

OCCAD

ORGANIZED COMMUNITIES AGAINST DEPORTATIONS

**GUIA PRO SE.
FAMILIAS EMPODERADAS,
FAMILIAS PREPARADAS.**

**PRO SE GUIDE.
EMPOWERED FAMILIES,
PREPARED FMILIES.**





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WHY WE CREATED THIS GUIDE

At Organized Communities Against Deportation (OCAD), we know how important it is to feel secure and prepared—especially when you're taking care of your family. For many immigrant families, there's always a little worry in the back of our minds: What would happen to my kids if something happened to me?

That's why we put together this Family Preparedness Package. It's designed to help you make a plan in case of an emergency, like being detained by La Migra (ICE), getting sick, or having to leave home suddenly. In this package, you'll find simple information about a Power of Attorney for Property and Short-Term Guardianship—legal tools that let you choose someone you trust to take care of your children and make decisions for them if you can't.

Making a plan now means less stress later, and more peace of mind for you and your family.

We created this package with love and respect for all families, especially those who are working hard to build a future in a new country. You deserve to feel prepared and supported, no matter what comes your way. We Keep Each Other Safe!

Disclaimer: This package is meant to provide general information to help families start preparing and having important conversations. This package is not legal advice, and it does not create an attorney-client relationship. If you have specific questions about your situation, we encourage you to talk to a trusted immigration attorney or legal aid organization.

Call Beyond's free immigration helpline: (872) 267-2252

[Click here to visit Beyond's website](#)

POWER OF ATTORNEY

What is a “Power of Attorney”?

A Power of Attorney for Property is a legal document in which you (the “principal”) authorize another person (an “agent”) to make some or all of your money and property decisions.

A Power of Attorney for Property is an important document allows a person you trust to make financial decisions on your behalf. This person would be able to administer your finances and property if you are incapacitated, ill, arrested, detained or deported. This legal form helps transfer the care and responsibility of your bank account, home, or business. Whether you’re detained or not those asset belong to you, protect them!

Who is “The Principal”?¹

This is you, the person who is giving someone else the authority to act on your behalf.

Who is “The Agent”?²

They are the trusted person you choose to make decisions for you. They must act in your best interest and follow your instructions.

Web Resources

[\(1\) Illinois Legal Aid, Power of Attorney for Property basics](#)

[\(2\) North Suburban Legal Aid Clinic, Power of Attorney: Protecting Your Property and Finances in Case of Detention and Deportation](#)

^{1,2} “Power of Attorney: Protecting Your Property and Finances in Case of Detention and Deportation.” NSLegal Aid, 7 Feb. 2025, www.nslegalaid.org/articles/protecting-your-property-and-finances-if-you-are-detained-or-deported-power-of-attorney/.

Q: HOW CAN I SET UP A POA?

Setting up a POA helps you make a plan in case of emergency, which means less stress later and more peace of mind for you and your family.

- 1 Choose someone you trust (“Agent”) – pick a reliable person who understands your wishes**
- 2 Decide what responsibilities your Agent will have – a POA can be broad or limited based on your needs**
- 3 Make it official – get the document notarized**
- 4 Share it with the right people – make sure your Agent, bank, or other important agencies knows about your POA**
- 5 Save it – have your Agent save the document in a safe place³**

³ “Power of Attorney: Protecting Your Property and Finances in Case of Detention and Deportation.” NSLegal Aid, 7 Feb. 2025, www.nslegalaid.org/articles/protecting-your-property-and-finances-if-you-are-detained-or-deported-power-of-attorney/.

POA WALKTHROUGH

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **YOUR INFORMATION**

(insert name and address of principal)

hereby revoke all prior statutory powers of attorney for property executed by me
and appoint: (insert name and address of agent)

THE CONTACT INFO OF THE PERSON (JUST ONE) YOU HAVE SELECTED.

(NOTE: You may not name co-agents using this form.)

