

OCCAD

ORGANIZED COMMUNITIES AGAINST DEPORTATIONS

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

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



ROBERT GUADIAN

DHS

ABOLISH ICE

ABOLISH ICE

ABOLISH ICE

ABOLISH ICE

ABOLISH ICE & DEFUND

FEDECMI PRESENTE



TABLA DE CONTENIDO

PG 2. INTRODUCCIÓN

PG 3. QUE ES PODER NOTARIAL (POA)

**PG 4. PASO A PASO PARA RELLENAR
EL PODER NOTARIAL**

PG 14. TUTELA DE CORTO PLAZO (STG)

**PG 15. PASO A PASO PARA RELLENAR
LA TUTELA A CORTO PLAZO**



¿POR QUÉ CREAMOS ESTA GUIÁ?

En Comunidades Organizadas Contra la Deportación (OCAD), sabemos lo importante que es sentirse seguro y preparado, especialmente al cuidar de su familia. Muchas familias inmigrantes se preguntan: “¿Qué les sucedería a mis hijos si algo me pasara?”

Por eso, creamos este Paquete de Preparación Familiar. Está diseñado para ayudarle a crear un plan en caso de una emergencia, por ejemplo, ser detenido por La Migra (ICE), enfermarse, o tener que irse de casa repentinamente. En este paquete, encontrará información sencilla que le permitirán elegir a alguien de confianza que cuide de sus hijos y tome decisiones por ellos en caso de que usted no pueda. Estas herramientas, el Poder Notarial para Bienes y la Tutela a Corto Plazo, se encuentran mas a profundo.

Preparar estos documentos ahora significa menos estrés en el futuro y más tranquilidad para usted y su familia.

Creamos este paquete con cariño y respeto para todas las familias, especialmente para aquellas que se esfuerzan por construir un futuro en un nuevo país. Merece sentirse preparado y apoyado, pase lo que pase. **¡Nos protegemos mutuamente!**

Aviso legal: Este paquete proporciona información general para ayudar a las familias a prepararse y a tener conversaciones importantes. No constituye asesoramiento legal ni crea una relación abogado-cliente. Si tiene preguntas específicas sobre su situación, le recomendamos hablar con un abogado de inmigración de confianza o con una organización de asistencia legal.

EL COLECTIVO OCAD

Llama la línea de ayuda legal gratuita de Beyond:

(872) 267-2252.

[Haz clic para navegar al sitio web de Beyond](#)

SOBRE PODER NOTARIAL

¿Que es un “Poder Notarial para Bienes”?

Un Poder Notarial para Bienes es un documento legal en el que usted autoriza a otra persona a tomar decisiones sobre parte o la totalidad de su dinero y bienes.

Un Poder Notarial para Bienes es un formulario importante que permite a una persona de confianza tomar decisiones financieras de parte suya. Esa persona podrá administrar los bienes que le pertenecen a usted si se encontrara incapacitado, enfermo, arrestado, detenido o deportado. Este formulario ayuda a preparar para el caso de su cuenta bancaria, cualquier propiedad, o negocio. ¡Aun esté detenido, esos bienes son suyos, protéjalos!

¿Quien es “el Principal”?¹

Éste es usted, la persona que le está otorgando a otra persona la autoridad para actuar en su nombre.

¿Quien es “el Agente”?²

Esta es la persona de confianza quien usted elija para tomar decisiones por usted. Debería ser alguien quien va a actuar en el mejor interés suyo y seguir sus instrucciones.

Recursos Adicionales

(1) Básicos de Poder Notarial, Consulado Mexicano

(2) Preguntas Frecuentes Poder Notarial, Law Help

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/.

PASOS PARA RELLENAR EL PODER NOTARIAL

Establecer un poder notarial le ayudará a elaborar un plan en caso de emergencia. Lo cual significa menos estrés más y más tranquilidad para usted y su familia en el futuro.

1. **Escoja a alguien de confianza (el "Agente"):** elija a una persona confiable que comprenda sus deseos.
2. **Decida qué responsabilidades quiere que tenga la persona:** un poder notarial puede ser amplio o limitado según sus necesidades.
3. **Hágalo oficial:** consiga un notario para formalizar el documento.
4. **Compártalo con las personas adecuadas:** asegúrese de que su "Agente", banco u otras agencias importantes lo sepan.
5. **Guarda el documento:** su agente debe guardar el documento en un lugar seguro.

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-finance-if-you-are-detained-or-deported-power-of-attorney/.

TUTORIAL DE POA

ILLINOIS STATUTORY SHORT FORM POWER OF ATTORNEY FOR PROPERTY

1. I, **NOMBRE Y DOMICILIO DEL PRINCIPAL (TU
INFORMACIÓN)**

(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)

**NOMBRE Y DIRECCIÓN DEL AGENTE (LA ÚNICA
PERSONA QUE ASUME EL PODER NOTARIAL)**

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

Aviso: No puede nombrar mas
agentes utilizando este
formulario.

