

Document A

CREATING A SAFETY PLAN

- Meet with family members and caregivers to discuss plans in case of detention and/or deportation
- Complete and sign Inapplicability of Expedited Removal Declaration (if appropriate)
- Complete and sign Designation of Person in Parental Relationship Form (if appropriate)
- Complete and sign Standby Guardian Designation Form (if appropriate)
- Complete and sign Consent for Minor Children to Travel Form (if appropriate)
- Keep a List of Emergency Contacts and Important Information
- Keep a File of Important Documents (or copies of documents) in a safe place. Consider making a second copy and giving to someone you trust.
 - Passports
 - National Identification Cards
 - Birth Certificates
 - Marriage License (if applicable)
 - OCFS Designation of Person in Parental Relationship
 - Standby Guardian Designation Form
 - Court Orders – Custody, Visitation, Divorce Judgment, Child Support, Orders of Protection
 - A Number
 - Immigration Documents and Notices (work permit, green card, visa, receipt notices, etc.)
 - Driver’s License or other Identification Cards
 - Social Security Card or ITIN number
 - Medical Information (health insurance, information about meds, etc.)
 - Registry of birth (for U.S. born children registered in parent’s home country)
 - “Emergency Contacts and Important Information” Form
- Consider saving money for a bond/bail

Document B

Emergency Contacts and Important Information for

Contact Information for Family Members and Friends

Family Members and Friends	Contact Information
Name: DOB: Role: A# (If applicable):	Cell Phone: Home Phone: Home Address: Work Phone: Work Address:
Name: DOB: Role: A# (if applicable):	Cell Phone: Home Phone: Home Address: Work Phone: Work Address:
Name: DOB: Role: A# (if applicable):	Cell Phone: Home Phone: Home Address: Work Phone: Work Address:
Name: DOB: Role: A# (if applicable):	Cell Phone: Home Phone: Home Address: Work Phone: Work Address:

ICE Detainee Locator System: <https://locator.ice.gov> (to find someone detained by ICE)

A Number Hotline: 1-800-898-7180 (to find out immigration court dates and orders)

Document C

My Attorney(s)

Name	Phone Number

My Consulate

Name	Phone Number

My Employer(s)

Employer	Contact Information

My Medical Provider(s)

Name	Type of Doctor	Phone Number

My Medications

Name	Dosage

My Assets

Assets	Where is it?	What do I want to do with it?

Document D

Children's Information

Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School	
School Address	
School Telephone Number	
Teacher's Name	
Classroom Number	
Afterschool Program and Phone Number	
Child Care Provider Name	
Child Care Provider Phone Number	
Medical Conditions	
Medications	
Pediatrician's Phone Number and Address	
Dentist's Address and Phone Number	
Health Insurance Provider	
Allergies	
Favorite Foods	
Favorite Toys, Books, Games and Activities	
Favorite TV Shows, Movies, Games and How Much Time Allowed	
Bedtime and Bedtime Routines	
Other Important Information	

Children's Information

Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School	
School Address	
School Telephone Number	
Teacher's Name	
Classroom Number	
Afterschool Program and Phone Number	
Child Care Provider Name	
Child Care Provider Phone Number	
Medical Conditions	
Medications	
Pediatrician's Phone Number and Address	
Dentist's Address and Phone Number	
Health Insurance Provider	
Allergies	
Favorite Foods	
Favorite Toys, Books, Games and Activities	
Favorite TV Shows, Movies, Games and How Much Time Allowed	
Bedtime and Bedtime Routines	
Other Important Information	

Children's Information

Child's Name	
Date of Birth	
Child's Cell Phone Number (if applicable)	
School	
School Address	
School Telephone Number	
Teacher's Name	
Classroom Number	
Afterschool Program and Phone Number	
Child Care Provider Name	
Child Care Provider Phone Number	
Medical Conditions	
Medications	
Pediatrician's Phone Number and Address	
Dentist's Address and Phone Number	
Health Insurance Provider	
Allergies	
Favorite Foods	
Favorite Toys, Books, Games and Activities	
Favorite TV Shows, Movies, Games and How Much Time Allowed	
Bedtime and Bedtime Routines	
Other Important Information	

Special Needs of Adult Family Members

Name of Family Member	Describe Needs

Document E



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

OMB Control No. 1405-0004
 Expiration Date: 04-30-2025
 Estimated Burden: 85 Minutes

Please read all instructions first and type or print in black ink to complete this form.

For information or questions, visit travel.state.gov or contact the National Passport Information Center (NPIC) at 1-877-487-2778 (TDD/TTY: 1-888-874-7793) or NPIC@state.gov.

