



了解您的權利！



繁中

在美國，人人享有權利！

基本權利

- 保持沉默的權利
- 與法律代表交流的權利
- 查看搜查令的權利

記得攜帶了解您的權利小卡片！

移民機構到家時 您所擁有的權利

- 拒絕開門，除非 ICE（移民與海關執法局）有法官簽署的搜查令
- 拒絕回答任何問題您有權保持沉默
- 拒絕在未諮詢法律代表的情況下簽署任何檔案

家庭準備

- 收集重要檔案
- 安排照顧孩子的人選
- 向您的國家的政府部門完成孩子的出生登記，為您的孩子申請護照更新學校聯絡方式

獲得法律幫助

- 只有律師和認證代表可為您提供法律建議
- 公證員無權提供法律建議

駕駛時您所擁有的權利

- 待在車內，雙手放在方向盤上
- 駕駛員必須提供姓名和地址，但無需回答有關移民身份的問題
- 在麻塞諸塞州，獲得駕駛執照不需要提供移民身份！
- 不可出示虛假檔案

移民機構到工作場所時 您所擁有的權利

- 保持沉默的權利
- 拒絕回答任何問題或向官員提供任何有關您自己的資訊
- 您擁有免排隊的權利

拘留期間的權利

- 保持沉默的權利
- 拒絕在未諮詢法律代表情況下簽署任何檔案
- 請求保釋的權利

更多資源



MIRA

馬薩諸塞州移民與難民倡議聯盟 (Massachusetts Immigrant and Refugee Advocacy Coalition) :

預防移民詐騙的重要資訊

辦理移民申請或案件時，尋求協助可能讓人感到困惑不安。有許多不法分子聲稱能提供協助，但他們並無提供移民法律服務的資格。**尋求不當的協助可能帶來嚴重後果**。請務必確認誰能提供合法的法律諮詢，並了解如何舉報詐騙行為。

誰能為我的移民申請或案件提供意見並代表我呢？



持有有效執業執照的**律師（法律顧問）**。



經美國政府培訓並取得授權的非營利組織「**認可代表**」，能協助處理移民案件。

您可以在政府公佈的認可代表[名單](#)中查詢相關組織及個人資訊。



公證人（公證員）在美國並非律師，也無法提供法律意見。



其他專業人士，如口譯員和報稅員也不能提供法律意見。口譯員可以協助翻譯移民案件所需的重要文件，報稅員則僅能根據申請人提供的資訊填寫表格，但他們均不具備提供法律意見的資格。

如何確認協助我的人士是否為律師或認可代表？

- 如果該人士為律師，您可要求查看其有效的執業證照。對於某些州，您也可以透過該州律師執照管理機構的網站查詢，查看該律師是否曾受到紀律處分。在馬薩諸塞州，您可以在馬薩諸塞州[律師監管委員會 \(Board of Bar Overseers\)](#)的網站上查詢律師的姓名。然而，如果該移民律師在馬薩諸塞州設有辦公室，也有可能在其他州持有執照。
- 如果該人士為認可代表，您可以透過查詢政府目錄來確認他們是否仍具有認可資格。
- 請隨時提出問題！您可以詢問他們是否曾經代表過類似案件並了解結果，您的案件的處理時間，是否能與所需資源或指導建立聯繫（若有需要），以及其他您想了解的任何事項！



我可期待我的律師或認可代表提供哪些協助？

- 他們應該解釋相關法律，並清楚說明您可能有的各種選擇，協助您作出案件相關的決定。
- 提供一份書面協議，詳細說明他們將提供的服務內容及收費標準（如有）。
- 為您出庭並簽署他們為您準備的所有申請文件。
- 提供您付款的收據。
- 提供您案件的完整記錄副本，包括所有寄送至移民局的文件。
- 提供您案件進度的最新資訊，證明您的申請已經遞交，並及時回應您的來電或電子郵件。

如果我遇到詐騙，應該怎麼處理？

如果不幸成為詐騙的受害者，您可以舉報該事件。您的舉報不僅有助於保護其他人，也可能協助解決您的困境。您可以向以下機構報告：

- 馬薩諸塞州總檢察長辦公室：(617) 963-2917 或[線上](#)舉報。
- 馬薩諸塞州律師監督委員會：<https://www.massbbo.org/s/complaints>
- 移民法院移民審查執行辦公室 (EOIR) 欺詐與濫用防範計劃：(703) 305-0470 或 EOIR.Fraud.Program@usdoj.gov
- 美國聯邦貿易委員會：<https://reportfraud.ftc.gov/#/>