!!!: You cannot assign more than
one person with this form

as my attorney-in-fact (my “agent”) to act for me and in my name (in any way I
could act in person) with respect to the following powers, as defined in Section 3-4
of the “Statutory Short Form Power of Attorney for Property Law” (including all
amendments), but subject to any limitations on or additions to the specified powers
inserted in paragraph 2 or 3 below:

(NOTE: You must strike out any one or more of the following categories of
powers you do not want your agent to have. Failure to strike the title of any
category will cause the powers described in that category to be granted to the
agent. To strike out a category you must draw a line through the title of that
category.)

- (a) Real estate transactions.
- (b) Financial institution transactions.
- (c) Stock and bond transactions.
- (d) Tangible personal property transactions.
- (e) Safe deposit box transactions.

Are there powers
you don't want
your agent to
have?

!!!: You must cross out one
or more of the following
categories of powers that
you do not want your
Agent to have. If you do
not want the Agent to have
any of these powers, cross
out the title of that
category.

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- (f) Insurance and annuity transactions.
- (g) Retirement plan transactions.
- (h) Social Security, employment and military service benefits.
- (i) Tax matters.
- (j) Claims and litigation.
- (k) Commodity and option transactions.
- (l) Business operations.
- (m) Borrowing transactions.
- (n) Estate transactions.
- (o) All other property transactions.

(NOTE: Limitations on and additions to the agent's powers may be included in this power of attorney if they are specifically described below.)

2. The powers granted above shall not include the following powers or shall be modified or limited in the following particulars:

(NOTE: Here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of particular stock or real estate or special rules on borrowing by the agent.)

!!!: Specific imitations and additions to the Agent's powers may be included in this section below.

!!!: Here you may include any specific limitations you deem appropriate, such as a prohibition or conditions on the sale of certain stock or real estate or special rules regarding lending by the Agent.

Are there any additional modifications or limitations you would like to impose on your agent?

POA WALKTHROUGH

Are there other powers you want your agent to have, such as the power to make appointments, the power to name or change beneficiaries, or other powers?

3. In addition to the powers granted above, I grant my agent the following powers:

(NOTE: Here you may add any other delegable powers including, without limitation, power to make gifts, exercise powers of appointment, name or change beneficiaries or joint tenants or revoke or amend any trust specifically referred to below.)

(NOTE: Your agent will have authority to employ other persons as necessary to enable the agent to properly exercise the powers granted in this form, but your agent will have to make all discretionary decisions. If you want to give your agent the right to delegate discretionary decision-making powers to others, you should keep paragraph 4, otherwise it should be struck out.)

~~4. My agent shall have the right by written instrument to delegate any or all of the foregoing powers involving discretionary decision-making to any person or persons whom my agent may select, but such delegation may be amended or revoked by any agent (including any successor) named by me who is acting under this power of attorney at the time of reference.~~

!!!: Your Agent will have the power to appoint other persons to carry out the powers written in this form.

If you DO NOT want the Agent to have this power, strike out paragraph #4 as shown here.

!!!: Your Agent has the right to request reimbursement for the expenses they pay to be your Agent.

If you DO NOT want the Agent to have this power, strike paragraph #5.

(NOTE: Your agent will be entitled to reimbursement for all reasonable expenses incurred in acting under this power of attorney. Strike out paragraph 5 if you do not want your agent to also be entitled to reasonable compensation for services as agent.)

5. My agent shall be entitled to reasonable compensation for services rendered as agent under this power of attorney.

(NOTE: This power of attorney may be amended or revoked by you at any time and in any manner. Absent amendment or revocation, the authority granted in this power of attorney will become effective at the time this power is signed and will continue until your death, unless a limitation on the beginning date or duration is made by initialing and completing one or both of paragraphs 6 and 7.)

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6. This power of attorney shall become effective on:

the date on which I am detained or otherwise taken by the Department of
Homeland Security or another governmental agency.

← Add date and write this

(NOTE: Insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

7. This power of attorney shall terminate on:

the date on which I state in writing that I wish to terminate this power of attorney.

← Add date and write this

(NOTE: Insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: If you wish to name one or more successor agents, insert the name and address of each successor agent in paragraph 8.)

