Fason pou planifye pou yon ijans familyal

Pwodwi pa Massachusetts Law Reform Institute nan yon pote-kole avèk : ACLU of Massachusetts, Catholic Charities Archdiocese of Boston, Children's Law Center of Massachusetts, Community Legal Services and Counseling Center, Greater Boston Legal Services, Harvard Immigration and Refugee Clinic

Tout fanmi dwe planifye kiyès ki pral pran swen pitit yo pandan yon ijans. Atik yo ki anba a gen enfòmasyon ki pral ede ou kreye yon plan ki gen konsèy espesyal pou fanmi imigran yo.

Planifikasyon jeneral

- **Pale an fanmi**, sou plan ijans ou a. Fè timoun ou yo patisipe tou. Deside ki moun ki pral pran swen timoun yo, ki kote ou pral mete dokiman enpòtan yo, ki moun pou rele lè gen yon ijans.
- **Sanble dokiman enpòtan yo :** pran dokiman enpòtan tankou batistè ak paspò yo. Mete yo yon bon kote fanmi ou konnen ki kote pou yo jwenn yo. Itilize lis dokiman enpòtan ki anba paj sa a.
- **Konnen dwa ou yo** : Konstitisyon ameriken an bay tout moun Ozetazini sèten dwa. Chèche konnen kijan yo pwoteje ou. Chèche konnen dwa ou yo epi ale nan yon fòmasyon.
- **Mande èd imigrasyon :** si imigrasyon se youn nan pi gwo pwoblèm ou yo, eseye jwenn konsèy sou imigrasyon. Pran yon lis sèvis legal gratis nan Massachusetts anba paj sa a.

Revize Desanm 2024

Plan pou swen pitit ou

Planifye pou konnen ki moun ki pral pran swen pitit ou yo si ou pa kapab. Pale ak pitit ou yo ak moun ou chwazi pou pran swen yo a, pou tout moun ka konnen plan an epi dakò ak li. Men kèk etap ou ka pran :

- **Ranpli yon paj enfòmasyon pou moun k ap bay swen an pou chak timoun** : mete enfòmasyon sou timoun nan, tankou enfòmasyon sou lekòl li, enfòmasyon medikal, alèji ak medikaman, ak lòt detay ki enpòtan pou lavi kotidyen pitit ou a. Gade nan fèy enfòmasyon enpòtan timoun nan ki anba sit entènèt sa a.

- **Mete kontaj lekòl yo ajou** : kontakte lekòl pitit ou a. Verifye si yo gen bon enfòmasyon pou kontakte kèk grenn moun ou fè konfyans pou vin chèche pitit ou a lekòl si ou pa kapab.

    - Di lekòl la ou pa vle yo mete enfòmasyon ou nan okenn anyè lekòl la pibliye. Sa ap ede pwoteje enfòmasyon ou yo.

- **Li t ap yon bon ide si ou chwazi yon moun pou pran swen pitit ou si ou pa kapab** : Ou ka chwazi pami 2 fòm diferan pou bay yon lòt moun responsablite legal pou pitit ou. Ou pa bezwen ale nan tribinal. W ap jwenn toude fòm sa yo nan dosye sa a.

    - **Deklarasyon sou sèman pou bay oun otorizasyon pou bay swen** (Caregiver Authorization Affidavit) bay moun k ap bay swen an pouvwa ak responsablite pou pran desizyon sou edikasyon ak swen sante pitit ou.

    - **Nominasyon ajan tanporè** (Temporary Agency Appointment) pèmèt « ajan an, » oswa moun ou chwazi a, pou l pran nenpòt desizyon yon paran ka pran pou pitit ou a pou jiska 60 jou.

- **Anrejistre nesans pitit ou nan konsila etranje peyi ou** : si youn nan paran yo pa sitwayen ameriken, li t ap yon bon ide si ou anrejistre nesans pitit ou nan konsila peyi ou. Si pitit ou a vle vwayaje oswa ale nan peyi ou, li te ka pi fasil si nesans li deja anrejistre nan konsila a.

- **Aplike pou paspò pou pitit ou** : pifò gouvènman egzije pou toude paran yo bay pèmisyon pou yo ka fè paspò pou pitit yo a. Si se ou menm sèl ki gen lagad legal pitit ou a, ou pa bezwen pèmisyon lòt paran an.

- **Ekri yon lèt pou vwayaje** (Travel letter): Si pitit ou a bezwen vwayaje deyò Etazini, li kapab bezwen yon lèt notarye ki ba li pèmisyon pou vwayaje ak yon moun majè ou fè konfyans, oswa lòt paran an. Li t ap yon bon ide si ou kontakte yon konpayi avyon oswa konsila peyi ou pou konnen egzakteman kijan pou ou fè sa.

Ki moun ki pral pran swen pitit mwen si gen yon ijans?

Reflechi sou kesyon sa yo lè w ap chwazi yon moun pou pran swen pitit ou a :

1. Èske moun nan gen omwen 18 lane ? Se sèlman moun ki majè k ap ka yon moun ki ka bay swen
2. Èske se yon moun ki responsab ?
3. Èske moun nan kapab epi li dakò pou pran swen pitit mwen an ?
4. Èske moun nan konn nan pwoblèm deja ak Depatman Sèvis Timoun ak Fanmi [Department of Children and Families (DCF)] ?
5. Èske moun nan gen yon dosye kriminèl ?

Apre ou chwazi moun k ap bay swen an, w ap bezwen deside ki kalite aranjman legal ou pral gen ak li. Ou gen plizyè opsyon.

