IN PURSUIT OF COMMUNITY
A Guide for Empowering Our Neighbors
Using this Toolkit

This toolkit is designed as a practical guide to enhance access to immigration-related information readers need to make critical life decisions. While this toolkit cannot replace detailed legal advice from a skilled attorney, we hope it serves as a resource and connects readers with additional assistance.

Pages 1 to 18 of the toolkit contain material relevant to the topics outlined in the table of contents. Several topics offer a recommendation that involves using a legal document. If you are interested in learning more or taking action, the toolkit includes the legal documents you would need in the Appendix section.

When you see this paper icon in the “What Do I Need?” column near a section, look for a document that matches the title next to the icon in the Appendix section. The document with the matching title is what a person should complete if they want to make the changes written about in the accompanying section.

Disclaimer:

This toolkit has been created by The Fortune Society with The Legal Aid Society’s Immigration Law Unit and Community Justice Unit for use as an advisory resource and is based on case law in the 2nd Circuit. This advisory is not legal advice, and does not substitute for the advice of an immigration expert.

A special thank you to The Immigrant Defense Project for their guidance on this project.
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Why us? Why now?

The morning of May 8th, 2014, began as most did in the previous two years. I prepared my morning coffee, began watching the morning news, and started getting my daughters ready for school. I was in high spirits because I was only one week away from completing a master’s degree program in Social Work. A goal that I had dreamed of, planned for, and sacrificed towards. I had planned every step towards obtaining this degree since I was incarcerated and I was so close that I could taste it. This was the fulfillment of a promise I had made to myself about changing my legacy to reflect who I really was: a person who, despite being incarcerated, had potential, ambition, and commitment and would persevere to reach this educational achievement.

So when the doorbell rang at 7am, I had no idea how in a single moment my entire life was about to change. It was Immigration and Customs Enforcement on the other side of the door. When they told me that they were there to arrest me, my heart stopped. Every decision I made up to that point; marrying my teenage sweetheart, being a father of two beautiful girls, earning an associates and bachelors degree, becoming a social justice advocate, starting my own business to provide for my family, and caring for my ailing mother, didn’t mean anything. Only my felony conviction and the fact that I was not a naturalized citizen mattered.

By that night I was in a jail cell in New Jersey. When the cell-gate slammed shut behind me, the overwhelming memories and emotions of prison punched me in my gut. The smell of industrial-strength bleach, the concrete and steel, and the atmosphere devoid of any humanity enveloped me as I sat deflated and confused. It would become clear to me that despite what my hopes were, I would not be returning home any time soon.

That was the first night I spent away from my daughters. I was forcefully separated from my family and unable to reach out to them. It was an unbearable weight that no parent, no human being, should ever have to feel. My wife, who less than 24 hours ago felt secure cloaked in the sanctity of our household now found herself a single-mother struggling to conceal her pain and stay strong for our girls. This can’t be happening, we weren’t ready. Why us? Why now?

I was unprepared, anxious, and powerless, the pressure felt like hands around my neck trying to suffocate me at times. Every day of what ended up being five months in detention was long, and I used it to think about what I would do if I was released. I was extremely fortunate to have an enormous amount of legal representation and community support that zealously advocated for my release.

In 2014, New York State Governor Andrew Cuomo granted me an executive pardon to stop my deportation. I was one of two immigration pardon recipients that year. I helped create this guide as the Associate Vice President of Policy for the David Rothenberg Center for Public Policy. I focus my advocacy efforts at the intersections of the criminal legal and the immigration system. People directly impacted by the issues need access to power and resources to make change, and I work to ensure that is happening.

I hope that this toolkit arms readers with helpful information to be more prepared than I was. Use this information to plan, to map out next steps, and anticipate the difficult decisions if the time comes. I feel devastated when I think about all the people I left behind, both in prison and immigration detention, and those who are inside now- reading this today. You are why I will never stop doing the work I do, and fighting for people just like me, and just like you.

In solidarity, Khalil A. Cumberbatch.
Important Documents

Organize and keep in a protected place all original documents that prove each member of your family’s identity and any important personal documents. Make copies of all documents listed below and keep them where a person you trust can retrieve them if you are detained.

- Any applications submitted by you or your family member to immigration. If anyone has an Alien Registration Number (also called an A#), keep documents showing that number.
- Certificates of disposition from any case in any criminal court to show the outcome and, if possible, get a copy of your criminal justice record (rap sheet).
- Recent copies of your child’s school records and medical records.
Contact Information

Create an index card for your wallet with phone numbers for your relatives and important community support, attorneys or advocates, leaders at your children’s school, childcare providers, and employers.

Medical Needs

To plan for the medical needs of your family, make a list of all medications with dosages, doctors’ phone numbers, and medical conditions for you and your family members, and keep it with you whenever you leave home.

If there is someone you feel safe and comfortable sharing your family’s medical information with, it is helpful to do so. This person could use that information to help your attorney during the legal case and to ensure you and your family receive proper medical care if you are detained.

Power of Attorney

Consult with someone you trust about whether or not to grant a loved one power to access your finances and make financial decisions if you are detained. There is a special power of attorney form for financial matters. You can use this form to allow someone to handle property transactions for you. It must be signed in front of a notary public. You do not need an attorney for this, and do not need to go into court. The Power of Attorney does not directly concern care or custody of children, but rather is limited to property matters such as your bank account, apartment lease, insurance matters, health care billing, and more. Complete this only if you are ready to grant someone power over your financial matters.

Non-Citizen Parents and Families

If you are the parent of at least one child under 18 years old, you are not a U.S. citizen, and feel that you may be at risk for being deported from the U.S. now or in the future, there are certain steps you can take now to plan ahead for the care and custody of your child.

With the other adults in the home, make a list of contact information for friends and family members that can help in case a member of
your family is detained, and hang it somewhere that everyone can see. Try to find someone who would be willing to take care of your child(ren) if you or a caregiver are deported.

Speak with the adult(s) in the household about the responsibilities of caring for your child(ren). If it is possible, put some money aside to help with the expenses and the loss of income of a detained person.

Talk openly with your child(ren) and make a list together of all the things that they should do if their parent(s) do not come home when they are expected to.

**School Emergency Contact**

If your child is enrolled in school, you can authorize up to three people to act as emergency contacts to pick up your child if there is an emergency or if your child is sick. To do so, update the New York City Department of Education’s “Blue Card,” emergency contact form.

**Passport**

If your child is a U.S. citizen, you should apply now for a U.S. passport for your child, to prepare for travel if necessary. If they are under 18 years of age, the parent not accompanying the child to apply should provide written consent, or you must explain why the other parent’s consent cannot be obtained or is not necessary. You can use the Statement of Consent form to provide consent for a parent or guardian to submit an application for a passport for your child when you are unable to be present in person.