哪裡可以找到信譽可靠的移民法律服務？

- 您可以在以下網站找到有關馬薩諸塞州法律服務（包括移民法律服務）的目錄：www.masslrf.org
- 如果您在其他州尋求移民法律援助，移民[倡導者網絡的法律服務目錄](#)提供了可全面搜尋的目錄。

UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of

(Briefly describe the property to be searched
or identify the person by name and address)

Case No.

這是司法搜查令的樣例。
司法搜查令由法官簽署。

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the _____ District of _____
(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal (identify the person or describe the property to be seized):

YOU ARE COMMANDED to execute this warrant on or before _____ (not to exceed 14 days)
☐ in the daytime 6:00 a.m. to 10:00 p.m. ☐ at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to _____
(United States Magistrate Judge)

☐ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who/ or whose property, will be searched or seized (check the appropriate box)
☐ for _____ days (not to exceed 30) ☐ until, the facts justifying, the later specific date of _____

Date and time issued: _____

City and state: _____


Judge's signature

Printed name and title

這是民事移民拘捕令的樣例。

File No. _____

Date: _____

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that _____ is removable from the United States. This determination is based upon:

- ☐ the execution of a charging document to initiate removal proceedings against the subject;
- ☐ the pendency of ongoing removal proceedings against the subject;
- ☐ the failure to establish admissibility subsequent to deferred inspection;
- ☐ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☐ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

民事移民拘捕令不是由法官簽署，執法人員不可憑藉這份拘捕令在未經允許下進入您的住所。

(Signature of Authorized Immigration Officer)_____
(Printed Name and Title of Authorized Immigration Officer)**Certificate of Service**

I hereby certify that the Warrant for Arrest of Alien was served by me at _____
(Location)

on _____ on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer_____
Name or Number of Interpreter (if applicable)

移民法律資源¹

ACLU of Massachusetts (美國公民自由聯盟)：解答關於您的憲法權利的問題

- 電話：617-482-3170
- 網站：[尋求法律援助/ACLU Massachusetts](#)

Cambridge DeNovo Legal Screening Clinic (DeNovo法律評估服務)

- 請致電617-405-5479並提供您的名字和聯絡電話
- 您將在一個月內接到志願移民律師的回電

Catholic Charities Immigrant Services (天主教慈善會移民服務)

- 電話：617-464-8100
- 網站：<https://www.ccab.org/refugee-immigrant-services/>

Committee for Public Counsel Services (公共律師服務委員會)：在法律要求指定律師時為無力支付律師服務者提供各類相關事務的合法代理服務

- 電話：617-482-6212
- 網站：[Committee for Public Counsel Services](#)

Greater Boston Legal Services (大波士頓區法律服務)

- 電話：617-371-1234
- 網站：<https://www.gbls.org/get-legal-help>

Kids In Need of Defense (KIND) (「兒童需要辯護」服務)：為17.5歲以下的兒童進行代理

- 電話：617-207-4138
- 網站：<https://supportkind.org/>

Lawyers for Civil Rights (LCR) (民權律師) 移民辯護熱線：為亟需處理相關移民執法之問題的移民者提供法律建議

- 請致電617-988-0606並留言
- 您將在當天接到回電
- 網站：[移民權利](#)

MA Immigrant and Refugee Advocacy Coalition (MIRA) (移民和難民倡導聯盟)

- 網站：[了解您的權利 - MIRA Coalition](#)

PAIR Project：協助處理被拘留的移民案件和庇護問題

- 電話：617-742-9296
- 網站：[獲取幫助 - PAIR Project](#)

¹ Adapted for the City of Somerville 2.3.2025

Project Citizenship (公民專案)：協助相關公民身份申請的事務

- 電話：617-694-5949
- 網站：[Citizenship Services](#)

RIAN Immigrant Center (RIAN移民中心)：電話法律諮詢，包括答疑、建議，以及了解可行移民方式

- 電話：617-542-7654
- 網站：[移民法律服務 - Rian Immigrant Center](#)