Opsyon enfòmèl la

Ou ka toujou fè yon plan enfòmèl avèk fanmi ak zanmi ou yo, men sa gen dwa pa pi bon opsyon an paske li pa bay moun k ap bay swen an dwa legal. Plan ou an ka gen ladan l : pale ak moun ou vle pran swen pitit ou a oswa ekri kisa ou vle yo fè si ta gen yon ijans. Yon plan enfòmèl pi fasil, men lekòl oswa doktè pitit ou a gen dwa dakò ak plan sa a epi moun k ap bay swen an ka bezwen ale nan tribinal pou ede pitit ou a.

Deklarasyon sou sèman pou bay moun k ap swen an otorizasyon (Caregiver Affidavit Authorization)

Yon deklarasyon sou sèman pou bay moun k ap swen an otorizasyon se yon bon opsyon si pi gwo sousi ou se edikasyon ak sante pitit ou a. Anpil lekòl ak doktè deja abitye ak fòm sa yo.

Deklarasyon sou sèman an di ki moun ou vle pou bay swen epi pou pitit ou a al viv ak li. Li bay moun k ap bay swen an dwa pou pran desizyon sou sante ak edikasyon pitit ou a pou jiska **2 zan**.

Ou pa abandone okenn nan dwa ou yo lè ou siyen li. Ou ka anile otorizasyon an ki nenpòt lè.

Deklarasyon sou sèman pou chwazi moun k ap swen an bezwen siyati yon sèl paran. W ap bezwen 2 temwen pou siyen fòm nan ak ou. Epi ou dwe siyen li devan yon notè. Moun k ap bay swen an dwe siyen deklarasyon sou sèman an tou. Moun k ap bay swen an ap siyen fòm nan epi itilize li pou tout tan timoun nan ap viv ak li.

Deklarasyon sou sèman pou bay moun k ap swen an otorizasyon an ki anba paj sa a diferan ak sa ou ka jwenn nan tribinal la. Fòm sa a gen espas pou w ajoute **yon lòt moun k ap bay swen** si sa ou chwazi a pa disponib.

Bay moun k ap bay swen an fòm orijinal la epi kenbe yon kopi ak dokiman enpòtan w yo.Ou pa oblije mete tout timoun ou yo nan yon sèl fòm. Ou ka ranpli yon fòm pou chak timoun. Chak timoun bezwen gen pwòp fòm yo si yo gen moun k ap bay swen diferan.
Deklarasyon sou sèman yo pou bay moun k ap swen an otorizasyon se dokiman ki itil pou nenpòt fanmi.

Nominasyon ajan tanporè yo itil si moun k ap bay swen an bezwen pran desisyon sou finans oswa pwopriyete pitit ou a**.**

Nominasyon ajan tanporè (Temporary Agent Appointment)
Nominasyon ajan tanporè a bay yon moun k ap bay swen plis pouvwa pase deklarasyon sou sèman pou bay moun k ap swen an otorizasyon an. Yon nominasyon ajan tanporè bay moun k ap bay swen an pouvwa ak responsablite pou pran plis desizyon pase desizyon sou swen sante ak edikasyon pitit ou a. Yon ajan tanporè ka pran desizyon sou pwopriyete ak finans pitit ou a tou. Moun ou chwazi pou li Ajan an ka gen nenpòt pouvwa ou genyen. **Men** Ajan an pa ka bay pèmisyon pou pitit ou a marye oswa pou yo adopte li.

Otorizasyon a di ou bay ajan an pouvwa pou pran desizyon nan lavi pitit ou a pou jiska **60 jou** apre ou siyen fòm nan devan yon notè. Ou gen dwa pou anile otorizasyon an ki nenpòt lè. Apre 60 jou, ou ka renouvle otorizasyon an, men ou dwe ranpli yon nouvo fòm.

Si ou konnen ki kote lòt paran an ye epi li kapab ak vle pran swen pitit ou a, toude paran yo dwe siyen nominasyon ajan tanporè a. Si lòt paran an pa ka pran swen pitit ou a, ou pa bezwen ranpli fòm sa a.

W ap bezwen 2 temwen pou siyen fòm nan ak ou.

Ajan an dwe siyen deklarasyon sou sèman an tou.

Ou ka ajoute yon dezyèm moun nan fòm nan, an ka moun ou chwazi kòm ajan tanporè a pa disponib.

Ou ka itilize fòm nominasyon ajan tanporè a ki anba paj sa a. Fòm sa a se pou fanmi ki pè depatman imigrasyon ka separe yo ak pitit yo Si ou bezwen yon otorizasyon pou yon rezon diferan tankou w ap fè operasyon epi ou p ap disponib pou detwa semèn, gade Nome yon ajan tanporè nan seksyon Timoun ak Fanmi MassLegalHelp la.

Bay ajan an fòm orijinal la epi kenbe yon kopi ak dokiman enpòtan w yo.

Ou pa oblije mete tout timoun ou yo nan yon sèl fòm. Ou ka ranpli yon fòm pou chak timoun. Chak timoun bezwen gen pwòp fòm yo si yo gen moun k ap bay swen oswa paran.

Gad legal (Guardianship)

Yon responsab legal gen tout dwa yon paran genyen pou pran desizyon pou pitit ou. Se sèlman yon tribinal ki ka pran desizyon pou fè yon moun vin yon responsab legal, oswa anile yon gad legal. Yon moun ou chwazi pou li yon moun k ap bay swen ka bezwen vin yon responsab legal pi devan si li bezwen pran swen pitit ou a pandan lontan. Si ou gen plan pou pitit ou a rete Ozetazini nèt, ak moun k ap bay swen an, li te ka yon bon ide pou w prepare dokiman gad legal yo pou w ka depoze yo si w bezwen fè sa.
Si yon moun vin responsab legal pitit ou a, li gen dwa pou l pran desizyon pou pitit ou a **nan plas** ou. Si ou vle anile gad legal la, w ap oblije al mande yon jij pou anile li epi responsab legal la ka konteste demand la. Reflechi byen avan ou deside fè yon moun gad legal pitit ou. Ou pral abandone dwa ou kòm yon paran. Gade Guardians and Other Caregivers (Responsab legal ak lòt moun k ap bay swen).