**Travel Permission**

If you would like to authorize your minor child to travel alone outside the U.S., or if you would like someone to accompany your minor child on a trip abroad, sign the Travel Permission form created by The Legal Aid Society. Each parent should sign one, or you must explain why the other parent’s permission cannot be obtained or is not necessary. It should be signed in front of a notary public. Your child should travel with his or her original birth certificate and passport, as well as with copies of the Travel Permission form. Also check with the airline to see if it has any specific requirements for unaccompanied children.
**Designation of Person in Parental Relationship**

Use this form to give temporary permission for someone to make decisions about your child’s education and health care. You must sign this form in front of a notary public. You do not need an attorney to complete this form, and do not need to go into court. This authorization is temporary, but may be renewed by the parent(s). However, parents and persons in parental relationship involved in a long-term, care-giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.

**Standby Guardian Designation**

A guardian is an adult who is not the child’s parent, who is legally allowed to care for the child the way a parent would. A guardian is required to make sure the child gets medical care, goes to school, and is fed, housed, and clothed. If you are detained or deported, someone will need to take care of your children. If that person is a close relative who lives in the same neighborhood and your children would remain in the same school and see the same doctor, you may not need a guardian right away. However, if your children would have to change schools or the caretaker is not a close relative, or if the caretaker cannot access services for the children, she or he may have to petition the court for guardianship. A standby guardian becomes the guardian in the event of an “administrative separation”, such as an arrest, detention, incarceration, removal (deportation), or receipt of notice by any government authority that the parent may be separated from their child because of an immigration action. A guardianship does not terminate either parent’s rights to their children.

Use this form to name someone as the standby guardian. A standby guardian’s authority will start only if one of four things happen:

1. You are “administratively separated” from your child, such as by an ICE arrest, or
2. Your doctor declares in writing that you are mentally incapacitated and cannot care for your child, or
3. Your doctor declares in writing that you are physically debilitated and you consent in writing for the standby’s authority to start, or
4. You pass away.

Once any of those four things happen, the person you named as standby guardian would need to go into Family Court or Surrogate’s Court within 60 days to ask for a court order granting guardianship.
Non-Citizen Interactions with Police

1. If a police officer approaches you and begins to ask you questions, at this point, you can politely ask “am I free to go?” in a calm but assertive tone before responding to any questions.

   - If the officers say YES: respond “I’d rather not speak with you right now.” And calmly leave.

   - If the officers say NO: You are now being “stopped” or “detained,” and you no longer have the right to leave. Do not try to run or drive off.

2. The police will likely ask you for your identification. You should only provide your accurate name and address. When asked for identification in NY, you do not have to say where you were born – and do not volunteer that information.

   - Do not provide any information about your immigration status or about what country you are a citizen or national of.

   - Do not carry fake documents, or provide false documentation, as this constitutes a criminal charge.

   - Do not carry papers from another country (such as your home country passport, consular ID, or cedula). This information can be used against you in deportation proceedings, to prove what country you are a citizen or national of.
3. You have the right to remain silent, use it as much as you can! Anything you say, can & will be used against you and may give the police a reason to arrest you. Tell the police you want to exercise your right to remain silent, and stay silent. Even if you make a mistake and start talking, stop – and say I want to remain silent, and then stay silent. Just because you spoke once, does not mean you have to continue!

4. Do not lie, lying to an officer has serious consequences. But remember, the police are allowed to say anything to you as part of their investigation, including statements that are not true.

5. If the police search you, say politely, but loudly enough to hear, “I do not consent to this search.” This may help later if the police didn’t have a legal justification to search you and they try to use what they find as evidence against you in court.

6. Ask for a lawyer. Don’t talk about anything that has to do with your arrest to anyone without having a lawyer present. Don’t talk to police officers, detectives, district attorneys, even if they say they are trying to help you.

7. Before you sign anything make sure you speak to an attorney first and understand fully what you are signing. Otherwise, you might be confessing to something or waiving important rights without realizing it.

8. Ask for an interpreter, unless you are fluent in English. Tell the interpreter you want to remain silent, you need an attorney, and you want to notify your family where you are.

9. Ask for a receipt or voucher listing each item the officer takes from you, and keep this paperwork. Without this paperwork it will be incredibly difficult to get your property back.

10. Be careful when accepting food or other items from the police, they can be swabbed for your DNA and be used against you.

11. Be sure to memorize or carry with you the phone numbers to your family members, an immigration attorney, a community service organization, and your country’s consulate.

Too often, people do not know their rights and because of that they are unable to recognize when officers are not respecting those rights. Knowing your rights and how to assert them as safely as possible will help you and empower your community. We want you to know that all of us here at the Legal Aid Society continue to fight for fairness, justice and equality for all New Yorkers.

– Anthony Posada, Supervising Attorney, Community Justice Unit, The Legal Aid Society
Quick Tips:

1. Try to remain calm and remember that your safety is the most important thing.
2. Remain silent, after giving your name and address.
3. Ask to speak with an attorney right away.
4. Do not consent to searches.
5. Do not try to explain the situation.
6. Do not resist arrest.
7. You do not have to sign anything.

Non-Citizen Interactions with Warrants

If police or undercover officers come to your home, you do NOT have to open the door unless they have a proper judicial warrant. This means that there has been due process backed by probable cause. These warrants pass constitutional muster. An administrative warrant is simply a document signed by an ICE agent, stating that a person is being designated for possible arrest and possible deportation proceedings. An administrative warrant is not signed by a judge, nor does it pass constitutional muster.

Ask politely through the door if the officers are from the Department of Homeland Security or ICE. Then ask them to slip a copy of the warrant under the door.

If they don’t have one at all, decline to let them in. If they slip you an administrative warrant that is issued by Department of Homeland Security or ICE and signed by a DHS employee or an ICE employee, decline to let them in. Look at the top of the document, see if it was issued by a court of law and then look at the signature line to verify that it was signed by a judge. Next, read the document to see if it names a person in your residence and/or areas to be searched at your address. If it is from a court, signed by a judge, and has a person from your residence, or lists your address to search, then the judicial warrant is valid. In all other circumstances, keep the door locked and say: “I do not consent to your entry into my home.”
Before Seeing the Judge:

1. You are not obligated to make any statements to the police or district attorney, even if you think it might help you or your case. It is always in your best interest to speak to your defense attorney first before taking any action.

2. Remain silent until you have been assigned a defense attorney.

3. Get your defense attorney’s card or phone number and store it.

4. Ask your defense attorney whether an immigration detainer (a hold placed by ICE) has been issued or if one is likely to be issued if you are not released or cannot make bail right away.
New York City is proudly the first city in the country to provide free legal representation to noncitizens in removal proceedings when currently detained by ICE, and unable to afford an attorney based on federal poverty guidelines. No one should have to go through this terrifying and complex legal process alone. The New York Immigrant Family Unity Project member organizations (The Legal Aid Society, Brooklyn Defender Services, and The Bronx Defenders), stand ready to defend all noncitizens in these circumstances, and will continue to fight for the rights of all immigrant New Yorkers.