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) transacciones inmobiliarias
- (b) transacciones de instituciones financieras
- (c) transacciones de acciones y bonos
- (d) transacciones de bienes muebles
tangibles
- (e) transacciones de caja de seguridad

Aviso: Debe tachar una o
más de las siguientes
categorías de poderes que
no desea que tenga su
agente. Si no desea que el
agente tenga ninguno de
estos poderes, tache el
título de esa categoría.

¿Hay poderes que
no desea que tu
agente tenga?

TUTORIAL DE POA

- (f) transacciones de seguros y anualidades**
- (g) transacciones de planes de jubilación**
- (h) Seguridad Social, prestaciones laborales y del servicio militar**
- (i) asuntos fiscales**
- (j) reclamaciones y litigios**
- (k) transacciones de materias primas y opciones**
- (l) operaciones comerciales**
- (m) transacciones de endeudamiento**
- (n) transacciones inmobiliarias**
- (o) todas las demás transacciones de propiedad**

(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.)

¿Existen modificaciones o limitaciones adicionales que desea imponer a su agente?

Aviso: Se podrán incluir en este poder limitaciones y adiciones a los poderes del agente si se incluyen específicamente a continuación.

Aviso: Aquí puede incluir cualquier limitación específica que considere apropiada, como una prohibición o condiciones sobre la venta de determinadas acciones o bienes inmuebles o reglas especiales sobre préstamos por parte del agente.

TUTORIAL DE POA

¿Hay otros poderes que quieres que tenga su agente, como el poder de hacer citas, el poder de nombrar o cambiar beneficiarios, u otro poder?

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.~~

(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.)

Aviso: Su agente tendrá el poder de asignar a otras personas para cumplir los poderes escritos en este forma.

Si NO quieres que el agente tendrá este poder, tacha el párrafo #4 como ves aquí.

Aviso: Su agente tendrá el derecho de pedir reembolso para los costos que pagan en ser su agente.

Si NO quieres que el agente tendrá este poder, tacha el párrafo #5.

TUTORIAL DE POA

6. This power of attorney shall become effective on:

escribe lo siguiente: "el día que yo sea detenido por el Department of Homeland Security u otro agencia gobernal"

(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:

escribe lo siguiente: "el día que yo escribo que quiero terminar este poder de agente"

(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:

**NOMBRE, DIRECCION, Y NUMERO DE TELEFONO DE LA
PERSONA QUE ENCARGAS COMO NUEVO AGENTE SI
ALGO LE PASA AL AGENTE PRINCIPAL**

(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

TUTORIAL DE POA

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)

Fecha (mm/dd/aa)

Tu firma aquí

(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 **NOMBRE DEL PRINCIPAL** 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.

Fecha (mm/dd/aa)

Firma de un testigo
firmante

Dated: _____ Signed: _____
(Witness)

TUTORIAL DE POA

(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 **NOMBRE DEL PRINCIPAL**, 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.

Fecha (mm/dd/aa)

Firma del segundo
testigo firmante

Dated: _____ Signed: _____
(Witness)

State of **ESTADO DE EE.UU.**)
County of **CONDADO**) SS.

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)).

Fecha (mm/dd/aa)

Firma del notario
público

Dated: _____ Signature _____
Notary Public

My commission expires: _____

Form Revised July 15, 2011

755 ILCS 45/3-3

Page 8 of 11

el día en que quieres que termine este
poder de agente

TUTORIAL DE POA

Si la persona que nombres como tu agente no puede cumplir con sus responsabilidades, puedes nombrar un agente sucesor por se caso aquí y aquí

(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.

NOMBRE DEL AGENTE

(agent)

NOMBRE DE PRINCIPAL

(principal)

NOMBRE DEL AGENTE SUCESOR

(successor agent)

NOMBRE DE PRINCIPAL

(principal)

NOMBRE DEL AGENTE SUCESOR

(successor agent)

NOMBRE DE PRINCIPAL

(principal)

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

Name of Preparer:

**NOMBRE DEL
PREPARADOR**

Address:

**DIRECCION DEL
PREPARADOR**

Phone:

NÚMERO TELÉFONICO

Esta sección es opcional

TUTORIAL DE POA

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:

Como agente debes:

- (1) do what you know the principal reasonably expects you to do with the principal's property; **(1) haz lo que sabes que el principal quiere que hagas con la propiedad del principal**
- (2) act in good faith for the best interest of the principal, using due care, competence, and diligence; **(2) actuar con buena voluntad por el mejor interés del principal, con cariño, competencia, y diligencia**
- (3) keep a complete and detailed record of all receipts, disbursements, and significant actions conducted for the principal; **(3) mantener un record de todo los recibos, pagos, y acciones significantes hecho para el 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 **(4) intentar a preservar el plan patrimonial del principal lo que mejor que puedes**
- (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. **(5) cooperar con la persona que puede hacer decisiones de salud por el principal**

As agent you must not do any of the following:

Como agente no debes:

- (1) act so as to create a conflict of interest that is inconsistent with the other principles in this Notice to Agent; **(1) actuar para evitar conflictos de interés que son inconsistente con otros principales**
- (2) do any act beyond the authority granted in this power of attorney; **(2) actuar fuera del nivel de autoridad que este formulario te he dado**
- (3) commingle the principal's funds with your funds; **(3) combinar los fondos financieros del principal con tu dinero**

TUTORIAL DE POA

(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”.)