Konsèy pou viktim vyolans domestik

Si ou se yon viktim vyolans domestik, moun ki te abize w la ka eseye pou l pran pitit ou a. Ou ka bezwen sanble dokiman ki montre poukisa yo pa te dwe bay abizè ou a timoun nan. Moun k ap bay swen ou chwazi a ka bezwen ale nan tribinal si moun ki abize w la ap eseye gen gad pitit ou a. Pale ak konseye vyolans domestik ou a si ou gen youn oswa kontkate yon pwogram vyolans domestik pou jwenn plis enfòmasyon ou ak fè plan pou sekirite. Jwenn yon lis òganizasyon pou vyolans domestik sou sit entènèt Jane Doe a.

Dokiman enpòtan

Kreye yon dosye ak dokiman enpòtan oswa kopi dokiman enpòtan ou yo. Asire w ou menm, fanmi ou, ak moun k ap bay swen pou ou a konnen ki kote l ap jwenn dokiman sa yo si ta gen yon ijans.

Mwen kèk egzanp dokiman (oswa kopi) ou ta dwe mete ansanm.

- ☐ **Paspò**
- ☐ **Batistè**
- ☐ **Sètifika maryaj**
- ☐ **Dokiman asirans**
- ☐ **Nenpòt dokiman tribinal fanmi, tankou papye lagad**
- ☐ **Nenpòt dokiman imigrasyon (otorizasyon pou travay, kat rezidans, viza, elatriye), sitou dokiman ki gen nimewo « A » ou (nimewo kat rezidans ou)**
- ☐ **Nimewo lisans ou ak/oswa lòt kat idantifikasyon**
- ☐ **Nimewo sekirite sosyal ou oswa nimewo ITIN ou**
- ☐ **Rejis nesans pou timon**
- ☐ **Paj enfòmasyon enpòtan timoun nan**
- ☐ **Enfòmasyon moun pou kontakte si ta gen yon ijans**
- ☐ **Deklarasyon sou sèman pou bay moun otorizasyon pou bay swen**
- ☐ **Otorizasyon ajan tanporè**
- ☐ **Nenpòt lòt dokiman ou panse enpòtan**

_____

_____

_____

_____

Paj enfòmasyon enpòtan timoun nan

- ranpli youn pou chak timoun –

-

Enfòmasyon enpòtan timoun nan

Dokiman sa a gen enfòmasyon enpòtan sou pitit ou a. Ou dwe bay moun ki pral pran swen pitit ou a li, oswa kenbe li ak dokiman enpòtan ou yo. Ou dwe ranpli youn pou chak timoun.

Non timoun nan	
Dat nesans	
Non ak adrès lekòl li	
Non pwofesè li	
Enfòmasyon sou aktivite / pwogram apre lekòl	
Non doktè li	
Nimewo telefòn doktè li	
Medikaman	
Alèji	
Pwoblèm sante	
Asirans sante	

Fanmi ak nimewo ou ka rele si gen yon ijans	
Enfòmasyon sou paran 1	Non : Nimewo telefòn : Adrès :
Enfòmasyon sou paran 2	Non : Nimewo telefòn : Adrès :
Lòt moun ou ka rele si gen yon ijans : ____________________	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :
Lòt moun ou ka rele si gen yon ijans : ____________________	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :
Lòt moun ou ka rele si gen yon ijans : ____________________	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :

Nenpòt lòt enfòmasyon oswa mesaj enpòtan pou moun k ap bay swen an :	

Dokiman sa a bay yon moun dwa pou pran desisyon konsènan lekòl ak swen sante pitit ou (yo). Li ka dire jiska 2 zan.

CAREGIVER AUTHORIZATION AFFIDAVIT

DEKLARASYON SOU SÈMAN POU BAY MOUN OTORIZASYON POU BAY SWEN

Massachusetts General Laws Chapter 201F
Lwa Jeneral Massachusetts Chapit 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

MOUN K AP BAY OTORIZASYON AN (paran/responsab legal/moun ki gen lagad la)

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

Mwen , k ap viv nan

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

Se paran/reponsab legal/moun ki gen lagad legal (ansèkle youn) timoun minè non li (yo) endike anba a.

I do hereby authorize Jessica Jones, residing at

Ak deklarasyon sa a mwen otorize, k ap viv nan

321 Main Street, Boston, MA 04321 to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

Ekri non ak adrès moun ou vle pou pran swen pitit ou a (yo). Moun sa a rele « moun k ap bay swen an. » Moun sa a ka pran desizyon sou lekòl ak swen sante pitit ou (yo).

pou egzèse an menm tan avè m dwa ak responsablite, eksepte sa ki anba yo se mwen sèlman ki ka egzèse yo konsènan edikasyon ak swen sante timoun minè non ak dat nesans yo se :

Name/non	Date of Birth/Dat nesans
Pitit #1	01/01/2010

Name/non	Date of Birth/Dat nesans
Pitit #2	01/01/2007

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

Moun k ap bay swen an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle moun k ap bay swen an fè, tanpri mete bagay sa yo la a.)

(pa egzanp) moun k ap bay swen an pa ka chanje lekòl pitit mwen.

Ekri nenpòt bagay ou pa vle moun k ap bay swen an fè.

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver.

[PA OBLIGATWA– ou ka chwazi yon dezyèm moun k ap bay swen si ou vle] Si moun non li anwo a pa disponib oswa li pa vle sèvi kòm moun k ap bay swen an,.

I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

Mwen nonmen , k ap viv nan ,
kòm dezyèm moun k ap bay swen an.

Si moun ou chwazi pou bay swen an pa ka ede, ou ka chwazi yon dezyèm moun si ou vle. Ekri non ak adrès yo la a.