SECTION A. ELIGIBILITY TO USE THIS FORM

This form is used to apply for a U.S. passport book and/or card **in person** at an acceptance facility, a passport agency (by appointment only), or a U.S. embassy, consulate, or consular agency (if abroad). The U.S. passport is a travel document attesting to one's identity and issued to U.S. citizens or non-citizen U.S. nationals. To be eligible to use this form you must **apply in person** if at least one of the following is true:

- ✓ I am applying for my first U.S. passport
- ✓ I am under age 16
- ✓ My previous U.S. passport was either: a) issued under age 16; b) issued more than 15 years ago; c) lost, stolen, or damaged

If none of the above statements apply to you, then you may be eligible to apply using form DS-82 or DS-5504 depending on your circumstances. [Visit travel.state.gov](http://travel.state.gov) for more information.

- **Notice to Applicants Under Age 16:** You must appear in person to apply for a U.S. passport with your parent(s) or legal guardian(s). See Section D of these instructions or travel.state.gov for more details.
- **Notice to Applicants Ages 16 and 17:** At least one of your parent(s) or legal guardian(s) must know that you are applying for a U.S. passport. See Section D of these instructions or travel.state.gov for more details.
- **Notice to Applicants for No-Fee Regular, Service, Official, or Diplomatic Passports:** You may use this application if you meet all provisions listed; however, you must consult your sponsoring agency for instructions on proper routing procedures before forwarding this application. Your completed passport will be released to your sponsoring agency and forwarded to you.

SECTION B. STEPS TO APPLY FOR A U.S. PASSPORT

1. Complete this form (Do not sign until requested to do so by an authorized agent).
2. Attach one color photograph 2x2 inches in size and supporting documents (See Section D of these instructions).
3. Schedule appointment to apply in person by visiting our website or calling NPIC (see contact info at the top page).
4. Arrive for appointment and present completed form and attachments to the authorized agent who will administer the oath, witness you signing your form, and collect your passport fee.
5. Track application status online at Passportstatus.state.gov.
6. Receive new passport and original supporting documents (that you submitted with your application).

SECTION C. HOW TO COMPLETE THIS FORM

Please see the instructions below for items on the form that are not self-explanatory. The numbers match the numbered items of the form.

1. **Name (Last, First, Middle):** Enter the name to appear in the passport. The name to appear in the passport should be consistent with your proof of citizenship and identification. If you have changed your name and are not eligible to use a DS-82 or DS-5504, you must use this form. [Visit travel.state.gov/namechange](http://travel.state.gov/namechange) for more information.
2. **Date of Birth:** Use the following format: Month, Date, and Year (MM/DD/YYYY).
3. **Gender:** The gender markers used are "M" (male), "F" (female) and "X" (unspecified or another gender identity). The gender marker that you check on this form will appear in your passport regardless of the gender marker(s) on your previous passport and/or your supporting evidence of citizenship and identity. If changing your gender marker from what was printed on your previous passport, select "Yes" in this field on Application Page 1. If no gender marker is selected, we may print the gender as listed on your supporting evidence or contact you for more information. **Please Note:** We cannot guarantee that other countries you visit or travel through will recognize the gender marker on your passport. [Visit travel.state.gov/gender](http://travel.state.gov/gender) for more information.
4. **Place of Birth:** Enter the name of the city and state if in the U.S. or city and country as presently known.
5. **Social Security Number:** You must provide a Social Security number (SSN), if you have been issued one, in accordance with Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) and 22 U.S.C 2714a(f). If you do not have a Social Security number, you must enter zeros in this field and submit a statement, signed, and dated, that includes the phrase, *"I declare under penalty of perjury under the laws of the United States of America that the following is true and correct: I have never been issued a Social Security Number by the Social Security Administration."* If you reside abroad, you must also provide the name of the foreign country where you reside. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of the Treasury which will use it in connection with debt collection and check against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses. If you fail to provide the information, we may deny your application and the Internal Revenue Service (IRS) may enforce a penalty. Refer all questions on this matter to the nearest IRS office.
6. **Email:** By providing your email you are consenting to us communicating with you by email about your application.
7. **Primary Contact Phone Number:** If providing a mobile/cell phone number you are consenting to receive calls and/or text messaging about your application.
8. **Mailing Address Line 1 and 2 "In Care Of":** For line 1 enter applicant's Street/RFD #, or P.O. Box or URB. For line 2, if you do not live at the address listed in this field, put the name of the person who lives at this address and mark it "In Care Of". **If the applicant is a minor child, you must include the "In Care Of" name of the parent or adult registered to receive mail at this address.**
9. **List all other names you have used:** Enter all legal names previously used to include maiden name, name changes, and previous married names. You can enter up to two names one in item A and one in item B. If only your last name has changed just enter your last name. If you need more space to write additional names, please use a separate sheet of paper and attach it to this form.



Blue Section Application Page 1 - Identifying Documents and Signature Blocks: Skip this section and complete Application Page 2. Do not sign this form until requested to do so by the authorized agent who will administer the oath to you.



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

SECTION D. ATTACHMENTS TO SUBMIT WITH THIS FORM

Once you have completed Application Pages 1 and 2, attach the supporting documents as outlined in this section.

