per hour. To request an interpreter or learn more call (402) 536-3519 or visit <https://www.lfsneb.org/service/global-language-solutions/>.

Nebraska Association of Translators & Interpreters (NATI) is a non-profit association, whose members speak numerous languages and dialects. To find NATI member contact information, please visit <http://www.natihq.org/find-a-translator-or-interpreter>.

Nebraska Supreme Court Interpreter Directory lists interpreter information, including whether or not the interpreter is Nebraska Supreme Court certified or registered. To use the directory to locate interpreter information, please visit <https://supremecourt.nebraska.gov/interpreters/registry>.

## **Servicios de Traducción/Interpretación**

Global Language Solutions / Lutheran Family Services ofrece servicios de traducción e interpretación en Omaha, Nebraska y otras comunidades en los siguientes idiomas: Amhárico, Árabe, Birmano, Dari, Dinka, Farsi, Francés, Karen, Karenni, Kikongo, Kinyarwanda, Kirundi, Lingala, Luganda, Nepalés, Nuer, Pashtu, Somalí, Español y Suahili. Precios de servicios de interpretación están \$45-\$55 por hora. Para solicita un intérprete o aprender más, llame al (402) 536-3519 o visite <https://www.lfsneb.org/service/global-language-solutions/>.

Nebraska Association of Translators & Interpreters (NATI) es una asociación sin fines de lucro, cuyos miembros hablan numerosas lenguas y dialectos. Para encontrar información de contacto de miembros de NATI, por favor visite <http://www.natihq.org/find-a-translator-or-interpreter>.

Nebraska Supreme Court Interpreter Directory muestra información de intérprete, incluyendo si el intérprete esta registrado o es certificado por la Corte Suprema de Nebraska. Para utilizar el directorio para localizar información de miembros de NATI, por favor visite <http://www.natihq.org/find-a-translator-or-interpreter>.

## **Find Local Resources Recommended to You by United Way of the Midlands (Iowa/Nebraska 2-1-1)**

Dialing 2-1-1 can provide you with information and referrals to human services for everyday needs and in times of crisis. 2-1-1 offers access to the following types of services:

- **Basic Human Needs Resources:** food pantries, clothing closets, shelters, rent and utility assistance.
- **Physical and Mental Health Resources:** health insurance programs, Medicaid and Medicare, maternal health care, CHIP, medical information lines, crisis intervention services, support groups, counseling, substance abuse intervention and rehabilitation.
- **Employment Supports:** financial assistance, job training, and educational programs.
- **Support for Older Americans and Persons with Disabilities:** adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation, homemaker services.
- **Support for Children, Youth and Families:** child care, after school programs, Head Start, family resource centers, summer camps and recreation programs, mentoring, tutoring, protective services.

To receive information about accessing services and resources in your area:

**Call 2-1-1 on your phone or visit [www.ne211.org](http://www.ne211.org)**

## **Encuentre Recursos Locales Recomendados por United Way of the Midlands (Iowa/Nebraska 2-1-1)**

Al marcar a 2-1-1, le pueden proporcionar información y referencias de servicios humanos para necesidades diarias y en tiempos de crisis. 2-1-1 puede ofrecer acceso a los siguientes tipos de servicios:

- **Recursos para Necesidades Básicas de todo humano:** despensas de alimentos, ropa, refugios, y asistencia para pagar su renta o utilidades (electricidad, agua, etc.)
- **Recursos de salud física y mental:** programas de seguro de salud, Medicaid y Medicare, el cuidado de la salud materna, CHIP, líneas de teléfono de información médica, servicios de intervención en crisis, grupos de apoyo, consejería, intervención y rehabilitación por abuso de sustancias.
- **Encontrar empleo:** asistencia financiera, entrenamiento laboral, programas educativos.
- **Apoyo para los estadounidenses mayores y las personas con discapacidad:** una guardería para adultos, comidas en grupo, comidas a domicilio, cuidado de relevo, atención médica a domicilio, transporte, servicios de ama de casa.
- **Apoyo para Niños, Jóvenes y Familias:** cuidado de niños, programas después de escuela, Head Start, centros de recursos de familia, campamentos de verano y programas de recreación, mentores, tutoría, servicios de protección.

