

Elabora un plan familiar

Debido a los recientes cambios en la administración federal de Estados Unidos, la comunidad mexicana se encuentra preocupada por lo que puede pasar con su familia en caso de que usted o algún miembro de su familia sea detenido por las autoridades locales o migratorias, por lo que es altamente recomendable que tenga preparado un plan familiar.

La finalidad de tener un plan familiar es cuidar la integridad de su familia y su patrimonio, a continuación le proporcionamos algunas sugerencias para comenzar a preparar su plan.

1. Contar con las **actas de nacimiento** de cada uno de los miembros de la familia, de preferencia una copia certificada.
2. Tramitar documentos de identidad **matrícula, credencial para votar y pasaporte** para cada uno de los miembros de la familia. Ver documentación adjunta para requisitos.
3. Elaborar una lista de contactos de emergencia.
4. Reunir todos los documentos importantes en un solo lugar y que todos sepan localizarlos.
5. Hablar con toda la familia para elaborar un plan del cual todos estén enterados.
6. Dejar una custodia temporal para los menores de edad con una persona de confianza mientras se dice su estancia definitiva.

Acércate a tu Consulado de México en Oxnard, donde estamos para apoyarte y brindarte información y orientación para que estés preparado.

Consulado de México en Oxnard
3151 W. Fifth Street Oxnard,
CA 93030
Tel. (805)984-8738

PLANIFICACIÓN FINANCIERA DEL HOGAR

Donde paga usted los siguientes biles y cuando?

Tipo de factura	A quien se le paga la factura?	A donde se paga la factura?	Cuando se paga la factura?	Instrucciones especiales?
Teléfono				
Gas				
Agua				
Basura				
Caro				
Aseguranza de caro				
La renta de la casa				
Internet				
Netflix				
Gimnasio				
Electricidad				
Cuidado de niños				
Seguo de salud				
Abogado				
Otros Prestamos o pagos pendientes:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Family Emergency Contact Information
Información de Contacto en caso de Emergencia Familiar

Important Info. for the family: Información impórtate de la familia:

Attorney or legal advisor / Abogado o asesor legal:

Name/Nombre: _____ Phone/Teléfono: _____

Consulate Information / Información del consulado:

Contact /Contacto: _____ Phone /Teléfono: _____

Church or Social Organization that may help you/ Iglesia u organización social que pueda ayudarle:

Name of Church or Social Organization/Nombre de la iglesia u organización social: _____

If you are deported, where will you go? / Si es deportado, ¿a dónde irá? _____

INFORMACION DEL PADRE:

Name/Nombre: _____ Last Name(s)/Apellido(s): _____

Address/Domicilio: _____

Phone numbers/Números de teléfono: _____

Passport number/Número de pasaporte: _____ Issuing Country/País emisión: _____

Expiration Date/Fecha de vencimiento: _____

Medical Information/Información médica

¿Do you have any medical issues? / ¿Tiene alguna condición médica? (allergies/alergias, high blood pressure/alta presión, diabetes/diabetes, etc.) List all/Enliste todas _____

Medications/Medicamentos: _____

Employer information: Información de su trabajo:

Name/Nombre: _____ Last Name(s)/Apellido(s): _____

Address/Domicilio: _____ Number/ numero: _____

INFORMACION DE LA MADRE:

Name/Nombre: _____ Last Name(s)/Apellido(s): _____

Address/Domicilio: _____

Phone numbers/Números de teléfono: _____

Passport number/Número de pasaporte: _____ Issuing Country/País emisión: _____

Expiration Date/Fecha de vencimiento: _____

Medical Information/Información médica

¿Do you have any medical issues? / ¿Tiene alguna condición médica? (allergies/alergias, high blood pressure/alta presión, diabetes/diabetes, etc.) List all/Enliste todas _____

Medications/Medicamentos: _____

Employer information: Información de su trabajo:

Name/Nombre: _____ Last Name(s)/Apellido(s): _____

Address/Domicilio: _____ Number/ numero: _____

Local Emergency Contact Information/ Información del contacto de emergencia local

(Designated person that your family and friends can call to obtain news about your status and who will be able to assist you with finding legal assistance and bail.) / (La persona designada a quien su familia y amigos le pueden llamar para obtener noticias sobre su estado y quién podrá ayudarle a encontrar asistencia legal y una fianza):

Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

Country of Origin Emergency Contact Information/ Información del contacto de emergencia en su país de origen

A person in your home country that people can contact to find out you are safe / Una persona en su país de origen que la gente puede contactar para saber si está seguro:

