

# IMMIGRANT FAMILY PREPAREDNESS

A GUIDE FOR GEORGIA FAMILIES

SPLC



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# MAKE A PLAN FOR YOUR CHILDREN IN CASE YOU ARE DETAINED OR DEPORTED

If you are away from your children, it is a good idea to have a plan to make sure they are taken care of. If you want someone you trust to take care of your children, that person will need permission from you to do so and to make decisions while you are gone.

This guide has a lot of information to help you. There are also different forms you can use. You can choose which form will work for you at what time.

If you want the person you trust to have legal custody of your children, you must go to court. To do that, you have to talk to a family lawyer.

These papers are ways to help in case you

are away for a while. They are not advice from a lawyer about what to do.

## **PROTECT YOURSELF FROM FAKE NOTARIOS!**

Make sure the lawyer you work with has a license and the education to help you with your case.

In many countries that speak Spanish, someone called a “notario” is a lawyer or a person who went to school to learn the law. Remember, in the U.S., a “notary” is a person who has the job of watching people sign important documents. A “notary” in the U.S. is not allowed to write legal papers or give any advice to you, unless they are also a lawyer.

### Important Steps in Case you are Detained

- 1) Collect and document important information
- 2) Select a caregiver for your child/children
- 3) Talk with the caregiver about specifics

You can check if your lawyer is licensed by calling the State Bar of Georgia at 404-527-8700 or 800-334-6865. Do not hire anyone who:

- ▶ Won't give you papers in writing.
- ▶ Charges you money for papers that are blank.
- ▶ Promises you things because they "know people" at Immigration.
- ▶ Pretends to be a lawyer or immigration specialist.
- ▶ Asks you to lie on papers.
- ▶ Asks you to sign a blank paper.
- ▶ Charges you money to be on a "waiting list" or "in line." Remember: There is no list. There is no line.

If you think the lawyer you are dealing with is fake, you may call the:

**American Bar Association Commission on Immigration** at (202) 662-1007.

To access more resources on fighting notario fraud, please visit: [www.americanbar.org/groups/public\\_services/immigration/projects\\_initiatives/fightnotariofraud/victimresources.html](http://www.americanbar.org/groups/public_services/immigration/projects_initiatives/fightnotariofraud/victimresources.html)

**State Bar of Georgia** at their consumer protection program at 404-527-8759. To learn more or to access a complaint form, please visit: [www.gabar.org/committeesprogramssections/programs/upl/](http://www.gabar.org/committeesprogramssections/programs/upl/)

**Federal Trade Commission in English or Spanish** (877-FTC-HELP). You can also go to [www.stopnotariofraud.org](http://www.stopnotariofraud.org)

**Immigration Court** (Executive Office for Immigration Review) You can also make a formal complaint if you are a victim of immigration fraud to the immigration court at [www.justice.gov/eoir/submit-complaint](http://www.justice.gov/eoir/submit-complaint).





**STEP 1**

# COLLECT IMPORTANT INFORMATION

The first step in making your family plan is to gather important information, phone numbers and papers. Fill out the chart below to get started.

**IMPORTANT CHILDREN'S INFORMATION**

Keep this information so that the people you trust to care for your child have it while you are gone.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Cell Phone Number (if they have one) \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_

School Phone Number \_\_\_\_\_

Teacher's Name \_\_\_\_\_

Grade \_\_\_\_\_

School Counselor \_\_\_\_\_

Afterschool Program \_\_\_\_\_

Afterschool Program Phone Number \_\_\_\_\_

Other Camp/Sports/Program \_\_\_\_\_

Other Camp/Sports/ Program Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

Medical condition \_\_\_\_\_

Medications \_\_\_\_\_

## EMERGENCY PHONE NUMBERS AND IMPORTANT INFORMATION

Keep these numbers in one place. Everyone in your family should know where they are kept.

### Emergency

Emergency Now \_\_\_\_\_ 911 \_\_\_\_\_

Police Department \_\_\_\_\_

Fire Department \_\_\_\_\_

Poison Control \_\_\_\_\_

### Family

Mother/Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Father/Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

### Other Emergency Contact and How You Know Them

Cell Phone \_\_\_\_\_

### Caregiver (person you trust to watch your children)

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

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

Address \_\_\_\_\_

Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_

# COLLECT IMPORTANT INFORMATION

## Doctor

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## Pediatrician

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## Dentist

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## Church or Religious Center

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Embassy/Consulate (office of your home country)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Lawyer/Nonprofit Legal Services Provider

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## CONTACT INFORMATION FOR FAMILY AND/OR FRIENDS IN HOME COUNTRY

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

### NOTE

If you are worried about being picked up by ICE with phone numbers on you, you can also set up a plan where you call one person who has safe immigration status and then they can call everyone else on your plan.

► Make sure you have all the information you may need for your children, such as: **birth certificates, passports, Social Security cards, important papers from their doctor and school** (examples of school documents: report cards, Individualized Education Plans/504 Plans, progress reports), “Power of Attorney” (a legal paper saying someone can make decisions for you) and emergency phone numbers. You should make a different file for each of your children and place all of them in a safe place in your home. Make sure you make copies of all the information.

## STEP 2

# DECIDE WHO YOU TRUST TO TAKE CARE OF YOUR CHILDREN

A **CAREGIVER** is someone you would ask to take care of your children if you could not. Most parents already know that person. Parents, however, don't always have plans ready. Follow these steps to make a plan for your children's care in case you are picked up by ICE.

The person you decide to trust as caregiver can be any responsible adult you choose, like your husband or wife, aunt or uncle, brother or sister, or other family member. The caregiver can also be a godparent, a friend, or a neighbor. If you have more than one child, you may want to pick different caregivers for different children, or you may choose to keep them together with one person. If you can, choose a caregiver who has lawful immigration status.

You want to choose a caregiver who can pick your children up right after you are taken into custody. If after attempting to find a family member to take custody of the children, there is no one to pick them up right away, the Department of Family and Children's Services may take your children and file a case against you. This is why it is important to make a plan in advance.

### MAKE SURE THE CAREGIVER YOU PICK AGREES TO CARE FOR YOUR CHILDREN

After you determine the caregiver, talk with them. There are many important things to discuss. You want to make sure that everyone is comfortable with the plan. Make sure the caregiver understands that your children may be living with them for a long time. Talk with the caregiver to ensure they have the money to take care of your children as well as the space in their home.

Here are some questions you should think about when talking with the caregiver you choose:

► *How long will they be able to take care of your children?*

There is no way to know how long you may be away. It may be months or even years. If you are deported, it might be even longer. Sadly, many children end up in foster care because the caregiver thought he or she would only have the children for a few weeks and couldn't keep them any longer. Make sure the caregiver you pick is ready and able to keep your children for a long time.

► *How much will it cost to take care of your children?*

The caregiver you choose will need to take care of everything for your children. Your children will need food, a home, travel, doctor visits, and things like clothing and

### MAKE A PLAN

You want to choose a caregiver who can pick your children up right away after you are taken into custody. If there is no one to pick up your children right away, the Department of Family and Children's Services may take your children and file a case against you.

books. The caregiver may be able to obtain public assistance (money or health insurance from the government). If they can't, however, will the caregiver be able to pay for all of these things for your children? Can you set money aside to help in case you are picked up by ICE? Are there friends or family members who can give the caregiver money for what your children need?