Para recibir información sobre acceso a servicios y recursos en su área:

**Llame al 2-1-1 en su teléfono o visite en línea a [www.ne211.org](http://www.ne211.org)**



## **CONSULATE CONTACT INFORMATION**

### **Afghanistan**

2341 Wyoming Ave., NW  
Washington DC 20008  
202-483-6410

### **Bosnia/Herzegovina**

2109 E Street, NW  
Washington DC 20037  
(202) 337-1500

### **Burundi**

2233 Wisconsin Ave NW  
#408  
Washington, DC 20007  
(202) 342-2574

### **Chad**

2401 Massachusetts Ave  
NW  
Washington,DC 20008  
202-652-1312

### **China**

3505 International Pl, N.W.  
Washington, D.C. 20008  
202-495-2266

### **Colombia**

1724 Massachusetts Ave,  
NW  
Washington, DC 20036  
888-764-3326

### **Congo**

1720 16<sup>th</sup> Street, NW  
Washington DC 20009  
(202) 726-5500

### **Cuba**

2630 16th St NW,  
Washington, DC 20009  
(202) 797-8518

### **Denmark**

1620 Dodge Street, Ste 400  
Omaha NE 68102  
(402) 602-3802

### **Dominican Republic**

1715 22nd Street, NW,  
Washington DC 20008  
(202) 332-6280

### **Egypt**

3521 International Ct, NW  
Washington, DC 20008  
202.895.5400

### **El Salvador**

177 N. State, 2nd floor,  
Mezzanine  
Chicago, IL 60601  
(312)-332-1393

### **Eritrea**

1708 New Hampshire Ave  
NW  
Washington, DC 20009  
202-319-1991

### **Estonia**

530 S. 13th Street, Ste 110  
Lincoln NE 68508  
(402) 430-9299

### **Ethiopia**

3506 International Dr  
N.W. Washington, D.C.  
(202) 364-1200

### **France**

569 N 155th Plaza  
Omaha NE 68154  
(402) 934-9374

### **Guatemala**

1001 S. Monaco Pkwy  
Ste 300  
Denver, CO 80224  
(303) 629-9210

### **Haiti**

2311 Massachusetts Ave  
N.W.  
Washington, D.C. 20008  
1 202-332-4090

### **Honduras**

4506 W. Fullerton Ave  
Chicago IL 60639  
773-342-8281

### **Iraq**

3421 Massachusetts Ave  
Washington, DC 20007  
202-742-1600

### **Japan**

1134 Willow Wood Circle  
Omaha, NE 68152  
(402) 393-3089

### **Kenya**

2249 R St NW  
Washington, DC 20008  
(202) 387 6101

### **Korea**

2450 Massachusetts  
AveNW  
202-939-5600

### **Laos**

2222 S Street, NW  
Washington DC 20088  
202-332-6416

**Liberia**

5201 16th Street N. W.  
Washington D. C.  
(202)723-0437

**Malaysia**

3516 International Ct N.W.  
Washington DC 20008  
202-572-9700

**Mexico**

7444 Farnam Street  
Omaha, NE 68114  
(402) 595-1841

**Myanmar**

2300 S St, NW  
Washington DC 20008  
(202) 332 3344

**Nepal**

2131 Leroy Place, NW  
Washington, DC 20008  
(202) 667 4550

**Nigeria**

3519 International Ct, NW  
Washington, DC 20008  
202-663-1225

**Norway**

10330 Regency Pkwy Dr.  
Omaha NE 68114  
(402) 390-7104

**Pakistan**

3517 International Ct NW  
Washington, DC 20008  
202-243-6500

**Philippines**

122 South Michigan Ave  
Suite 1600  
Chicago, IL 60603  
(312) 583-0621

**Rwanda**

1875 Connecticut Ave NW  
#540  
Washington, DC 20009  
(202) 232-2882

**Serbia**

2233 Wisconsin Ave, NW,  
Suite 410  
Washington, DC 20007  
(202) 332-0333

**Sierra Leone**

1701 19th Street NW |  
Washington D.C. 20009  
(202) 939-9261

**Somalia**

1705 DeSales St NW  
Ste 300  
Washington DC 20036-4421  
202-296-0570

**South Sudan**

1015 31st St. NW, Ste 300  
Washington DC 20007  
(202)-293-7940

**Sudan**

2210 Massachusetts Ave  
Washington DC 20008  
202.338.8565

**Sweden**

1904 Farnam Street  
Omaha NE 68102  
(402) 341-3333

**Togo**

2208 Massachusetts Ave  
NW  
Washington, DC 20008  
(202) 234-4212

**Vietnam**

1233 20th St NW, Ste 400  
Washington, DC 20036  
(202) 861-0737

**Yemen**

2319 Wyoming Ave NW  
Washington, DC 20008  
(202) 965-4760

### **Detainee Locator**

Use this page to locate a detainee who is currently in ICE custody, or who was released from ICE custody for any reason within the last 60 days: <https://locator.ice.gov/odls/homePage.do>.

Your family member will appear on the site if they are in ICE custody or have been released from ICE custody for any reason within the last 60 days. This locator does not contain any records for persons under the age of 18.