Name/Nombre: _____ Phone/Teléfono: _____

In case we get separated, contact: Encaso de una separacion, contacte: _____

Family Emergency Contact Information
Información de Contacto en caso de Emergencia Familiar

If you have Children Information/ Información de los menores:

Keep a copy of birth cert, social, immunization card & ins card together / mantenga copias del acta, seguro social, carta de inmunizaciones, y tarjeta de seguridad juntas

1) Name/nombre: _____ **Age/Edad:** _____ **Cell #** _____ **email:** _____
Caregiver/Cuidador: _____ **number/numero:** _____ **address:** _____
Passport number/Número de pasaporte: _____ Issuing Country/País emission: _____ Exp Date/ vencimiento: _____
Social security number or ITIN / # de seguro social o ITIN: _____
Health Insurance Phone numbers/Números de teléfono del seguro médico: _____
Med Insurance/Aseguransa medica: _____ Numero: _____ Dr: _____ #: _____
Any medical conditions/ Tiene condisiones medicas: _____ what perscriptions are taken and what time: Que
prescription toma al diario y cada cuando: _____

Where do you fill the perscriptions/En cual farmacia se llenan las medicaciones: _____
Allergies to Food or Medication, Seasonal Allergies/Alergias a alimentos o medicamentos: _____

Name of School/Nombre de la escuela: _____ School Phone # / # de teléfono de la escuela: _____
Helpful things to know about/Información útil sobre
Wears glasses? /Usa lentes? YES/ SI _____ Favorite foods /Alimentos favoritos _____
Disliked foods and food allergies /Alimentos que le disgustan y alergies _____
Bedtime and Bedtime Routine /Hora de acostarse y rutina antes de acostarse _____
Favorite Toys, Books, Games, and Activities /Juguetes, libros, juegos, y actividades favoritas _____

TV Shows, Movies, and Computer games and how much time is allowed /Programas de televisión, Películas, y juegos en tableta y cuánto tiempo es permitido _____

2) Name/nombre: _____ **Age/Edad:** _____ **Cell #** _____ **email:** _____
Caregiver/Cuidador: _____ **number/numero:** _____ **address:** _____
Passport number/Número de pasaporte: _____ Issuing Country/País emission: _____ Exp Date/ vencimiento: _____
Social security number or ITIN / # de seguro social o ITIN: _____
Health Insurance Phone numbers/Números de teléfono del seguro médico: _____
Med Insurance/Aseguransa medica: _____ Numero: _____ Dr: _____ #: _____
Any medical conditions/ Tiene condisiones medicas: _____ what perscriptions are taken and what time: Que
prescription toma al diario y cada cuando: _____

Where do you fill the perscriptions/En cual farmacia se llenan las medicaciones: _____
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Wears glasses? /Usa lentes? YES/ SI _____ Favorite foods /Alimentos favoritos _____
Disliked foods and food allergies /Alimentos que le disgustan y alergies _____
Bedtime and Bedtime Routine /Hora de acostarse y rutina antes de acostarse _____
Favorite Toys, Books, Games, and Activities /Juguetes, libros, juegos, y actividades favoritas _____

TV Shows, Movies, and Computer games and how much time is allowed /Programas de televisión, Películas, y juegos en tableta y cuánto tiempo es permitido _____

Family Emergency Contact Information
Información de Contacto en caso de Emergencia Familiar

3) Name/nombre: _____ Age/Edad: _____ Cell # _____ email: _____
Caregiver/Cuidador: _____ number/numero: _____ address: _____

Passport number/Número de pasaporte: _____ Issuing Country/País emission: _____ Exp Date/ vencimiento: _____
Social security number or ITIN / # de seguro social o ITIN: _____
Health Insurance Phone numbers/Números de teléfono del seguro médico: _____
Med Insurance/Aseguransa medica: _____ Numero: _____ Dr: _____ #: _____

Any medical conditions/ Tiene condisiones medicas: _____ what perscriptions are taken and what time: Que
prescription toma al diario y cada cuando: _____

Where do you fill the perscriptions/En cual farmacia se llenan las medicaciones: _____

Allergies to Food or Medication, Seasonal Allergies/Alergias a alimentos o medicamentos: _____

Name of School/Nombre de la escuela: _____ School Phone # / # de teléfono de la escuela: _____

Helpful things to know about/Información útil sobre
Wears glasses? /Usa lentes? YES/ SI _____ Favorite foods /Alimentos favoritos _____

Disliked foods and food allergies /Alimentos que le disgustan y alergies _____

Bedtime and Bedtime Routine /Hora de acostarse y rutina antes de acostarse _____

Favorite Toys, Books, Games, and Activities /Juguetes, libros, juegos, y actividades favoritas _____