▶ *Who else lives in the caregiver's house?*

Do you know and trust everyone who lives in your caregiver's home? You need to make sure you are comfortable with everyone who will be close to your children. If there is someone in the house who has been to jail or prison, or who has been reported for hurting a child in the past, your children may not be allowed to stay in that house. And, if someone calls the Department for Family and Child Services about the safety of your children, a judge could place them in a foster home.

▶ *Will there be adults around to watch the children?*

You need to make sure your children will be watched at all times so they are safe. Find out who will be watching your children at home and if the children will go to daycare when they are not at home. Make sure the caregiver's home is safe for all of your children.

▶ *Does your caregiver know of any special needs your children have (like medicine or doctor visits?)*

Give the caregiver the phone number, address and name of your children's doctor along with any health insurance cards or papers that will be needed. Provide the caregiver with a copy of your child's Individualized Education Plan/504 Plan from school, if you have one. If any of your children take medicine, tell the caregiver where you keep the medication and where they can get more.

▶ *Does your caregiver know where your children go to school?*

You should make sure your caregiver knows what school your children attend in case they have to pick them up in an emergency. You may also want to give your children's school a paper that says your caregiver is allowed to pick your children up from school and that the school should call the caregiver about your children while you are away.

### **STEP 3**

# **DECIDE IF YOUR CHILDREN WILL RETURN TO YOUR HOME COUNTRY WITH YOU OR STAY IN THE U.S.**

#### **GET PASSPORTS FOR YOUR CHILDREN**

If your child is under 16 and a U.S. citizen, usually both parents have to go with the child to apply for a passport.

If one parent cannot go, that parent must give the other parent permission by filling out a “Statement of Consent” (form DS-3053). That parent must show ID to a notary and have them stamp the paper with their notary seal. Then, turn in the passport application (Form DS-11) with Form DS-3053, and attach a copy of an ID for the other parent (the one that was stamped by the notary).

Parents can apply for a passport for their child without the other parent’s consent if:

- ▶ One parent can prove sole custody (a legal form saying only one parent has custody) OR
- ▶ The parent can show that there is an emergency or a special reason why the other parent is not able to sign papers, such as the other parent cannot be found or has been deported. If this is true, then one parent can fill out a “Statement of Exigent/Special Family Circumstances” (Form DS-5525). The Department of State will read your paper explaining why the other parent can’t give permission, and decide.

You should bring the following documents:

#### **1. Papers proving citizenship for your child include ONE of the following:**

- Fully valid, undamaged U.S. passport (may be expired)
- U.S. birth certificate
- Consular Report of Birth Abroad or Certification of Birth
- Certificate of Citizenship

**IF YOU ARE DETAINED OR DEPORTED FROM THE U.S. AND YOU WANT YOUR CHILDREN TO RETURN TO YOUR HOME COUNTRY**

**2. Papers that say you are the parent of the child. You can use one of these:**

- U.S. birth certificate (also evidence of U.S. citizenship)
- Consular Report of Birth Abroad (also evidence of U.S. citizenship)
- Foreign birth certificate
- Adoption decree
- Divorce/Custody decree
- For guardians or temporary guardians, a court order appointing the guardians.

**3. If you have sole custody of your child, you need to show one of these papers:**

- Complete court order granting you sole legal custody of the child
- Complete court order specifically permitting you to apply for your child's passport
- Certified copy of the child's birth certificate listing you as the only parent
- Certified copy of an adoption decree listing you as the only parent
- Certified copy of a judicial declaration of incompetence of the non-applying parent
- Certified copy of the death certificate of the non-applying parent
- Copy of Georgia Statute, O.C.G.A. §19-7-25<sup>1</sup>

**PASSPORTS**

To determine where to apply for a U.S. passport, please visit: <https://travel.state.gov/content/passports/en/passports/information/where-to-apply.html>

**4. Parents must bring one of these items — and a copy — to prove their identity.**

- In-state, valid driver's license
- Valid or expired, undamaged, U.S. passport
- Certificate of Naturalization or Citizenship
- Government employee ID (city, county, state or federal)
- U.S. military ID or military dependent ID
- Valid foreign passport
- Matricula Consular (Mexican Consular Identification, commonly used by a Mexican parent of a U.S. citizen child applicant)
- If the parent or guardian does not have the type of IDs listed above, visit the website below for more alternatives: <https://travel.state.gov/content/passports/en/passports/information/identification.html>

**5. Parents must bring a 2x2 inch picture of their child. Make sure to pay attention to what it must look like:**

- Printed on photo quality paper
- Sized such that the head is between 1 inch and 1 3/8 inches (between 25 and 35 mm) from the bottom of the chin to the top of the head
- Taken within the last six months to reflect current appearance
- Taken in front of a plain white or off-white background
- Taken directly facing the camera
- With a neutral facial expression and both eyes open
- Taken in clothing that you normally wear on a daily basis
- Uniforms should not be worn in your photo, except religious clothing that is worn daily
- A hat or head covering that obscures the hair or hairline should not be worn, unless it's worn daily for a religious purpose. The full face must be visible. The head covering must not cast any shadows on the face.
- Headphones, wireless hands-free devices or similar items are not acceptable in the photo
- If the child normally wears prescription glasses, a hearing device or similar articles, they may be worn for the photo
- Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless

<sup>1</sup> Under Georgia law, only the mother of a child born out of marriage has custody of that child. O.C.G.A. §19-7-25. The father of the child has no legal rights with respect to the child unless he marries the mother or he obtains a court order "legitimizing" the child (declaring him the legal father of the child) and a specific order for custody and visitation. O.C.G.A. §19-7-22. Because not all states follow this law, you may still have to complete Form DS-5525 statement of exigent/special family circumstances to explain why you shouldn't need father's consent in this situation.



they are needed for medical reasons (a medical certificate may be required)

➤ Some passport acceptance facilities provide photo services for an additional fee. Most CVS store locations provide these photo services for a fee.

*DO NOT attach your photo to the other papers.*

## 6. Bring money to pay the passport fee.

It is \$105 for a Passport Book and \$40 for a Passport Card, or \$120 for a Passport Book and Card. Some offices do not take credit cards or checks, so make sure to bring cash.

**If you are a parent who is applying without the other parent's consent** and you don't have sole custody, you must bring and fill out all of these papers:

- Complete U.S. Passport Application (Form DS-11).
- Complete Sections 1 through 8 on the Statement of Exigent/Special Family Circumstances (Form DS-5525). If you don't know the answer to a question, write "I don't know."
- If the other parent is not in the child's life, then in Section 7 describe ALL of your efforts to try and find that other parent. You should contact at least 2 different people including friends, family members, former employers, or former landlords to ask for the non-applying parent's current address and write down exactly what each person tells you. You should look on the internet and in telephone directories and write down exactly what you find. If you need more space to describe your attempts to contact the non-applying parent, continue on a separate paper. We understand that it may be difficult to find the non-applying parent, and it is likely you will not be able to find that parent. It is, however, very important that you show genuine effort to try to find them. If the State Department is not convinced that you made a good faith effort to find the non-applying parent, they will likely reject your application.
- If you currently live in Georgia, you were never married to the child's parent, and the parent never filed an action to legitimize the child, then in Section 8 you should write the following: "I have sole custody of (your child's name) by operation of Georgia law because the child was born out of wedlock and the parent has never legitimated the child. Attached is a copy of O.C.G.A. § 19-7-25 and my child's birth certificate." If applicable also add: "Additionally, I have searched for my child's parent to try to obtain his consent but I have been unable to find him."
- Describe any additional special or emergency circumstances which require the travel in Section 8.
- Attach any additional relevant evidence such as a custody order, death certificate, incarceration order, deportation order, or temporary protective order.
- Make a copy of everything you plan to submit to the Department of State and keep all of those documents together for your records.
- Send the original Passport Application, Issuance of U.S. Passport to Minor, original Statement of Exigent/ Family Circumstances, and any additional relevant evidence such as the copy of the Sole Custody Statute (O.C.G.A. § 19-7-25). Attach a copy of your child's birth certificate. Do not send the original. *Remember, keep a copy of these documents in a safe place.*

**If both parents are not around** (they have been deported or are out of the country), then a trusted person can apply for the child's passport. This person must have a letter from both parents. The letter needs to say that the parents give permission for this person to apply for a passport for the child. It must be stamped by a notary. You also must include copies of both parents' IDs. When this letter is only from one parent, the trusted person also needs to have a copy of legal papers that say that parent has sole custody.