1. PROOF OF U.S. CITIZENSHIP Information can be found on travel.state.gov/citizenship.

Applicants Born in the United States

Your evidence will be returned to you if it is not damaged, altered, or forged. Submit an original or certified copy and a photocopy of the front and back if there is printed information on the back, of one of the following documents:

- U.S. Birth Certificate that meets all the following requirements:
 - Issued by the city, county, or state of birth
 - Lists your full name, birthdate, and birthplace
 - Lists your parent(s)' full names
 - Lists date filed with registrar's office (must be within one year of birth)
 - Shows registrar's signature and the seal of the issuing authority
- Fully valid, undamaged U.S. passport (may be expired)
- Consular Report of Birth Abroad or Certification of Birth Abroad
- Certificate of Naturalization or Citizenship
- Secondary documents may be submitted if the U.S. birth certificate was filed more than one year after your birth **or** if no birth record exists. For no birth record on file, submit a registrar's letter to that effect. For both scenarios, submit a combination of the evidence listed below, with your first and last name, birthdate and/or birthplace, the seal or other certification of the office (if customary), and the signature of the issuing official.
 - A hospital birth record
 - An early baptismal or circumcision certificate
 - Early census, school, medical, or family Bible records
 - Insurance files or published birth announcements (such as a newspaper article)
 - Notarized affidavits (or DS-10, Birth Affidavit) of older blood relatives having knowledge of your birth may be submitted in addition to some of the records listed above.

Applicants Born Outside the United States

If we determine that you are a U.S. citizen, your lawful permanent resident card submitted with this application will be forwarded to U.S. Citizenship and Immigration Services.

- Claiming Citizenship through Naturalization of One or Both Parent(s), submit all the following:
 - Your parent(s) Certificate(s) of Naturalization
 - Your parents' marriage/certificate and/or evidence that you were in the legal and physical custody of your U.S. citizen parent, if applicable
 - Your foreign birth certificate (and official translation if the document is not in English)
 - Your evidence of admission to the United States for legal permanent residence and proof you subsequently resided in the United States
- Claiming Citizenship through Birth Abroad to At Least One U.S. Citizen Parent, submit all the following:
 - Your Consular Report of Birth Abroad (Form FS-240), Certification of Birth (Form DS-1350 or FS-545), or your foreign birth certificate (and official translation if the document is not in English)
 - Your parent's proof of U.S. citizenship
 - Your parents' marriage certificate
 - Affidavit showing all your U.S. citizen parents' periods and places of residence and physical presence before your birth (DS-5507)
- Claiming Citizenship Through Adoption by a U.S. Citizen Parent(s), if your birthdate is on or after October 5, 1978, submit evidence of all the following:
 - Your permanent residence status
 - Your full and final adoption
 - You were in the legal and physical custody of your U.S. citizen parent(s)
 - You have resided in the United States

2. PROOF OF IDENTITY Information can be found at travel.state.gov/identification.

Present your original identification and submit a front and back photocopy with this form. It must show a photograph that is a good likeness of you. Examples include:

- Driver's license (not temporary or learner's permit)
- Previous or current U.S. passport book/card
- Military identification
- Federal, state, or city government employee identification
- Certificate of Naturalization or Citizenship

3. A RECENT COLOR PHOTOGRAPH See the full list of photo requirements on travel.state.gov/photos.

Attach one photo, 2x2 inches in size. U.S. passport photo requirements may differ from photo requirements of other countries. To avoid processing delays, be sure your photo meets all the following requirements (Refer to the photo template on Application Page 1):

- Taken less than six months ago
- Head must be 1-1 3/8 inches from the bottom of the chin to the top of the head
- Head must face the camera directly with full face in view
- No eyeglasses and head covering and no uniforms*
- Printed on matte or glossy photo quality paper
- Use a plain white or off-white background

*Head coverings are not acceptable unless you submit a signed statement verifying that it is part of recognized, traditional religious attire that is customarily or required to be worn continuously in public or a signed doctor's statement verifying its daily use for medical purposes. Glasses or other eyewear are not acceptable unless you submit a signed statement from a doctor explaining why you cannot remove them (e.g., during the recovery period from eye surgery). Photos are to be taken in clothing normally worn on a daily basis. You cannot wear a uniform, clothing that looks like a uniform, or camouflage attire.