Note: Online Detainee Locator System cannot search for records of persons under the age of 18.

### **El Localizador de Detenidos**

*Utilice esta página para encontrar a una persona que está detenida actualmente o fue liberada de la custodia de ICE por alguna razón en los últimos 60 días: <https://locator.ice.gov/odls/homePage.do>.*

*El miembro de su familia aparecerá en el sitio web si está bajo custodia de ICE o si ha sido liberado de la custodia de ICE por cualquier razón dentro de los últimos 60 días. Este localizador no contiene registro para personas menores de 18 años.*

*Tenga en cuenta: El Localizador de Detenidos no busca los datos de las personas menores de 18 años.*

### **Pro Bono Detainee Project**

If you are seeking legal immigration services for someone who is currently detained and would like to apply to the ProBono Detainee Project, enclosed is the intake form to apply for services. If you are currently undocumented or if there is any possibility that you may be detained in the future, you can have the majority of this filled out for a person you trust who may seek help for you.

### **Proyecto Pro Bono para Detenidos**

*Si está buscando servicios legales de inmigración para alguien que actualmente está detenido y le gustaría solicitar el Proyecto ProBono de Detenidos, adjunte está el formulario de solicitud para solicitar servicios. Si actualmente está indocumentado o si existe la posibilidad de que pueda ser detenido en el futuro, puede tener la mayoría de este formulario llenado para una persona de confianza que puede buscar ayuda para usted.*

**READ THIS PAGE VERY CAREFULLY BEFORE COMPLETING THIS INTAKE:**

**Pro Bono Detainee Project Representatives are NOT my Attorneys:**

**I understand that completing this intake does not guarantee that I will receive a pro bono attorney to represent me in immigration court.** I understand that the Pro Bono Detainee Project is not agreeing to represent me with my immigration case. The Pro Bono Detainee Project representative reviewing my information is not my attorney and will not appear in court on my behalf. I understand that I should begin looking for a private attorney if I am able. By signing below, I acknowledge that I have read the foregoing and agree to the terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**I consent to have my information shared:**

I authorize Pro Bono Detainee Project representatives to review the information I have provided on this intake and to share all relevant information and documentation to other parties for the sole purpose of attempting to obtain a legal representative for me. I also acknowledge that I have willingly given the information above and I authorize its disclosure to other parties for the sole purpose of trying to obtain a legal representative for me. However, I understand that completing this intake does not guarantee that I will receive a pro bono attorney to represent me in immigration court. By signing below, I acknowledge that I have read the foregoing and agree to the terms.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:**

After you have completed **all four (5) pages** of this intake and signed at both places indicated above, please mail the completed form to the following address:

Pro Bono Detainee Project  
5211 South 31 Street  
Omaha, NE 68107

Pro Bono Detainee Project representatives will evaluate your inquiry within two (2) weeks of receiving your properly completed intake. You will only receive a response if a pro bono attorney is found to help you with your case. However, you are strongly encouraged to obtain a private attorney on your own. If you have not heard from us after two weeks, you may call the Immigrant Legal Center, formerly Justice for our Neighbors-Nebraska, at 402-898-1349 to inquire about whether a referral has been made.



**Note that you must answer all questions on the intake and sign at both places above.** Any intake that is not fully completed or that has not been signed cannot be considered and will be discarded.

**Preliminary Questions:** Name of Volunteer helping with intake: \_\_\_\_\_

Date of intake: \_\_\_\_/\_\_\_\_/\_\_\_\_ Intake completed by: \_\_\_\_\_

1. Do you already have an attorney?  Yes  No 2. Household Size: \_\_\_\_\_ 3. Annual income: \_\_\_\_\_

3a. Is anyone in your home receiving a means tested benefit?  Yes  No If yes, please explain: \_\_\_\_\_

4. Where did you receive this intake form?  Douglas County Jail  Immigration Orientation Presentation  Friend  
 Online  Other: \_\_\_\_\_

**Biographical Information:**

5. Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

6. Alien No. \_\_\_\_\_

7. Inmate/detainee number: \_\_\_\_\_ 7(a). Where are you being held: \_\_\_\_\_

7(b). Name and phone number of person with whom we may contact about your case: \_\_\_\_\_

8. Sex:  M  F 9. Languages spoken:  English  Spanish  Other \_\_\_\_\_

10. Place of Birth (City and Country): \_\_\_\_\_ 11. Citizenship/Nationality/Ethnicity: \_\_\_\_\_

11(a). What is your current immigration status?  U.S. citizen  Lawful permanent resident  Other \_\_\_\_\_