SOBRE TUTELA A CORTO PLAZO

¿Que es una Tutela a Corto Plazo?

Toda familia debe tener un plan de emergencias que incluye quien cuidará de sus hijos en el evento de emergencias medicas, enfermedad crónica, incapacidad, muerte, desastres naturales, arresto, detención, o deportaciones. Una Tutela a Corto Plazo es un documento legal en el que usted autoriza a otra persona de tomar decisiones sobre el cuidado de sus hijos si usted es detenido.

La Tutela a Corto Plazo es un documento legal que no requiere aprobación de un juez. Si una Tutela de Largo Plazo (pleno) es más apropiado, el cual si requiere firma de un juez, el Cook County Guardianship Help Desk en 69 W. Washington St. Chicago, IL puede ayudar a completar el papeleo para personas sin abogados.

¿Quien es “el Tutor”?

Esta es la persona de confianza quien usted elija para tomar decisiones medicas para sus hijos. Debería ser alguien quien va a actuar en el mejor interés del niño y que seguira sus instrucciones.

Recursos

La Tutela Legal Para Familias Inmigrantes, CVLS

Plan Familiar de Emergencia, The Resurrection Project

PASOS PARA RELLENAR LA TUTELA A CORTO PLAZO

Establecer un poder notarial le ayudará a elaborar un plan en caso de emergencia. Lo cual significa menos estrés más y más tranquilidad para usted y su familia en el futuro.

- 1. Escoja a alguien de confianza (el "tutor"): elija a una persona confiable que lleve a cargo sus deseos en torno a sus hijos .**
- 2. Guarda el documento: guarde el documento en un lugar seguro, donde usted y el guardian podrán accederlo.**
- 3. Compártalo con las personas adecuadas: incluya el tutor como contacto de emergencia con programas en el cual están sus hijos, como las escuelas, guarderías, programas extraescolares y campamentos de verano. Registre al tutor como persona autorizada para recoger a sus hijos. Incluya el nombre del tutor en todos los formularios de autorización médica de sus hijos.**
- 4. Memorice el número de teléfono del tutor: usted y sus hijos deben memorizar el número de teléfono del tutor designado.**

TUTORIAL DE TUTELA

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, NOMBRE COMPLETO DEL MADRE / PADRE,
currently residing at DIRECCIÓN,
am a parent (or the guardian of the person) of the following child (or of a child likely to be born): NOMBRE COMPLETO DEL NIÑO(A).
2. Guardian. I hereby appoint the following person as the short-term guardian for my child:
(include name and address) NOMBRE COMPLETO DEL TUTOR DE CORTO PLAZO
Y DIRECCIÓN.

¡Recuerde que debes completar un formulario por cada niño!

TUTORIAL DE TUTELA

¿Cuándo desea que empiece la tutela de corto plazo?

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

- ☐ On the date that I state 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.)

Aviso: Si no contestes pregunta 3, la tutela de corto plazo será efectivo a partir del día de la firma y la fecha.

¿Cuándo desea que termine la tutela de corto plazo?

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.)

Aviso: Si no contestes pregunta 4, la tutela de corto plazo será efectivo durante 365 días a partir de la fecha de vigencia

TUTORIAL DE TUTELA

5. Date and signature of appointing parent or guardian.

This appointment is made this **DIA** of **MES**, **AÑO**

Signed **PADRE(S) FIRME AQUÍ**

NOMBRE(S) COMPLETOS DE LOS PADRES

Asegúrate que tienes dos testigos presente. No puedan ser tu tutor a corto plazo.

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 **TESTIGO FIRME AQUÍ**

NOMBRE COMPLETO

DIRECCIÓN

(Address)

Witness **TESTIGO FIRME AQUÍ**

NOMBRE COMPLETO

DIRECCIÓN

(Address)

7. Acceptance of short-term guardian.

I accept this appointment as short-term guardian on **DIA** of **MES**, **AÑO**

Signed **TUTOR DE CORTO PLAZO FIRME AQUÍ**
(Short-term guardian)

TUTORIAL DE TUTELA

8. Consent of child's other parent. I, **NOMBRE COMPLETO DEL OTRO PADRE**
currently residing at _____
hereby consent to this appointment on this **DIA** **MES** **AÑO**.

Necesito la firma de otro padre?

Signed **PADRE/MADRE QUE AUTORIZA FIRME AQUÍ**
(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)

Aviso: No necesitas la firma del otro padre si 1) A fallecido 2) no sabes donde está 3) el otro padre no quiere cuidar por el niño 4) ustedes nunca se casaron ni hay paternidad establecida

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



Foto de miembros de OCAD con carteles afuera de la oficina central de ICA en Chicago