8. If any agent named by me shall die, become incompetent, resign or refuse to accept the office of agent, I name the following (each to act alone and successively, in the order named) as successor(s) to such agent:

**NAME, ADDRESS AND PHONE NUMBER OF A DIFFERENT
PERSON YOU ASSIGN AS AGENT IN CASE SOMETHING
HAPPENS TO THE AGENT YOU ORIGINALLY ASSIGNED**

(Include name, address and phone number for any named successors)

For purposes of this paragraph 8, a person shall be considered to be incompetent if and while the person is a minor or an adjudicated incompetent or disabled person or the person is unable to give prompt and intelligent consideration to business matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your estate if a court decides that one should be appointed. To do this, retain paragraph 9, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 9 if you do not want your

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agent to act as guardian.)

9. If a guardian of my estate (my property) is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

10. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

(NOTE: This form does not authorize your agent to appear in court for you as an attorney-at-law or otherwise to engage in the practice of law unless he or she is a licensed attorney who is authorized to practice law in Illinois.)

11. The Notice to Agent, as set out below, is incorporated by reference and included as part of this form.

Dated: _____ Signed: _____
(Principal)



You sign here

(NOTE: This power of attorney will not be effective unless it is signed by at least one witness and your signature is notarized, using the form below. The notary may not also sign as a witness.)

The undersigned witness certifies that **YOUR NAME** known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: _____ Signed: _____
(Witness)

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(NOTE: Illinois requires only one witness, but other jurisdictions may require more than one witness. If you wish to have a second witness, have him or her certify and sign here:)

(Second witness)

The undersigned witness certifies that **YOUR NAME**, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth. I believe him or her to be of sound mind and memory. The undersigned witness also certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling, descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

Dated: _____ Signed: _____
(Witness)

State of _____)
) SS.
County of _____)

The undersigned, a notary public in and for the above county and state, certifies that _____, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the witness(es) _____ (and _____) in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth (, and certified to the correctness of the signature(s) of the agent(s)).

Dated: _____ Signature _____
Notary Public

My commission expires: _____

Signature of notary

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If the person you name as your Agent cannot fulfill their responsibilities, you can name a successor agent here and here.

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of agent (and successors)

I certify that the signatures of my agent (and successors) are correct.

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form is optional.)

This section is optional

Name of Preparer:

Address:

Phone:

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NOTICE TO AGENT POWER OF ATTORNEY FOR PROPERTY

(NOTE: This notice is incorporated by reference and included as a part of this Power of Attorney for Property.)

When you (the agent) accept the authority granted under this power of attorney, a special legal relationship, known as agency, is created between you and the principal. Agency imposes upon you duties that continue until you resign or the power of attorney is terminated or revoked.

As agent you must:

- (1) do what you know the principal reasonably expects you to do with the principal's property;
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence;
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal;
- (4) attempt to preserve the principal's estate plan, to the extent actually known by the agent, if preserving the plan is consistent with the principal's best interest; and
- (5) cooperate with a person who has authority to make health care decisions for the principal to carry out the principal's reasonable expectations to the extent actually in the principal's best interest.

As agent you must not do any of the following:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent;
- (2) do any act beyond the authority granted in this power of attorney;
- (3) commingle the principal's funds with your funds;

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(4) borrow funds or other property from the principal, unless otherwise authorized;

(5) continue acting on behalf of the principal if you learn of any event that terminates this power of attorney or your authority under this power of attorney, such as the death of the principal, your legal separation from the principal, or the dissolution of your marriage to the principal.

If you have special skills or expertise, you must use those special skills and expertise when acting for the principal. You must disclose your identity as an agent whenever you act for the principal by writing or printing the name of the principal and signing your own name “as Agent” in the following manner:

“(Principal’s Name) by (Your Name) as Agent”

The meaning of the powers granted to you is contained in Section 3-4 of the Illinois Power of Attorney Act, which is incorporated by reference into the body of the power of attorney for property document.

If you violate your duties as agent or act outside the authority granted to you, you may be liable for any damages, including attorney’s fees and costs, caused by your violation.