5. Ask your defense attorney about the effect of a conviction or plea on your immigration status.

6. Do not discuss your immigration status with anyone other than your defense attorney.

7. Contact your family and give them your defense attorney’s phone number.

8. If you have hired an immigration attorney, give them your defense attorney’s phone number.

9. Read all papers fully. If you do not understand or cannot read, ask for an interpreter. You could be consenting to waive your right to bail or to having a hearing with a judge.

10. If you are incarcerated, a government immigration agent may visit you. Do not answer any question or sign anything before talking to your defense attorney.

11. Do not speak about your case over the phone if you are incarcerated. These calls are recorded and may be used against you.

12. Ask your defense attorney for a copy of all paperwork relating to your case and a certificate of disposition when your case resolves.
ICE Discovery

How can ICE find out about me? There are many ways: if the police took your fingerprints during an encounter; you sent an application to immigration; you were arrested by immigration in the past; you were stopped at the border before; you have a pending criminal case; or you are/were on probation or parole.

Whether you are an American citizen or not, you have certain rights as a human being present here in the United States. Fighting for your rights, even and especially when others do not respect those rights — this is the hard part. We at the Immigrant Defense Project hope this resource will help you know, and demand, what you are entitled to.

–Jane Shim, Advocacy Attorney, Immigrant Defense Project

Non-Citizen Interactions with Immigration Officials

1. If you are taken into custody by immigration officials, ask to speak to a lawyer, even if you do not have one. Immigration officials are not obligated to provide you with free legal counsel, only a list of lawyers’ contact information.
New York Immigrant Family Unity Project (The Bronx Defenders, The Legal Aid Society, Brooklyn Defender Services) will offer free representation in the City of New York to:

- People with a household income less than 200% of the federal poverty guidelines, that
- Do not already have private counsel retained for their case

Prisoners’ Legal Services of New York will offer free legal representation to you, if:

- You had your first Immigration Court hearing while you were detained in the Albany County Jail or Clinton County Jail, or while you were in a New York State prison.
- Your household income is less than 200% of the federal poverty guidelines. PLS will visit eligible detainees / prisoners as soon as possible. If you believe you qualify for PLS representation and have not spoken to a PLS attorney, please call (716) 844-8266 (English only) or (518) 694-8699 (English/Spanish), or write to:

  PLS Immigration Unit
  14 Lafayette Square, Suite 510
  Buffalo, NY 14203

Volunteer Lawyers Project, will offer free legal representation to you, if:

- Your first Immigration Court hearing is at Buffalo Federal Detention Facility in Batavia, NY.
- You don’t make a lot of money – less than 200% of the federal poverty guideline.
- You don’t already have a lawyer. If you pay a lawyer to represent on bond, you already have a lawyer, and you do not qualify.
- You accept representation. “Yes, I want a free lawyer. I want you to represent me.”

  VLP will usually meet with you 3-4 days before your hearing. Bring all of your papers with you. They will ask questions to see if you are eligible. Although they try not to, sometimes VLP will meet with you the day of your first hearing. If your lawyer is not at your hearing, there may be a problem. Tell the judge, “I want my free lawyer. I don’t want to go forward today.” Call the VLP phone number: (716) 847 0752 and leave your name and A#. They won’t call you back, but they will get the message. You can also write to:

  Volunteer Lawyers Project
  8 South Lyon Street
  Batavia, NY 14020
2. Take advantage of your right to call a lawyer or community advocacy group. Remember, calls while in ICE custody are recorded, except to your attorney, and can be used as evidence against you during your immigration case. Calls to your consulate may also be recorded and used as evidence against you. If your consulate may be of assistance, it is best to ask a friend in the community to visit in person, on your behalf. You and the people you communicate with on the phone (other than your attorney) should not discuss your immigration status, your place of birth, places you lived outside of the US, or connections to any other countries.

3. Remain silent. In order to protect your rights, do not answer any questions that immigration officials ask you.

4. Do not sign any documents before first discussing those documents with a lawyer.

5. Ask for a copy of all your immigration documents.

6. Your family can search for your location 24 hours after you’ve been detained using: locator.ice.gov.

7. Contact your family as soon as allowed and give them the name of the immigration official who is in charge of your case. Ask them to visit your consulate, community service organizations, or anyone that may help on your behalf. But do not discuss any of the specifics of your case over the phone.

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**Information on Immigration Bonds**

A person in detention is eligible for a bond when they prove that they are not a danger to the community and are not a flight risk. In some cases, a person’s criminal conviction(s) or immigration history makes them ineligible for a bond.

ICE may provide a person in detention with paperwork that lists a bond amount or says “no bond.” You should ask your attorney, or the judge directly if you do not have an attorney, for a bond hearing as soon as possible to ask the judge to consider setting a bond or lowering the amount that ICE gave. At the bond hearing, if you have an attorney, be sure to show them any documents you have before providing them to the court. Bring a list of names, addresses, and phone numbers of people who may be willing to write letters on your behalf so your attorney can reach out to them. If you’ve prepared a letter yourself and you have an attorney, make sure they read it before you give it to the judge, they may be able to help you add important information for the judge to consider. If you have a US citizen or legal permanent resident that is willing to allow you to stay with them and support you, before the bond hearing ask them to send you a piece of mail with their address and proof of their income, savings, etc. to support you.
Other Helpful Documents

- Proof that close relatives have legal status in the United States
- Tax Records
- A letter from you describing why you want to stay in the US
- Letters of support from friends and a copy of their identification
- Letters from people who know you (neighbors, landlord, employer, religious leader, etc.)
- Letters showing community involvement (church, volunteering)
- Letters from family (including drawings from children) with a copy of the authors’ identification, where applicable.
- Proof of ways you financially support your family (rent receipt, child support)
- Photos of family (birthday parties, holidays, pets, babies, etc.)
- Certificates from Rehabilitation Programs, other certificates, diplomas, awards, etc.
- Social Security Records
- Copy of your marriage certificate
- Proof of insurance (car, medical, etc.)
- Evidence of service in the armed forces
- Letters from counselors/doctors describing how deportation would impact your mental/physical/emotional health
- Other Helpful Documents
Offering Sanctuary

There is understandable concern among communities about how to best assist potentially removable, vulnerable individuals without violating the federal harboring law, Immigration and Nationality Act §274(a). To establish a violation of the harboring law, the government would need to prove the following factors:

(1) the vulnerable immigrant entered or remained in the U.S. in violation of the law,
(2) you concealed, harbored, transported, or sheltered the immigrant in the U.S.,
(3) you knew or recklessly disregarded the fact that the immigrant was not authorized to be present in the U.S., and
(4) you took some action that tended to substantially facilitate the immigrant’s remaining in the U.S. in violation of the law. Although the law is broadly written, there are nonetheless actions that advocates can lawfully take to assist these vulnerable and frightened members of our community.