The following statements are true: (*Please read*)
Deklarasyon sa yo se verite : (Tanpri li)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
  Pa gen okenn lòd tribinal an plas ki t ap entèdi mwen egzèse oswa bay dwa ak responsablite mwen ta renmen bay moun k ap bay swen an. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
  Mwen p ap itilize deklarasyon sou sèman sa a pou kontoune okenn lwa eta oswa lwa federal, pou li ka ale nan yon lekòl patikilye, oswa pou rebay yon moun k ap bay swen dwa yo te retire nan men li nan yon tribinal.

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
  Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.
  Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.

Kisa sa vle di ?
- Pa gen okenn tribinal ki te di ou pa ka pran desizyon pou pitit ou.
- Ou p ap ranpli fòm sa a pou pitit ou ka ale nan yon lekòl diferan, oswa pou bay yon moun k ap bay swen tribinal la te retire yo nan men li dwa
- Pa gen okenn moun k ap fòse ou siyen fòm sa a
- Si ou chanje fòm sa a oswa anile otorizasyon an, ou pral bay tout moun ki gen yon kopi yon nouvo fòm.

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

Si mwen pa disponib, yo pral konsidere timoun minè non yo anwo a ap viv ak moun k ap bay swen non li nonmen nan dokiman sa a.

Moun k ap bay swen an gen dwa pou pran desizyon konsènan pitit ou sèlman si ou pa disponib.

This document shall remain in effect until 01/01/2019 ~~*(not more than two years from date of signing)*~~ or until I notify the caregiver in writing that I have amended or revoked it.
Dokiman sa a ap rete an vigè jiska (pa plis pase de zan apre dat ou siyen li an) oswa jiskaske mwen ekri ajan an yon lèt pou di li mwen te chanje oswa anile li.

Se ou ki gen dwa deside konbyen tan dokiman an valid - li pa ka pou plis pase 2 zan

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

Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Atansyon ! W ap bezwen siyen dokiman an devan yon notè piblik

Authorizing Party Signature / *Siyati moun k ap bay otorizasyon an :*

Paran

Printed name / *Ekri non an ak lèt yo dekole :* Paran

Telephone number / *Nimewo telefòn :* 617-555-5555

Mete inisyal ou nan chak paj

Form Version 11/28/2017

Initials _____

1. WITNESSES TO AUTHORIZING PARTY SIGNATURE

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

Witness #1
Witness #1 Signature / *Siyati temwen #1*

Witness #1
Printed Name/ *Ekri non ak lèt yo dekole*

617-555-5556
Phone Number / *Nimewo telefòn*

Witness #2
Witness #2 Signature / *Siyati temwen #2*

Witness #2
Printed Name/ *Ekri non ak lèt yo*

617-555-5557
Phone Number / *Nimewo telefòn*

Atansyon ! De moun majè dwe sèvi kòm temwen lè w ap siyen dokiman epi siyen li la - nou tout dwe siyen devan yon notè piblik. De moun majè yo pa ka moun k ap bay swen an ak dezyèm moun ou chwazi kòm moun k ap bay swen an.

.

2. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

OTANTIFIKASYON SIYATI MOUN K AP BAY OTORIZASYON AN

Commonwealth of Massachusetts

_____, ss

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

Ou menm ak de moun majè yo ap bezwen siyen dokiman an devan yon notè piblik. N ap bezwen montre notè a yon pyès idantite tankou yon paspò oswa lisans.

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

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

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen .

Ekri non ak adrès moun k ap bay swen an.

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

Moun k ap bay swen an konnen dokiman sa a ba li dwa pou pran desizyon sou lekòl ak swen sante pitit ou yo, lè pitit ou yo ap viv ak li. Li pa ka deside yon bagay li konnen ou pa t ap dakò. Si ou chanje oswa ou anile akò sa a, moun k ap bay swen an ap bay tout moun kopi.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* Jessica Jones

Printed name / *Non an ekri ak lèt yo dekole :* Jessica Jones

Telephone Number / *Nimewo telefòn :* 617-555-5558

Dat / *dat* : 06/01/2017

Moun k ap bay swen an ka siyen menm lè ak ou, oswa yon lè diferan. Moun k ap bay swen an pa bezwen siyen devan yon notè piblik non plis.

4. ALTERNATE CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the alternate caregiver, if you choose one)*
REKONESANS DEZYÈM MOUN K AP BAY SWEN (Pou dezyèm moun k ap bay swen an ranpli ak siyen, si ou chwazi youn)

Si ou chwazi yon lòt moun k ap bay swen, oka premye moun nan pa ta disponib,, ekri non ak adrès moun nan.

I, John Smith, ~~am at least 18 years of age and the above child(ren)~~ will reside with me at 1234 Center Street, Boston, MA 01234.
Mwen, , gen omwen 18 lane epi Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

Moun k ap bay swen an, oka premye moun nan pa ta disponib la, konnen dokiman sa a bay li dwa pou pran desizyon sou lekòl ak swen sante pitit ou yo, lè pitit ou yo ap viv ak li. Li pa ka deside yon bagay li konnen ou pa t ap dakò. Si ou chanje oswa ou anile akò sa a, moun k ap bay swen an ap bay tout moun kopi

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* John Smith

Printed name / *Non an ekri ak lèt yo dekole :* John Smith

Telephone Number / *Nimewo telefòn :* 617-555-5558

Dat / *dat* : 06/01/2017

Moun k ap bay swen an ka siyen menm lè ak ou, oswa yon lè diferan. Moun k ap bay swen an pa bezwen siyen devan yon notè piblik non plis.

