

continued...

## IMPORTANT CHILDREN'S INFORMATION

**Keep this information so those you designate to care for your children in your absence have all of the information they need. Complete, save, and print a copy per child in your household.**

<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>Child's Cell Phone Number (if applicable):</b>	
<b>School Name:</b>	
<b>School Address:</b>	
<b>School Phone Number:</b>	
<b>Teacher's Name:</b>	
<b>Teacher's Phone Number and/or Email (if applicable):</b>	
<b>Classroom Number:</b>	
<b>Afterschool Program (if applicable):</b>	
<b>Afterschool Program Phone Number (if applicable):</b>	
<b>Other Camp/Sports/Program:</b>	
<b>Other Camp/Sports/Program Phone Number (if applicable):</b>	
<b>Allergies:</b>	
<b>Medical Conditions:</b>	
<b>Medications:</b>	
<b>Doctor's Phone Number:</b>	
<b>Doctor's Address:</b>	
<b>Health Insurance Info:</b>	

**THIS FILLABLE DOCUMENT CAN BE COMPLETED DIGITALLY VIA PDF VIEWER/EDITOR OR PRINTED AND COMPLETED WITH BLUE/BLACK INK.**

continued...

## EMERGENCY NUMBERS AND IMPORTANT CONTACT INFORMATION

Keep this information in one place so that you and your family can access it easily.

<b>EMERGENCY NUMBERS</b>	
Immediate Emergency	911
Police Department	
Fire Department	
Poison Control	
<b>FAMILY CONTACTS</b>	
Mother/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Father/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	

continued...

<b>MISCELLANEOUS CONTACTS</b>	
<b>Doctor</b>	
<b>Phone Number</b>	
<b>Health Insurance Company</b>	
<b>Policy Number</b>	
<b>Pediatrician</b>	
<b>Phone Number</b>	
<b>Health Insurance Company</b>	
<b>Policy Number</b>	
<b>Dentist</b>	
<b>Phone Number</b>	
<b>Dental Insurance Company</b>	
<b>Policy Number</b>	
<b>Consulate</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Attorney/Nonprofit Legal Services Provider</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Church/Temple/Mosque/Place of Worship</b>	
<b>Address</b>	
<b>Phone Number</b>	

## FILE OF IMPORTANT DOCUMENTS

Keep a file of these documents or a copy of these documents in a safe place.  
Tell your children, family members, and emergency caregivers where to find this  
file in an emergency.

☐ **PASSPORTS**

☐ **BIRTH CERTIFICATES**

☐ **MARRIAGE LICENSE (IF APPLICABLE)**

☐ **CAREGIVER'S AUTHORIZATION AFFIDAVIT**

☐ **ANY RESTRAINING ORDERS YOU MAY HAVE  
AGAINST ANYONE (IF APPLICABLE)**

☐ **A-NUMBER AND ANY IMMIGRATION  
DOCUMENTS (WORK PERMIT, GREEN CARD,  
VISA, ETC.)**

☐ **DOCUMENTS DEMONSTRATING YOUR  
RESIDENCE IN THE UNITED STATES AND  
AMOUNT OF TIME YOU HAVE BEEN PHYSICALLY  
PRESENT IN THE UNITED STATES**

☐ **DRIVER'S LICENSE AND/OR OTHER  
IDENTIFICATION CARDS**

☐ **SOCIAL SECURITY CARD OR ITIN NUMBER**

☐ **REGISTRY OF BIRTH (FOR U.S. BORN  
CHILDREN REGISTERED IN PARENT'S HOME  
COUNTRY) (IF APPLICABLE)**

☐ **IMPORTANT CHILDREN'S INFORMATION**

☐ **EMERGENCY NUMBERS AND IMPORTANT  
CONTACT INFORMATION**

☐ **CHILDREN(S)' MEDICAL INFORMATION,  
INCLUDING HEALTH INSURANCE, MEDICATION  
LIST, AND DOCTOR'S CONTACT INFORMATION**

☐ **ANY OTHER DOCUMENTS YOU WOULD WANT  
TO BE ABLE TO FIND QUICKLY**

## CAREGIVER'S AUTHORIZATION AFFIDAVIT

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

**Instructions:** Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. **Only complete items 5 through 8 if you are related to the child.** Type or print clearly.

The minor named below lives in my (the caregiver's) home and I am 18 years of age or older.

**1. Name of minor:** \_\_\_\_\_

**2. Minor's birth date:** \_\_\_\_\_

**3. My name (adult giving authorization):** \_\_\_\_\_

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

**5.** ☐ I am the minor's grandparent, aunt, uncle, spouse, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, grandaunt, granduncle, great-grandparent, great-grandaunt, great-granduncle, or the spouse of one of these persons.

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

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

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

**7. My date of birth:** \_\_\_\_\_

continued...