If the application for the child is denied, contact a lawyer right away. You can apply for an appeal and try again, but you must do it right away. The attorney could also advise you about applying for sole custody if necessary. Please remember to keep copies of all papers you turn into the State Department and keep all letters and papers you get from them.

## IF YOUR CHILD WAS BORN OUTSIDE OF THE UNITED STATES

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Please call the embassy or consulate of the country where your child was born and ask what you will need to get a passport for your child. The embassy can help you with your choices and also see if it's possible for your child to have citizenship in both their home country and the U.S.

### Other Travel Considerations

If you want the caregiver you choose to travel with your children or arrange their travel, keep your child's birth certificate, passport and copies of any legal papers in a safe place that the caregiver knows about. Even if your children have passports, it is hard to travel as a child without parents and other issues may come up. Any time your child travels without parents, an ICE office or airline worker may ask for a letter of consent (a letter saying it is OK for your child to travel with the caregiver). It is very important to talk to the airline and consulate/embassy of your home country to understand what your child may need to travel outside the U.S. The U.S. Customs and Border Protection has a website with lots of helpful information: [www.cbp.gov/travel/international-visitors/know-before-you-go](http://www.cbp.gov/travel/international-visitors/know-before-you-go).

*See Sample Letter of Consent for International Travel in the Appendix of Forms.*

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## IF YOU ARE DETAINED OR DEPORTED AND YOU WANT YOUR CHILDREN TO STAY IN THE U.S.

### EDUCATION/ENROLLMENT IN SCHOOL

Children have a right to remain in the same school when they have to change homes due to loss of housing, economic hardship, or a similar reason. This means that if you are picked up by ICE and your children have to stay with a caregiver who does not live in your school district, your children can continue going to their original school. The school should also provide transportation. If the school tells the caregiver that your children can't keep going to their old school, you or the caregiver can dispute that decision.

On the other hand, if you and the children's caregiver decide it would be better for the children to attend a school in the caregiver's district, the caregiver should be allowed to enroll the children in that school, even if the caregiver does not have any formal custody or guardianship order.

**NON-PARENTAL AFFIDAVIT** The school district may require the caregiver to complete a Non-Parental Affidavit. In this guide, you will find examples of the non-parental affidavits used in Atlanta Public Schools, Cobb County Schools and Gwinnett County Schools. If you live in another place, ask the school district for the form, but remember that the school district cannot require custody or guardianship papers.

**KINSHIP CAREGIVER AFFIDAVIT** Additionally, the school district may ask a caregiver to sign a Kinship Caregiver Affidavit. The Kinship Caregiver Affidavit requires a caregiver to list a driver's license or ID number, and some caregivers may not have this information. However, the Kinship Caregiver Affidavit is not required to enroll a child in school, although it will allow a caregiver to consent to services which usually require parental consent. Those services are:

- Educational Services
- Medical services needed to enroll in school (for example, vaccines/immunizations)
- Curricular or extracurricular activities

### Provisional Enrollment

If the school district has any questions about a child's eligibility to enroll, the school district is required to provisionally enroll the child for 30 days to allow the caregiver time to resolve the problem without the child missing school.

Under Georgia law, a person who is caring for a child in their home is required to enroll that child in school. If you or the caregiver have any problems enrolling your children in school, it is important to contact an attorney immediately.

*See School Affidavits in the Appendix of Forms.*

## POWER OF ATTORNEY

Power of attorney gives the caregiver temporary authority to make decisions for your children without having to go to court. If you sign a power of attorney, it does not give the caregiver rights as a parent, it just lets them make decisions for the child in case you are unable to because you are detained or deported. You still have your rights as the parent of your child. You can decide if you want the caregiver to make decisions about your children's school, doctor's visits, housing or travel.

In Georgia, power of attorney for the care of a minor child can only be given to a grandparent, step-grandparent, great grandparent or step-great grandparent. If you give power of attorney to someone other than a grandparent, it will not be valid in Georgia. However, if you want someone else to be a caregiver for your children, and you don't want to go to court, you can still write a power of attorney because many places may honor it.

You must make sure that the caregiver you choose is ready to take care of your children even for a long period of time. Make sure they also know that if they decide they cannot be a caregiver any longer, they must tell you right away.

Both parents must sign a power of attorney. But, a parent who has sole custody can fill out a power of attorney without the other parent signing it. If you are a parent with sole custody, you should tell the other parent if you plan to sign a power of attorney before you sign it. Send a letter to them by certified mail, and ask for a return receipt. It is very important to remember that the other parent could deny the power of attorney you choose and ask the court for a child custody change.

The Grandparent Power of Attorney form and a revocation form (if you change your mind about the power of attorney) are included in this guide. We are also including a form you can use to give someone other than a grandparent power of attorney. Remember that this form is technically not valid in Georgia. If it does not work for your needs, you should consult with an attorney about your options.

You should fill out the Power of Attorney and give it to your child's caregiver, your child's school, and your child's doctor. **Make sure to keep a copy for yourself.**

When you want to change the power of attorney so that the caregiver will not make decisions for your child anymore, you must fill out the revocation form and give it to the caregiver. We recommend sending the revocation form to the caregiver by certified mail, and request a return receipt. Give copies of the revocation form to your child's school, doctor and anyone else who may have had a copy of the power of attorney.

*See Power of Attorney forms in the Appendix of Forms.*

## POWER OF ATTORNEY

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A paper that is an understanding between you and the caregiver in case you are detained or deported. It lets the caregiver make decisions for your children while you are away.

## IF YOU ARE DETAINED OR DEPORTED AND YOU WANT YOUR CHILDREN TO REMAIN IN THE U.S. WITH A CAREGIVER

### Temporary Guardianship

A temporary guardian is a person you choose to take care of your child while you give up parental rights temporarily. A temporary guardian can be any adult who is taking care of your child, so long as the adult is not being taken care of by the state or another person. The temporary guardian will take care of your children just like you would. They will make decisions for their health care, where they go to school, and pay for anything the child may need. They will be “standing in your place” as a parent.

The guardian will be under a court order to do everything they can to take care of your child and provide for them in the best way they can. You have the right to choose the temporary guardian. The court can also think about what your child wishes. However, the court makes the final decision. Sometimes, the judge in the probate court will choose someone other than the person you choose, but this does not happen very often. The court might ask the person who is trying to be the temporary guardian to have a criminal or background check. Some courts may require that the guardian be a U.S. citizen, permanent resident, or have proof of permanent status in the U.S.

To get a temporary guardian for your children, an adult who is already taking care of your children must file a petition with the probate court. The caregiver must file the petition in the county where they live. If the caregiver does not live in Georgia, they must file the petition in the county where the child is, but the child must be with the caregiver. To be very clear: a person CANNOT have temporary guardianship of a child if that child is not already living with and being cared for by that person.

