Carpeta para la preparación en hogares de inmigrantes.

Immigrant Household Preparedness Binder

Caridades Católicas de la Arquidiócesis de Milwaukee

Catholic Charities of the Archdiocese of Milwaukee, Inc.
Sugerimos que siempre cargue con usted lo siguiente:

- Una o mas tarjetas telefónicas prepagadas de ($5 o $10 dlls)

- Una tarjeta de crédito o una tarjeta de debito (Debit Card) *Usted las puede conseguir en cualquier banco*

- Una tarjeta de su abogado(a) de Inmigración

- Una tarjeta de sus derechos (know your rights card)

Nunca cargue con usted documentos falsos
<table>
<thead>
<tr>
<th>RIGHTS CARD</th>
<th>TARJETA DE DERECHOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am giving you this card because I do not wish to speak to you or have any further contact with you. I choose to exercise my right to remain silent and to refuse to answer your questions. If you arrest me, I will continue to exercise my right to remain silent and to refuse to answer your questions. I want to speak with a lawyer before answering your questions. I want to contact this attorney or organization: Telephone number:</td>
<td>Le estoy dando esta tarjeta porque no deseo hablar o tener más contacto con usted. Yo elijo a ejercer mi derecho de mantenerme callado y me niego a contestar sus preguntas. Si me arresta, seguiré ejerciendo mi derecho a mantenerme callado y a negarme a contestar sus preguntas. Yo quiero hablar con un abogado antes de contestar cualquier pregunta. Quiero contactar este abogado o organización: Teléfono:</td>
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</table>
¿Qué puede hacer si usted es arrestado o detenido por Inmigración?

Agosto 2007

Los inmigrantes arrestados o detenidos por Inmigración tienen ciertos derechos. Sin embargo, estos derechos cambian si son arrestados o detenidos en la frontera o en un aeropuerto. En estos casos, los inmigrantes podrán tener menos derechos.

Usted probablemente tiene más derechos si es arrestado por Inmigración en el trabajo, en la calle, después de cometer una infracción de tránsito, o en casa. Si es arrestado y detenido, es importante que mantenga la calma y que recuerde las siguientes sugerencias:

- Usted tiene el derecho de permanecerse callado. Pida hablar con un abogado.
- No firme nada. Puede ser que al firmar, usted ceda su derecho de tener un abogado o de aparecer delante de un juez.
- Apunte el nombre y número de teléfono del fiscal de deportación quien es asignado a su caso.
- No acepte “salida voluntaria” (o sea que, usted no debe acudir a salir de los Estados Unidos voluntariamente) sin hablar primero con un abogado. Firmar un acuerdo de salida voluntaria significa que usted no tendrá una audiencia, tendrá que salir de los Estados Unidos, y puede ser que nunca le permitirán entrar de los Estados Unidos o lograr la legalización de su estado migratorio.
- No firme órdenes de deportación estipuladas sin primero hablar con un abogado. Firmar una orden estipulada significa que usted rinde sus derechos a tener una audiencia frente a un juez de inmigración y sirve como una orden de deportación otorgada por un juez.
- No asuma que los agentes de Inmigración o el juez le explicarán sus opciones, o que le darán la información correcta. Espere a hablar con un abogado antes de decir o hacer cualquier cosa.

Porciones de este documento fueron adaptadas con permiso del National Lawyers Guild de su folleto titulado "Know Your Rights!" ("Conozca Sus Derechos").
¿Qué puede hacer si usted es arrestado o detenido por Inmigración?

☐ Usted tiene el derecho de llamar a un abogado o a su familia si usted es detenido. Usted tiene el derecho de recibir la visita de un abogado si ya ha sido detenido (en la prisión de Inmigración).

☒ Usted tiene el derecho a un abogado, pero el gobierno no pagará ni provectirá ese abogado. Usted deberá de contratar o encontrar a alguien que le represente. (Inmigración debe darle una lista de grupos a los cuales usted puede llamar que proveen consulta legal o representación gratuita o de bajo costo). Si usted es presentado ante un juez antes de que pueda obtener un consejo legal, debe pedirle al juez más tiempo para encontrar a un abogado.

☒ Usted tiene el derecho de llamar a su consulado. Los números de teléfono de su consulado están disponibles en la cárcel y se los puede pedir a su fiscal de deportación. Su Consulado también podrá ayudarle a contratar a un abogado.

☐ Cuando usted consiga a un abogado, debe decirle todo lo que usted considere importante acerca de su caso de inmigración, incluso si usted ha sido arrestado por cometer un crimen. Es importante que cualquier persona que le dé consejos legales conozca todo sobre su caso para que puedan brindarle a usted el mejor consejo. No vale la pena mentir o guardar información de su abogado, ya que esto podría perjudicarle.