Massachusetts Office of the Attorney General (總檢察長辦公室)：[移民資源/民權](#)

- 如需舉報未授權的法務或移民欺詐，請致電617-963-2917
- 如需舉報仇恨犯罪，請致電1-800-994-3228
- 如需舉報出於偏見的威脅、騷擾或暴力，請在[Multilingual Combatting Hate PSAs](#)
[Mass.gov](#)進行報告

Massachusetts法律服務指南：

- Massachusetts法律資源搜尋平臺：<https://masslrf.org/en/home>
- 移民法庭認可的法律服務：<https://www.justice.gov/eoir/file/ProBonoMA/download>
- City of Boston免費諮詢：[City of Boston Immigration Clinic | Massachusetts Legal Resource Finder](#)

Massachusetts以外的法律服務指南：

- Immigration Advocates Network (移民倡議網路) 法律服務指南：[National Immigration Legal Services Directory](#)

如需了解更多關於您的權利，以及如何為自己和家人做好準備的資訊，請瀏覽：www.somervillema.gov/soia

如有疑問，請瀏覽 www.somervillema.gov/ContactSOIA 或致電 311 (617-666-3311) 聯繫薩默維爾移民事務辦事處。





SOMER **VIVA**

OFFICE OF
IMMIGRANT
AFFAIRS

WE SPEAK YOUR LANGUAGE
HABLAMOS SU IDIOMA
FALAMOS A SUA LÍNGUA
NOU PALE LANG OU
हामी तपाईंको भाषा बोल्दछौं ।
我们会说您的语言

精彩薩默: 移民事務辦事處旨在將薩默維爾市的移民和多語種鄰居與本地政府、資源和資訊連結起來, 服務包括:

- 市政服務
- 食物及租金援助
- 小型企業支持
- 法律援助
- 領袖及參與活動的機會

請在這裡預約, 以了解更多有關移民事務辦事處的資訊:



Somervillema.gov/SomerViva

聯絡我們

您可以透過預約、在社群媒體上關注我們、訂閱電子報等方式與我們聯繫!

www.somervillema.gov/SomerViva

辦公地址及時間

薩默維爾市十字街 42 號
(42 Cross Street)

星期一: 上午8時30分至下午4時30分
星期二: 上午8時30分至下午4時30分
星期三: 上午8時30分至下午4時30分
星期四: 上午8時30分至晚上7時30分
星期五: 上午8時30分至中午12時30分

電話號碼

(617) 625-6600

Português: ext. 2123

Español: ext. 2122

Kreyòl: ext. 2622

नेपाली: विस्तारित नं. २६१०

普通话/ 國話、粵語: 分機號碼 2626

給移民家庭的建議



本資料由麻塞諸塞州法律改革研究所與以下組織合作編訂而成：麻塞諸塞州美國公民自由聯盟（ACLU）、波士頓天主教慈善大主教區、麻塞諸塞州兒童法律中心、社區法律服務和諮詢中心、大波士頓法律服務、哈佛移民和難民醫療中心、需要保護的兒童、麻塞諸塞州蘋果籽法律與司法中心、東北司法中心和政治庇護/移民代表專案。

資料電子版可在以下網址獲得：
<http://www.masslegalhelp.org/immigration/family-emergency>

2017年11月15日

家庭應急文件清單

本資料裡都有什麼？

本資料包含幫助您的家庭在緊急情況下做好準備的資訊，例如如果父母一方被拘留或驅逐出境。

- 總體規劃和兒童保育計畫（2頁）
 - 討論如何制定應急家庭計畫，包括如何制定兒童保育計畫。
- 兒童保育選擇（3頁）
 - 談談當你不能照顧孩子時，選擇一個人來照顧你孩子的不同選擇。
- 瞭解你的權利和法律援助（2頁）
 - 談談你在移民和海關執法局（ICE）與其他執法部門的權利，以及到哪裡尋求法律援助。
- 表格
 - 重要文件清單：收集哪些重要檔的指南（1頁）
 - 兒童的重要資訊：為看護人列出關於您孩子重要資訊的表格（2頁）
 - 看護人授權宣誓書（英語/西班牙語）：授權某人為你的孩子做醫療保健和學校決策的表格，有效期最長可達2年。（5頁）
 - 看護人授權宣誓書樣本（4頁）
 - 臨時代理人授權書（英語/西班牙語）：授權某人為你的孩子做大部分決策的表格，有效期最長可達60天（5頁）
 - 臨時代理人授權書樣本（4頁）
 - 推薦名單：麻塞諸塞州免費的移民法律服務名單（2頁）