Initials _____

CAREGIVER AUTHORIZATION AFFIDAVIT

DEKLARASYON SOU SÈMAN POU BAY MOUN OTORIZASYON POU BAY SWEN

Massachusetts General Laws Chapter 201F
Lwa Jeneral Massachusetts Chapit 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

MOUN K AP BAY OTORIZASYON AN (paran/responsab legal/moun ki gen lagad la)

I, _____, residing at _____
Mwen , k ap viv nan

am the ☐ parent ☐ legal guardian ☐ legal custodian of the minor child(ren) listed below.
se (paran) (responsab legal) (moun ki gen lagad legal) timoun minè non li (yo) ekri anba a.

I do hereby authorize _____, residing at
Ak deklarasyon sa a mwen otorize, k ap viv nan

_____ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:
pou egzèse an menm tan avè m dwa ak responsablite, eksepte sa ki anba yo se mwen sèlman ki ka egzèse yo konsènan edikasyon ak swen sante timoun minè non ak dat nesans yo se :

_____ _____
name/non date of birth/dat nesans name/non date of birth/dat nesans

_____ _____
name/non date of birth/dat nesans name/non date of birth/dat nesans

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.
Moun k ap bay swen an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle moun k ap bay swen an fè, tanpri mete bagay sa yo la a.)

_____
_____

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

[PA OBLIGATWA– ou ka chwazi yon dezyèm moun k ap bay swen si ou vle] Si moun non li anwo a pa disponib oswa li pa vle sèvi kòm moun k ap bay swen an,
I hereby appoint _____, residing at _____,
as the alternate caregiver.
Mwen nonmen , k ap viv nan ,
kòm dezyèm moun k ap bay swen an.

The following statements are true: (*Please read*)
Deklarasyon sa yo se verite : (Tanpri li)

- There are no court orders in effect that would prohibit me from exercising or conferring

the rights and responsibilities that I wish to confer upon the caregiver. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
Pa gen okenn lòd tribinal an plas ki t ap entèdi mwen egzèse oswa bay dwa ak responsablite mwen ta renmen bay moun k ap bay swen an. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
Mwen p ap itilize deklarasyon sou sèman sa a pou kontoune okenn lwa eta oswa lwa federal, pou li ka ale nan yon lekòl patikilye, oswa pou rebay yon moun k ap bay swen dwa yo te retire nan men li nan yon tribinal.

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.
Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.
Si mwen pa disponib, yo pral konsidere timoun minè non yo anwo a ap viv ak moun k ap bay swen non li nonmen nan dokiman sa a.

This document shall remain in effect until _____ *(not more than two years from the date I sign it)* or until I notify the caregiver in writing that I have amended or revoked it.
Dokiman sa a ap rete an vigè jiska (pa plis pase de zan apre dat ou siyen li an) oswa jiskaske mwen ekri ajan an yon lèt pou di li mwen te fè chanjman ladan l oswa m te anile lè.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Authorizing Party Signature / *Siyati moun k ap bay otorizasyon an :* _____
(parent/guardian/custodian) / *(paran/responsab legal/moun ki gen lagad legal)*

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone number / *Nimewo telefòn :* _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE
TEMWEN MOUN K AP BAY OTORIZASYON AN SIYEN DEVAN LI

(To be signed by persons over the age of 18 who are not the designated caregiver)
(Se moun ki gen plis pase 18 lane epi ki pa moun k ap bay swen yo nonmen an ki ka siyen)

Witness #1 Signature / *Siyati temwen #1*	Witness #2 Signature / *Siyati temwen #2*
Printed Name/ *Ekri non ak lèt yo dekole*	Printed Name/ *Ekri non ak lèt yo dekole*
Phone Number / *Nimewo telefòn*	Phone Number / *Nimewo telefòn*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE
OTANTIFIKASYON SIYATI MOUN K AP BAY OTORIZASYON AN

Commonwealth of Massachusetts

_____, ss

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

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the caregiver*)
REKONESANS MOUN K AP BAY SWEN AN (Pou moun k ap bay swen an ranpli epi siyen)

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian

or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* _____

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone Number / *Nimewo telefòn :* _____

Dat / *dat* : _____

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the alternate caregiver, if you choose one)*
REKONESANS DEZYÈM MOUN K AP BAY SWEN (Pou dezyèm moun k ap bay swen an ranpli ak siyen, si ou chwazi youn)

I, _____ , am at least 18 years of age and the above child(ren) will reside with me at _____.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative

to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* _____

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone Number / *Nimewo telefòn :* _____

Dat / *Dat* : _____

TEMPORARY AGENT APPOINTMENT

NOMINASYON AJAN TANPORÈ

Massachusetts General Laws Chapter 190B, § 5-103
Lwa Jeneral Massachusetts Chapit 190B, § 5-103

1. APPOINTING PARTY (Parent/custodian/guardian)
   MOUN K AP FÈ NOMINASYON AN (paran, responsab legal, oswa moun ki gen lagad la))

I, _____, residing at _____,

Mwen, , k ap viv nan ,

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

se ☐paran ☐responsab legal ☐moun ki gen lagad legal timoun minè ki gen non (yo) ekri anba a.

I do hereby appoint _____, residing at _____

Ak deklarasyon sa a mwen nonmen , k ap viv nan

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

_____ _____ *kòm ajan tanporè pou egzèse nenpòt dwa konsènan swen, lagad, oswa pwopriyete [sòf pou pouvwa pou bay konsantman pou maryaj oswa adopsyon ak nenpòt lòt bagay ki entèdi anba la a], mwen genyen ki gen rapò ak pitit mwen non ak dat nesans li (yo) se :*

_____	_____	_____	_____
name/*non*	date of birth/*dat nesans*	name/*non*	date of birth/*dat nesans*
_____	_____	_____	_____
name/*non*	date of birth/*dat nesans*	name/*non*	date of birth/*dat nesans*

The agent may NOT do the following: (*If there are any specific acts you do not want the agent to perform, please state those acts here.*)
Ajan an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle ajan an fè, tanpri mete bagay sa yo la a.)