**8. My California driver's license or identification card number:** \_\_\_\_\_

**WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH.**

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

**Dated:** \_\_\_\_\_ **Signed:** \_\_\_\_\_

#### NOTICES

1. *THIS DECLARATION DOES NOT AFFECT THE RIGHTS OF THE MINOR'S PARENTS OR LEGAL GUARDIAN REGARDING THE CARE, CUSTODY, AND CONTROL OF THE MINOR, AND DOES NOT MEAN THAT THE CAREGIVER HAS LEGAL CUSTODY OF THE MINOR.*
2. *A PERSON WHO RELIES ON THIS AFFIDAVIT HAS NO OBLIGATION TO MAKE ANY FURTHER INQUIRY OR INVESTIGATION.*

#### ADDITIONAL INFORMATION:

##### TO CAREGIVERS:

1. *"QUALIFIED RELATIVE," FOR PURPOSES OF ITEM 5, MEANS A SPOUSE, PARENT, STEPPARENT, BROTHER, SISTER, STEPBROTHER, STEPSISTER, HALF-BROTHER, HALF-SISTER, UNCLE, AUNT, NIECE, NEPHEW, FIRST COUSIN, OR ANY PERSON DENOTED BY THE PREFIX "GRAND" OR "GREAT," OR THE SPOUSE OF ANY OF THE PERSONS SPECIFIED IN THIS DEFINITION, EVEN AFTER THE MARRIAGE HAS BEEN TERMINATED BY DEATH OR DISSOLUTION.*
2. *THE LAW MAY REQUIRE YOU, IF YOU ARE NOT A RELATIVE OR A CURRENTLY LICENSED, CERTIFIED, OR APPROVED FOSTER PARENT, TO OBTAIN RESOURCE FAMILY APPROVAL PURSUANT TO SECTION 1517 OF THE HEALTH AND SAFETY CODE OR SECTION 16519.5 OF THE WELFARE AND INSTITUTIONS CODE IN ORDER TO CARE FOR A MINOR. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT YOUR LOCAL DEPARTMENT OF SOCIAL SERVICES.*
3. *IF THE MINOR STOPS LIVING WITH YOU, YOU ARE REQUIRED TO NOTIFY ANY SCHOOL, HEALTH CARE PROVIDER, OR HEALTH CARE SERVICE PLAN TO WHICH YOU HAVE GIVEN THIS AFFIDAVIT. THE AFFIDAVIT IS INVALID AFTER THE SCHOOL, HEALTH CARE PROVIDER, OR HEALTH CARE SERVICE PLAN RECEIVES NOTICE THAT THE MINOR NO LONGER LIVES WITH YOU.*
4. *IF YOU DO NOT HAVE THE INFORMATION REQUESTED IN ITEM 8 (CA DRIVER'S LICENSE OR I.D.), PROVIDE ANOTHER FORM OF IDENTIFICATION SUCH AS YOUR SOCIAL SECURITY NUMBER OR MEDI-CAL NUMBER.*

*continued...*

*TO SCHOOL OFFICIALS:*

- 1. SECTION 48204 OF THE EDUCATION CODE PROVIDES THAT THIS AFFIDAVIT CONSTITUTES A SUFFICIENT BASIS FOR A DETERMINATION OF RESIDENCY OF THE MINOR, WITHOUT THE REQUIREMENT OF A GUARDIANSHIP OR OTHER CUSTODY ORDER, UNLESS THE SCHOOL DISTRICT DETERMINES FROM ACTUAL FACTS THAT THE MINOR IS NOT LIVING WITH THE CAREGIVER.*
- 2. THE SCHOOL DISTRICT MAY REQUIRE ADDITIONAL REASONABLE EVIDENCE THAT THE CAREGIVER LIVES AT THE ADDRESS PROVIDED IN ITEM 4.*

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

- 1. A PERSON WHO ACTS IN GOOD FAITH RELIANCE UPON A CAREGIVER'S AUTHORIZATION AFFIDAVIT TO PROVIDE MEDICAL OR DENTAL CARE, WITHOUT ACTUAL KNOWLEDGE OF FACTS CONTRARY TO THOSE STATED ON THE AFFIDAVIT, IS NOT SUBJECT TO CRIMINAL LIABILITY OR TO CIVIL LIABILITY TO ANY PERSON, AND IS NOT SUBJECT TO PROFESSIONAL DISCIPLINARY ACTION, FOR THAT RELIANCE IF THE APPLICABLE PORTIONS OF THE FORM ARE COMPLETED.*
- 2. THIS AFFIDAVIT DOES NOT CONFER DEPENDENCY FOR HEALTH CARE COVERAGE PURPOSES.*

#### Part 4. Client's Consent to Representation and Signature (continued)

##### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☐ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