TV Shows, Movies, and Computer games and how much time is allowed /Programas de televisión, Películas, y juegos en tableta y cuánto tiempo es permitido _____

4) Name/nombre: _____ Age/Edad: _____ Cell # _____ email: _____
Caregiver/Cuidador: _____ number/numero: _____ address: _____

Passport number/Número de pasaporte: _____ Issuing Country/País emission: _____ Exp Date/ vencimiento: _____
Social security number or ITIN / # de seguro social o ITIN: _____
Health Insurance Phone numbers/Números de teléfono del seguro médico: _____
Med Insurance/Aseguransa medica: _____ Numero: _____ Dr: _____ #: _____

Any medical conditions/ Tiene condisiones medicas: _____ what perscriptions are taken and what time: Que
prescription toma al diario y cada cuando: _____

Where do you fill the perscriptions/En cual farmacia se llenan las medicaciones: _____

Allergies to Food or Medication, Seasonal Allergies/Alergias a alimentos o medicamentos: _____

Name of School/Nombre de la escuela: _____ School Phone # / # de teléfono de la escuela: _____

Helpful things to know about/Información útil sobre
Wears glasses? /Usa lentes? YES/ SI _____ Favorite foods /Alimentos favoritos _____

Disliked foods and food allergies /Alimentos que le disgustan y alergies _____

Bedtime and Bedtime Routine /Hora de acostarse y rutina antes de acostarse _____

Favorite Toys, Books, Games, and Activities /Juguetes, libros, juegos, y actividades favoritas _____

TV Shows, Movies, and Computer games and how much time is allowed /Programas de televisión, Películas, y juegos en tableta y cuánto tiempo es permitido _____

Family Emergency Contact Information
Información de Contacto en caso de Emergencia Familiar

5) Name/nombre: _____ Age/Edad: _____ Cell # _____ email: _____

Caregiver/Cuidador: _____ number/numero: _____ address: _____

Passport number/Número de pasaporte: _____ Issuing Country/País emission: _____ Exp Date/ vencimiento: _____

Social security number or ITIN / # de seguro social o ITIN: _____

Health Insurance Phone numbers/Números de teléfono del seguro médico: _____

Med Insurance/Aseguransa medica: _____ Numero: _____ Dr: _____ #: _____

Any medical conditions/ Tiene condisiones medicas: _____ what perscriptions are taken and what time: Que
prescription toma al diaro y cada cuando: _____

Where do you fill the perscriptions/En cual farmacia se llenan las medicaciones: _____

Allergies to Food or Medication, Seasonal Allergies/Alergias a alimentos o medicamentos: _____

Name of School/Nombre de la escuela: _____ School Phone # / # de teléfono de la escuela: _____

Helpful things to know about/Información útil sobre

Wears glasses? /Usa lentes? YES/ SI _____ Favorite foods /Alimentos favoritos _____

Disliked foods and food allergies /Alimentos que le disgustan y alergies _____

Bedtime and Bedtime Routine /Hora de acostarse y rutina antes de acostarse _____

Favorite Toys, Books, Games, and Activities /Juguetes, libros, juegos, y actividades favoritas _____

TV Shows, Movies, and Computer games and how much time is allowed /Programas de televisión, Películas, y juegos en tableta y cuánto tiempo es permitido _____

Information /Información - Other dependents/Otros dependientes: (personas que usted quida)

1. Name/nombre: _____ Age/Edad: _____

Address/Domicilio: _____

Phone numbers/Números de teléfono: _____

2. Name/nombre: _____ Age/Edad: _____

Address/Domicilio: _____

Phone numbers/Números de teléfono: _____

Your Children in Case of Deportation / Sus hijos en case de deportación

If you are deported, what would you like the designated person in the U.S. to do with your children? What arrangements would you like followed? / Si usted es deportado, ¿qué le gustaría que la persona designada en los Estados Unidos hiciera con sus hijos? ¿Qué arreglos le gustaría seguir? _____

Adult Siblings /Hermanos Adultos

1. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

2. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

Grandparents /Abuelos

1. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

2. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

Aunts and Uncles /Tíos y tías

1. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

2. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

Close Family Friends /Amistades de la familia

1. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

2. Name/Nombre: _____ Last Name(s)/Apellido(s): _____ Phone/Teléfono: _____

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1 - 4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. **Print clearly.**

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____.
2. Minor's birth date: _____.
3. My name (adult giving authorization): _____.
4. My home address (street, apartment number, city, state, zip code):

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").

6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: _____.
8. My California's driver's license or identification card number: _____.