本資料由麻塞諸塞州法律改革研究所與麻塞諸塞州法律服務專案合作編訂而成

家庭緊急情況計畫

所有家庭都應該計畫好在緊急情況下誰來照顧孩子。本部分內容包含了幫助你制定計畫的資訊，以及對移民家庭的特別建議。

總體規劃

- **以家庭形式談論：**你們的應急計畫。包括你們的孩子。決定誰將照顧孩子，把重要文件放到哪裡，在緊急情況下給誰打電話。
- **收集重要文件：**收集出生證明和護照等重要文件。把它們放到一個安全的地方，讓你的家人知道到哪裡找它們。
- **瞭解你的權利：**美國的每個人都有憲法規定的權利，瞭解他們如何保護你。瞭解你的權利並參加培訓。
- **獲得移民援助：**如果移民是你的主要擔憂之一，請設法尋求移民建議。請參閱本文件中免費的麻塞諸塞州法律服務名單。



兒童保育計畫

如果你不能照顧孩子，計畫好誰來照顧你的孩子。與你的孩子和你選擇的看護人談談，以便每個人都知道並同意該計畫。您可以採取的一些措施是：

- **為每個孩子填寫一份看護人資訊表：**包括關於你孩子的重要資訊，如學校資訊、醫療資訊、過敏和藥物，以及對你孩子日常生活很重要的其他細節。請參閱本文件中“兒童的重要資訊表”。
- **更新學校聯繫方式：**聯繫你孩子的學校。確保他們有你信任的幾個人的正確聯繫資訊，以便在你不能接孩子的情況下他們能去學校接你的孩子。

- 告訴學校你想“退出”或者不被納入學校發佈的任何通訊錄資訊。這有助於保護你的資訊。
- **如果你不能照顧孩子，你可能想選擇一個人來照顧你的孩子：**你可以從兩種不同的形式中選擇，讓別人為你的孩子承擔法律責任。你不必提起訴訟。這兩種形式都包含在本文件中。
 - **看護人授權宣誓書**賦予看護人對你孩子的教育和醫療做出決策的權力和責任。
 - **臨時代理人授權書**允許“代理人”或你選擇的人在最多**60**天內為你的孩子做出父母可以做出的任何決策。
- **在你的外國領事館登記你孩子的出生資訊：**如果父母任一方不是美國公民，你可能需要在你的領事館登記孩子的出生資訊。如果你的孩子想到你的祖國旅行或搬到你的祖國，如果他們的出生資訊已經在領事館登記，那麼到祖國旅行或搬回祖國都可能會更容易。
- **為孩子申請護照：**大多數政府要求父母雙方都允許孩子獲得護照。如果你有唯一的法定監護權，你可以不需要父母另一方的許可。
- **寫一封旅行信函：**如果你的孩子需要到美國之外的地方旅行，他們可能需要一封公證信，允許他們與可信賴的成年人或父母另一方一起旅行。你可能需要聯繫航空公司或領事館以獲取確切的指示。

本文件僅包含一般資訊。這不是法律建議。如果您對自己的情況有疑問，請諮詢移民專家。

在緊急情況下，誰會照顧我的孩子？

在為孩子挑選看護人時，請考慮以下問題：

1. 此人是否年滿18歲？只有成年人才能擔任看護人。
2. 此人有責任心嗎？
3. 此人是否有能力並願意照顧我的孩子？
4. 此人是否有與“兒童和家庭部門”（DCF）相關的經歷？
5. 此人是否有犯罪記錄？

選擇好看護人之後，你需要決定與他們之間採取何種法律安排。你有幾種選擇。

非正式選擇

你可以隨時與家人和朋友制定非正式計畫，但這可能不是最佳選擇，因為它沒有賦予看護人合法權利。你的計畫可以包括與你希望照顧孩子的人談談，或者寫下你想在緊急情況下採取的措施。非正式計畫是最簡單的，但孩子的學校或醫生可能不會遵循你的計畫，而且看護人可能不得不提起訴訟才能幫助你的孩子。