**Providing Shelter**

Merely providing shelter to vulnerable immigrants is not enough to run afoul of the harboring law. It depends on whether or not the government knows that the immigrant is there.

- **If the government knows**
  
  If the government knows that the immigrant is in your building and is seeking refuge there, and you are not hiding them from detection, that is not against the law. So for instance a public, high-profile case of an immigrant seeking refuge in your church would not be unlawful harboring.

- **If the government does not know**
  
  On the other hand, if by providing shelter you are hiding the immigrant to help them avoid detection by the government, then that would be a violation of the law.

**Transporting**

If you help a vulnerable immigrant move from one location to another, and if that helps the person stay in the U.S. without permission and/or it helps them to avoid detection by the government, those actions could be considered a violation of the federal harboring law.

**Encouraging Noncompliance**

If you tell a vulnerable immigrant not to cooperate with the government, like not to show up for a check-in with Immigration and Customs Enforcement, that could be considered a violation of the federal harboring law. But merely advising the person about the consequences of noncompliance would likely not be harboring.

**No Financial Gain**

For all types of sanctuary assistance, it is critically important that you not seek any commercial advantage or financial gain from helping the vulnerable immigrant.
Available Resources:

- **Legal Aid Society, Immigration Crisis Hotline:**
  (844)-955-3425  
  199 Water Street  
  New York, NY 10038

- **Legal Aid Society, Arrest Questions and Criminal Matters:**
  (212)-577-3385

- **Immigrant Defense Project:**
  IDP Helpline at (212)-725-6422  
  IDP does not provide direct representation. Immigrants who have had contact with the criminal legal system who are not already represented by an immigration attorney can call IDP’s hotline to get legal advice and referrals to other organizations or private attorneys for full representation.
Resources (continued)

- **Make the Road:**
  Queens: (718) 565-8500
  Brooklyn: (718) 418-7690
  301 Grove Street
  Brooklyn, New York 11237

- **NY Immigration Coalition:**
  (212) 627-2227
  131 West 33rd Street, #610
  New York, NY 10001

- **Brooklyn Defender Services:**
  (718) 254-0700
  177 Livingston Street, 7th Floor
  Brooklyn, NY 11201

- **Families for Freedom:**
  (646) 290-8720
  35 West 31st Street, #702
  New York, NY 10001

- **New Sanctuary Coalition:**
  (646) 395-2925
  239 Thompson St
  New York, NY 10012

- **City Bar Justice Center:**
  (212) 382-6710
  42 W 44th St
  New York, NY 10036

- **HIV Law Project:**
  (718) 408-6510
  81 Willoughby Street, 5th Floor
  Brooklyn, NY 11201

- **Legal Services NYC Hotline:**
  (917) 661-4500
  40 Worth Street, Suite 606
  New York, NY 10013

- **NYS Immigration Hotline:**
  1-800-566-7636

- **ActionNYC Hotline**
  1-800-354-0365 between 9AM-6PM, Monday – Friday
  or if you’re in NYC, dial 311 and say “ActionNYC”
  to be connected with a representative for assistance
## Forms

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<thead>
<tr>
<th>Description</th>
<th>Pages</th>
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<tbody>
<tr>
<td>AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPPA</td>
<td>1</td>
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<tr>
<td>POWER OF ATTORNEY NEW YORK STATUTORY SHORT FORM</td>
<td>9</td>
</tr>
<tr>
<td>EMERGENCY CONTACT CARD</td>
<td>1</td>
</tr>
<tr>
<td>U.S. PASSPORT APPLICATION</td>
<td>6</td>
</tr>
<tr>
<td>STATEMENT OF CONSENT: ISSUANCE OF PASSPORT TO MINOR</td>
<td>2</td>
</tr>
<tr>
<td>LETTER OF CONSENT FOR TRAVEL</td>
<td>2</td>
</tr>
<tr>
<td>DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP</td>
<td>8</td>
</tr>
<tr>
<td>PETITION FOR APPOINTMENT OF STANDBY GUARDIAN</td>
<td>1</td>
</tr>
</tbody>
</table>
**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Date of Birth</th>
<th>Medical Record Number</th>
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I, or my authorized representative, request that health information regarding my care and treatment as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand:

1. This authorization may include disclosure of information relating to **ALCOHOL** and **DRUG ABUSE**, **MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.

2. If I am authorizing the release of HIV-related, alcohol, or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.

3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.

4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.

6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9(b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

| □ Medical Record form (insert date) | (to insert date) |
| □ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers. |
| □ Other: | |

(include: *(indicate by Initialing)*) |  Alcohol/Drug Treatment |
| Mental Health Information | HIV-Related Information | Genetic Testing |

**Authorization to Discuss Health Information**

(b) □ By initialing here ______ I authorize

Initials ________________

Name of individual health care provider

to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm or Governmental Agency Name)

10. Reason for release of information:

| □ At request of individual |
| □ Other: |

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All Items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

_________________________________________ Date: __________

Signature of Patient or representative authorized by law.

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.
POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM

(a) CAUTION TO THE PRINCIPAL: Your Power of Attorney is an important document. As the "principal," you give the person whom you choose (your "agent") authority to spend your money and sell or dispose of your property during your lifetime without telling you. You do not lose your authority to act even though you have given your agent similar authority.

When your agent exercises this authority, he or she must act according to any instructions you have provided or, where there are no specific instructions, in your best interest. "Important Information for the Agent" at the end of this document describes your agent’s responsibilities.

Your agent can act on your behalf only after signing the Power of Attorney before a notary public.

You can request information from your agent at any time. If you are revoking a prior Power of Attorney, you should provide written notice of the revocation to your prior agent(s) and to any third parties who may have acted upon it, including the financial institutions where your accounts are located.

You can revoke or terminate your Power of Attorney at any time for any reason as long as you are of sound mind. If you are no longer of sound mind, a court can remove an agent for acting improperly.

Your agent cannot make health care decisions for you. You may execute a "Health Care Proxy" to do this.

The law governing Powers of Attorney is contained in the New York General Obligations Law, Article 5, Title 15. This law is available at a law library, or online through the New York State Senate or Assembly websites, www.senate.state.ny.us or www.assembly.state.ny.us.

If there is anything about this document that you do not understand, you should ask a lawyer of your own choosing to explain it to you.

(b) DESIGNATION OF AGENT(S):

I, ____________________________________________  ____________________________________________

(name of principal) (address of principal)

hereby appoint:

________________________________________  ____________________________________________

(name of agent) (address of agent)

________________________________________  ____________________________________________

(name of second agent) (address of second agent)

as my agent(s).
If you designate more than one agent above, they must act together unless you initial the statement below.

(____) My agents may act SEPARATELY.

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

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

__________________________   __________________________
(name of successor agent)        (address of successor agent)

__________________________   __________________________
(name of second successor agent), (address of second successor agent)

Successor agents designated above must act together unless you initial the statement below.

(____) My successor agents may act SEPARATELY.