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

**AFFIDAVIT OF GUARDIAN REGARDING ABSENCE OF PARENT/GUARDIAN OF
MINOR CHILD(REN)**

I/we, _____, declare that I/we am/ are the short-term guardian(s) appointed by the parent(s)/guardian(s) of the below named minor children pursuant to the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney ("Appointment") executed on _____ day of _____, 20____ by _____ and _____, parent(s)/guardian(s) of the below named minor children and attached hereto as **Exhibit "A"**.

Based on my knowledge and information I declare as follows:

1. The parent(s)/guardian(s) of the minor children are not able to care for the child(ren) as a result of the following occurring events:

2. The parent(s)/guardian(s) of the minor children are absent as a result of the above.

3. The minor child(ren) subject to the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney are as follows:

<u>Name</u>	<u>Date of Birth</u>	<u>Current School</u>

4.

4. I/we are hereby exercising our right of appointment under the Appointment and all powers and rights granted to us herein.

5. I have not been notified of the revocation or withdrawal of the Appointment.

GUARDIAN(S):

Sign: _____

Sign: _____

Printed Name: _____

Printed Name: _____

Date Signed: _____

Date Signed: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

JURAT

STATE OF CALIFORNIA)
) ss.
 COUNTY OF SANTA BARBARA)

Subscribed and sworn to (or affirmed) before me, a notary public, on this _____ day of _____, 2017, by _____
 proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

SEAL

 Notary Public

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND
TAX STATEMENT TO:

NAME

STREET
ADDRESS

CITY, STATE &
ZIP CODE

TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

POWER OF ATTORNEY - GENERAL

KNOW ALL PERSONS BY THESE PRESENTS: That I, _____
the undersigned (jointly or severally, if more than one) hereby make, constitute and appoint _____
my true and lawful Attorney for me and in my name, place and stead and for my use and benefit:

(a) To ask, demand, sue for, recover, collect and receive each and every sum of money, debt, account, legacy, bequest, interest, divided, annuity and demand (which now is or hereafter shall become due, owing or payable) belonging to or claimed by me, and to use and take any lawful means for the recovery thereof by legal process or otherwise, and to execute and deliver a satisfaction or releasee therefor, together with the right and power to compromise or compound any claim or demand;

(b) To exercise any or all of the following powers as to real property, any interest therein and/or any building thereon. To contract thereon. To contract for, purchase, receive and take possession thereof and of evidence of title thereto, to lease the same for any term or purpose, including leases for business, residence, and oil and/or mineral development; to sell, exchange, grant or convey the same with or without warranty, and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement.

(c) To exercise any or all of the following powers as to all kinds of personal property and goods, wares and merchandise, choses in action and other property in possession or in action; To contract for, buy, sell, exchange, transfer and in any legal manner deal in and with the same, and to mortgage, transfer in trust, or otherwise encumber or hypothecate the same to secure payment of a negotiable or non-negotiable note or performance of any obligation or agreement.

(d) To borrow money and to execute and deliver negotiable or non-negotiable notes therefor with or without security, and to loan money and receive negotiable or non-negotiable notes therefor and such security as he/she shall deem proper.

(e) To create, amend, supplement and terminate any trust and to instruct and advise the trustee of any trust wherein I am or may be trustor or beneficiary to represent and vote stock, exercise stock rights, accept and deal with any dividend, distribution or bonus, join in any corporate financing, organization, merger, liquidation, consolidation or other action and the extension, compromise, conversion adjustment, enforcement or foreclosure singly or in conjunction with others of any corporate stock, bond, note, debenture or other security, to compound, compromise, adjust, settle and satisfy any obligation, secured or unsecured, owing by or to me and to give or accept any property and/or money whether or not equal to or less in value than the amount owing in payment, settlement or satisfaction thereof.

(f) To transact business of any kind or class and as my act and deed to sign, execute, acknowledge and deliver any deed, lease, assignment of lease, covenant, indenture, indemnity, agreement, mortgage, deed of trust, assignment of mortgage or of the beneficial interest under deed of trust extension or renewal of any obligation, subordination or waiver of priority, hypothecation, bottomry, charter-party, bill of lading, bill of sale, bill, bond note, whether negotiable or non-negotiable, receipt, evidence of debt, full or partial release or satisfaction of mortgage, judgment and other debt, request for partial or full reconveyance of deed of trust and such other instruments in writing or any kind or class as may be necessary or proper in the premises.

GIVING AND GRANTING unto my said Attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary or appropriate to be done in and about the premises as fully to all intents and purposes as I might or could do if personally present, hereby ratifying all that my said Attorney shall lawfully do or cause to be done by virtue of these presents. The powers and authority hereby conferred upon my said Attorney shall be applicable to all real and personal property or interests therein now owned or hereafter acquired by me and wherever situate.