For a temporary guardianship to work, you will have to give up your parental rights. While the other person has temporary guardianship of your children, the other person will make all decisions for the children, like when you can visit them. A temporary guardianship does not permanently give up your parental rights, but your rights will be “suspended” (put on hold) until the guardianship ends.

You still have to pay to support your child, and the guardian will also pay for the child to keep them healthy and safe. If you or no one else can help support your child, the temporary guardian can take on all the support for the child, which they might want to do so they can add the child to their health insurance. It is still your responsibility, however, to support your child with money.

When the court decides on a temporary guardian, it will remain in effect until:

- The child is 18
- The child is adopted
- The child is emancipated by the court (old enough to be on their own)
- The child dies
- A temporary guardian dies
- Letters of guardianship are given to a permanent guardian
- A court order is made that ends the temporary guardianship.

You can ask the court at any time to end the temporary guardianship. When you file to end it, the court will send a notice to the temporary guardian. If the temporary guardian is OK with it, the court may end the guardianship without a court hearing. But, if the temporary guardian says no within 10 days of the notice and wishes to stay as temporary guardian to the child, the court will hold a hearing to decide what is best for the child. The longer the children are with the guardian can make a difference in how the court decides.

#### IMPORTANT

If you do not provide support for your children, either financial support or emotional support, you can lose your rights to your children. Please keep in touch with your children and do all you can to provide for your child, even if you are apart.

If you do not want to get the court involved, fill out the forms for Power of Attorney for the Care of a Minor Child. Please be aware that in certain situations (like if the caregiver wants to add the child to his or her insurance), only a court-ordered guardianship will work.

The forms that must be filled out to file a Petition for Temporary Letters of Guardianship of a Minor can be found at <http://gaprobate.gov/content/standard-forms> or from your county probate office. Each court may have other forms for you to fill out, so make sure to ask.

The form contains a number of papers that the children's parents must sign and have notarized (signed by a notary), and a form that has to be notarized and signed by any child who is over the age of 14. These papers show the court that the parents and child (if over the age of 14) know and approve of the temporary guardian chosen. *Please know that the form cannot be filed with the court until the person you have chosen to become the temporary guardian takes custody of the child. This means that some of these papers can be filled out at any time, but you might want to make plans to sign the form and the rest of the papers after you are gone, even if you are detained or deported by ICE.*

### **How to choose a Guardian**

If you think that having a temporary guardian for your child is the best thing to do, the first step is to decide who will be the guardian. The guardian you pick must be someone you trust - this person will be acting as a parent to your children. The guardian should be someone who can quickly take care of your children if you are detained or deported.

Think about the choices below:

#### **A Guardian CAN Be:**

- A family member
- A friend
- A godparent
- A neighbor

#### **A Guardian CANNOT Be:**

- ✗ A minor (someone under 18)
- ✗ Incapacitated or incompetent (a person who cannot take care of him or herself without the help of a guardian due to serious physical, intellectual, or mental disabilities, including severe mental illness.)
- ✗ Someone who says they will not serve as a guardian or has other responsibilities that would stop them from being a guardian

#### **What a temporary guardian CANNOT do:**

The temporary guardian will care for the child day-to-day, but a guardian cannot do everything for the child. For example, guardians cannot mix money intended for the child with their own or get rid of any of the child's money or assets without the court knowing and saying it's OK. If the child thinks the guardian is denying their rights or not taking care of them, the child can file a petition in the probate court.

Atlanta Legal Aid and Georgia Legal Services Program are great places to call with questions regarding guardianship. If you do not qualify for their services, you may talk to any family lawyer you choose.

**A Guardian Will Have the Power to:**

- Be in charge of your children’s possessions (clothes, toys, books)
- Decide where your children will live
- Bring lawsuits on behalf of your children
- Give the OK for your children’s medical treatment

**A Guardian Must:**

- Respect the rights of your children
- Take care of the support, care, education, health, of your children
- Take care of the child’s personal things (clothes, books, toys)
- Save for your children’s future needs with any extra money they have
- Within 60 days after appointment and within 60 days after each anniversary date of appointment, file with the court a personal status report concerning the child, including: a description of the child’s general condition including changes since the last report and the minor’s needs; all of the child’s addresses during the reporting period and the living arrangements of the minor for all addresses; and recommendations for any alteration in the guardianship order.
- Keep the court informed of the guardian’s current address
- Act promptly to terminate the guardianship when the child dies, reaches age 18, is adopted, or is emancipated

**Important questions to ask yourself when deciding on a guardian**

1. Who is the person you are thinking of?

---

2. Where do they live? Is it safe for your children there? Will they be able to attend school or go to the doctor from there?

---

---

3. Who else lives with them? Are you comfortable with these people? Do you feel comfortable if your children lives with or around them, too?

---

---

4. If you are detained, are they able to come and get your children right away?

---

5. Can they support and care for your children? Can they do so for a long period of time if they need to?

---

6. If you are detained for a long time, are they financially capable of supporting your children? Is there money that you can arrange to send to help take care of your children? Do you trust them with your money? *Remember, unless the person you choose takes responsibility for paying for the care of your children, it will still be your responsibility to provide money for your children’s support.*

---

7. Can they provide enough supervision for your children (will there always be someone to watch your children)?

---

8. Do you trust them to make important decisions about your children's health and care? Will they tell these decisions to others?

---

9. Will they take care of your children's things (clothes, books, toys)?

---

10. Can they save and manage money for your children's future needs?

---

**Make sure your guardian knows:**

- You would like the person to care of your children if you are detained and that the person agrees to it.
- That they must pick up your children right away if you are detained. If your children are taken into the custody of the Department of Family and Children's Services (DFCS), your potential guardian must contact DFCS immediately to demonstrate that they are or should be your children's proper guardian.
- Where your children attend school and their medical needs.
- Where your children's important documentation is kept (copy of birth certificate, custodial power of attorney, identification information, school and medical records), as well as any other emergency contact and important information. You may want to consider giving your children's potential guardian his or her own copies of these documents.

If, after answering all the above questions, you have any doubts about the person you chose to be a potential guardian, you may want to re-think your choice. Remember, you must make sure that the guardian you choose says they are ready, willing, and able to take care of your children, and that they can do so even if you are detained or unable to return to your children for a long time.

\* \* \*





## APPENDIX

# FORMS

The following forms are included for informational purposes and should only be executed after consulting with a lawyer. This manual should in no way replace individualized advice from a trusted lawyer.

## Georgia **Grandparent** Power of Attorney For the Care of a Minor Child

### NOTICE

(1) The purpose of this power of attorney is to give the grandparent that you designate (the agent grandparent) powers to care for your minor child, including the power to: enroll the child in school and in extracurricular school activities; have access to school records and disclose the contents to others; arrange for and consent to medical, dental, and mental health treatment for the child; have access to such records related to treatment of the child and disclose the contents of those records to others; provide for the child's food, lodging, recreation, and travel; and have any additional powers as specified by the parent.

(2) The agent grandparent is required to exercise due care to act in the child's best interest and in accordance with the grant of authority specified in this form.

(3) A court of competent jurisdiction may revoke the powers of the agent grandparent if it finds that the agent grandparent is not acting properly.

(4) The agent grandparent may exercise the powers given in this power of attorney for the care of a minor child throughout the child's minority unless the parent revokes this power of attorney and provides notice of the revocation to the agent grandparent or until a court of competent jurisdiction terminates this power.