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

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

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

If you do NOT intend to revoke your prior Powers of Attorney, and if you have granted the same authority in this Power of Attorney as you granted to another agent in a prior Power of Attorney, each agent can act separately unless you indicate under “Modifications” that the agents with the same authority are to act together.

(f) **GRANT OF AUTHORITY:**

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

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

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

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

(___) (H) claims and litigation;

(___) (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five hundred dollars;

(___) (J) benefits from governmental programs or civil or military service;

(___) (K) health care billing and payment matters; records, reports, and statements;

(___) (L) retirement benefit transactions;

(___) (M) tax matters;

(___) (N) all other matters;

(____) (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;

(____) (P) EACH of the matters identified by the following letters: ____________________________

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

(g) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including language to limit or supplement authority granted to your agent. However, you cannot use this Modifications section to grant your agent authority to make gifts or changes to interests in your property. If you wish to grant your agent such authority, you MUST complete the Statutory Gifts Rider.

(h) CERTAIN GIFT TRANSACTIONS: STATUTORY GIFTS RIDER (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of $500 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), you must initial the statement below and execute a Statutory Gifts Rider at the same time as this instrument. Initialing the statement below by itself does not authorize your agent to make gifts. The preparation of the Statutory Gifts Rider should be supervised by a lawyer.

(____) (SGR) I grant my agent authority to make gifts in accordance with the terms and conditions of the Statutory Gifts Rider that supplements this Statutory Power of Attorney.

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

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

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

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

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

_____) My agent(s) shall be entitled to reasonable compensation for services rendered.

(k) ACCEPTANCE BY THIRD PARTIES:

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

(l) TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law. Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) SIGNATURE AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on the ___ day of _____________, 20___.

PRINCIPAL signs here: ===========>

STATE OF NEW YORK )
COUNTY OF ___________

) ss:

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

Notary Public

(n) IMPORTANT INFORMATION FOR THE AGENT:

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

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

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

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

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

(o) AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

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

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

I/we acknowledge my/our legal responsibilities.

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

                       =>  

STATE OF NEW YORK  )

) ss:

COUNTY OF __________ )

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

______________________________
Notary Public
(p) SUCCESSOR AGENT’S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

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

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

Successor Agent(s) sign(s) here:  => ______________________________

=> ______________________________

STATE OF NEW YORK )

) ss:
COUNTY OF ___________ )

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

______________________________
Notary Public
POWER OF ATTORNEY
NEW YORK STATUTORY GIFTS RIDER
AUTHORIZATION FOR CERTAIN GIFT TRANSACTIONS

CAUTION TO THE PRINCIPAL: This OPTIONAL rider allows you to authorize your
agent to make gifts in excess of an annual total of $500 for all gifts described in (l) of the
Grant of Authority section of the statutory short form Power of Attorney (under personal
and family maintenance), or certain other gift transactions during your lifetime. You do not
have to execute this rider if you only want your agent to make gifts described in (l) of the
Grant of Authority section of the statutory short form Power of Attorney and you initialed
“(l)” on that section of that form. Granting any of the following authority to your agent
gives your agent the authority to take actions which could significantly reduce your
property or change how your property is distributed at your death. “Certain gift
transactions” are described in section 5-1514 of the General Obligations Law. This Gifts
Rider does not require your agent to exercise granted authority, but when he or she
exercises this authority, he or she must act according to any instructions you provide, or
otherwise in your best interest.

This Gifts Rider and the Power of Attorney it supplements must be read together as
a single instrument.

Before signing this document authorizing your agent to make gifts, you should seek
legal advice to ensure that your intentions are clearly and properly expressed.

(a) GRANT OF LIMITED AUTHORITY TO MAKE GIFTS

Granting gifting authority to your agent gives your agent the authority to take actions which
could significantly reduce your property.

If you wish to allow your agent to make gifts to himself or herself, you must separately grant
that authority in subdivision (c) below.

To grant your agent the gifting authority provided below, initial the bracket to the left of the
authority.

(______) I grant authority to my agent to make gifts to my spouse, children and more remote
descendants, and parents, not to exceed, for each donee, the annual federal gift tax exclusion
amount pursuant to the Internal Revenue Code. For gifts to my children and more remote
descendants, and parents, the maximum amount of the gift to each donee shall not exceed twice
the gift tax exclusion amount, if my spouse agrees to split gift treatment pursuant to the Internal
Revenue Code. This authority must be exercised pursuant to my instructions, or otherwise for
purposes which the agent reasonably deems to be in my best interest.

(b) MODIFICATIONS:

Use this section if you wish to authorize gifts in amounts smaller than the gift tax exclusion
amount, in amounts in excess of the gift tax exclusion amount, gifts to other beneficiaries, or other
gift transactions. Granting such authority to your agent gives your agent the authority to take
actions which could significantly reduce your property and/or change how your property is
distributed at your death. If you wish to authorize your agent to make gifts to himself or herself, you must separately grant that authority in subdivision (c) below.

(______) I grant the following authority to my agent to make gifts pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest:

(c) GRANT OF SPECIFIC AUTHORITY FOR AN AGENT TO MAKE GIFTS TO HIMSELF OR HERSELF: (OPTIONAL)

If you wish to authorize your agent to make gifts to himself or herself, you must grant that authority in this section, indicating to which agent(s) the authorization is granted, and any limitations and guidelines.

(______) I grant specific authority for the following agent(s) to make the following gifts to himself or herself:

This authority must be exercised pursuant to my instructions, or otherwise for purposes which the agent reasonably deems to be in my best interest.

(d) ACCEPTANCE BY THIRD PARTIES:

I agree to indemnify the third party for any claims that may arise against the third party because of reliance on this Statutory Gifts Rider.

(e) SIGNATURE OF PRINCIPAL AND ACKNOWLEDGMENT:

In Witness Whereof I have hereunto signed my name on _________, 20__.

PRINCIPAL signs here: ===> ____________________________

STATE OF NEW YORK )
) ss:
COUNTY OF _________ )

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

____________________________
Notary Public
(f) SIGNATURES OF WITNESSES:

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

___________________________  ___________________________
Signature of witness 1        Signature of witness 2

___________________________  ___________________________
Date                        Date

___________________________  ___________________________
Print Name                   Print Name

___________________________  ___________________________
Address                     Address

___________________________  ___________________________
City, State, Zip code        City, State, Zip code

(g) This document prepared by:
EMERGENCY CONTACT CARD (Print information)  

SCHOOL YEAR 200__ to 200__

Student: Last Name ___________________ First ___________________ MI ___ DOB _______ Sex ___ ID# _______

Parent/Guardian (Student resides with): ___________________________ Relationship ______________________

Parent’s Preferred Language of Communication: Written ____________________ Oral _______________________

Home Telephone ( ) __________ Work Telephone ( ) __________ Cell No. ( ) __________ E-mail _________

Address _______________________________________________________ Apt ___ Borough _____ ZIP _______

Other Parent/Guardian: __________________________________________ Relationship _______________________

Parent’s Preferred Language of Communication: Written ____________________ Oral _______________________

Home Telephone ( ) __________ Work Telephone ( ) __________ Cell No. ( ) __________ E-mail _________

Address _______________________________________________________ Apt ___ Borough _____ ZIP _______

List below names of three (3) persons who may be called in case of emergency or if child is sick in school.