My said Attorney is empowered hereby to determine in his/her sole discretion the time when, purpose for and manner in which any power herein conferred upon him shall be exercised, and the conditions, provisions and covenants of any instrument or document which may be executed by him/her pursuant hereto; and in the acquisition or disposition of real or personal property, my said Attorney shall have exclusive power to fix the terms thereof for cash, credit and/or property, and if on credit with or without security.

When the context so requires, the masculine gender includes the feminine and/or neuter, and the singular number includes the plural.

Dated _____

STATE OF _____

COUNTY OF _____

On _____ before me, _____
(Date) (Name and title of the officer)

personally appeared _____, who proved to me on the basis of
(Name of person signing)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of officer

(Seal)

* There are various types of forms depending on each person's legal status. Before you use this form you may want to consult an attorney if you have questions concerning which document form is appropriate for your transaction.



A Public Service Agency

POWER OF ATTORNEY

VEHICLE/VESSEL DESCRIPTION

IDENTIFICATION NUMBER	YEAR MODEL	MAKE	LICENSE PLATE/CF #	MOTORCYCLE ENGINE #
-----------------------	------------	------	--------------------	---------------------

I, _____
PRINT NAME

I, _____
PRINT NAME

appoint:

PRINT NAME

as my attorney in fact, to complete all necessary documents, as needed, to transfer ownership as required by law.

ALL SIGNATURES MUST BE IN INK

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE REQUIRED BY PERSON APPOINTING POWER OF ATTORNEY CITY STATE ZIP CODE DATE DL, ID, OR DEALER #

SIGNATURE REQUIRED BY PERSON APPOINTING POWER OF ATTORNEY CITY STATE ZIP CODE DATE DL, ID, OR DEALER #

REG 260 (REV. 3/2007) WWW

CUT HERE AND KEEP THIS COPY FOR YOUR RECORDS.



A Public Service Agency

POWER OF ATTORNEY

VEHICLE/VESSEL DESCRIPTION

IDENTIFICATION NUMBER	YEAR MODEL	MAKE	LICENSE PLATE/CF #	MOTORCYCLE ENGINE #
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I, _____
PRINT NAME

I, _____
PRINT NAME

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PRINT NAME

as my attorney in fact, to complete all necessary documents, as needed, to transfer ownership as required by law.

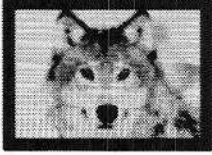
ALL SIGNATURES MUST BE IN INK

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE REQUIRED BY PERSON APPOINTING POWER OF ATTORNEY CITY STATE ZIP CODE DATE DL, ID, OR DEALER #

SIGNATURE REQUIRED BY PERSON APPOINTING POWER OF ATTORNEY CITY STATE ZIP CODE DATE DL, ID, OR DEALER #

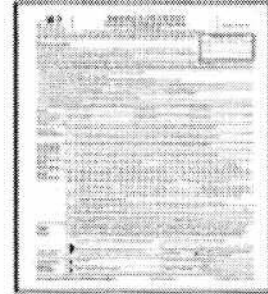
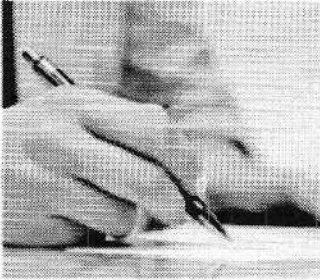
REG 260 (REV. 3/2007) WWW



What is an ITIN?

An ITIN or Individual Taxpayer Identification Number is a tax processing number that is used when an individual can not get a SSN.

- A ITIN is obtained by filing a form and the required information with the IRS.
- To obtain the ITIN, documentation must be provided to the IRS to substantiate foreign status and identity of the individual applying.



Que es un ITIN:

Este número es dado para que usted pueda hacer sus impuestos. No es un Seguro Social. Es solo para poder hacer sus impuestos. Si usted es contratista, es dueño de su negocio, o maneja cantidades de dinero que se tienen que reportar al gobierno americano cada año, el ITIN es para usted.

Complete la forma, y valla a el centro local del IRS con su identificación.

Address: 1332 Anacapa St # 101, Santa Barbara, CA 93101

Hours:

Closing soon · 8:30AM–12:30PM, 1:30–4:30PM

Phone: (805) 564-7555

**Certificate of Accuracy for IRS Individual
Taxpayer Identification Number**

▶ See Publication 4520
▶ Form use only by IRS Certified Acceptance Agents when submitting Form W-7

Certificate of Accuracy

The undersigned _____ is an authorized representative of _____, a Certifying Acceptance Agent under an agreement entered into with _____
(CAA Business Name)

the Internal Revenue Service dated ____ / ____ / 20 _____. The undersigned certifies with regard to Form W-7 submitted for _____, that the applicant is not eligible for a SSN and has
(Form W-7 Applicant's Name)

provided the documentation checked below that sufficiently supports the applicant's identity, foreign status and, if applicable, residency.