看護人宣誓授權書

如果你主要擔憂孩子的教育和健康，那麼看護人宣誓授權書是一個不錯的選擇。很多學校和醫生已經熟悉這些表格。

宣誓書上寫著，你想讓誰擔任看護人，並且你的孩子會和他們住在一起。它賦予看護人在長達**2年**的時間裡對你孩子的醫療保健和教育做出決策的權利。

簽署宣誓書時，並不代表你放棄任何權利。您可以隨時終止授權。

看護人授權宣誓書只需要父母一方簽名。

你需要兩名證人與你一起簽署該表。你們都必須在公證人面前簽字。

看護人也必須簽署宣誓書。看護人將在表格上簽名，並在孩子與他或她住在一起時使用。

本文件包含你可以使用的《看護人宣誓授權書》表格。這份表格與你從法庭上得到的表格不同。如果你選擇的看護人聯繫不上，這份表格有空間供你添加另一位看護人。

看護人宣誓授權書
對任何家庭都有
用。

如果看護人需要對
你孩子的財務或財
產做出決策，**臨時
代理人授權書**很有
用。

將原始表格交給看護人，並將副本與你的重要文件放到一起。

你不必把所有孩子的資訊都放在一張表格上。你可以為每個孩子填寫一張表格。如果孩子們的看護人不同，那麼每個孩子都需要有自己的表格。

臨時代理人授權書

《臨時代理人授權書》比《看護人宣誓授權書》賦予看護人的權力更多。《臨時代理人授權書》賦予看護人為你孩子做出更多決策（不僅限於醫療保健和教育）的權力和責任。臨時代理人還可以對你孩子的財產和財務做出決策。你選擇擔任代理人的人可以擁有你所擁有的任何權力。但是代理人不能允許你的孩子結婚或被收養。

授權書上寫著，在你被拘留或無法聯繫後，你賦予代理人在你孩子的生活中做出決策的權力，最長可達**60天**。您有權隨時終止授權。60天后，你可以重新開始授權，但你必須填寫新表格。

如果你知道父母另一方在哪裡，並且他們能夠並願意照顧你的孩子，則父母雙方必須簽署《臨時代理人授權書》。如果父母另一方可以照顧孩子，你可能不需要填寫此表格。

你需要有兩名證人與你一起簽署此表格。

代理人也必須簽署授權書。

以防你選擇的臨時代理人聯繫不上，你可以在表格上添加第二個人。

本文件包含你可以使用的《臨時代理人授權書》表格。此表格適用於擔心移民執法部門可能會將自己與孩子分開的家庭。如果你因其他原因需要授權，例如你正在進行手術，並且幾周內都沒有空，則本文件中的表格不適合你。

將原始表格交給代理人，並將副本與你的重要文件放到一起。

你不必把所有孩子的資訊都放在一張表格上。你可以為每個孩子填寫一張表格。如果孩子們的看護人或父母不同，那麼每個孩子都需要有自己的表格。

監護權

法定監護人擁有父母為孩子做決策的所有權利。只有法院才能任命某人成為監護人，或終止監護權。如果你選擇的看護人需要長期照顧你的孩子，他們將來可能需要成為法定監護人。如果你計畫讓你的孩子與看護人永久居住在美國，你可能需要準備全部監護文件，以便在需要時可以提交。

如果有人成為你孩子的法定監護人，他們有權**代替**你為你的孩子做決策。如果你想終止此人的監護權，你必須請求法官終止其監護權，監護人也可以反對。在決定讓某人成為你孩子的監護人之前，請認真考慮。你將放棄你作為父母的權利。你可以在網上

（<http://www.mass.gov/courts/selfhelp/guardians/guardian-child.html>）或離你最近的遺囑認證和家庭法院找到有關監護權的資訊。

給家庭暴力倖存者的建議

如果你是家庭暴力的倖存者，虐待過你的人可能會試圖帶走你的孩子。你可能需要收集文件，說明為什麼對你施虐的人不應該獲得監護權。如果對你施虐的人試圖獲得你孩子的監護權，你選擇的看護人可能需要打官司。如果你有家庭暴力律師，請諮詢你的律師，或者聯繫家庭暴力專案以獲取更多資訊和安全規劃。你可以在這裡找到家庭暴力組織的名單