If there is anything about this document or your duties that you do not understand, you should seek legal advice from an attorney.”

(f) The requirement of the signature of a witness in addition to the principal and the notary, imposed by Public Act 91-790, applies only to instruments executed on or after June 9, 2000 (the effective date of that Public Act).

(NOTE: This amendatory Act of the 96th General Assembly (Public Act 96-1195, effective July 1, 2011) deletes provisions that referred to the one required witness as an “additional witness”, and it also provides for the signature of an optional “second witness”.)

SHORT TERM GUARDIANSHIP

What is “short-term guardianship”?

Every family should have an emergency family plan that includes a plan of care for their children in the event of medical emergencies, chronic illness, incapacity, death, natural disasters, arrest, detention, removal or deportations. A short-term legal guardianship is a legal document which authorizes another person to make decisions about your child’s care, in the case that you are detained.

A short-term guardianship is a legal document that does not require court approval. If a long-term (plenary) guardianship is more appropriate, which does require court approval, the Cook County Guardianship Help Desk at 69 W. Washington can help people without lawyers complete paperwork for long-term guardianship.

Who is the “guardian”?

This is the trusted person you choose to make medical decisions for your children. This person should act in the child's best interests and follow your instructions.

Web Resources

(1) [Guardianship for Immigrant Families, Chicago Volunteer Legal Services](#)

(2) [Emergency Family Plan, The Resurrection Project](#)

(3) [Guardianships and Immigration – FAQs, NIJCs](#)

Q: HOW CAN I SET UP A SHORT-TERM GUARDIANSHIP?

Setting up a short-term guardianship helps you make a plan in case of emergency, which means less stress later and more peace of mind for you and your family.

- 1 Choose someone you trust (“Guardian”) – pick a person who understands your wishes when it comes to your children**
- 2 Save it – keep the document in a safe place, where you and the appointed Guardian can have access to it.**
- 3 Name the Guardian as a Contact – add the Guardian’s name as an emergency contact for any programs your children are involved in, including your children’s schools, daycare, afterschool programs, and summer camps. The Guardian should be listed as a person who has permission to pick up your children. Add the appointed Guardian’s name on all medical authorization forms for your children.**
- 4 Memorize the Guardian’s phone number – you and your children should memorize the appointed Guardian’s phone number**

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CFS 444-2
Rev 12/2016

State of Illinois
Department of Children and Family Services

APPOINTMENT OF SHORT-TERM GUARDIAN 755 ILCS 5/11-5.4

It is important to read the following instructions:

By properly completing this form, a parent or the guardian of the person of the child is appointing a guardian of a child of the parent (or a minor ward of the guardian, as the case may be) for a period of up to 365 days. A separate form should be completed for each child. The person appointed as the guardian must sign the form, but need not do so at the same time as the parent or parents.

If you are a parent or guardian who is a member of the Armed Forces of the United States, including any reserve component thereof, or the commissioned corps of the National Oceanic and Atmospheric Administration or the Public Health Service of the United States Department of Health and Human Services detailed by proper authority for duty with the Armed Forces of the United States, or who is required to enter or serve in the active military service of the United States under a call or order of the President of the United States or to serve on State active duty, you may appoint a short-term guardian for your child for the period of your active duty service plus 30 days. When executing this form, include the date your active duty service is scheduled to begin in part 3 and the date your active duty service is scheduled to end in part 4.

This form may not be used to appoint a guardian if there is a guardian already appointed for the child, except that if a guardian of the person of the child has been appointed, that guardian may use this form to appoint a short-term guardian. Both living parents of a child may together appoint a guardian of the child, or the guardian of the person of the child may appoint a guardian of the child, for a period of up to 365 days through the use of this form. If the short-term guardian is appointed by both living parents of the child, the parents need not sign the form at the same time.

1. Parent (or guardian) and Child. I, **PARENT'S FULL NAME** _____,
currently residing at _____,
am a parent (or the guardian of the person) of the following child (or of a child likely to
be born): _____.

2. Guardian. I hereby appoint the following person as the short-term guardian for my child:
(include name and address) **FULL NAME AND ADDRESS OF SHORT-TERM GUARDIAN**
_____.