REMINDER: A passport is the only stand-alone document that proves both "foreign status" and "identity". If a passport is not provided, a combination of two or more documents must be provided to meet the documentation requirements. **Note:** Additional original documentation requirements may apply for some dependents. See *Supporting Documentation* in this form's instructions.

Check the box under each category (Identity, Foreign Status) that corresponds to the documents reviewed by you.

Supporting Documentation	Identity	Foreign Status
Passport (Stand Alone Document)*	<input type="checkbox"/>	<input type="checkbox"/>
National Identification Card (must be current and contain name, photograph, address, date of birth and expiration date)	<input type="checkbox"/>	<input type="checkbox"/>
United States Drivers License	<input type="checkbox"/>	
Civil Birth Certificate (Required for applicants under 18 if passport is not provided)	<input type="checkbox"/>	<input type="checkbox"/> **
Medical Records (valid only for dependents under age 6)	<input type="checkbox"/>	<input type="checkbox"/> **
Foreign Drivers License	<input type="checkbox"/>	
United States State Identification Card	<input type="checkbox"/>	
Foreign Voters Registration Card	<input type="checkbox"/>	<input type="checkbox"/>
United States Military Identification Card	<input type="checkbox"/>	
Foreign Military Identification Card	<input type="checkbox"/>	<input type="checkbox"/>
School Records (valid only for dependents under age 14 (under age 18 if a student))	<input type="checkbox"/>	<input type="checkbox"/> **
Visa issued by United States Department of State	<input type="checkbox"/>	<input type="checkbox"/>
United States Citizenship and Immigration Services (USCIS) Photo Identification	<input type="checkbox"/>	<input type="checkbox"/>

*Passport must have a date of entry for dependents, unless they are from Canada, Mexico, or dependents of U.S. military personnel overseas.

**May be used to establish "foreign status" only if the documents are foreign.

Check and complete the following paragraph only if the applicant is applying for an ITIN under "Exception 1(a) - Partnership Interest".

The undersigned further certifies that the Applicant has provided a copy of the relevant pages of the Partnership Agreement of _____ and
(Name of Partnership)
EIN _____ as documentation in support of meeting the requirements for Exception 1(a).

The undersigned further certifies that the documentation was reviewed in accordance with the procedures set forth in the Acceptance Agent Agreement and is authentic, complete, and accurate based on the information and documentation submitted by the applicant.

The Certifying Acceptance Agent shall retain copies of all relevant documents including signed copies of the Forms W-7 submitted to the IRS on behalf of the applicant upon which the Certifying Acceptance Agent has relied upon to certify the applicant's foreign status and identity.

(Signature of Authorized Representative)

(Date signed)

Acceptance Agent EIN

Acceptance Agent Office Code

Acceptance Agent PTIN

Instructions for Form W-7 (COA), Certificate of Accuracy for IRS Individual Taxpayer Identification Number

What is Form W-7 (COA)

Form W-7 (COA) is a "Certificate of Accuracy" prepared by an ITIN Certified Acceptance Agent (CAA) and attached to each Form W-7 (Application for IRS Individual Taxpayer Identification Number) that is submitted to IRS. It contains the following information.

- The name of the designated authorized representative of the CAA who is completing the Certificate of Accuracy.
- The legal name of the business.
- The EIN (Employers Identification Number) and office code of the Certified Acceptance Agent.
- The date that the Acceptance Agent Agreement was approved.
- The name of the ITIN Applicant.
- The type(s) of supporting documentation reviewed by the CAA to prove the ITIN applicant's "identity" and "foreign status".
- A statement by the CAA that they have verified to the best of their knowledge, the authenticity, accuracy and completeness of the documentation they reviewed.
- The signature of the individual who has prepared the COA and the date that it was signed.

What is the purpose of Form W-7 (COA)

The COA is a certification by the CAA that they have reviewed the supporting documentation to prove the ITIN applicant's "identity" and "foreign status" and to the best of their knowledge the documents are complete, authentic, and accurate. **Note:** With the exception of documentation to prove Exception 1(a) criteria, the only documents that should be included in the COA are those that were reviewed by you to prove the applicant's claim of identity and foreign status. All other supplemental documentation supporting "Exception" criteria, (i.e. a copy of a withholding document, a letter from a financial institution, etc.) as well as a denial letter from the Social Security Administration (if applicable) must be attached to Form W-7 and submitted to IRS.