— http://www.janedoe.org/who_we_are/members_list。

瞭解你的權利以及如何尋求法律幫助

在美國，每個人都享有權利。如果你是公民、或移民，或者你沒有合法身份——你都享有權利。憲法保護每個人。當你與執法部門（包括移民和海關執法局（ICE））的任何人交談時，你擁有一些最重要的權利。

我有哪些權利？

- 你不必與移民官員（ICE）交談或回答他們的問題——你可以告訴他們你想保持沉默。
- 你可以要求與律師談話。
- 你可以問自己是否可以離開——如果移民官員說可以，你就冷靜、慢慢地離開。
- 在與律師談話之前，你可以拒絕簽署任何文件。
- 如果ICE沒有“授權令”，你不必為他們開門。授權令是由法官簽署的法庭命令。如果ICE敲門：
 - 詢問他們是否有授權令，讓他們把授權令從門下邊塞進來。
 - 檢查資訊是否正確——如果授權令上的姓名和地址與你的不符，你可以要求他們離開。
 - 檢查法官是否真的簽署了授權令——ICE經常使用由ICE主管簽署的授權令。這樣的授權令並不允許ICE進入你的房子。
- 如果你被逮捕，你有權給你的家人、律師和領事館打電話。

紅卡

紅卡可以幫助你告訴移民官員你正在行使你的權利。向移民官員出示此卡或從門下塞出去。

<p>Usted tiene derechos constitucionales.</p> <ul style="list-style-type: none">• NO ABRA LA PUERTA SI UN AGENTE DE SERVICIO DE INMIGRACION ESTA TOCANDO A LA PUERTA• NO CONTESTE NINGUNA PREGUNTA DEL AGENTE DEL SERVICIO DE INMIGRACION SI EL TRATA DE HABLAR CON USTED. Usted tiene derecho a mantenerse callado. No tiene que dar su nombre al agente. Si está en el trabajo, pregunte al agente si está libre para salir y si el agente dice que sí, váyase. Usted tiene derecho de hablar con un abogado.• Entregue esta tarjeta al agente. No abra la puerta!	<p>I do not wish to speak with you, answer your questions, or sign or hand you any documents based on my 5th Amendment rights under the United States Constitution.</p> <p>I do not give you permission to enter my home based on my 4th Amendment rights under the United States Constitution unless you have a warrant, signed by a judge or magistrate with my name on it that you slide under the door. I do not give you permission to search any of my belongings based on my 4th Amendment rights.</p> <p>I choose to exercise my constitutional rights. <i>These cards are available to citizens and noncitizens alike.</i></p>
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需要記住的事情

- 保持鎮靜

- 不要逃跑
- 不要回答問題
- 不要出示偽造文件
- 不要簽署任何東西
- 拿出並使用紅卡
- 要求與律師談話
- 如果你被拘留或詢問，要求提供一名翻譯。

更多資源

欲瞭解更多資訊，請查看這些網站瞭解你的權利材料。

- National Immigrant Law Center（國家移民法律中心）：<https://www.nilc.org/get-involved/community-education-resources/know-your-rights/>
- American Civil Liberties Union（美國公民自由聯盟）：<https://www.aclu.org/know-your-rights>
- Immigrant Legal Resource Center（移民法律資源中心）：<https://www.ilrc.org/community-resources>
- Immigrant Defense Project（移民保護專案）：<https://www.immigrantdefenseproject.org/category/resources-for-communities/>

尋求法律援助

你可能想和移民專家談談。他們可以幫你找出最適合你的選擇。小心移民欺詐和騙局。在開始任何移民程式之前，請向你信任的機構核實。查看免費法律服務提供者的名單。

重要文件

製作重要文件檔案或重要文件副本。如果發生緊急情況，確保你、你的家人和看護人知道到哪裡能找到這些文件。

以下是你可能想要整理的文件（或副本）示例：

- ☐ 護照
- ☐ 出生證明
- ☐ 結婚證
- ☐ 保險單據
- ☐ 任何家庭法庭文件，如全部監護文件。
- ☐ 任何移民文件（工作許可證、綠卡、簽證等），尤其是帶有你的“A”號碼的文件。
- ☐ 駕駛執照和/或其他身份證件
- ☐ 社會保障卡或個人的納稅人識別號碼（ITIN）
- ☐ 兒童出生登記
- ☐ 兒童重要資訊頁面
- ☐ 緊急聯絡資訊
- ☐ 看護人的授權宣誓書
- ☐ 臨時代理人授權書
- ☐ 你認為重要的任何其他文件