CHILD WILL BE RELEASED ONLY TO PERSONS NAMED ON THIS CARD.

Name ___________________ Telephone ( ) __________ Relationship _______________________

Name ___________________ Telephone ( ) __________ Relationship _______________________

Name ___________________ Telephone ( ) __________ Relationship _______________________

If there is a person who may NOT HAVE ACCESS to child, please indicate:

Name ___________________ Relationship __________________ Order of Protection Exists? Yes ___ No ___

Principal will be notified in writing of any changes to information on this card __________________________

Signature of Parent/Guardian _______________________

IMPORTANT- PLEASE COMPLETE REVERSE SIDE OF THIS CARD > > > > > > > > > > > > > > > > > > > > > > > > > > > > > > >

Grade _______ Class _______ Room No. _______ Teacher ________________________________

25-2290.00.3 (4000 Pkgs) 06/22/06 New York City Department of Education
FOR INFORMATION AND QUESTIONS
Visit the official Department of State website at 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. Customer Service Representatives are available Monday-Friday 8:00 a.m.-10:00 p.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 ½ 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. FEES: Please visit our website at 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 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 106-113 AND 22 CFR 51.28:
  To submit an application for a child under age 16 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. 51.21 AND 51.28:
  - 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. 1644. All statements and documents are subject to verification.

DS-11 06-2016
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 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 parent's 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), Certificate 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 parent's marriage certificate, and an affidavit showing all of your U.S. citizen parent's periods and places of residence/legal 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 02/29/1984.)

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 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 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 you have known 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 2x3 inches in size. The image 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 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 by the applicant verifying that the hat or head covering is part of recognized, traditional religious attire that is customary 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, "bluetooth", 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 vendoing machine prints, hand-held self portraits, and magazine or full-length photographs are unacceptable. A digital 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 for details and information.

FEES

FEES ARE LISTED ON OUR WEBSITE AT 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 54, and the Federal Claims Collection Standards (see 31 C.F.R. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub. L. 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.

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


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 20169-1227.
## Name of Applicant (Last, First, & Middle)

<table>
<thead>
<tr>
<th>Name of Applicant (Last, First, &amp; Middle)</th>
<th>Date of Birth (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

## 10. Parental Information
### Mother/Father/Parent - First & Middle Name

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Place of Birth</th>
<th>Sex</th>
<th>U.S. Citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Place of Birth</th>
<th>Sex</th>
<th>U.S. Citizen?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>No</td>
</tr>
</tbody>
</table>

## 11. Have you ever been married?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, complete the remaining items in #11.

### Full Name of Current Spouse or Most Recent Spouse

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>U.S. Citizen?</th>
<th>Date of Marriage (mm/dd/yyyy)</th>
<th>Have you ever been widowed or divorced?</th>
<th>Widow/Divorce Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

## 12. Additional Contact Phone Number

| Home | Cell | Work | |
|------|------|------||

## 13. Occupation (if age 16 or older)

## 14. Employer or School (if applicable)

## 15. Height

## 16. Hair Color

## 17. Eye Color

## 18. Travel Plans

<table>
<thead>
<tr>
<th>Departure Date (mm/dd/yyyy)</th>
<th>Return Date (mm/dd/yyyy)</th>
<th>Countries to be Visited</th>
</tr>
</thead>
</table>

## 19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.

<table>
<thead>
<tr>
<th>Street/RFD # or URB (No P.O. Box)</th>
<th>Apartment/Unit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

## 20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address: Street/RFD # or P.O. Box</th>
<th>Apartment/Unit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Phone Number</th>
<th>Relationship</th>
</tr>
</thead>
</table>

## 21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If yes, complete the remaining items in #21.

### Name as printed on your most recent passport book

### Status of your most recent passport book: Submitting with application

### Name as printed on your most recent passport card

### Status of your most recent passport card: Submitting with application

---

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

<table>
<thead>
<tr>
<th>Birth Certificate</th>
<th>SR</th>
<th>CR</th>
<th>City</th>
<th>Filed:</th>
<th>Issued:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nat. / Citz. Cert.</td>
<td>USCIS</td>
<td>USCDC</td>
<td>Date/Place Acquired:</td>
<td>#</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Report of Birth</th>
<th>Filed/Place:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Passport</th>
<th>CR</th>
<th>S/R</th>
<th>Per PIERs</th>
<th>#/DOI:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Attached:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>P/C of Citz</th>
<th>P/C of ID</th>
<th>DS-71</th>
<th>DS-3053</th>
<th>DS-64</th>
<th>DS-5520</th>
<th>DS-5525</th>
<th>PAW</th>
<th>NIPC</th>
<th>IRL</th>
<th>Citz WIS</th>
</tr>
</thead>
</table>

* DS 11 C 09 2013 2 *

DS-11 06-2016

Page 2 of 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.

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. 1621.

FOR INFORMATION AND QUESTIONS

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIIC) toll-free at 1-877-487-2778 (TDD 1-888-674-7793) or by e-mail at NPIIC@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 or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction1@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. 6036E; 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.
1. MINOR’S NAME

Last

First

Middle

2. MINOR’S DATE OF BIRTH (mm/dd/yyyy)

3. THIS AUTHORIZATION IS VALID FOR:

☐ Passport Book and Card  ☐ Book Only  ☐ Card Only

4. STATEMENT OF CONSENT

To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor’s application. Statements expire after 90 days.

I, ___________________________ authorize ___________________________

Print Name (non-applying parent/guardian)  Print Name (person applying for minor’s passport)

______________________________

to apply for a United States passport for my minor child named on this application. My consent is unconditional in regards to passport validity and travel.

______________________________

Street Address (non-applying parent)  Apartment  City  State  Zip Code

______________________________

Area Code  Telephone Number  E-mail Address

STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

______________________________

Signature of Non-Applying Parent or Guardian  Date (mm/dd/yyyy)

NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.

5. STATEMENT OF CONSENT NOTARIZATION

Name of Notary __________________________

Print Name (Notary Public)

______________________________

Location  City, State

______________________________

Commission Expires Date (mm/dd/yyyy)

Identification Presented by Non-Applying Parent or Guardian:

☐ Driver’s License  ☐ Passport  ☐ Military ID  ☐ Other (specify)

______________________________  __________________________

ID Number:  Place of issue:

______________________________  __________________________

Issue Date (mm/dd/yyyy):  Expiration Date (mm/dd/yyyy):

OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.