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

4. PROOF OF PARENTAL RELATIONSHIP (FOR APPLICANTS UNDER AGE 16)

Parents/guardians must appear in person with the child and submit the following:

- Evidence of the child's relationship to parents/guardian(s) (Example: a birth certificate or Consular Report of Birth Abroad listing the names of the parent(s)/guardian(s) and child)
- Original parental/guardian government-issued photo identification and a photocopy of the front and back (to satisfy proof of identity)

If only one parent/guardian can appear in person with the child, you must also submit one of the following:

- The second parent's notarized written statement or DS-3053 (including the child's full name and date of birth) consenting to the passport issuance for the child. The notarized statement cannot be more than three months old, must be signed and notarized on the same day, and must come with a front and back photocopy of the second parent's government-issued photo identification.
- The second parent's death certificate (if second parent is deceased)
- Evidence of sole authority to apply (Example: a court order granting sole legal custody or a birth certificate listing only one parent)
- A written statement (made under penalty of perjury) or DS-5525 explaining, in detail, why the second parent cannot be reached

OR

PROOF OF PARENTAL AWARENESS (FOR APPLICANTS AGES 16 AND 17)

We may request the consent of one legal parent/legal guardian to issue a U.S. passport to you. In many cases, the passport authorizing officer may be able to ascertain parental awareness of the application by virtue of the parent's presence when the minor submits the application or a signed note from the parent or proof the parent is paying the application fees. However, the passport authorizing officer retains discretion to request the legal parent's/legal guardian's notarized statement of consent to issuance (e.g., on Form DS-3053).

5. FEES Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.F.R. 22.1, and 22 C.F.R. 51.50-56) and are collected at the time you apply for the passport service. By law, the passport fees are **non-refundable**. Visit travel.state.gov/passportfees for current fees and how fees are used and processed. Payment methods are as follows:

**Applicant Applying in the United States
 At Acceptance Facility**

- Passport fees must be made by check (personal, certified, cashier's, travelers) or money order (U.S. Postal, international, currency exchange) with the applicant's full name and date of birth printed on the front and payable to "U.S. Department of State."
- The execution fee **must be paid separately** and made payable to the acceptance facility in the form that they accept.

**Applicant Applying at a Passport Agency or
 Outside the United States**

- We accept checks (personal, certified, cashier's, travelers); major credit cards (Visa, Master Card, American Express, Discover); money orders (U.S. Postal, international, currency exchange); or exact cash (no change provided). Make all fees payable to the "U.S. Department of State."
- If applying outside the United States: Please see the website of your embassy, consulate, or consular agency for acceptable payment methods.

Other Services Requiring Additional Fee (Visit travel.state.gov for more details):

- **Expedite Service**: Only available for passports mailed in the United States and Canada.
- **1-2 Day Delivery**: Only available for passport book (and not passport card) mailings in the United States.
- **Verification of a previous U.S. Passport or Consular Report of Birth Abroad**: Upon your request, we verify previously issued U.S. passport or Consular Report of Birth Abroad if you are unable to submit evidence of U.S. citizenship.
- **Special Issuance Passports**: If you apply for a no-fee regular, service, official, or diplomatic passport at a designated acceptance facility, you must pay the execution fee. No other fees are charged when you apply.

SECTION E. HOW TO SUBMIT THIS FORM

Submitting your form depends on your location and how soon you need your passport.

- **Applicant Located Inside the United States**: For the latest information regarding processing times, scheduling appointments, and nearest designated acceptance facilities visit travel.state.gov or contact NPIC.
- **Applicant Located Outside the United States**: In most countries, you must apply in person at a U.S. embassy or consulate for all passport services. Each U.S. embassy and consulate has different procedures for submitting and processing your application. Visit travel.state.gov to check the U.S. embassy or consulate webpage for more information.

SECTION F. RECEIVING YOUR PASSPORT AND SUPPORTING DOCUMENTS

- **Difference Between U.S. Passport Book and Card**: The book is valid for international travel by air, land, and sea. The card is not valid for international air travel, only for entry at land border crossings and seaports of entry when traveling from Canada, Mexico, Bermuda, and the Caribbean. The maximum number of letters provided for your given name (first and middle) on the card is 24 characters. If both your given names are more than 24 characters, you must shorten one of your given names you list on item #1 of Application Page 1.
- **Separate mailings**: You may receive your newly issued U.S. passport book and/or card and your citizenship evidence in two separate mailings. If you are applying for both a book and card, you may receive three separate mailings: one with your returned evidence, one with your newly issued book, and one with your newly issued card. **All documentary evidence that is not damaged, altered, or forged will be returned to you.** Photocopies will not be returned.
- **Passport numbers**: Each newly issued passport book or card will have a different passport number than your previous one.
- **Shipping and Delivery Changes**: If your mailing address changes prior to receipt of your new passport, please contact NPIC. **NOTE**: We will not mail a U.S. passport to a private address outside the United States or Canada.
- **Passport Corrections, Non-Receipt/Undeliverable Passports, and Lost/Stolen Passport**: For more information visit travel.state.gov or contact NPIC.



U.S. Department of State
APPLICATION FOR A U.S. PASSPORT

WARNING

False statements made knowingly and willfully in passport applications, including affidavits or other documents submitted to support this application, are punishable by fine and/or imprisonment under U.S. law including the provisions of 18 U.S.C. 1001, 18 U.S.C. 1542, and/or 18 U.S.C. 1621. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 U.S.C. 1543. The use of a passport in violation of the restrictions contained herein or of passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

Failure to provide information requested on this form, including your Social Security number, may result in significant processing delays and/or the denial of your application.