Child's Vital Information

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

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

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

**Other emergency
contact:**

Name:

Phone Number(s):

Address:

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

**Any additional
information or notes
for the caregiver:**

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, _____, residing at _____

am the parent legal guardian legal custodian of the minor child(ren) listed below.

I do hereby authorize _____, residing at _____ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

name	date of birth
------	---------------

name	date of birth
------	---------------

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

[OPTIONAL – *you can choose an alternate caregiver if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint _____, residing at _____, as the alternate caregiver.

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

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

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

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

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

Authorizing Party Signature: _____
(parent/guardian/custodian)

Printed name: _____

Telephone number: _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE
(*To be signed by persons over the age of 18 who are not the designated caregiver*)

Witness #1 Signature

Witness #2 Signature

Printed Name

Printed Name

Phone Number

Phone Number

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, ss

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

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

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

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

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

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

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

Signature of caregiver: _____

Printed name: _____

Telephone Number: _____

Date: _____

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

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and my presentation of this signed document constitutes my attestation.

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

I understand that, if the affidavit is amended or revoked, I must provide the amended

affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

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

Signature of alternate caregiver: _____

Printed name: _____

Telephone Number: _____

Date: _____

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

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,

am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

I do hereby authorize Jessica Jones, residing at

321 Main Street, Boston, MA 04321 to exercise concurrently the rights

and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

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

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

Name Date of Birth

Name Date of Birth

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

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

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

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

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

寫下你希望照顧你孩子的人的名字和地址。此人被稱作“看護人”。此人可以為你孩子做出學校和醫療決策。

寫下你不想讓看護人做的任何事情。

如果你選擇的看護人無法幫忙，你可以選擇第二個人以防萬一。把他們的名字和地址寫在這裡。

這是什麼意思？

- 沒有法院說過你不能為你的孩子做決策。
- 你填寫此表格不是為了讓你的孩子去另一所學校，也不是為了向已被法院剝奪權利的看護人賦予權利。
- 沒有人會強迫你簽署此表。
- 如果你更改此表或終止授權，你將向所有持有副本的人提供一份新表格。

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

看護人只有在你不在的情況下才有權為你的孩子做決定。

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

你決定文件的有效期限——不能超過2年。

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

Authorizing Party Signature: Parent

注意！你必須在公證人面前簽署這份文件。

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

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

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5556
Phone Number

617-555-5557
Phone Number

注意！兩個成年人必須看著你在文件上簽名，然後在這裡簽名——你們都必須在公證人面前簽名。這兩個成年人不能是看護人，也不能是你選擇的第二個看護人。

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, SS

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

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

你和兩個成年人必須在公證人面前簽署這份文件。你必須向公證人出示身份證件，如護照或駕照。

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

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

寫下看護人的姓名和地址。

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

看護人知道，當你的孩子與他/她住在一起時，本文件賦予他/她為你孩子做出學校和醫療決策的權利。他/她不能決策他們明知道你不同意的事情。如果你更改或終止協議，看護人將向每個人提供副本。

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

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

Signature of caregiver: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

看護人可以與你同時簽名，也可以在其他時間簽名。看護人簽名時，不必在公證人面前簽署。

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

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

如果你選擇了後備看護人，請填寫此人的姓名和地址。

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

後備看護人知道，當你的孩子與他/她住在一起時，本文件賦予他/她為你孩子做出學校和醫療決策的權利。他/她不能決策他們明知道你不同意的事情。如果你更改或終止協議，看護人將向每個人提供副本。

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

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

Signature of caregiver: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

看護人可以與你同時簽名，也可以在其他時間簽名。後備看護人簽名時，不必在公證人面前簽署。

TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B, § 5-103

1. APPOINTING PARTY (Parent/custodian/guardian)

I, _____, residing at _____,
am the parent legal guardian legal custodian of the minor child(ren) listed
below.