______________________________

Signature of Notary  Date of Notarization  Date (mm/dd/yyyy)
CONSENT FOR MINOR CHILD(REN) TO TRAVEL

State of New York )
County of _______________ ) ss.
I, ______________________________________, currently residing at _____________
_______________________________________, hereby affirm under penalty of perjury:

I am the □ mother □ father of the following child(ren):

<table>
<thead>
<tr>
<th>Child’s Full Name (as written in passport)</th>
<th>Date of Birth</th>
<th>Passport Country</th>
<th>Passport Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The child(ren) listed above is(are) traveling to ___________________________ for the purpose of _______________________________ between the dates of __________ and _____________.

Check one:

☐ My child(ren) is(are) traveling with:

<table>
<thead>
<tr>
<th>Caretaker Name (as written in passport)</th>
<th>Passport Country</th>
<th>Passport Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Caretaker’s Address

__________________________________________________________________

Caretaker’s Phone               Caretaker’s Email

____________________________  _______________________

☐ My child(ren) are traveling alone, under the airline’s unaccompanied minor’s program and with this document giving my consent.

My child(ren) is(are) making this journey with my full knowledge and consent.

I have verified the destination country’s requirements for unaccompanied minor children, and taken the necessary steps for my child(ren) to travel alone.

Parent’s initials: __________
Check one:

☐ The other parent’s has also granted his/her consent; see attached.

☐ The other parent’s consent is not required because:
  ☐ s/he is deceased; see attached copy of death certificate.
  ☐ I have been granted a court order allowing my child(ren) to travel outside the U.S.; see attached copy of the order.
  ☐ Other: ___________________________________________________________

Check one:

☐ The authority granted pursuant to this form shall be valid for _______ (number up to 12) months from the date of signature of this designation, or until the date of revocation, whichever occurs first.

☐ The authority granted pursuant to this form shall be valid for _______ (number up to 365) days from the date of signature of this designation, or until the date of revocation, whichever occurs first.

☐ The authority granted pursuant to this form shall be valid from ____________ (date) until and including ___________ (date up to one year), or until the date of revocation, whichever occurs first.

In the event of any questions regarding this consent, I may be contacted at:
Address: ______________________________________________________________________
Home Phone: _________________________   Mobile Phone: _______________________
Email: _______________________________________________________________________

____________________________          ___________________________
Signature of Parent                 Printed Name of Parent

Sworn to before me this
______ day of ____________________, 201__.

_________________________________________ Notary Public

List of Attachments, as applicable (copies only):
☐ Birth certificate of each child  ☐ Passport biographic page of parent  ☐ Passport biographic page of each child  ☐ Passport biographic page of custodian/guardian/caretaker  ☐ Consent of other parent  ☐ Death certificate of other parent  ☐ Custody/Guardianship Court Order  ☐ Other: ______________________________________________________________________
NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP
Pursuant to section 5-1551 of the New York State General Obligations Law.

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

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

Address: ____________________________________________

Telephone: Home ( ) Work ( )
Other ( )

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>DATE OF BIRTH</th>
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4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (check appropriate box and initial):

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

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

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

☐ d. commencing upon ____________________________________________ (state event) and continuing until ____________________________________________ or until the date of revocation, whichever occurs first.
5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to:
(check those that apply)

☐ review school records

☐ enroll in school

☐ excuse absences from school

☐ consent to participation in school program and/or school-sponsored activity

☐ consent to school-related medical care*

☐ enroll in health plans

☐ consent to immunizations*

☐ consent to general health care*

☐ consent to medical procedures*

☐ consent to dental care

☐ consent to developmental screening

☐ consent to mental health examination and/or treatment

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

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

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

This authorization is temporary, but may be renewed by the parent(s). However, parents and persons in parental relationship involved in a long-term, care-giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.
Note: All signatures below must be notarized if authorization is for a period exceeding 30 days.

Dated: / / (Parent’s signature) ____________________________________________

Sworn to before me this

______________ day of _____________ 20 _____

Notary Public ________________________________________________

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

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

Address: __________________________________________________________

Telephone: Home ( ) - Work: ( ) -

Other: ( ) -

Dated: / / (Parent’s signature) ____________________________________________

Sworn to before me this

______________ day of _____________ 20 _____

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

Dated: _____/_____   Signature ____________________________________________

Sworn to before me this

________________ day of __________________ 20 ______

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

PURPOSE OF THIS FORM:

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

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

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

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

INSTRUCTIONS FOR USING THIS FORM:

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

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

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

Paragraph 4: Specify how long you wish this authorization to be in effect by checking the appropriate box and initialing next to it. Remember, you can always revoke (cancel) this designation sooner if you wish. Information about how to do that is included toward the end of these instructions.
- **Use (a)** if you want this designation to be valid for 12 months. If you choose this option, you must provide the address and telephone number for the parent(s) and the other person, and all the signatures must be notarized.

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

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

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

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

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

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

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

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

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

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

- **Revoking this designation:** In order to revoke (cancel) the authorization, you simply have to tell the person you designated that you wish to do so, and they are required to notify the appropriate education and medical providers that the authorization has been terminated. While the parent is not required to do this in writing, or to notify the child(ren)/incapacitated person(s) education and medical providers that they have revoked the authorization, they may want to, so that there is no confusion. If two parents signed the form, either parent can cancel the designation by themselves, you do not need both parents.
F.C.A: § 661
S.C.P.A §§ 1704, 1726

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

Proceeding for the Appointment of a
Standby Guardian of the Person

of

____________________, a Minor

TO THE FAMILY COURT:

The Petitioner respectfully alleges to this Court that:

1. The name and domicile of the Petitioner and relationship of the Petitioner to
the child who is the subject of this proceeding, are as follows:

Name:
Relationship to child [check applicable box]:
☐ mother ☐ father ☐ guardian ☐ legal custodian ☐ primary caretaker ☐ other [specify]:
Address [Include street, city, village or town, county and state]:

2. The name, date of birth and domicile of the child who is the subject of this proceeding
are as follows:
Name:
Date of Birth:
Address: [Including street, city, village or town, county and state]

3. The subject child ☐ is ☐ is not a Native American child subject to the Indian Child

4. The residence of the child and name and relationship of the person(s) with whom the child
resides are as follows:
Person with whom child resides [specify name]:
Relationship to child [check applicable box]:
☐ mother ☐ father ☐ guardian ☐ legal custodian ☐ primary caretaker ☐ other [specify]: Address
[Include street, city, village or town, county and state]:

5. This petition seeks appointment of a Standby Guardian of the person of the child who is
the subject of this proceeding, to become effective, pursuant to S.C.P.A. § 1726(3), upon the Petitioner's
[check applicable box]:
S.C.P.A. § 1726(3) incapacity □ death □ incapacity or death, whichever occurs first □ administrative separation.

6. a. On information and belief, Petitioner [check applicable box]: □ suffers from a progressively chronic or fatal illness, □ may be subject to an administrative separation.
   b. The source of information and basis for belief are:

7. The names, relationship and post office addresses of the child's parent(s), the name and address of the person(s) with whom the child resides, if other than the parent(s), to whom process should issue; and such other persons concerning whom the court is required to have information, are as follows [Note: if a parent is deceased, so allege].