##### *Signature of Client or Authorized Signatory for an Entity*

- 2.a. Signature of Client or Authorized Signatory for an Entity



- 2.b. Date of Signature (mm/dd/yyyy)

#### Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)





## Part 5. Applicant's Contact Information, Certification, and Signature

### *Applicant's Contact Information*

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

2. Applicant's Mobile Telephone Number (if any)

3. Applicant's Email Address (if any)

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 6.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)



## Part 6. Interpreter's Contact Information, Certification, and Signature

### *Interpreter's Full Name*

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name

### *Interpreter's Contact Information*

3. Interpreter's Daytime Telephone Number

4. Interpreter's Mobile Telephone Number (if any)

5. Interpreter's Email Address (if any)

### *Interpreter's Certification and Signature*

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)



# Ventura County Public Defender Fresh Start Unit



APPLY FOR  
OUR  
SERVICES  
ONLINE

**CONTACT**

US NOW



805-654-2201



PDFreshStart@ventura.org



800 S. Victoria Ave.  
Room 207  
Ventura, CA 93009

<https://vcpublicdefender.org/>

## WE OFFER

### EXPUNGEMENTS



An expungement is when the court orders a conviction be set aside, a plea of not guilty be entered, and the complaint be dismissed.

### SEALINGS



If you have suffered an arrest that did not result in a conviction you may petition the court to have your arrest and related records sealed.

### RETURN OF PROPERTY



If the arresting agency confiscated your personal item when arrested, our office can request an order from the judge requesting the property be released to you.

### SEX OFFENDER REGISTRATION RELIEF



Petition the Court to terminate sex offender registration based on the tier level.

### EARLY TERMINATION OF PROBATION



If you have not violated probation, paid all fines/fees, and have completed more than 1/2 of your term, we can petition to terminate early.

### CERTIFICATE OF REHABILITATION



Restores some rights of citizenship which were forfeited as a result of a conviction.



**COUNTY of VENTURA**  
Public Defender

## **AGENCIAS ACREDITADAS DE LOS CONDADOS DE LA COSTA CENTRAL**

### **VENTURA COUNTY**

#### **Mixteco/Indígena Community Organizing Project (MICOP)**

135 Magnolia Avenue  
Oxnard, CA 93030  
(805) 483-1166  
For Immigration Services: (805) 940-5541  
Or email: [liza.diniakos@mixteco.org](mailto:liza.diniakos@mixteco.org)  
**Removal Defense Attorneys on staff**

#### **IMPORTA**

2471 Portola Rd Suite 100  
Ventura, CA 93003  
(805) 604-5060  
[info@importasb.org](mailto:info@importasb.org)

#### **El Concilio**

301 S. C St.  
Oxnard, CA 93030  
(805) 486-9777  
**Removal Defense Attorneys on staff**

#### **UFW Foundation**

920 S. A St.  
Oxnard, CA 93030  
(805) 246-3864

### **SANTA BARBARA & SAN LUIS OBISPO COUNTIES**

#### **Legal Aid Foundation of Santa Barbara County**

*Santa Barbara location:*  
301 E Canon Perdido Street  
Santa Barbara, CA 93101  
(805) 963-6754

*Santa Maria location:*  
201 S. Miller Street, Ste. 201  
Santa Maria, CA 93454  
(805) 922-9909

*Lompoc location:*  
102 E. Ocean Avenue  
Lompoc, CA 93436  
(805) 736-6582

#### **IMPORTA**

129 East Carrillo Street  
Santa Barbara, CA  
(805) 604-5060  
[info@importasb.org](mailto:info@importasb.org)

#### **Santa Barbara Immigrant Legal Defense Center**

*Santa Barbara location:*  
1136 E. Montecito St.  
Santa Barbara, 93103  
805-886-9136  
[julissa@sbimmigrantdefense.orgp](mailto:julissa@sbimmigrantdefense.orgp)

*Santa Maria location:*  
120 E. Jones St., Ste. 117  
Santa Maria, 93454  
805-886-9136  
**Removal Defense Attorneys on staff**

#### **Immigrant Hope**

935 San Andres St.  
Santa Barbara, CA 93101  
(805) 516-5422  
[info.santabarbara@immigranthope.org](mailto:info.santabarbara@immigranthope.org)

#### **Immigrant Hope Arroyo Grande**

995 E Grand Ave  
Arroyo Grande, CA 93420  
(805) 221-4319  
[immigranthopeag.org](http://immigranthopeag.org)

### **STATE-WIDE**

#### **UC Immigrant Legal Services Center**

University of California  
Santa Barbara, CA  
(530) 574-6329  
[Amber.ucimm@law.ucdavis.edu](mailto:Amber.ucimm@law.ucdavis.edu)  
**Lawyers on staff**