12. Did you receive a high school diploma or GED in the U.S.?  Yes  No 12(a). If yes, when? \_\_\_\_\_

**Entries into the U.S.:**

13. Date first entered the U.S. \_\_\_\_\_ Manner of entry:  EWI<sup>1</sup>  Visa  Other \_\_\_\_\_ 13(a). Length of Stay: \_\_\_\_\_

14. Other dates of entry into the U.S. (with length of stay) \_\_\_\_\_

15. Date last entered the U.S. \_\_\_\_\_ Manner of entry:  EWI  Visa  Other \_\_\_\_\_ 16. Length of Stay: \_\_\_\_\_

17. If you last entered with status, when does your status expire? \_\_\_\_\_

**Border:**

18. Have you ever been stopped at the border?  Yes  No 18(a). If yes, when? \_\_\_\_\_

18(b). Were your fingerprints taken?  Yes  No 18(c). Was your photograph taken?  Yes  No

**Qualifying Relatives:**

19. Are you currently married?  Yes  No Date of marriage: \_\_\_\_\_

<sup>1</sup> If you entered without inspection or without permission, you can check the box next to the letters "EWI."

20. Were you previously married?  Yes  No Date of divorce: \_\_\_\_\_
21. Status of Spouse  USC<sup>2</sup>  LPR<sup>3</sup>  Other \_\_\_\_\_ Date spouse acquired status: \_\_\_\_\_
22. Status of Parents  USC  LPR  Other \_\_\_\_\_ Date parent(s) acquired status: \_\_\_\_\_
23. Status of Child(ren)  USC  LPR  Other \_\_\_\_\_ Date child(ren) acquired status: \_\_\_\_\_
24. Child(ren) age(s): \_\_\_\_\_
25. Does your spouse, parent, or child(ren) have any health problems?
- 25(a) If so, explain: \_\_\_\_\_

**Past Immigration Violations:**

26. Have you ever been deported or forced to leave the U.S.?  Yes  No 26(a). When? \_\_\_\_\_
- 26(b). Did you re-enter the U.S. after being removed?  Yes  No
- 26(c) How?  EWI<sup>4</sup>  Visa  Other: \_\_\_\_\_
- 26(d). When did you reenter? \_\_\_\_\_ 27. Were you fingerprinted?  Yes  No
28. Photographed?  Yes  No
29. Have you ever falsely claimed to be a U.S. citizen?  Yes  No
- 29(a) If yes, explain: \_\_\_\_\_

**245(i) Eligibility:**

30. Has a family member ever filed a petition for you or your parent?  Yes  No
- 30(a). When: \_\_\_\_\_
31. What was the status of the person filing for you?  USC<sup>5</sup>  LPR<sup>6</sup> 32. Has their status changed?  Yes  No
33. What is your relationship to the person who filed for you: \_\_\_\_\_
- 33(a). Has an employer ever filed anything with immigration for you?  Yes  No 33(b). When: \_\_\_\_\_

**NACARA Eligibility:**

34. Did you register for ABC<sup>7</sup> benefits?  Yes  No 34(a). When: \_\_\_\_\_
35. Did you ever file for asylum?  Yes  No 35(a). When: \_\_\_\_\_
36. Have you ever filed for Temporary Protected Status (TPS)?  Yes  No 36(a). When: \_\_\_\_\_

<sup>2</sup> United States citizen

<sup>3</sup> Lawful permanent resident

<sup>4</sup> If you entered without inspection or without permission, you can check the box next to the letters "EWI."

<sup>5</sup> United States citizen

<sup>6</sup> Legal permanent resident

<sup>7</sup> ABC Class action settlement agreement.

**U-visa/T-visa/VAWA:**

37. Have you ever been the victim of a crime in the U.S.?  Yes  No 37(a). When: \_\_\_\_\_

37(b). Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

38. Has your spouse, child(ren), or parents ever been the victims of a crime in the U.S.?  Yes  No

39. When did this event occur? \_\_\_\_\_ 39(a). Age of victim now? \_\_\_\_\_

40. Did you call the police or make a report of this crime?  Yes  No 40(a). Explain: \_\_\_\_\_  
 \_\_\_\_\_

41. Have you been forced to work against your will or felt you could not leave your job if you wanted?  Yes  No

When \_\_\_\_\_ Explain: \_\_\_\_\_  
 \_\_\_\_\_

42: Have you ever been the victim of domestic violence (including physical or verbal abuse)?  Yes  No