Heads Up you must fill out a form for each child!

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3. Effective date. This appointment becomes effective: (Check one if you wish it to be applicable)

- ☐ On the date that I date in writing that I am no longer either willing or able to make and carry out day- to-day child care decisions concerning the child.
- ☐ On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day- to day child care decisions concerning the child.
- ☐ On the date that I am admitted as an in-patient to a hospital or other health care institution.
- ☐ On the following date: _____.
- ☐ On the date my active duty service begins: _____.
- ☐ Other: _____.

(Note: If this item is not completed, the appointment is effective immediately upon the date the form is signed and dated below.)

Heads Up: If you do not answer question 3, the short-term guardianship will be effective from the day of signature and date.

4. Termination. This appointment shall terminate 365 days after the effective date, unless it terminates sooner as determined by the event or date I have indicated below: (check one if you wish it to be applicable).

- ☐ On the date that I state in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.
- ☐ On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.
- ☐ On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date, but not more than 365 days after the effective date.
- ☐ On the date which is _____ days after the effective date. (may not exceed 365 days).
- ☐ On the date no more than 30 days after my active duty service is scheduled to end (insert date active duty service is scheduled to end): _____.
- ☐ Other: _____.

(Note: If this item is not completed, the appointment will be effective for a period of 365 days, beginning on the effective date.)

Heads Up: If you do not answer question 4, the short-term guardianship will be effective for 365 days from the effective date.

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5. Date and signature of appointing parent or guardian.

This appointment is made this DATE day of MONTH, 20YEAR.

Signed _____

PARENTS SIGN HERE

Make sure you have two witnesses present. They can't be your guardian in the short term.

PARENT(S) FULL NAMES _____

6. Witnesses. I saw the parent (or the guardian of the person of the child) sign this instrument or I saw the parent (or the guardian of the person of the child) direct someone to sign this instrument for the parent (or the guardian). Then I signed this instrument as a witness in the presence of the parent (or the guardian). I am not appointed in this instrument to act as the short-term guardian for the parent's child.

Witness _____
(signature)

(Name)

(Address)

Witness _____
(signature)

(Name)

(Address)

7. Acceptance of short-term guardian.

I accept this appointment as short-term guardian on this DATE day of MONTH, 20YEAR.

Signed _____
(Short-term guardian)

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8. Consent of child's other parent. I, _____ FULL NAME OF THE OTHER PARENT _____,
currently residing at _____,
hereby consent to this appointment on this _____ day of _____, 20_____.

Do you need the
other parent's
signature?

Signed _____
(Consenting parent)

(Note: the signature of a consenting parent is not necessary if one of the following applies: (i) the child's other parent has died; or (ii) the whereabouts of the child's other parent are not known; or (iii) the child's other parent is not willing or able to make and carry out day-to-day child care decisions concerning the child; or (iv) the child's parents were never married and no court order has issued an order establishing parentage.)

(Source: P.A. 95-568, eff. 6-1-08)

755 ILCS 5/11 - 13.2 Duties of a short term guardian of a minor.

(a) Immediately upon the effective date of the appointment of a short-term guardian, the short-term guardian of the minor shall assume all duties as short-term guardian of the minor as provided in this Section. The short-term guardian of the person shall have authority to act as short-term guardian, without direction of court, for the duration of the appointment, which in no case shall exceed a period of 365 days. The authority of the short-term guardian may be limited or terminated by a court of competent jurisdiction.

(b) Unless further specifically limited by the short-term guardian, a short-term guardian shall have the authority to act as guardian of the person of a minor as prescribed in Section 11-13, but shall not have any authority to act as guardian of the estate of a minor, except that a short-term guardian shall have the authority to apply for and receive on behalf of the minor benefits to which the child may be entitled from or under federal, State, or local organizations or programs.

OCAD



Photograph of OCAD members holding up a posters outside ICE Headquarters in Chicago

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LUCHA
—CONTRA LAS—
DEPORTACIONES

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www.organizedcommunities.org