Who must submit a COA?

All IRS ITIN Certified Acceptance Agents are required to complete and submit a separate COA for each Form W-7 that is sent to IRS. It is important to remember that as a Certified Acceptance Agent, documentation to support identity and foreign status must be reviewed by you and should be included with your COA. You must attach a copy of the original documents or certified copy by the issuing agency for primary and secondary applicants. For dependents, you must attach a copy of the passport or birth certificate. For all other dependent documents, you

must attach the original document or certified copy by the issuing agency. IRS employees at designated Taxpayer Assistance Centers (TAC) will not review W-7 applications prepared by CAAs.

Who can sign the Certificate of Accuracy?

Only the designated authorized representative of the business is permitted to sign the COA.

Where can I find Form W-7 (COA)?

Form W-7 (COA) can be found on the IRS web site at www.irs.gov by searching for "Form W-7 (COA)".

Whose PTIN is required?

Only tax practitioners are required to have a PTIN. The approved authorized representative of the business must provide their PTIN on Form W-7 (COA).

Supporting Documentation

You should check only the boxes that correspond to the documents which you reviewed and certified to support the ITIN applicant's identity and foreign status. A passport is the only stand alone document for purposes of satisfying both the "identity" and "foreign status" criteria. For dependents applying under reason code "d", the passport must have a date of entry to be a stand-alone document, unless they are from Canada, Mexico, or are dependents of U.S. military personnel overseas. If the passport does not have a date of entry, additional original documents verifying the dependent's U.S. residency are required. See Part 4 of Publication 4520 for documents accepted as proof of U.S. residency for dependents. If you review the applicant's passport, you would place an "x" in the box under the "Identity" and "Foreign Status" column on the Passport line. If, however, a passport is not reviewed by you, then a combination of at least two or more documents must be examined from the list of Supporting Documents; one which satisfies identity, and one which satisfies foreign status. If a document does not display a box under the Identity or Foreign Status column, it signifies that the document can not be used to support that category. For example: A Foreign Drivers License, U.S. State Identification Card, and U.S. Military Identification Card can not be used to prove an applicant's "foreign status". Therefore there is no check-box for those documents under the foreign status column. They can, however, be used to prove the applicant's "identity", so there are check-boxes under the identity column. Medical records valid for children under 6 years of age and school records are valid only for dependents under age 14, (under age 18 if a student).

Definitions — The following chart represents definitions for phrases used in Form W-7 (COA).

Phrase	Definition
The Undersigned	This is the name of the individual who is preparing and signing the Certificate of Accuracy. This person must be the individual who has been designated as the authorized representative of the business.
CAA Business Name	This is the legal name of the business that was entered by you on Form 13551, Application to Participate in the ITIN Acceptance Agent Program.
Agreement approved date ___ / ___ / 20__	This is the date that IRS approved your agreement. You can locate this date on your CAA Agreement.
Form W-7 Applicant's Name	This is the name of the individual for whom you are completing the Form W-7 and Certificate of Accuracy.
Name of Partnership	The name of the partnership should be entered on this line only if you are requesting an ITIN under Exception 1 (a) — Partners in a U.S. or foreign partnership that invests in the U.S.
EIN, Office Code and PTIN	This is the Employer's Identification Number (EIN) that was assigned to the business by IRS. The office code is a number assigned by the ITIN Policy Section when the application for AA status is approved. Preparer Tax Identification Number (PTIN) is required for anyone who prepares or assists in preparing federal tax returns for compensation. This number should be entered on the line for Acceptance Agent PTIN
Date signed	This is the date that the Certificate of Accuracy is signed by the authorized representative of the Business.

For additional information regarding documentation, please refer to Publication 4520 Acceptance Agents Guide for Individual Taxpayer Identification Number (ITIN)

Acción Diferida para los Llegados en la Infancia

Anuncio de Anulación de 2017: Lo que Significa

Si

Usted tiene DACA actualmente

USCIS recibió su petición inicial o de renovación de DACA presentada apropiadamente y la solicitud asociada para un EAD en o antes del 5 de septiembre de 2017

Su DACA vence entre el 5 de septiembre de 2017 y el 5 de marzo de 2018 y usted desea renovarla

Usted no pidió DACA inicial en o antes del 5 de septiembre de 2017

Su DACA venció en o antes del 4 de septiembre de 2017 y usted no presentó apropiadamente su petición de renovación en o antes del 5 de septiembre de 2017

Usted tiene DACA y su EAD válido se le ha perdido, ha sido robado o destruido

Entonces

Usted retendrá tanto su período de acción diferida como su Documento de Autorización de Empleo (EAD) hasta que venzan, a menos que sean cancelados o revocados.