42(a) If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Asylum:**

43. Are you afraid of returning to your country?  Yes  No 43(a). Why? \_\_\_\_\_  
 \_\_\_\_\_

**Criminal History:**

44. Do you have any criminal charges currently pending?  Yes  No 44(a). List pending charges: \_\_\_\_\_  
 \_\_\_\_\_

45. How many times have you been convicted? \_\_\_\_\_

46. List convictions below:

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_ Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_ Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Crime: \_\_\_\_\_ Time Sentenced: \_\_\_\_\_ Served: \_\_\_\_\_

**Removal Proceedings:**

47. Have you been placed in removal proceedings or appeared before an immigration judge?  Yes  No

48. Next court date: \_\_\_\_\_ 49. Where \_\_\_\_\_

50. Is this your first court date?  Yes  No

51. If this is not your first court date, what was the outcome at previous hearings? \_\_\_\_\_

52. Previous legal representation, if any? \_\_\_\_\_ 53. Prior representative's contact info? \_\_\_\_\_

**Bond/ Detention:**

54. For how long have you been in detention? \_\_\_\_\_ 54(a). When/how were you detained? \_\_\_\_\_

55. What are the charges of removability in the NTA<sup>8</sup>? \_\_\_\_\_

56. Has the Judge set a bond in your case?  Yes  No 57. If yes, how much is the bond? \_\_\_\_\_

58. Do you have the resources to pay bond?  Yes  No 59. If yes, how much can you afford to pay? \_\_\_\_\_

60. Do you suffer from any medical or mental health condition?  Yes  No If yes, please explain: \_\_\_\_\_

61. Do you have a family member in the U.S. that suffers from any medical or mental health condition?  Yes  No

61(a). If yes, please explain: \_\_\_\_\_

62: Do your children attend school?  Yes  No 63: Do your children need child care?  Yes  No

64. Other relevant information: \_\_\_\_\_  
 \_\_\_\_\_  
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<sup>8</sup> The NTA (Notice to Appear) is the document that indicates why the government believes you can be removed from the U.S.  
**Page 5 of 5**



**POR FAVOR LEA ESTA PÁGINA CON MUCHO CUIDADO ANTES DE LLENAR ESTE FORMULARIO:**

**Ninguna persona afiliada con el PROYECTO PRO BONO PARA DETENIDOS es mi abogado(a):**

**Yo entiendo que el hecho de que yo complete este formulario no me garantiza que me van a asignar a un abogado(a) pro bono para representarme en el tribunal de inmigración.** Yo entiendo que ninguna persona afiliada con la *Proyecto Pro Bono para Detenidos* se está obligando a representarme en mi caso de inmigración. La persona del *Proyecto Pro Bono para Detenidos* que revisa mi información no es mi abogado(a) y no se presentará en el tribunal en mi nombre. Yo entiendo que debo empezar a buscar a un(a) abogado(a) privado(a) si tengo la capacidad de hacerlo. Al firmar abajo, doy por conocido que he leído lo anterior y que estoy de acuerdo con los términos.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**Yo doy mi consentimiento para que mi información sea compartida:**

Yo autorizo a cualquier persona afiliada con la *Proyecto Pro Bono para Detenidos* a revisar la información que yo he proporcionado y para compartir toda la información y documentos pertinentes con terceros con el único propósito de intentar obtener a un abogado(a) para mí. Sin embargo, yo entiendo que el hecho de que yo complete este formulario no me garantiza que me van a asignar a un(a) abogado(a) *pro bono* para representarme en el tribunal de inmigración. Al firmar abajo, doy por conocido que he leído lo anterior y que estoy de acuerdo con los términos.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

**Instrucciones:**

Después de haber completado **todas las cinco (5) páginas** de este formulario y de haber firmado en los dos lugares indicados arriba, por favor envíe su formulario completado a la siguiente dirección:

Proyecto Pro Bono para Detenidos  
5211 South 31 Street  
Omaha, NE 68107

Alguien afiliado con la *Proyecto Pro Bono para Detenidos* evaluará su caso dentro de las dos semanas siguientes al recibo de su formulario debidamente llenado. Ud. solamente recibirá una respuesta si se encuentra a un(a) abogado(a) *pro bono* para ayudarle con su caso. Sin embargo, se aconseja fuertemente que Ud. contrate a un(a) abogado(a) privado(a) por su cuenta. Si usted no ha recibido comunicación alguna de nosotros después de dos semanas, usted puede llamar a el Centro Legal para Inmigrantes, antes conocido como Justicia para Nuestros Vecinos, al 402-898-1349 para solicitar información referente a su solicitud.

**Por favor tenga presente que Ud. debe contestar todas las preguntas de este formulario y firmar en los dos lugares indicados arriba.** Cualquier formulario que no se llene completamente o que no esté correctamente firmado no será considerado y será descartado.