ACTS OR CONDITIONS

If any of the below-mentioned acts or conditions have been performed by or apply to the applicant, a supplementary explanatory statement under oath (or affirmation) by the applicant should be attached and made a part of this application.

I have not been convicted of a federal or state drug offense or convicted of a statutory "sex tourism" crime, and I am not the subject of an outstanding federal, state, or local warrant of arrest for a felony; a criminal court order forbidding my departure from the United States; or a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211 a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E, 22 U.S.C. 2714a(f), Section 236 of the Admiral James W. Nance and Meg Donovan Foreign Relations Authorization Act, Fiscal Years 2000 and 2001; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is used to verify your identity.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad. Your Social Security number will be provided to the U.S. Department of the Treasury and may be used in connection with debt collection, among other purposes authorized and generally described in this section. More information on the routine uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and Other Overseas Records and State-26, Passport Records.

DISCLOSURE: Providing information on this form is voluntary. Be advised, however, that failure to provide the information requested on this form may cause delays in processing your U.S. passport application and/or could also result in the refusal or denial of your application. Failure to provide your Social Security number may result in the denial of your application (consistent with 22 U.S.C. 2714a(f)) and may subject you to penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law on Instruction Page 1 (Section C) to this form.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 85 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: Passport Forms Officer, U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 44132 Mercure Cir, PO Box 1199, Sterling, Virginia 20166-1199.

For more information about your application status, online tools, current fees, and processing times, please visit travel.state.gov.



APPLICATION FOR A U.S. PASSPORT

Use **black ink only**. If you make an error, complete a new form. Do not correct.

Select document(s) for which you are submitting fees:

U.S. Passport Book U.S. Passport Card Both
The U.S. passport card is **not** valid for international air travel. See Instruction Page 3

Regular Book (Standard) Large Book (Non-Standard)
The large book is for frequent international travelers who need more visa pages.

1. Name Last

_____ D O S NFR
 End. # _____ Exp. _____

First _____ Middle _____

2. Date of Birth (mm/dd/yyyy) 3. Gender (Read Instruction Page 1) 4. Place of Birth (City & State if in the U.S. or City & Country as it is presently known.)

____/____/____ M F X Changing gender marker? Yes No

5. Social Security Number 6. Email (See application status at passportstatus.state.gov) 7. Primary Contact Phone Number

____-____-____ _____@____.____ _____-____-____

8. Mailing Address Line 1: Street/RFD#, P.O. Box, or URB

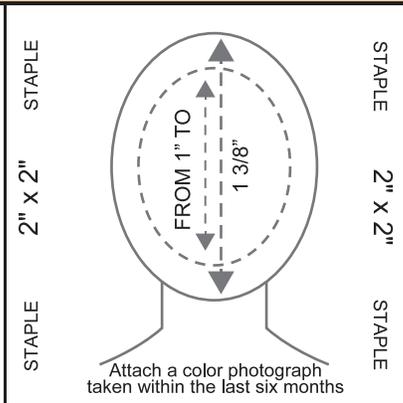
Address Line 2: (Include Apartment, Suite, etc. If applicant is a child, write "In Care Of" of the parent. Example: In Care Of - Jane Doe)

City State Zip Code Country, (if outside the United States)

____-____-____ _____ _____ _____

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed.)

A. _____ B. _____



Acceptance Agent (Vice) Consul USA
 Passport Staff Agent



STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Second Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

Identifying Documents - Applicant or Mother/Father/Parent/Legal Guardian on Third Signature Line (if identifying minor)

Driver's License State Issued ID Card Passport Military Other _____

Name _____

Issue Date (mm/dd/yyyy) _____ Exp. Date (mm/dd/yyyy) _____ State of Issuance _____

ID No _____ Country of Issuance _____

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not performed any of the acts listed under "Acts or Conditions" on page 4 of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page 4 of the instructions to the application form.

Signature of person authorized to accept applications _____ Date _____
By signing this form, I certify that I have provided the verbal oath and witnessed the applicant's/legal guardian's signature.