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

name date of birth

name date of birth

name date of birth

name date of birth

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

[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the
above-named individual is unavailable or unwilling to serve as the agent, I hereby
appoint _____, residing at
_____, as the alternate agent.

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

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

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

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

Check applicable statements:

The non-appointing parent has given consent (*See page 4*)

I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)

deceased
whereabouts unknown
unwilling to provide care for the minor child
unable to provide care for the minor child

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: _____
(parent/guardian/custodian)

Date: _____

Printed Name: _____

Telephone number: _____

2. WITNESSES TO APPOINTING PARTY SIGNATURE
(*To be signed by persons over the age of 18 who are not the designated agent.*)

Witness #1 Signature

Witness #2 Signature

Printed name

Printed name

Address and telephone number

Address and telephone number

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

I, _____, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

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

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

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

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

I, _____, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

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

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

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

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

I, _____, residing at _____, am the nonappointing parent of the child(ren). I consent to the designation of _____ to be a temporary agent and _____ to be the alternate agent (if applicable) for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

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

TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B §5-103

1. APPOINTING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234

am the ☒ parent ☐ legal guardian ☐ legal custodian of the minor child(ren) listed below.

I do hereby appoint Jessica Jones, residing at 321 Main Street, Boston, MA 04321 as temporary agent to exercise

any power regarding the care, custody, or property [except the power to consent to marriage or adoption and any additional acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of birth are:

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

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

Name Date of Birth

Name Date of Birth

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

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

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

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

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

寫下你希望照顧你孩子的人的姓名和地址。此人被稱為“代理人”。此人可以為你的孩子做出任何你能做的決策。

寫下你不想讓代理人做的任何事情。

如果你選擇的代理人無法幫忙，如果你願意，你可以選擇第二個人。把他們的名字和地址寫在這裡。

這是什麼意思？

- 沒有法院說過你不能為你的孩子做決策。
- 你填寫此表格不是為了讓你的孩子去另一所學校，也不是為了向已被法院剝奪權利的某人賦予權利。
- 沒有人會強迫你簽署此表。
- 如果你更改此表，你將向所有持有副本的人提供一份新表格。

在每頁上用姓名首字母簽名

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

只有在你被捕或失蹤48小時後，代理人才有權為你的孩子做出決策。

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

此表格僅在你被捕或失蹤時才開始有效，有效期為60天。

Check applicable statements:

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

你可能需要獲得父母另一方的許可。如果你征得了同意，父母另一方將在第5節簽名。

如果其中一項陳述為真，你可能不需要征得許可。請勾選適用的選項。

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: Parent

你必須在兩名證人面前簽署本文件。

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO APPOINTING PARTY SIGNATURE

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

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5551
Phone Number

617-555-5552
Phone Number

兩個成年人必須看著你簽署本文件，且他們也要簽署本文件。沒有證人時，不要簽名。

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

I, Jessica Jones, hereby accept this Temporary Agent Appointment.

代理人同意並理解，在你被捕或失蹤之後，本表格賦予他/她的權利才會開始。如果你更改或終止協議，代理人必須將更改的副本提供給每個人。

I am at least 18 years of age.

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

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

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

代理人可以與你同時簽名，也可以在其他時間簽名。

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

I, John Smith, hereby accept this Temporary Agent Appointment.

如果你選擇了後備代理人，請在此處填寫他或她的姓名。後備代理人同意並理解，在你被捕或失蹤之後，本表格賦予他/她的權利才會開始。如果你更改或終止協議，代理人必須將更改的副本提供給每個人。

I am at least 18 years of age.

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

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

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: John Smith

Printed name: John Smith

後備代理人可以與你同時簽名，也可以在其他時間簽名。

Telephone Number: 617-555-5559

Date: 06/01/2017

5. NONAPPOINTING PARENT CONSENT (*if applicable*)

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

如果你知道父母另一方在哪裡，而父母另一方可以照顧孩子，但不打算這樣做，你應該把他們的資訊寫在這裡，並讓他們簽名。

Signature: Parent #2

Date: 06/01/2017

Printed Name: Parent #2

父母另一方也不必在公證人面前簽名。

Telephone number: 617-555-5559