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Name</th>
<th>Post Office Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person with whom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child resides, if</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other than parents:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:¹</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. To protect and preserve the legal rights of the child, it is necessary that some proper person be duly appointed the Standby Guardian of his or her person, because:

9. Upon information and belief, no Guardian pursuant to Section 383-c, 384 or 384-b of the Social Services Law, or Standby Guardian pursuant to section 1726 of the Surrogate's Court Procedure Act, has been previously appointed for the child except [specify]:

10. [check applicable boxes]
   (a). Petitioner: □ has □ does not have knowledge of whether the person nominated to be a Standby Guardian herein has been the subject of an indicated report, as such term is defined in Section 412 of the Social Services Law, filed with the statewide register of child abuse and maltreatment pursuant to Title Six of Article Six of the Social Services Law. If the Petitioner has knowledge of such a report, specify the date, status and circumstances to the extent known:

¹ Include Mental Hygiene Legal Services if the child is an intellectually or developmentally disabled child admitted to a facility.
(b). Petitioner □ has □ does not have knowledge of whether the person nominated to be a Standby Guardian herein is the subject of, or the respondent in, a child protective proceeding commenced under Article 10 of the Family Court Act. If Petitioner has knowledge that the prospective Standby Guardian has been involved in an Article 10 proceeding, specify whether he or she was the subject or respondent and specify whether the proceeding resulted in an order finding that the child is an abused or neglected child, date and status to the extent known:

(c). Petitioner □ has □ does not have knowledge of whether an Order of Protection or Temporary Order of Protection has been issued against the person nominated to be a Standby Guardian herein in any criminal, matrimonial or Family Court proceeding(s). If Petitioner has knowledge that such an order has been issued, specify the court, docket or index number, date of order, expiration date or order, next court date and status of case to the extent known:

11 (a). The following adults aged 18 or older reside with the proposed guardian:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship, if any, to Child</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

(b). Upon information and belief, (none of the above adults) (the following adult(s)[specify]: ) (is)(are) the subject of an indicated report, as such term is defined in Section 412 of the Social Services Law, filed with the statewide register of child abuse and maltreatment pursuant to Title Six of Article Six of the Social Services Law. If so, specify date, status and circumstances to the extent known:

(c). Upon information and belief, (none of the above adults) (the following adult(s)[specify]: ) (has) (have) been the subject of or the respondent in a child protective proceeding commenced under Article 10 of the Family Court Act. If so, specify whether proceeding resulted in an order finding that the child is an abused or neglected child, date and status to the extent known:

(d). Upon information and belief, an Order of Protection or Temporary Order of Protection has not been issued against any of the above adults in any criminal, matrimonial or Family Court proceeding(s). If such an order has been issued, specify the adult against whom the order was issued, the court that issued the order, docket number, date of order, expiration date of order, next court date and status of case to the extent known:

12. , residing at , would be a suitable and proper person to be appointed Standby Guardian of the person of the Child, in that [specify]:

13. Attached hereto is the consent of the proposed Standby Guardian to being appointed
Standby Guardian of the person of the child.

(14. [Delete if inapplicable and skip to ¶15]: The parent(s) of the child, although living, should not be appointed Standby Guardian of the person of the child because:)

15. There are no persons interested in this proceeding other than those mentioned above.

16. No prior application has been made to any court for the relief herein requested.

WHEREFORE, Petitioner respectfully requests that an order be entered appointing [specify]: as Standby Guardian of the person of the child to become effective upon the Petitioner's [check applicable box]:

☐ incapacity ☐ death ☐ incapacity or death, whichever occurs first ☐ administrative separation.

Dated:

________________________________________
Signature of Petitioner

________________________________________
Print or type name

________________________________________
Signature of Attorney, if any

________________________________________
Attorney’s Name (Print or Type)

________________________________________
Attorney’s Address and Telephone Number

VERIFICATION

STATE OF NEW YORK) ☐ ss.: COUNTY OF ☐

, being duly sworn, says that (s)he is the Petitioner in the above-named proceeding and that the foregoing petition is true to (his)(her) own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters (s)he believes it to be true.

________________________________________
Petitioner

Sworn to before me this day of ,

________________________________________
(Deputy) Clerk of the court
Notary Public

FAMILY COURT OF THE STATE OF NEW YORK
COUNTY OF

Proceedings for the Appointment of a
☐ Guardian ☐ Standby Guardian of the Person

Docket No.

of

a Minor

WAIVER OF PROCESS,
RENUNCIATION OR
CONSENT TO
☐ GUARDIANSHIP
☐ STANDBY GUARDIANSHIP

The undersigned , who resides at [specify address], and whose interest in the above-entitled proceeding is as follows [check applicable box]:

☐ Parent of the above-named Minor.
☐ Grandparent of the above-named Minor.
☐ Other [specify];

personally appears in the Court of County and [check applicable box(es)]:

☐ renounces all rights to Letters of Guardianship of the person of the Minor; and
☐ waives the issuance and service of process in this matter; and
☐ consents that [specify proposed guardian or standby guardian]: be appointed the ☐ Guardian ☐ Standby Guardian of the person of the Minor; and that Letters of Guardianship may be granted to the above-named person or to any other person entitled to such appointment without notice to the undersigned.

______________________________
Signature)

______________________________
Print or Type Name

______________________________
Signature of Attorney, if any

______________________________
Attorney’s Name (Print or Type)

______________________________
Attorney’s Address and Telephone Number

______________________________
(Deputy)Clerk of the Court
Notary Public

1 Unless ordered confidential pursuant to Family Court Act § 154-b.
The Legal Aid Society exists for one simple yet powerful reason: to ensure that no New Yorker is denied their right to equal justice because of poverty. Since 1876, we have proudly advocated for our clients, changing the laws one case at a time, one reform at a time. Through our Civil, Criminal Defense, and Juvenile Rights Practices, we offer an unmatched depth and breadth of legal expertise to vulnerable New Yorkers in over 300,000 legal matters each and every year. We are the voice for those who suffer in silence, face oppression, and struggle to access justice because of poverty.

The Fortune Society’s mission is to support successful reentry from incarceration and promote alternatives to incarceration, thus strengthening the fabric of our communities. The David Rothenberg Center for Public Policy at The Fortune Society works to build equitable legal systems and alternative approaches to justice, change counterproductive laws and policies, and shift public perception. With over 50 years’ experience, Fortune is now one of the nation’s leading innovators in justice advocacy and public policy, while providing holistic and expanding services to over 7,000 people annually.

The Fortune Society extends our sincerest thanks and gratitude to The Legal Aid Society’s Immigration and Community Justice Units for joining us as thought-partners throughout the toolkit drafting and editing process. We look forward to our continued partnership as we use this resource together in our communities.