☐ Si usted cree que su juez lo reportó a Inmigración porque usted se quejó sobre las condiciones en el trabajo, asegúrese de decirlo al abogado. Si su juez sí lo reportó por esta razón, probablemente pueda hacer una demanda oficial en su contra por represalia.

☐ En la mayoría de los casos, Inmigración debe decidir dentro de las primeras 48 horas si se continúa o no con el procedimiento de inmigración (delante de un juez), y puede que sea (o no) mantenida bajo custodia o puesto en libertad bajo fianza. Después de 72 horas, Inmigración debe darle un aviso de audiencia. Este aviso le da información sobre la fecha de su audiencia frente a un juez de Inmigración.

☐ En la mayoría de los casos, usted tiene el derecho de pedir que le pongan en libertad pagando una fianza, o de pedir una audiencia ante un juez para fijar una fianza. (La fianza que se paga asegura que usted se aparecerá a todas sus audiencias frente al juez de Inmigración.) Sin embargo, si el juez piensa que usted no va a presentarse para su audiencia o que es un peligro para otros, emitirá una orden para que continúe en la cárcel detenido.

☒ Si usted tiene que salir de los Estados Unidos, intente hablar con un abogado de Inmigración antes de salir. Si sale, puede ser que no le permitan regresar al país por cierta cantidad de años. Es importante saber esto antes de salir, porque si regresa antes
¿Qué puede hacer si usted es arrestado o detenido por Inmigración?

de lo permitido, puede ser arrestado por haber cometido un crimen serio al volver a entrar al país sin autorización.

✔ Si usted teme regresar a su país de origen, dígale a su fiscal de deportación y al tribunal de inmigración inmediatamente. Usted podría someter una solicitud de asilo o otro remedio.

✔ Si usted tiene antecedentes penales, es sumamente importante que se comunique con un abogado con experiencia en asuntos de las consecuencias migratorias de los antecedentes penales. Si usted tiene algún antecedente penal, obtenga su copia sellada de su expediente del tribunal criminal.

✔ Si no le han dado una audiencia frente al juez de inmigración, pero antes de ir frente a un juez, es importante que se comunique con su patrón. If you are not given a hearing before an immigration judge, find out why and let your lawyer know immediately.
CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO

Argentina
Consulado General en Chicago
205 N Michigan Ave #4209,
Chicago, IL 60601
Tel: (312) 819-2610
Fax: (312) 819-2612

Brasil
Consulado Geral Do Brasil Em Chicago
401 North Michigan Avenue, Suite 1850
Chicago, IL 60611
Tel: (312) 464-0244

Chile
Consulado General de Chile en Chicago
1415 N Dayton St.
Chicago, IL 60642
Tel: (312) 654-8780
Fax: (312) 654-8948

Colombia
Consulado General de Colombia
500 North Michigan Ave. Suite 2040
Chicago, IL 60611
Tel: (312) 923-1196
Fax: (312) 923-1197
Sitio: http://chicago.consulado.gov.co/

Costa Rica
Consulado General de Costa Rica
30 N Michigan Avenue, Suite 1922
Chicago, IL 60602
Tel.: (312) 470-0282 / (312) 577-4267
Fax: (312) 577-4271
CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO

**Ecuador**
Consulado General de Ecuador
30 S. Michigan Ave. Suite 204
Chicago, IL 60603
Tel: (312) 338-1002-1003
Fax: (312) 338-1502
Sitio: [http://chicago.consulado.gob.ec/](http://chicago.consulado.gob.ec/)

**El Salvador**
Ministerio de Relaciones Exteriores de El Salvador
177 North State, 2nd Floor, Mezzanine
Chicago, IL 60601
Tel: (312) 332-1393
(312) 578-5390
Fax: (312) 332-4446

**España**
Consulado General de España
180 N. Michigan Ave. Suite 1500
Chicago, IL 60601
Tel: (312) 782-4588
Fax: (312) 782-1635

**Guatemala**
Consulado General de Guatemala
5559 N Elston Ave #100
Chicago, IL 60630
Tel: (312) 540-0781
Fax: (312) 540-0897
Sitio: [http://www.conschicago.minex.gob.gt/Home/Home.aspx](http://www.conschicago.minex.gob.gt/Home/Home.aspx)

**Honduras**
Consulado General de Honduras
4506 W. Fullerton
Chicago, IL 60639
Tel: (773) 342-8281
Fax: (773) 342-8293
Sitio: [http://www.hondurasemb.org/consulados.html](http://www.hondurasemb.org/consulados.html)
CONSULADOS DE PAISES LATINOAMERICANOS EN CHICAGO