(5) The agent grandparent may resign as agent and must immediately communicate such resignation to the parent, and if communication with such parent is not possible, the agent grandparent shall notify child protective services or such government authority that is charged with assuring proper care of such minor child.

(6) This power of attorney may be revoked in writing by any authorizing parent. If the power of attorney is revoked, the revoking parent shall notify the agent grandparent, school, health care providers, and others known to the parent to have relied upon such power of attorney.

(7) If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

### SAMPLE

Consult with a lawyer when filling out a document of this nature.

## POWER OF ATTORNEY FOR THE CARE OF A MINOR CHILD

made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(1) (A) I, \_\_\_\_\_  
NAME AND ADDRESS OF PARENT OR PARENTS  
hereby appoint \_\_\_\_\_  
NAME AND ADDRESS OF GRANDPARENT TO BE NAMED AS AGENT  
as attorney in fact (the agent grandparent) for my child \_\_\_\_\_  
NAME OF CHILD

to act for me and in my name in any way that I could act in person.

(B) I hereby certify that the agent grandparent named herein is the (*place a check mark beside the appropriate description*):

- Biological grandparent;
- Stepgrandparent;
- Biological great-grandparent; or
- Stepgreat-grandparent

(2) The agent grandparent may:

- (A) Enroll the child in school and in extracurricular activities, have access to school records, and may disclose the contents to others;
  - (B) Arrange for and consent to medical, dental, and mental health treatment of the child, have access to such records related to treatment of the child, and disclose the contents of such records to others;
  - (C) Provide for the child's food, lodging, recreation, and travel; and
  - (D) Carry out any additional powers specified by the parent as follows:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(3) The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations that you deem appropriate):

\_\_\_\_\_

\_\_\_\_\_

(4) This power of attorney for the care of a minor child is being executed because of the following hardship (initial all that apply):

- (A) The death, serious illness, or terminal illness of a parent;
- (B) The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent;
- (C) The loss or uninhabitability of the child's home as the result of a natural disaster;
- (D) The incarceration of a parent; or
- (E) A period of active military duty of a parent.

(5) (Optional) If a guardian of my minor child is to be appointed, I nominate the following person to serve as such guardian:

\_\_\_\_\_  
NAME AND ADDRESS OF PERSON NOMINATED TO BE GUARDIAN OF THE MINOR CHILD

(6) I am fully informed as to all of the contents of this form and I understand the full import of this grant of powers to the agent grandparent.

(7) I certify that the minor child is not emancipated, and, if the minor child becomes emancipated, this power of attorney shall no longer be valid.

(8) Except as may be permitted by the federal No Child Left Behind Act, 20 U.S.C.A. Section 6301, et seq. And Section 7801, et seq., I hereby certify that this power of is not executed for the primary purpose of unlawfully enrolling the child in a school so that the child may participate in the academic or inter-scholastic athletic programs provided by that school.

(9) I certify that, to my knowledge, the minor child's welfare is not the subject of an investigation by the Department of Human Resources.

(10) I declare under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed and sealed in the presence of:

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

**SAMPLE**

Consult with a lawyer when filling out a document of this nature.

**ATTACHMENT**

This notice shall be attached to the grandparent power of attorney.

**ADDITIONAL INFORMATION**

To the Grandparent designated as attorney in fact (Agent Grandparent):

(1) If a change in circumstances results in the child not living with you for more than six weeks during a school term and such change is not due to hospitalization, vacation, study abroad, or some reason otherwise acceptable to the school, you should notify in writing the school in which you have enrolled the child and to which you have given this power of attorney form.

(2) You have the authority to act on behalf of the minor child until each parent who executed the power of attorney for the care of the minor child revokes the power of attorney in writing and provides notice of revocation to you as provided in O.C.G.A. Section 19-9-128.

(3) If you are made aware of the death of the parent who executed the power of attorney, you must notify the surviving parent as soon as practicable. With the consent of the surviving parent, or if the whereabouts of the surviving parent are unknown, the power of attorney may continue for up to six months so that the child may receive consistent care until more permanent custody arrangements are made.

(4) You may resign as agent by notifying each parent in writing by certified mail or statutory overnight delivery, return receipt requested, and if you become unable to care for the child, you shall cause such resignation to be communicated to the parent. If communication with such parent is not possible, you must notify child protective services or such government authority that is charged with assuring proper care of such minor child.

**To school officials:**

(1) Except as provided in the policies and regulations of the county school board and the federal No Child Left Behind Act, 20 U.S.C.A. Section 6301, et seq. and Section 7801, et seq., this power of attorney, properly completed and notarized, authorizes the agent grandparent named herein to enroll the child named herein in school in the district in which the agent grandparent resides. That agent grandparent is authorized to provide consent in all school related matters and to obtain from the school district educational and behavioral information about the child. Furthermore, this power of attorney shall not prohibit the parent of the child from having access to all school records pertinent to the child.

(2) The school district may require such residency documentation as is customary in that school district.

(3) No school official who acts in good faith reliance on a power of attorney for the care of a minor child shall be subject to criminal or civil liability or professional disciplinary action for such reliance.

**To health care providers:**

(1) No health care provider who acts in good faith reliance on a power of attorney for the care of a minor child shall be subject to criminal or civil liability or professional disciplinary action for such reliance.

(2) The parent continues to have the right to all medical, dental, and mental health records pertaining to the minor child.

## Georgia **General** Power of Attorney For the Care of a Minor Child

### NOTICE:

(1) The purpose of this power of attorney is to give the caregiver that you designate (the agent caregiver) powers to care for your minor child, including the power to: enroll the child in school and in extracurricular school activities; have access to school records and disclose the contents to others; arrange for and consent to medical, dental, and mental health treatment for the child; have access to such records related to treatment of the child and disclose the contents of those records to others; provide for the child's food, lodging, recreation, and travel; and have any additional powers as specified by the parent.

(2) Currently, Georgia only legally recognizes powers of attorney granted to a grandparent, step-grandparent, great grandparent, or step great-grandparent. However, if you do not want to give someone legal custody at this time, the general power of attorney may serve your needs even if you or the caregiver is not a grandparent since many third parties may still honor the agreement.

(3) The agent caregiver is required to exercise due care to act in the child's best interest and in accordance with the grant of authority specified in this form.

(4) The agent caregiver may exercise the powers given in this power of attorney for the care of a minor child throughout the child's minority unless the parent specifies a different duration, the parent revokes this power of attorney and provides notice of the revocation to the agent caregiver, or until a court of competent jurisdiction terminates this power. Third parties are currently not legally required to honor power of attorneys given to a non-grandparent caregiver in Georgia.

(5) The agent caregiver may resign as agent and must immediately communicate such resignation to the parent, and if communication with such parent is not possible, the agent caregiver shall notify child protective services or such government authority that is charged with assuring proper care of such minor child.

(6) This power of attorney may be revoked in writing by any authorizing parent. If the power of attorney is revoked, the revoking parent shall notify the agent caregiver, school, health care providers, and others known to the parent to have relied upon such power of attorney.

(7) If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

### SAMPLE

Consult with a lawyer when filling out a document of this nature.

## POWER OF ATTORNEY FOR THE CARE OF A MINOR CHILD

made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(1) I, \_\_\_\_\_  
NAME AND ADDRESS OF PARENT OR PARENTS \_\_\_\_\_,  
hereby appoint \_\_\_\_\_  
NAME AND ADDRESS OF CAREGIVER TO BE NAMED AS AGENT \_\_\_\_\_  
as attorney in fact (the agent CAREGIVER) for my child \_\_\_\_\_  
NAME OF CHILD \_\_\_\_\_  
to act for me and in my name in any way that I could act in person.