Print Facility Name/Location _____ Agent ID Number _____
 Facility ID Number _____

Name of courier company (if applicable) _____

X _____
Applicant's Legal Signature - age 16 and older

X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

X _____
Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)



Name of Applicant (Last, First, & Middle) _____ Date of Birth (mm/dd/yyyy) _____

10. Parental Information
Mother/Father/Parent - First & Middle Name (at Parent's Birth) _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) _____ Gender M F X U.S. Citizen? Yes No

Mother/Father/Parent - First & Middle Name (at Parent's Birth) _____ Last Name (at Parent's Birth) _____

Date of Birth (mm/dd/yyyy) _____ Place of Birth (City & State if in the U.S. or City & Country as it is presently known) _____ Gender M F X U.S. Citizen? Yes No

11. Have you ever been married? Yes No If yes, complete the remaining items in #11.
Full Name of Current Spouse or Most Recent Spouse (Last, First & Middle) _____ Date of Birth (mm/dd/yyyy) _____ Place of Birth _____

U.S. Citizen? Yes No Date of Marriage (mm/dd/yyyy) _____ Have you ever been widowed or divorced? Yes No Widow/Divorce Date (mm/dd/yyyy) _____

12. Additional Contact Phone Number _____ Home Cell Work _____ 13. Occupation (if age 16 or older) _____ 14. Employer or School (if applicable) _____

15. Height _____ 16. Hair Color _____ 17. Eye Color _____ 18. Travel Plans (If no travel plans, please write "none")
Departure Date (mm/dd/yyyy) _____ Return Date (mm/dd/yyyy) _____ Countries to be Visited _____

19. Permanent Address (Complete if P.O. Box is listed under Mailing Address or if residence is different from Mailing Address. Do not list a P.O. Box.)
Street/RFD # or URB _____ Apartment/Unit _____
City _____ State _____ Zip Code _____

20. Your Emergency Contact (Provide the information of a person not traveling with you to be contacted in the event of an emergency.)
Name _____ Address: Street/RFD # or P.O. Box _____ Apartment/Unit _____

City _____ State _____ Zip Code _____ Phone Number _____ Relationship _____

21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? Yes No If yes, complete the remaining items in #21.
Name as printed on your most recent passport book _____ Most recent passport book number _____ Most recent passport book issue date (mm/dd/yyyy) _____

Status of your most recent passport book: Submitting with application Stolen Lost In my possession (if expired)
Name as printed on your most recent passport card _____ Most recent passport card number _____ Most recent passport card issue date (mm/dd/yyyy) _____

Status of your most recent passport card: Submitting with application Stolen Lost In my possession (if expired)

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

Name as it appears on citizenship evidence _____
 Birth Certificate SR CR City Filed: _____ Issued: _____ Sole Parent
 Nat. / Citz. Cert. USCIS USDC Date/Place Acquired: _____ A# _____
 Report of Birth Filed/Place: _____
 Passport C/R S/R See #21 #/DOI: _____
 Other: _____
 Attached: _____



P/C of Citz P/C of ID DS-71 DS-3053 DS-64 DS-5520 DS-5525 PAW NPIC IRL Citz W/S DS 11 C 03 2022 2

Document F

CONSENT FOR MINOR CHILD(REN) TO TRAVEL

State of New York _____)

County of _____) ss.

I, _____, currently residing at _____
_____, hereby affirm under penalty of perjury:

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

Child's Full Name <i>(as written in passport)</i>	Date of Birth	Passport Country	Passport Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The child(ren) listed above is(are) traveling to _____
for the purpose of _____ between the dates of
_____ and _____.

Check one:

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

Caretaker's Name <i>(as written in passport)</i>	Passport Country	Passport Number
_____	_____	_____

Caretaker's Address

Caretaker's Phone _____ Caretaker's Email _____

Parent's initials: _____

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

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

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

Check one:

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

Check one:

- The authority granted pursuant to this form shall be valid for _____ (*number up to 12*) months from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- The authority granted pursuant to this form shall be valid for _____ (*number up to 365*) days from the date of signature of this designation, or until the date of revocation, whichever occurs first.
- The authority granted pursuant to this form shall be valid from _____ (*date*) until and including _____ (*date up to one year*), or until the date of revocation, whichever occurs first.

Parent's initials: _____

In the event of any questions regarding this consent, I may be contacted at:

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Signature of Parent

Printed Name of Parent

Sworn to before me this
_____ day of _____, 20____.

Notary Public

List of Attachments, as applicable (copies only):

- Birth certificate of each child
- Passport biographic page of each child
- Passport biographic page of parent
- Passport biographic page of custodian / guardian / caretaker
- Consent of other parent
- Death certificate of other parent
- Custody / Guardianship Court Order
- Other: _____

Document G

Date:

Dear Principal,

I write to update the Blue Card(s) for my child(ren), _____
_____, to include the emergency pick up people listed below.

Name

Phone Number

1.

2.

3.

4.

Thank you.