_____

_____

[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint
***[PA OBLIGATWA**– ou ka chwazi yon dezyèm ajan si ou vle] Sizoka moun ou te chwazi i anwo a pa disponib oswa li pa vle sèvi kòm ajan an, mwen nonmen*

_____, residing at
_____, *k ap viv nan*
_____, as the alternate agent.
_____, *kòm dezyèm ajan an.*

The following statements are true: (*Please read*)
Deklarasyon sa yo se verite : (Tanpri li)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. (*If you are the guardian or custodian, please attach the court order appointing you.*)
  Pa gen okenn lòd tribinal an plas ki t ap entèdi m egzèse oswa bay ajan an dwa ak responsablite mwen ta renmen bay l yo. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency.
  Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.
  Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.

This document shall take effect only if and at such time as I am detained by any law enforcement agency, removed (deported) from the United States, or if my whereabouts is not known to my agent for a 24 hour period. Proof of my detention, deportation, or

unavailability may be made by a copy of government document showing my detention or deportation, through the attestation of an attorney on my behalf, or through attestation of my agent.
Dokiman sa a ap antre an vigè sèlman apati moman nenpòt ajans pou aplike lalwa ta arete m, si yo retire (depòte) mwen Ozetazini, oswa si ajan mwen an pa konnen kote mwen ye pou yon peryòd 24 èdtan. Yo ka bay prèv yo arete mwen, yo depòte mwen, oswa yo pa konn ki kote mwen ye ak yon kopi yon dokiman gouvènman ki montre yo te arete oswa depòte mwen, ak yon deklarasyon avoka mwen fè pou mwen, oswa ak yon deklarasyon ajan mwen.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.
Dokiman sa a ap rete an vigè pou 60 jou apre dat li pran efè a, oswa jiskaske mwen ekri ajan an yon lèt pou di li mwen te chanje oswa anile li.

Check applicable statements: / *Tcheke deklarasyon ki apwopriye yo :*

☐ The non-appointing parent has given consent (*See page 4*)
Paran ki pa moun k ap fè nominasyon an te bay konsantman (Gade paj 4)

☐ I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
Mwen pa te kole konsantman paran ki pa moun k ap fè nominasyon an paske paran ki pa moun k ap fè nominasyon an : *(Paran ki pa moun k ap fè nominasyon an, oswa lòt paran an, pa bezwen bay pèmisyon si youn nan deklarasyon sa yo se vre)*

☐ deceased/*mouri*
☐ whereabouts unknown/*mwen pa konn kote li ye*
☐ unwilling to provide care for the minor child/*Li pa vle pran swen timoun minè a*
☐unable to provide care for the minor child/*Li pa ka pran swen timoun minè a*

I hereby affirm that the above statements are true and correct to the best of my knowledge.
Mwen konfime deklarasyon yo ki anwo a se verite epi yo kòrèk selon pi bon konesans mwen.

Appointing Party Signature/*Siyati moun k ap fè nominasyon an*:_____
(parent/guardian/custodian)*(paran/responsab legal/moun ki gen lagad legal)*

Date/*Dat*: _____

Printed Name/*Non an ekri ak lèt yo dekole*: _____

Telephone number/*Nimewo telefòn*: _____

2. WITNESSES TO APPOINTING PARTY SIGNATURE
(*To be signed by persons over the age of 18 who are not the designated agent.*)
TEMWEN MOUN K AP FÈ NOMINASYON AN SIYEN DEVAN LI
(Se moun ki gen plis pase 18 lane epi ki pa ajan yo nonmen an ki ka siyen)

_____ _____
Witness #1 Signature/*Temwen #1 Siyati* Witness #2 Signature/*Temwen #2 Siyati*

_____ _____
Printed name/*Ekri non ak lèt yo dekole* Printed name/*Ekri non ak lèt yo dekole*

_____ _____
Address and telephone number/*Adrès ak nimewo telefòn* Address and telephone number/*Adrès ak nimewo telefòn*

1. TEMPORARY AGENT ACKNOWLEDGMENT (*To be signed and completed by the agent*)
REKONESANS AJAN TANPORÈ (Se ajan an ki pou siyen li ak ranpli li)

I, _____, hereby accept this Temporary Agent Appointment.

Mwen, _____, *aksepte nominasyon ajan tanporè sa a.*

I am at least 18 years of age.

Mwen gen omwen 18 lane.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.
Mwen konprann, , san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi

sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true and correct to the best of my knowledge.
Mwen konfime deklarasyon yo ki anwo a se verite epi yo kòrèk selon pi bon konesans mwen.

Signature/*Siyati*:_____ Date/*Dat*: _____

Printed Name/*Non an ekri ak lèt yo dekole*: _____

Telephone number/*Nimewo telefòn*: _____

2. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (*If you choose an alternate agent, please have complete and sign)*
REKONESANS DEZYÈM AJAN TANPORÈ (Si ou chwazi yon dezyèm ajan, tanpri ranpli ak siyen pati sa a)

I, _____, hereby accept this Temporary Agent Appointment.

Mwen, _____, aksepte nominasyon ajan tanporè sa a.

I am at least 18 years of age.

Mwen gen omwen 18 lane.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.
Mwen konprann, , san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi

sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true and correct to the best of my knowledge.
Mwen konfime deklarasyon yo ki anwo a se verite epi yo kòrèk selon pi bon konesans mwen.