Continuaremos adjudicando su petición.

USCIS debe recibir su petición de renovación presentada apropiadamente en o antes del 5 de octubre de 2017.

El proceso de DACA ya no está disponible para usted.

El proceso de DACA ya no está disponible para usted.

Usted puede presentar el Formulario I-765 para pedir un reemplazo de su EAD.



U.S. Citizenship
and Immigration
Services

Obtenga todos los datos acerca de DACA:

www.uscis.gov/es/daca2017

Si tiene preguntas acerca de su petición, por favor llame a Centro Nacional de Servicio al Cliente de USCIS al **1-800-375-5283** o 1-800-767-1833 (TDD).

Interfaith Sanctuary Alliance

The Interfaith Sanctuary Alliance is working to bring together people from different religions and faith communities to provide support and accompaniment for our immigrant community. We also connect people with a safe ride to and from important appointments. Please contact us if you need ride support.

We are currently most active in South County, but we would welcome partnerships with faith communities in North County as well.

If you would like to reach someone from the faith community about how we can support you, or if your congregation would like to work with us, you can contact us by email:

sanctuary@sbact.org, or through the Restorative Justice

Hotline:

You can also contact us through the Unitarian Society of Santa Barbara, 1525 Santa Barbara St.

Our mission: "As people of faith and people of conscience, we believe that every person is sacred. We will work to ensure respect for the dignity, safety, and human rights of all people, while resisting unjust policies and practices that target and discriminate against immigrant communities."

Línea de apoyo las 24 horas al día

805 699-5208

Para obtener servicios confidenciales en caso de una separación familiar

Legal Aid Foundation

301 E. Canon Perdido Street
Santa Barbara, CA 93101
805-963-6754

201 S. Miller Street Ste. 209
Santa Maria, CA 93454
805-922-9909

604 E. Ocean Avenue, Ste. B
Lompoc, CA 93436
805-736-6582

Local Immigration Attorneys (Bilingual)

Marisol Alarcon
4915 Carpinteria Avenue Ave. G
Carpinteria, CA 93013
805-576-7207

Arno Jaffe
330 E. Carrillo Street
Santa Barbara, CA 93101
805-897-0066

Kingston, Martinez, Hogan
1300 Santa Barbara Street
Santa Barbara, CA 93101
805-963-9585

Local Non-Profit Immigration Services

Importa
129 E. Carrillo St.
Santa Barbara, CA 93101
805-284-2122

Immigrant Hope
935 San Andres St.
Santa Barbara, CA 93101
805-963-0166

California Legal Resources for Immigrants

Esperanza Immigrant Rights Project
1530 James M. Wood Blvd.
Los Angeles, CA 90015
(213) 251-3505

Casa Cornelia Law Center
2760 Fifth, Suite 200
San Diego, CA 92103
(619) 231-7788

Central American Resource Center (CARACEN)
3101 Mission St, Suite 101
San Francisco, CA 94110
(415) 642-4400

International Institute of Los Angeles
435 So. Boyle Ave.
Los Angeles, CA 90033
(323) 224-3800

Asian Law Caucus
55 Columbus Ave.,
San Francisco, CA 94111
(415) 896-1701

Legal Services for Children
1254 Market St., 3rd Floor San Francisco, CA
94102
(415) 863-3762

Public Counsel
601 S. Ardmore Ave.
Los Angeles, CA 90005
(213) 385-2977

Asian Pacific Island Legal Outreach
1188 Franklin Street, Suite 202
San Francisco, CA 94109
(415) 567-6255

La Raza Centro Legal
474 Valencia St., Ste. 295
San Francisco, CA 94103
(415) 575-3500

El Rescate Legal Services
1313 West 8th St., Ste. 200
Los Angeles, CA 90017
(213) 387-3284

Catholic Charities Immigration Program
2625 Zanker Road, Ste. 201
San Jose, CA 95134
(408) 944-0691

Asylum Program of the San Francisco Lawyers
Committee for Civil Rights
131 Steuart Street, Ste. 400
San Francisco, CA 94105
(415) 543-9444

Consulates

Consulate of Mexico
3151 W 5th St E100
Oxnard, CA 93030
(805) 984-8738

Consulate General of Guatemala
1975 Riverside Dr
Los Angeles, CA 90039
(213) 365-9251

Consulate General of El Salvador
3450 Wilshire Blvd Suite 2
Los Angeles, CA 90010
(213) 234-9200