Signature: _____

Print Name: _____

Document H

COMPLETING THE OCFS DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP FORM (4940)

- **Paragraph 1**
 - Write Name of Parent
- **Paragraph 2**
 - Write Safe Address and Phone Number where Parent can be reached
 - Addresses and Phone Numbers of people with no immigration status should not be used if avoidable
- **Paragraph 3**
 - Write Name of Person (designee) whom the Parent wishes to Trust with health care and educational responsibilities for their children or other people whom they are responsible for
 - Write Safe Address and Phone Number where Designee can be reached
 - Addresses and Phone Numbers of people with no immigration status should not be used if avoidable
 - Write names and dates of birth of children or other people to be cared for
- **Paragraph 4**
 - Check the box and write initials next to option **d.**, and then write in,
 - after “commencing upon”:
 - *my detention or deportation by US immigration officials*
 - and after “continuing until”:
 - *this designation expires*
- **Paragraph 5**
 - Cross out and initial any powers the parent does not want the designee to have
 - Write any additional conditions that are applicable
- **Paragraph 7**
 - Parent signs before a notary
- **Paragraph 8**
 - Second parent signs before a notary if there is a court order requiring that both parents agree on health and educational decisions
 - Write second parent’s address and telephone number
 - Addresses and Phone Numbers of people with no immigration status should not be used if avoidable
- **Paragraph 9**
 - The person to be trusted with health and educational decisions (designee) signs before a notary

Fill out form in English and language of the parent. Parent should keep copy and the person to be trusted should keep the originals.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP
Pursuant to section 5-1551 of the New York State General Obligations Law.

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

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

Address: _____

Telephone: Home () Work ()
Other () _____

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

NAME:	DATE OF BIRTH:

4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (check appropriate box and initial):

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

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

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

___ d. commencing upon _____ (state event) and continuing until _____ or until the date of revocation, whichever occurs first.

5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to:
(check those that apply)

- review school records
- enroll in school
- excuse absences from school
- consent to participation in school program and/or school-sponsored activity
- consent to school-related medical care*
- enroll in health plans
- consent to immunizations*
- consent to general health care*
- consent to medical procedures*
- consent to dental care
- consent to developmental screening
- consent to mental health examination and/or treatment

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

Any of the above authorizations may be further limited by conditions defined by the parent, and, if limited, the limitations are written below (e.g., the parent may grant the authority to consent to a mental health examination, subject to the condition that they cannot be reached by telephone or other electronic means).

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

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

This authorization is temporary, but may be renewed by the parent(s). However, parents and persons in parental relationship involved in a long-term, care-giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.

Note: All signatures below must be notarized if authorization is for a period exceeding 30 days.

Dated: ____ / ____ / ____ (Parent's signature) _____

Sworn to before me this

_____ day of _____ 20 _____

Notary Public _____

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

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

Address: _____

Telephone: Home () - _____ Work: () - _____

Other: () - _____

Dated: ____ / ____ / ____ (Parent's signature) _____

Sworn to before me this

_____ day of _____ 20 _____

Notary Public _____

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

Dated: ___ / ___ / ___ Signature _____

Sworn to before me this

_____ day of _____ 20 _____

Notary Public _____

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

PURPOSE OF THIS FORM:

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

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

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

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

INSTRUCTIONS FOR USING THIS FORM:

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

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

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

Paragraph 4: Specify how long you wish this authorization to be in effect by checking the appropriate box and initialing next to it. Remember, you can always revoke (cancel) this designation sooner if you wish. Information about how to do that is included toward the end of these instructions.

- **Use (a)** if you want this designation to be valid for 12 months. If you choose this option, you must provide the address and telephone number for the parent(s) and the other person, and all the signatures must be notarized.

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

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

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

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

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

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

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

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

OTHER INFORMATION:

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

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

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

Document I

Designation of Standby Guardian

Pursuant to section 1726 of the New York State Surrogate's Court Procedure Act

Note: As used in this form, the term "parent" shall include a parent, a court-appointed guardian of an infant's person or property, a legal custodian, or a primary caretaker. The term "child(ren)" means persons under 18 years of age and an infant. The term "child(ren)" includes those of a parent, court-appointed guardian, legal custodian or primary caretaker.

I, _____, hereby state that I am the parent of the child(ren) listed in paragraph 2 below.

1. Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Temporary address (if any): _____

2. The child(ren) covered by this designation are:

Name	Date of Birth

3. I hereby designate the following person to act as standby guardian of the:

person and property person only property only

of the child(ren) named in paragraph 2 above:

Name of Standby Guardian: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Interest/relationship to children: _____

4. The standby guardian named above is at least eighteen (18) years of age. For the following reasons, I feel strongly that it would be in the best interests of my child(ren) for this person to act as standby guardian:

5. By signing this designation, I formally consent that the Standby Guardian's authority take effect upon any of the following actions:

- a. I am "Administratively Separated" from my child(ren), meaning that my care and supervision of my child(ren) will be interrupted because of a federal immigration matter regarding which I am arrested, detained, incarcerated, or deported (collectively "immigration enforcement"), including official communication by federal, state, or local authorities giving reasonable notice of immigration enforcement against me.
- b. My doctor concludes in writing that I am mentally incapacitated, and thus unable to care for my child(ren); or
- c. My doctor concludes in writing that I am physically debilitated, and thus unable to care for my child(ren) and I consent, in writing before two witnesses, to the Standby Guardian's authority taking effect; or
- d. In the event of my death.

6. I understand that I retain full parental, guardianship, custodial or caretaker rights even after the commencement of the standby guardian's authority and may revoke the standby guardianship at any time.