Signature/*Siyati*:_____ Date/*Dat*: _____

Printed Name/*Non an ekri ak lèt yo dekole*: _____

Telephone number/*Nimewo telefòn*: _____

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

KONSANTMAN PARAN KI PA MOUN K AP FÈ NOMINASYON AN (Lòt paran an dwe bay pèmisyon si ou konnen ki kote li ye epi li vle epi li kapab pran swen timoun nan)

I, _____, residing at _____, am the nonappointing parent of the child(ren).
Mwen, _____, *k ap viv* _____, *se paran ki pa moun k ap fè nominasyon an.*
I consent to the designation of _____ to be a temporary agent and _____ to be the alternate agent (if applicable) for my child(ren).
Mwen bay konsantman pou nominasyon _____ *kòm yon ajan tanporè epi* _____ *kòm dezyèm ajan (si sa nesesè) pou pitit men (yo).*
I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Mwen konprann ajan tanporè a pral gen nenpòt pouvwa konsènan swen, lagad, oswa pwopriyete timoun (yo), [sòf pou sa ki endike nan Seksyon 1].

Signature/*Siyati*:_____ Date/*Dat*: _____

Printed Name/*Non an ekri ak lèt yo dekole*: _____

Telephone number/*Nimewo telefòn*: _____

Referral List / Listado de Referencias / Lista de Recomendação

For immigration assistance please contact the following providers
Para asistencia de inmigración, por favor comunicarse con los siguientes proveedores
Para assistência sobre imigração, favor contactar os seguintes provedores de serviços

BOSTON

Action for Boston Community Development, Inc.
21 Meridian St. East Boston, MA 02128 // 617-567-8857
315 Centre Street, Rear, Jamaica Plain, MA 02130 // 617-522-5533
714 Parker St. Roxbury, MA 02120 // 617-445-6000
535 River St. Mattapan, MA 02126 // 617-298-2045
554 Columbus Ave. Boston, MA 02118/// 617-267-7400
178 Tremont Street, Boston MA 02111 // 617 - 348 - 6000

Agencia ALPHA
62 Northampton St., 1st Fl. (H-101), Boston, MA 02118 //
617-522-6382 *East Boston Branch at Iglesia NuevaVida:*
70 White St. East Boston, MA 02128 // 617-522-6382

American Civil Liberties Union - MA
One Center Plz, Suit 850, Boston, MA, 02108 // 617-482-3170

Asian American Civic Association
87 Tyler St., 5th Fl., Boston, MA 02111 // 617-426-9492

Asian Outreach Unit: Greater Boston Legal Services
197 Friend St. Boston, MA 02114 // 617- 371-1234

Casa Myrna Vasquez (for survivors of domestic violence)
451 Blue Hill Ave, Boston MA 02121 // 800 -841- 8371

Brazilian Women's Group
697 Cambridge St, Ste 106, Brighton, MA 02135 // 617-202-5775

Brazilian Workers Center
14 Harvard Ave., 2nd Fl., Allston, MA 02134 //617-783-8001 ext101

Catholic Charities of Boston *(call Mondays at 9am)*
275 W. Broadway South Boston, MA 02127 // 617-464-8500

Centro Presente
12 Bennington St., Suite 202, East Boston, MA 02128 //
857-256-2981

Dominican Development Center
42 Seaverns Ave. Jamaica Plain, MA 02130 // 617-524-4029

East Boston Ecumenical Community Council
50 Meridian St. East Boston, MA 02128 // 617-567-2750

Greater Boston Legal Services
197 Friend St. Boston, MA 02114 // 617-371-1234

Immigrant Family Services Institute (IFSI)
1626 Blue Hill Avenue Mattapan, MA 02126 // 617-322-1348

Haitian-American Public Health Initiatives
1603 Blue Hill Ave., Mattapan, MA 02126 // 617-298-8076

Immigrant Worker Center Collaborative
28 Ash St. Boston, MA 02111 // 978-219-4783

International Institute of New England, Boston Office
2 Boylston St., 3 Fl., Boston, MA 02116// 617-695-9990

Justice Bridge Legal Center UMass School of Law
67 Batterymarch St, LL, Boston MA 02110 // 617-860-3414

Massachusetts Alliance of Portuguese Speakers
1046 Cambridge St. Cambridge, MA 02139// 617-864-7600

Mabel Center for Immigrant Justice
200 Portland Street, 5th Floor Boston, MA 02114 // 617-417-4325

MA Immigrant and Refugee Advocacy Coalition
(Citizenship assistance only)
69 Canal St 3rd floor, Boston, MA 02111 // 617-350-5480

Mayor's Office for Immigrant Advancement
(Consultations: 1st & 3rd Wednesday of the month, 12-3pm via phone)
1 City Hall Sq., Room 806, Boston, MA 02201 // 617-635- 2980

Political Asylum/Immigration Representation Project
98 N. Washington St. Boston, MA 02114 , Suite 106 / 617-742-9296

Project Citizenship
(Citizenship assistance only)
4 Faneuil S Market Bldg., Suite 4025, Boston 02109 // 617-694-5949

RIAN Immigrant Center
One State St., Ste. 800, Boston, MA 02109// 617-542-7654 Contact Rian for information about free walk-in consultations

Student Immigrant Movement (SIM)
9A Hamilton Pl., Boston MA 02108 // info@simforus.org

Somali Development Center/African Social Services
10 Malcolm X Blvd., 2nd Fl, Boston, MA 02119 // 617-522- 0700

Refugee and Immigrant Assistance Center
253 Roxbury St. Boston, MA 02119//617-238-2430

Victim Rights Law Center
115 Broad Street, 3rd floor, Boston, MA 02110 508-669-7020

VACA: Vietnamese American Civic Association
42 Charles St. Dorchester, MA 02122 // 617-288-7344

CHILDREN AND YOUTH ONLY

Ascentria Care Alliance
(Unaccompanied Refugee Minors Program)
230 Second Ave., Ste 125, Waltham, MA 02451// 781-373-9157

Children's Law Center
2 State Street Lynn, MA 01903 // 781-581-1977

KIND: Kids In Need of Defense
11 Beacon Street, Suite 820 Boston, MA 02108 // 617-207-4138