**Preguntas Preliminares:**

**Nombre de voluntario quien ayuda llenar la forma:** \_\_\_\_\_

La fecha de hoy: \_\_\_\_/\_\_\_\_/\_\_\_\_ Formulario completado por: \_\_\_\_\_

1. ¿Ud. ya tiene un(a) abogado(a)?:  Sí  No 2. Número de personas en su hogar: \_\_\_\_ 3. Ingreso Anual: \_\_\_\_\_

3(a). ¿Alguna persona de su casa está recibiendo algún beneficio público?:  Si  No 3(b). Si contestó con "Sí," explique: \_\_\_\_\_

4. ¿Dónde recibió este formulario?  Cárcel del Condado de Douglas  Orientación de Inmigración

Amigo/a  La internet  Otro: \_\_\_\_\_

**Información Biográfica:**

4. Nombre completo: \_\_\_\_\_ 4(a). Fecha de nacimiento: \_\_\_\_\_

5. Número A de inmigración: A- \_\_\_\_\_

6. Número de detenido/habitante: \_\_\_\_\_ 7. ¿En dónde está Ud. detenido?: \_\_\_\_\_

7(a). Nombre y número de teléfono de la persona a quien podemos contactar sobre su caso: \_\_\_\_\_

8. Sexo:  M  F 9. Lenguajes que habla:  Inglés  Español  Otro \_\_\_\_\_

10. Lugar de nacimiento (ciudad y país): \_\_\_\_\_ 11. Ciudadanía/Nacionalidad/etnicidad: \_\_\_\_\_

11(a). ¿Cuál es su estatus migratorio?:  Ciudadano Americano  Residente Permanente  Otro \_\_\_\_\_

12. ¿Recibió un diploma de escuela secundaria o GED en los EE.UU.?  Sí  No ¿Cuándo? \_\_\_\_\_

**Entradas a EE.UU.:**

13. Fecha de su primera entrada a EE.UU.: \_\_\_\_\_ 13(a). Manera de entrada:  Sin Inspección<sup>1</sup>  Visa  Otro \_\_\_\_\_

13(b). Duración de su estancia en EE.UU.: \_\_\_\_\_

14. Otras fechas de entradas a EE.UU. (con duración de cada estancia): \_\_\_\_\_

15. Fecha de su última entrada a EE.UU.: \_\_\_\_\_ 15(a). Manera de entrada:  Sin inspección  Visa  Otro \_\_\_\_\_

16. Duración de su estancia en EE.UU.: \_\_\_\_\_

17. Si Ud. entró la última vez con estatus, ¿cuándo se le vence/venció su estatus?: \_\_\_\_\_

**Frontera:**

18. ¿Ud. alguna vez ha sido detenido(a) en la frontera?:  Sí  No 18(a). ¿Cuándo?: \_\_\_\_\_

18(b). ¿Le sacaron sus huellas digitales?:  Sí  No 18(c). ¿Le tomaron fotos?:  Sí  No

**Familiares que Califican:**

19. ¿Está casado(a)?:  Sí  No 19(a). Fecha de matrimonio: \_\_\_\_\_

20. ¿Estaba casado(a) previamente?:  Sí  No 20(a). Fecha de divorcio: \_\_\_\_\_

21. Estatus migratorio de su esposo(a):  Ciudadano Americano  Residente Permanente  Otro \_\_\_\_\_

<sup>1</sup> Por ejemplo, cruzó el río, el desierto, o las montañas, o vino escondido(a) en una cajuela.



- 21(a). Fecha que su esposo(a) obtuvo estatus: \_\_\_\_\_
22. Estatus de su(s) padre(s):  Ciudadano(s) Americano(s)  Residente(s) Permanente(s)  Otro \_\_\_\_\_
- 22(a). Fecha que su(s) padre(s) obtuvo/obtuvieron estatus: \_\_\_\_\_
23. Estatus de su(s) hijo(s):  Ciudadano(s) Americano(s)  Residente(s) Permanente(s)  Otro \_\_\_\_\_
- 23(a). Fecha que su(s) hijo(s) obtuvo/obtuvieron estatus: \_\_\_\_\_
24. Edad(es) de su(s) hijo(s): \_\_\_\_\_
25. ¿Su esposo(a), padre, madre, o hijo(a) tiene algún problema médico?:  Sí  No
- 25(a). Si contestó con "Sí," explique: \_\_\_\_\_