7. I also understand that my standby guardian's authority will cease sixty (60) days after commencing unless by such date the he or she petitions the court for appointment as legal guardian of the child(ren).

Parent Signature:

Dated: _____ Signature: _____

Parent name (print): _____

Witness Declarations:

Witness 1: I, _____, declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness 1 Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Witness 2: I, _____, declare that the person whose name appears above signed this document in my presence, or was physically unable to sign and asked another to sign this document, who did so in my presence. I further declare that I am at least eighteen years old and am not the person designated as standby guardian.

Witness 2 Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Designee Consent:

I, _____, the person designated as Standby Guardian for the children named in the attached Designation of Standby Guardian, consents to this designation in accord with the terms stated in the Designation.

Dated: _____ Signature: _____

Address, Apt #: _____

City, State, Zip Code: _____

Phone number: _____

Document J



**POWER OF ATTORNEY
NEW YORK STATUTORY SHORT FORM**

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

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

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

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

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

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

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

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

(b) DESIGNATION OF AGENT(S):

I, _____
(name of principal)

(address of principal)

hereby appoint:

(name of agent)

(address of agent)

(name of second agent)

(address of second agent)

as my agent(s).



If you designate more than one agent above and you do not initial the statement below, they must act together.

() My agents may act SEPARATELY.

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

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

(name of successor agent)

(address of successor agent)

(name of second successor agent),

(address of second successor agent)

If you do not initial the statement below, successor agents designated above must act together.

() My successor agents may act SEPARATELY.

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

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

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

(f) GRANT OF AUTHORITY:

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

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

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

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



- (H) claims and litigation;
- (I) personal and family maintenance: If you grant your agent this authority, it will allow the agent to make gifts that you customarily have made to individuals, including the agent, and charitable organizations. The total amount of all such gifts in any one calendar year cannot exceed five thousand dollars;
- (J) benefits from governmental programs or civil or military service;
- (K) financial matters related to health care; records, reports, and statements;
- (L) retirement benefit transactions;
- (M) tax matters;
- (N) all other matters;
- (O) full and unqualified authority to my agent(s) to delegate any or all of the foregoing powers to any person or persons whom my agent(s) select;
- (P) EACH of the matters identified by the following letters _____.

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

(g) CERTAIN GIFT TRANSACTIONS: (OPTIONAL)

In order to authorize your agent to make gifts in excess of an annual total of \$5,000 for all gifts described in (I) of the grant of authority section of this document (under personal and family maintenance), and/or to make changes to interest in your property, you must expressly grant that authorization in the Modifications section below. If you wish to authorize your agent to make gifts to himself or herself, you must expressly grant such authorization in the Modifications section below. Granting such authority to your agent gives your agent the authority to take actions which could significantly reduce your property and/or change how your property is distributed at your death. Your choice to grant such authority should be discussed with a lawyer.

I grant my agent authority to make gifts in accordance with the terms and conditions of the Modifications that supplement this Statutory Power of Attorney.

(h) MODIFICATIONS: (OPTIONAL)

In this section, you may make additional provisions, including, but not limited to, language to limit or supplement authority granted to your agent, language to grant your agent the specific authority to make gifts to himself or herself, and /or language to grant your agent the specific authority to make other gift transactions and/or changes to interests in your property. Your agent is entitled to be reimbursed from your assets for reasonable expenses incurred on your behalf. In this section, you may make additional provisions if you ALSO wish your agent(s) to be compensated from your assets for services rendered on your behalf, and you may define “reasonable compensation.”

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

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

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



(j) COMPENSATION OF AGENT(S):

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

(k) ACCEPTANCE BY THIRD PARTIES:

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

(l) TERMINATION:

This Power of Attorney continues until I revoke it or it is terminated by my death or other event described in section 5-1511 of the General Obligations Law.

Section 5-1511 of the General Obligations Law describes the manner in which you may revoke your Power of Attorney, and the events which terminate the Power of Attorney.

(m) SIGNATURE AND ACKNOWLEDGMENT:

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

PRINCIPAL signs here: =====> _____

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

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

Notary Public

(n) SIGNATURE OF WITNESSES:

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

Signature of Witness 1

Signature of Witness 2



Date

Date

Print name

Print name

Address

Address

City, State, Zip Code

City, State, Zip Code

(o) IMPORTANT INFORMATION FOR THE AGENT:

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

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

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

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

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



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

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

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

I/we acknowledge my/our legal responsibilities.

In Witness Whereof I have hereunto signed my name on _____ 20__

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

==> _____

STATE OF NEW YORK)

) ss:

COUNTY OF _____)

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

Notary Public

(q) SUCCESSOR AGENT'S SIGNATURE AND ACKNOWLEDGMENT OF APPOINTMENT:

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

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

In Witness Whereof I have hereunto signed my name on _____ 20__

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

==> _____