CAMBRIDGE/SOMERVILLE

Commission on Immigrant Rights and Citizenship
51 Inman St., 2nd Flr, Cambridge, MA 02131, 617-349-4396

De Novo
(Formerly: Community Legal Services and Counseling Center)
47 Thorndike St., Ste. SB-LL-1, Cambridge, MA 02141
/617-661-1010

CPCS Immigration Impact Unit (Criminal matters)
6 Pleasant Street Malden, MA 02148 // 781-338-0825

UNIVERSITY LEGAL SERVICES

Boston College Legal Services LAB
885 Centre St., Newton Centre MA 02459 // 617-522-0248

Immigrants' Rights & Human Trafficking Program
765 Commonwealth Ave. Boston, MA 02215 // 617-353-2807

Harvard University Immigration and Refugee Clinic (Crimmigration, Immigration, Refugee Advocacy)
3085 Wasserstein Hall (WCC) 6 Everett St. Cambridge, MA 02138 // 617-384-8165

Northeastern University Immigrant Justice Clinic
416 Huntington Ave. Boston, MA 02115 // 617-373-6802

Suffolk University Immigration Law Clinic
120 Tremont St. Boston, MA 02108 // 617-573-8644

University of Massachusetts, School of Law at Dartmouth, Immigration Law Clinic
333 Faunce Corner Road, Dartmouth MA 02747 // 508-985-1106

CHELSEA / EVERETT / MALDEN

La Colaborativa
318 Broadway Chelsea, MA 02150 // 617-889-6080

HarborCOV (for Survivors of Domestic Violence)
P.O. Box 505754 Chelsea, MA 02150 // 617-884-9909

LUMA Boston
198 Ferry St. Everett, MA 02149 // 617-381-0015

Refugee Immigration Ministry
6 Pleasant Street, Ste 612, Malden MA 02148// 781-322-1011

LAWRENCE / LOWELL / LYNN

Bosnian Community Center for Resource Development
20 Wheeler St., 4th Fl., Lynn, MA 01902 // 781-593-0100 ext 20 (Permanently Closed)

Cambodian Mutual Assistance Association of Lowell
465 School St., Lowell, MA 01851 // (978) 454-6200

International Institute of New England, Lowell Office
101 Jackson Street, Suite 2, Lowell, MA 01852 // 978-459-9031

Greater Lawrence Community Action Council
305 Essex St. 4th Floor, MA 01840 // (978) -620- 4718

Northeast Justice Center/ Northeast Legal Aid
50 Island St., Ste 203B, Lawrence, MA 01840 // 978-458-1465
181 Union St., Ste 201B, Lynn, MA 01901 // 978-458-1465
79 Merrimack St., Ste 302, Lowell, MA 01852 // 978-458-1465

Refugee and Immigrant Assistance Center, Inc.
330 Lynnway Lynn, MA 01901 // 781-593-0100

FRAMINGHAM / NEWTON / WALTHAM

Jewish Family and Children's Service
1430 Main St. Waltham, MA 02451 // 781-647-5327

Jewish Family Services of MetroWest
475 Franklin St. Framingham, MA 01702 // 508-875-3100

MetroWest Legal Services
63 Fountain, Ste 304, Framingham MA 01702 // 508-620-1830

MetroWest Workers Center
116 Concord St. #5 Framingham, MA 01702 // 508-532-0575

NORFOLK COUNTY & SOUTH SHORE

Catholic Social Services of Fall River / Catholic Charities: Diocese of Fall River
1600 Bay St. Fall River, MA 02724 // 508-674-4681

Community Action Committee of Cape Cod & Islands
372 North St. Hyannis, MA 02601 // 508-771-1727

Community Economic Development Center
1501 Acushnet Ave. New Bedford, MA 02746 // 508-979-4684

DOVE (for Survivors of Domestic Violence)
P.O. Box 690267 Quincy, MA 02269 // 617-770-4065

Immigrants Assistance Center, Inc.
58 Crapo St. New Bedford, MA 02740 // 508-996-8113

Justice Bridge Legal Center UMass School of Law
257-259 Union St. New Bedford, MA 02740// 508-449-9296

Southeast Justice Center of Southeast Massachusetts / South Coastal Legal Services
62 Main St., Ste 302, Brockton, MA 02301 // 800-244-8393

Victim Rights Law Center
P.O Box 3082 New Bedford, MA 02741 / 508- 669-7020

CENTRAL MASSACHUSETTS

African Community Education Program (ACE)
51 Gage St Worcester, MA 01608 // 508-459-2284

Ascentria Care Alliance
11 Shattuck St. Worcester, MA 01605 // 774-243-3100

Catholic Charities Worcester Co
10 Hammond Street, Worcester, MA 01610 // 508-798-0191

Community Legal Aid/Central West Justice
405 Main St., 4th Fl., Worcester, MA 01608 // 508-752-3718

Refugee and Immigrant Assistance Center
340 Main St, Ste 804, Worcester, MA 01608 // 508-755 -3260

WESTERN MASSACHUSETTS

Ascentria Care Alliance
425 Union St. West Springfield, MA 01089 // 413-562-6015

Berkshire Immigrant Center
67 East St. Pittsfield, MA 01201 // 413-445-4881

Catholic Charities of Springfield
65 Elliot St. Springfield, MA 01105 // 413-732-3175

Center for New Americans
42 Gothic St. Northampton, MA 01060 // 413-587-0084

Community Legal Aid/Central West Justice
405 Main Street, 4th floor Worecester, MA 01608// 413-781-7814

New England Justice for our Neighbors
361 Sumner Ave. Springfield, MA 01108 // 413-386-9951

Victim Rights Law Center
P.O Box 1700 Belchertown, MA 01007 02110 // 413- 842-4020