(2) The agent CAREGIVER may:

- (A) Enroll the child in school and in extracurricular activities, have access to school records, and may disclose the contents to others;
- (B) Arrange for and consent to medical, dental, and mental health treatment of the child, have access to such records related to treatment of the child, and disclose the contents of such records to others;
- (C) Provide for the child's food, lodging, recreation, and travel; and
- (D) Carry out any additional powers specified by the parent as follows:

(3) The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations that you deem appropriate): \_\_\_\_\_  
\_\_\_\_\_

(4) This power of attorney for the care of a minor child is being executed because:

(5) (Optional) If a guardian of my minor child is to be appointed, I nominate the following person to serve as such guardian:

\_\_\_\_\_  
NAME AND ADDRESS OF PERSON NOMINATED TO BE GUARDIAN OF THE MINOR CHILD \_\_\_\_\_.

(6) Duration of Power of Attorney:

(A) (Initials) This power of attorney is effective beginning

\_\_\_\_\_ and ending \_\_\_\_\_.

I reserve the right to revoke this power and authority at any time OR

(B) (Initials) This power of attorney is effective until I revoke this power of attorney.

(7) I am fully informed as to all of the contents of this form and I understand the full import of this grant of powers to the agent CAREGIVER.

(8) I certify that the minor child is not emancipated, and, if the minor child becomes emancipated, this power of attorney shall no longer be valid.

(9) Except as may be permitted by the federal No Child Left Behind Act, 20 U.S.C.A. Section 6301, et seq. And Section 7801, et seq., I hereby certify that this power of is not executed for the primary purpose of unlawfully enrolling the child in a school so that the child may participate in the academic or inter-scholastic athletic programs provided by that school.

(10) I certify that, to my knowledge, the minor child's welfare is not the subject of an investigation by the Department of Human Resources.

(11) I declare under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed and sealed in the presence of:

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

# Revocation of Power of Attorney for Care of a Minor Child

## Part I: To be filled out by parent(s) of minor child:

1. Minor Child's Name \_\_\_\_\_

2. Mother/Legal Guardian's Name & Address

\_\_\_\_\_  
\_\_\_\_\_

3. Father/Legal Guardian's Name & Address

\_\_\_\_\_  
\_\_\_\_\_

4. Caregiver's Name & Address

\_\_\_\_\_  
\_\_\_\_\_

## Part II: To be filled out by the parent(s).

I, \_\_\_\_\_,  
hereby revoke the Power of Attorney for Care of a  
(Name of Parent(s))

Minor Child for the child listed above in Part I, which was previously executed on  
and given to \_\_\_\_\_ to act as said minor child's  
(Date) (Name of Caregiver)

agent caregiver. All rights, power, and authority previously granted to said  
agent caregiver pursuant to said Power of Attorney for Care of a Minor Child  
are hereby revoked, effective immediately. I have sent a copy of this revoca-  
tion to the agent caregiver by certified mail or statutory overnight delivery,  
return receipt requested, and upon receipt of the revocation, the agent care-  
giver shall cease to act as agent. I have also sent copies of the revocation to the  
child's school, health care provider, and all others known to me to have relied  
upon such power of attorney.

IN WITNESS WHEREOF, I/We sign this Revocation of Power of Attorney for

### SAMPLE

Consult with  
a lawyer when  
filling out a  
document of  
this nature.



Care of a Minor Child and declare under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed and sealed in the presence of:

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires \_\_\_\_\_

**THE FORMS ON THE  
FOLLOWING PAGES CAN  
BE COMPLETED AND  
REMOVED FROM THE  
BOOK AS NEEDED.**

# Kinship Caregiver's Affidavit

Use of this affidavit is authorized by O.C.G.A. Section 20-1-16.

INSTRUCTIONS: Please print clearly.

I hereby certify that the child named below lives in my home and I am 18 years of age or older.

1. Name of child: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. My full name (*kinship caregiver giving authorization*): \_\_\_\_\_

4. My home address: \_\_\_\_\_  
\_\_\_\_\_

5.  I am a kinship caregiver.

6. I have assumed kinship caregiver status because of one or more of the following circumstances (*check at least one*):

- A parent being unable to provide care due to the death of the other parent;  A serious illness or terminal illness of a parent;
- The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent;
- The incarceration of a parent;
- The loss or uninhabitability of the child's home as the result of a natural disaster;
- A period of active military duty of a parent exceeding 24 months; or
- I am unable to locate a parent or parents at this time to notify them of my intended authorization because (*list reasons*):  
\_\_\_\_\_  
\_\_\_\_\_

7. Names of parent(s) or legal custodian(s): \_\_\_\_\_  
\_\_\_\_\_

8. Address of parent(s) or legal custodian(s): \_\_\_\_\_  
\_\_\_\_\_

9. Phone numbers and email addresses of parent(s) or legal custodian(s):  
\_\_\_\_\_  
\_\_\_\_\_

10. Kinship caregiver's date of birth: \_\_\_\_\_

11. Kinship caregiver's State of Georgia driver's license number or identification cards 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 recognize that if I knowingly and willfully make a false statement in this affidavit, I will be guilty of the crime of false swearing.

Kinship Caregiver’s Signature: \_\_\_\_\_

Kinship Caregiver’s Printed Name: \_\_\_\_\_

SWORN AND AFFIRMED before me on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC (SEAL)

My commission expires \_\_\_\_\_

**NOTICES**

- 1. This declaration does not affect the rights of the named child’s parent or legal guardian regarding the care, custody, and control of the child and does not mean that the kinship caregiver has legal custody of the child.
- 2. A person that relies on this affidavit has no obligation to make any further inquiry or investigation.
- 3. This affidavit is not valid for more than one year after the date on which it is executed.

**ADDITIONAL INFORMATION**

**TO KINSHIP CAREGIVERS**

- 1. If the child stops living with you for a period of more than 30 days, you are required to provide notice not later than 30 days after such period to anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
- 2. If you do not have the information in item 11 of the affidavit (State of Georgia driver’s license or identification card), you must provide another form of identification such as your social security number.

**TO SCHOOL OFFICIALS**

The school system may require additional reasonable evidence that the kinship caregiver resides at the address provided in item 4 of the affidavit.

**TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS**

- 1. No person that acts in good faith reliance upon a kinship caregiver’s affidavit to render educational services or medical services directly related to academic enrollment or any curricular or extracurricular activities, without actual knowledge of facts contrary to those stated in the affidavit, shall be subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- 2. This affidavit does not confer dependency for health care coverage purposes.

# Letter of Consent for International Travel

To Whom It May Concern:

We/I, \_\_\_\_\_ NAME \_\_\_\_\_, are the  
\_\_\_\_\_ RELATIONSHIP TO CHILD \_\_\_\_\_ of \_\_\_\_\_ CHILD'S FULL NAME \_\_\_\_\_,  
who's date of birth is \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_.

We/I acknowledge that our son/daughter is traveling outside the country with  
\_\_\_\_\_ NAME OF TRAVELING COMPANION \_\_\_\_\_, with our permission.

On this trip, the child will be traveling to \_\_\_\_\_ DESTINATION \_\_\_\_\_ on the following dates  
\_\_\_\_\_ DATE OF DEPARTURE \_\_\_\_\_ to \_\_\_\_\_ DATE OF RETURN \_\_\_\_\_.