**Problemas Anteriores con Inmigración:**

26. ¿Ha sido alguna vez Ud. deportado o forzado a salir los EE.UU.?  Sí  No 26(a). ¿Cuándo?: \_\_\_\_\_
- 26(b). Si Ud. estuvo deportado, ¿regresó a los EE.UU. después de su deportación?  Sí  No
- 26(c). ¿Cómo entró Ud. a este país de nuevo?  Sin Inspección  Visa  Otro: \_\_\_\_\_
- 26(d). ¿En qué fecha entró Ud. a este país de nuevo?: \_\_\_\_\_
27. ¿Le sacaron sus huellas digitales?  Sí  No 28. ¿Le tomaron fotos?  Sí  No
29. ¿Alguna vez Ud. ha reclamado a ser ciudadano estadounidense por cualquier razón?  Sí  No
- 29(a). Explique: \_\_\_\_\_

**245(i):**

30. ¿Alguna vez un miembro de su familia ha presentado una petición para Ud. o uno de sus padres?  Sí  No
- 30(a). ¿Cuándo?: \_\_\_\_\_
31. ¿Cuál era el estatus migratorio de tal miembro de su familia?  Ciudadano Americano  Residente Permanente
32. ¿Ha cambiado el estatus migratorio de este familiar?  Sí  No
33. ¿Cuál es su parentesco con la persona que presentó la solicitud para Ud.? \_\_\_\_\_
- 33(a). ¿Alguna vez un empleador ha presentado una solicitud con inmigración para Ud.?  Sí  No
- 33(b). ¿Cuándo?: \_\_\_\_\_

**Elegibilidad para NACARA:**

34. ¿Registró Ud. para los beneficios de ABC<sup>2</sup>?  Sí  No 34(a). ¿Cuándo?: \_\_\_\_\_
35. ¿Alguna vez, ha presentado Ud. una solicitud para asilo político?  Sí  No 35(a). ¿Cuándo?: \_\_\_\_\_
36. ¿Ha solicitado Ud. el *Temporary Protected Status* (TPS/Estatus Protegido Temporal)?  Sí  No
- 36(a). ¿Cuándo?: \_\_\_\_\_

<sup>2</sup> Resolución de la demanda colectiva ABC.

**Elegibilidad para U-visa/T-visa/VAWA:**

37. ¿Alguna vez ha sido Ud. la víctima de un delito en los EE.UU.?  Sí  No 37(a). ¿Cuándo?: \_\_\_\_\_  
 37(b). Explique: \_\_\_\_\_
38. ¿Han sido su cónyuge, hijo(s), o su(s) padre(s) víctima(s) de un delito en los EE.UU.?  Sí  No
39. ¿Cuándo pasó este incidente?: \_\_\_\_\_ 39(a). ¿Cuántos años tiene la víctima actualmente?: \_\_\_\_\_
40. ¿Ha llamado a la policía para hacer un informe de este delito?  Sí  No  
 40(a). Explique: \_\_\_\_\_
41. ¿Ha sido obligado(a) a trabajar contra su voluntad o se ha sentido que no podría dejar su trabajo aunque Ud. quisiera?  Sí  No 41(a). ¿Cuándo?: \_\_\_\_\_ 41(b). Explique: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
42. ¿Alguna vez ha sido víctima de violencia doméstica (incluyendo el abuso físico o verbal)?  Sí  No  
 42(a). Si contestó con "Sí," explique: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Elegibilidad para Asilo Político:**

43. ¿Tiene miedo Ud. de volver a su país de origen?  Sí  No 43(a). Si contestó con "Sí," explique: \_\_\_\_\_  
 \_\_\_\_\_

**Antecedentes Criminales:**

44. ¿Tiene Ud. algún cargo criminal pendiente?  Sí  No 44(a). Haga una lista de los cargos pendientes:  
 \_\_\_\_\_
45. ¿Cuántas veces ha sido Ud. condenado(a) de un delito?: \_\_\_\_\_
46. Haga una lista de los casos por abajo:
- |              |              |               |                         |                        |
|--------------|--------------|---------------|-------------------------|------------------------|
| Fecha: _____ | Lugar: _____ | Delito: _____ | Sentencia dictada _____ | Sentencia actual _____ |
| Fecha: _____ | Lugar: _____ | Delito: _____ | Sentencia dictada _____ | Sentencia actual _____ |
| Fecha: _____ | Lugar: _____ | Delito: _____ | Sentencia dictada _____ | Sentencia actual _____ |

**Proceso de Deportación:**

47. ¿Ha sido colocado en un proceso de deportación o ha comparecido ante un juez de inmigración?  Sí  No
48. Fecha de su próxima cita de corte: \_\_\_\_\_ 49. ¿Dónde?: \_\_\_\_\_
50. ¿Será su primera audiencia?  Sí  No
51. Si ésta no es su primera fecha de corte, ¿qué fue el resultado en las audiencias anteriores?: \_\_\_\_\_



## **Resource Information for Survivors of Domestic Violence and/or Sexual Assault**

Domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure, or wound someone. Domestic violence can happen to anyone of any race, age, sexual orientation, religion, or gender. It can happen to couples who are married, living together, or who are dating. Domestic violence affects people of all socioeconomic backgrounds and education levels.