The means of transportation that will be used is as follows:  
\_\_\_\_\_ LIST AIRLINE AND FLIGHT NUMBERS, CRUISE LINES, ETC., OR STATE "BY AUTOMOBILE" \_\_\_\_\_  
\_\_\_\_\_

Upon arrival the child will be residing at the following address:  
\_\_\_\_\_

Should there be any questions, please contact \_\_\_\_\_ NAME \_\_\_\_\_ at  
\_\_\_\_\_ ADDRESS AND PHONE NUMBER(S) \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

SWORN AND AFFIRMED before me on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC





## NON-PARENTAL AFFIDAVIT

Pursuant to Board Policy JBCA, Resident Student and Administrative Regulation JBC-R, Student Admissions, this Affidavit shall be completed during enrollment and/or re-enrollment in Atlanta Public Schools. This Affidavit shall be completed for students living in the City Atlanta Public Schools System, but who are residing with a person who is not the parent, legal guardian or grandparent. This Affidavit shall be completed by the adult with whom the student is living. This affidavit should not be utilized for Homeless students. Please see Board Policy JBC(1) and Administrative Regulation JBC(1)-R, Homeless Students.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein. The student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_\_ is living with me at the following address:

Name of Non-Parent: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: **GEORGIA** Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cellular Phone: \_\_\_\_\_ Other: \_\_\_\_\_

1. Reason the student is living with the above named adult (check one):

- A. The death, serious illness, or incarceration of a parent or legal guardian.
- B. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
- C. Abuse or neglect by the parent or legal guardian.
- D. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- E. The loss or inhabitability of the student's home as the result of a natural disaster.
- F. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
- G. The student is living in a foster home, group home, or other institution or care facility that is located in the county.
- H. The parents cannot be located.
- I. Other circumstances as approved by the school system (explain below).  
\_\_\_\_\_

2. The name and last known address of the child's parent(s) or legal guardian is: \_\_\_\_\_  
\_\_\_\_\_

3. I assumed control and charge of this child, which I provide 24 hours per day and 7 days per week, on \_\_\_\_\_  
(day/month/year).

4. The name and address of the last school that the child attended is: \_\_\_\_\_  
\_\_\_\_\_

5. The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

6. I attest that this request to attend an Atlanta Public School is not primarily related to attendance at a particular school in Atlanta Public Schools, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

7. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

8. I further attest that I have been given the responsibility for educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.

DF-004

06-30-08

9. If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I, as the adult with whom the child is living, have made every effort to secure this and they are unable or refused to adhere to this request.

10. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

**NOTICE OF PENALTIES AND LIABILITY**

I understand that: **(Please initial each paragraph)**

\_\_\_\_ 1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a).

\_\_\_\_ 2. If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same.

\_\_\_\_ 3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.

\_\_\_\_ 4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

\_\_\_\_ 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20.

\_\_\_\_ 6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71.

\_\_\_\_ 7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

**I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief. I understand that the student is conditionally enrolled for 30 days and this Affidavit is valid for 30 days to allow me to procure a Legal Guardianship for the above minor child. If guardianship is not presented within 30 days, school may withdraw the student.**

\_\_\_\_\_  
Signature of adult with whom the child is living

\_\_\_\_\_  
Date

Sworn to and Subscribed before me

this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

Guardianship can be obtained by contacting the Fulton County Probate Court located at 136 Pryor Street, Room C-230, Atlanta, Georgia 30303, (404-730-4697). Information regarding this process is also available online at [www.gaprobate.org](http://www.gaprobate.org). The Court may require a fee for this process, but no fee will be required if an affidavit of indigence is filed with the Court (See O.C.G.A. § 15-9-61). For persons seeking guardianship of students in their care, the guardian must be an adult of at least 18 years of age or an emancipated minor at least 16 years of age residing within the boundaries of Atlanta Public Schools. The District may object to petitions of guardianship through the court system.





### NON-PARENTAL AFFIDAVIT

This form must be fully completed.  
Please Print or Type

**THIS FORM SHALL BE COMPLETED BY AN ADULT WITH WHOM THE STUDENT IS LIVING.**

This form shall be completed for students living in the Cobb County School District (District) who do not live in the home of their parents or guardian.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_\_ is living with me at the following address:

My Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Reason the student is living with the above-named adult (check at least one)
  - A. The death, serious illness, or incarceration of a parent or legal guardian.
  - B. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
  - C. Abuse or neglect by the parent or legal guardian.
  - D. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
  - E. The loss or inhabitability of the student's home as the result of a natural disaster.
  - F. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
  - G. The student is living in a foster home, group home, or other institution or care facility that is located in the county.
  - H. The parents cannot be located.
2. The name and last known address of the child's parent(s) or guardian is: \_\_\_\_\_
3. I assumed control and charge of this student, which I provide 24 hours per day and 7 days per week, on \_\_\_\_\_ (day/month/year)
4. The name and address of the last school that the child attended is: \_\_\_\_\_
5. The School District's Superintendent, or his/her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the District. The audit may also include a personal visit by a District attendance officer or other employee of the District at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the District discovers fraud or misrepresentation, student shall be withdrawn from school.
6. I attest that this request to attend the Cobb County School District is not primarily related to attendance at a particular school in the Cobb County School District *nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.*
7. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

8. I further attest that I have been given the responsibility for educational decisions for the student including, but not limited to, receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.
9. If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I have made every effort to secure that signature.
10. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the Cobb County School District.

**NOTICE OF PENALTIES AND LIABILITY:**

I understand that:

1. If I falsify information or defraud the Cobb County School District on this affidavit, I will be obligated to pay for the costs incurred by the District for the period during which the ineligible student is enrolled, and shall remunerate the District as set forth in O.C.G.A. § 20-2-133 (a). \_\_\_\_\_ (initial)
2. If the costs incurred by the District are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same. \_\_\_\_\_ (initial)
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1. \_\_\_\_\_ (initial)
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2. \_\_\_\_\_ (initial)
5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20. \_\_\_\_\_ (initial)
6. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71. \_\_\_\_\_ (initial)
7. By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions. \_\_\_\_\_ (initial)

**I SOLEMNLY AFFIRM UNDER THE PENALTIES LISTED ABOVE THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Signature of affiant (adult with whom the child is living)

\_\_\_\_\_  
Signature of parent/guardian (if available)

<p><b>PLEASE NOTARIZE</b></p> <p>Sworn to and subscribed before me this _____ day of _____, 20____.</p> <p>Notary Public: _____</p>	<p>Name of Affiant (Adult with whom the child is living) (Please Print): _____</p> <p>Enrolling Person Signature: _____</p> <p>Principal/Designee Signature: _____</p>
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## GWINNETT COUNTY PUBLIC SCHOOLS NON-PARENTAL AFFIDAVIT

*This Affidavit shall be completed for students living in the Gwinnett County Public School System, but who are residing with a person who is not the parent or legal guardian. This Affidavit shall be completed by the adult with whom the student is living. This Affidavit should not be utilized for Homeless students.*

*The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system.*

*I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.*

\_\_\_\_\_

The student whose legal name is \_\_\_\_\_, and whose birth date is \_\_\_\_\_, is living with me at the following address:

Name of Non-Parent: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Reason the student is living with the above named adult (check one).
- a. The death, serious illness, or incarceration of a parent or legal guardian.
  - b. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
  - c. Abuse or neglect by the parent or legal guardian.
  - d. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
  - e. The loss or inhabitation of the student's home as the result of a natural disaster.
  - f. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
  - g. The parents cannot be located.
  - h. Other circumstances as approved by the school system (explain below).

District explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. The name and last known address of the child's parent(s) or legal guardian:

\_\_\_\_\_  
\_\_\_\_\_

3. I assumed control and charge of this child, which I provide 24 hours per day and seven days per week, on (month/day/year). \_\_\_\_\_

4. The name and address of the last school that the child attended:

\_\_\_\_\_

5. I attest that this request to attend a Gwinnett County Public School is not primarily related to attendance at a particular school in Gwinnett County, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

6. I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

7. I further attest that I have been given the responsibility for educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school-related activities, and taking appropriate action in connection with student records.

8. If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I, as the adult with whom the child is living, have made every effort to secure this and they are unable or refused to adhere to this request.

9. I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

\_\_\_\_\_  
Signature of affiant (adult with whom the child is living)    S i g n a t u r e   o f   p a r e n t / l e g a l   g u a r d i a n   ( i f   a v a i l a b l e )

**NOTICE OF PENALTIES AND LIABILITY**

I understand that:

1. If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133(a).
2. If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same.
3. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1.
4. I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2.

- 5. I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20.
- 6. I may be prosecuted, held criminally liable and punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of fast swearing pursuant to O.C.G.A. § 16-10-71.

By signing on the line provided below, I \_\_\_\_\_ affirm that I have read and understand each of these provisions listed above.

I \_\_\_\_\_ solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of affiant (adult with whom the child is living)      Signature of parent/legal guardian (if available)

State of Georgia, County of Gwinnett

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due executing of this foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public



Revision 5

**Georgia Department of Education  
Guidance for State Board of Education Rule  
160-5-1-.28 STUDENT ENROLLMENT AND WITHDRAWAL.**

**Appendix G: Non-Parental Affidavit of Residence Sample Form**

**NON-PARENTAL AFFIDAVIT OF RESIDENCE**

This form shall be completed for students living in \_\_\_\_\_ County/City School System, but not living in the home of the parents or legal guardian.

This form shall be completed by an adult with whom the student is living.

I, the undersigned, am over eighteen (18) years of age and competent to testify to the facts and matters set forth herein.

The student whose legal name is \_\_\_\_\_ and whose birth date is \_\_\_\_\_ is living with me at the following address:

Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_

Reason the student is living with the above named adult (check one)

- \_\_\_ A. The death, serious illness, or incarceration of a parent or legal guardian.
- \_\_\_ B. The abandonment by a parent or legal guardian of the complete control of the student as evidenced by the failure to provide substantial financial support and parental guidance.
- \_\_\_ C. Abuse or neglect by the parent or legal guardian.
- \_\_\_ D. The physical or mental condition of the parent or legal guardian is such that he or she cannot provide adequate care and supervision of the student.
- \_\_\_ E. The loss or inhabitability of the student's home as the result of a natural disaster.
- \_\_\_ F. The parent or guardian is unable to provide care and supervision of the student because he or she is serving in the military.
- \_\_\_ G. The student is living in a foster home, group home, or other institution or care facility that is located in the county.
- \_\_\_ H. The parents cannot be located.
- \_\_\_ I. Other circumstances as approved by the school system (explain below).

District explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The name and last known address of the child's parent(s) or legal guardian is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I assumed control and charge of this child, which I provide 24 hours per day and 7 days per week, on \_\_\_\_\_ (day/month/year).

The name and address of the last school that the child attended is:

Dr. John D. Barge, State School Superintendent  
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**Revision 5**

**Georgia Department of Education  
Guidance for State Board of Education Rule  
160-5-1-.28 STUDENT ENROLLMENT AND WITHDRAWAL.**

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The school system's superintendent, or his or her designee, may verify the facts contained in this affidavit and conduct an audit on a case-by-case basis after the child has been enrolled in the county public school system. The audit may also include a personal visit by a school district attendance officer or other employee of the district at the residence provided in this affidavit to verify the facts sworn to in this affidavit. If the superintendent discovers fraud or misrepresentation, the child shall be withdrawn from school.

I attest that this request to attend a \_\_\_\_\_ County/City school is not primarily related to attendance at a particular school in \_\_\_\_\_ County/City, nor is this affidavit being completed for the purpose of participating in athletics at a particular school, taking advantage of special services or programs offered at a particular school, or for any other similar purpose.

I further attest that the student named above is not now under a long-term suspension or expulsion from his/her most recent school nor is currently subject to a recommendation for long-term suspension or expulsion for his/her most recent school.

I further attest that I have been given the responsibility for making educational decisions for the child, including receiving notices of discipline, attending conferences with school personnel, granting permission for school related activities, and taking appropriate action in connection with student records.

I further attest that I have been given the responsibility for making medical decisions and consenting to any surgical or medical treatment or procedures.

If the parent, guardian, or legal custodian is unable, refuses or is otherwise unavailable to sign this form, I, as the adult with whom the child is living, have made every effort to secure this and they are unable or refused to adhere to this request.

I understand that if any of the information provided on this affidavit is changed for any reason, it is my responsibility to immediately notify the school system.

**NOTICE OF PENALTIES AND LIABILITY:**

I understand that:

If I falsify information or defraud the school system on this affidavit, I will be obligated to pay for the costs incurred by the local school system for the period during which the ineligible student is enrolled, and shall remunerate the local school system as set forth in O.C.G.A. § 20-2-133 (a).  
\_\_\_\_\_ (initial)

If the costs incurred by the local school system are collected by an attorney, I will be obligated to pay for all expenses and attorney's fees incurred by the Board of Education in the collection of same. \_\_\_\_\_ (initial)

I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than ten years if I am found guilty of forgery in the first degree, pursuant to O.C.G.A. § 16-9-1. \_\_\_\_\_(initial)

Dr. John D. Barge, State School Superintendent  
September 13, 2012 \* Page 26 of 38



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I may be prosecuted, held criminally liable, and imprisoned for not less than one nor more than five years if I am found guilty of forgery in the second degree, pursuant to O.C.G.A. § 16-9-2. \_\_\_\_ (initial)

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not more than one nor more than five years, or both, if I am found guilty of making false statements pursuant to O.C.G.A. § 16-10-20. \_\_\_\_\_ (initial)

I may be prosecuted, held criminally liable, and punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both, if I am found guilty of false swearing pursuant to O.C.G.A. § 16-10-71. \_\_\_\_\_ (initial)

By initialing on the lines provided next to each of the items listed above, I affirm that I have read and understand each of these provisions.

I solemnly affirm under the penalties listed above that the contents of this affidavit are true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of affiant (adult with whom the child is living)

\_\_\_\_\_  
Signature of parent/legal guardian

State of: \_\_\_\_\_ County of: \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public for said county and state, do hereby certify that \_\_\_\_\_ personally appeared before me this day and acknowledged the due executing of the foregoing instrument.

Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_.

My commission expires \_\_\_\_\_, 2 \_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

# Acknowledgments

We would like to acknowledge the following for their contributions to this guide:

Atlanta Legal Aid Society  
Alston & Bird LLP  
Asian Americans Advancing Justice — Atlanta  
Consulate General of Mexico in Atlanta  
Eversheds Sutherland LLP  
Immigrant Legal Resource Center  
Kids in Need of Defense  
Latino Community Fund Georgia  
Ragsdale, Beals, Seigler, Patterson & Gray, LLP  
Steptoe & Johnson LLP  
The Florence Immigrant and Refugee Rights Project

And all the individuals who took the time to review and comment on the drafts of this manual.