Sexual Assault is an assault of a sexual nature on another person, or any sexual act committed without consent. Sexual assault is a crime motivated by the need to control, humiliate and harm. Perpetrators use sexual assault as a weapon to hurt and dominate others.

If you or someone you know needs help, please contact your local domestic violence/sexual assault program (programs listed on the following page) or call:

- National Domestic Violence Hotline at **1-800-799-7233**
- National Sexual Assault Hotline at **1-800-656-4673**

## **Información Sobre Recursos para Sobrevivientes de la Violencia Domestica y/o Asalto Sexual**

La violencia domestica puede ser definido como una tendencia de comportamiento en una relación en la cual se usa esa tendencia de comportamiento para ganar o mantener poder y controlar a su pareja. El abuso es una serie de acciones físicas, sexuales, emocionales, económicas o psicológicas o amenazas de alguna acción para influir a otra persona. Esto incluye cualquier comportamiento que causa miedo, intimida, aterroriza, manipula, causa dolor, humilla, culpa, lastima, o hierre a alguien. La violencia domestica le puede pasar a una persona de cualquier raza, edad, orientación sexual, religión o sexo. Le puede pasar a parejas que están casadas, viven juntos, o la persona con la cual solo está saliendo. La violencia domestica afecta a personas de todo cualquier nivel económico y educativo.

El asalto sexual es un asalto sexual, en esencia, a otra persona, o cualquier acto sexual cometido sin el consentimiento de la otra persona. El asalto sexual es un crimen motivado por la necesidad de controlar, humillar y lastimar. El responsable usa el asalto sexual como un arma para causar dolor y dominar a otros.

Si usted o alguien quien usted conozca necesita ayuda, por favor contactase a su programa de combatir la violencia domestica/asalto sexual local (encuentre una lista de los programas en la siguiente página) o llame al:

- Teléfono de Violencia Domestica Nacional al **1-800-799-7233**
- Teléfono de Asalto Sexual Nacional al **1-800-656-4673**
- Línea de Crisis en Nebraska (en español) al **1-877-215-0167**

<b>Domestic Violence/Sexual Assault Program</b> <b><i>Programa para Combatir la Violencia Domestica/Asalto Sexual</i></b>	<b>Location</b> <i>Locación</i>	<b>Crisis Number</b> <i>Numero de Teléfono <u>en</u> caso de Crisis</i>	<b>Office Number</b> <i>Numero de Oficina</i>
The DOVES Program	Gering	308-436-4357 866-953-6837	308-436-2787
North Central Quad County Task Force	Valentine	877-376-2080	402-376-2045
Domestic Abuse/Sexual Assault Services	McCook	308-345-5534 877-345-5534	308-345-1612
Rape/Domestic Abuse Program	North Platte	308-534-3495	308-532-0624
Parent-Child Center	Lexington <i>Español:</i>	308-324-3040 308-324-1942	308-324-2336
Sandhills Crisis Intervention Program	Ogallala	877-836-6055	308-284-8477
Healing Hearts and Families	Broken Bow	800-942-4040	308-872-5988
The S.A.F.E. Center	Kearney	877-237-2513	308-327-2599
The Crisis Center, Inc.	Grand	308-381-0555 866-995-4422	308-382-8250
Spouse Abuse/Sexual Assault Crisis Center	Hastings	402-463-4677	402-463-5810
Center for Sexual Assault and Domestic Violence Survivors	Columbus	800-658-4482	402-564-2155
Haven House	Wayne	800-440-4633	402-375-5433
Bright Horizons	Norfolk	877-379-3798	402-379-3798
Voices of Hope	Lincoln	402-475-7273	402-476-2110
The Friendship Home	Lincoln	402-437-9302	402-437-9300
Project Response	Auburn	800-456-5764	402-274-5092
Hope Crisis Center	Fairbury	877-388-4673	402-729-2570



Crisis Center for Domestic Abuse/Sexual Assault	Fremont	888-721-4340	402-727-7777
Heartland Family Service Domestic Abuse Program	Papillion	402-292-5888 800-523-3666	402-339-2544
Women's Center for Advancement	Omaha	402-345-7273	402-345-6555
<u>Catholic Charities - The Shelter</u>	Omaha	402-558-5700	402-558-5700
<u>Nebraska Domestic Violence Sexual Assault Coalition</u>		402-476-6256	