México
Consulado General de México
204 S. Ashland Ave.
Chicago, IL 60607
Tel: (312) 738-2383
Fax: (312) 491-9072
Sitio: http://consultmex.sre.gob.mx/chicago/

Perú
Consulado General de Perú
180 N. Michigan Ave.
Chicago, IL 60601
Tel: (312) 782-1599
Fax: (312) 704-6969
Sitio: http://www.consuladoperu.com

Republica Dominicana
Consulado General de la Republica Dominicana
8700 Bryn Mawr
Triangle Plaza Suite 1300
Chicago, IL 60631
Tel: (773) 714-4924
Fax: (773) 714-4910
Sitio: http://www.domrep.org/

Uruguay
Consulado General de Uruguay
875 N. Michigan Ave. Suite 1422
Chicago, IL 60611
Tel: (312) 642-3430
Fax: (312) 642-3470
Sitio: http://www.uruguaychicago.org/index.php

Venezuela
Consulado General de Venezuela
20 N Wacker Dr. Suite 1925
Chicago, IL 60606
Tel: (312) 324-0907
Fax: (312) 580-1010
Sitio: http://embavenez-us.org/_chicago/_spanish/
Consulado de Mexico en Milwaukee
1443 N Prospect Ave
Milwaukee, WI 53202

(414) 944-7586
Lunes a Viernes, 9 AM – 2 PM

Tramites de Pasaporte, Matricular - 1-877-639-4835 o mexitel.sre.gob.mx
Servicios de Poderes o Registro Civil - 414-944-7586 extensiones 121 y 122
Departamento de Protección - 414-944-7586 extensiones 112-116
<table>
<thead>
<tr>
<th><strong>Información Importante de mi Familia en los Estados Unidos</strong></th>
</tr>
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<tbody>
<tr>
<td><strong>Nombre</strong></td>
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<tr>
<td><strong>Información Importante de mi Familia en mi País</strong></td>
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**Información Médica Importante**

<table>
<thead>
<tr>
<th>Doctor (nombre)</th>
<th>Teléfono</th>
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<tbody>
<tr>
<td>Nombre</td>
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<td>Nombre</td>
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<thead>
<tr>
<th>Pediatra (nombre)</th>
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<tr>
<th>Clínica (Nombre y dirección)</th>
<th>Teléfono</th>
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<thead>
<tr>
<th>Hospital (nombre y dirección)</th>
<th>Teléfono</th>
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<thead>
<tr>
<th>Farmacia (nombre y dirección)</th>
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<thead>
<tr>
<th>Seguro Médico:</th>
<th>Compañía:</th>
<th>Teléfono:</th>
<th>Número de Póliza:</th>
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</thead>
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<table>
<thead>
<tr>
<th>Seguro del Carro (s):</th>
<th>Compañía:</th>
<th>Teléfono:</th>
<th>Número de póliza:</th>
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<tr>
<th>Seguro de su Casa:</th>
<th>Compañía:</th>
<th>Teléfono:</th>
<th>Número de Póliza:</th>
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<tr>
<td>Emergency Telephone Numbers</td>
<td>Numbers of Insurance Policies</td>
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<td>----------------------------------------------------------</td>
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<tr>
<td>In case of a serious emergency, call 911</td>
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<tr>
<td>Police (from the house):</td>
<td>Health Insurance:</td>
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<td></td>
<td>Company:</td>
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<td>Telephone:</td>
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<td></td>
<td>Policy Number:</td>
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<td>Police (from work):</td>
<td>Car Insurance:</td>
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<td>Company:</td>
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<td>Telephone:</td>
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<tr>
<td>Police (from school):</td>
<td>Policy Number:</td>
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<td>Fire Department:</td>
<td>Home Insurance:</td>
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<td>Company:</td>
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<td>Mayor's Office:</td>
<td>Telephone:</td>
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<td>Consulate of my country:</td>
<td>Policy Number:</td>
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<td>Family/Important Contacts in the U.S.</td>
<td>Important Medical Information</td>
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<td>Name:</td>
<td>Telephone:</td>
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<tr>
<td>Telephone (Home):</td>
<td>Doctor (Name):</td>
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<tr>
<td>Work:</td>
<td>Telephone:</td>
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<tr>
<td>Relationship:</td>
<td>Pediatrician (Name):</td>
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<td>Name:</td>
<td>Telephone:</td>
<td></td>
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</tr>
<tr>
<td>Telephone (Home):</td>
<td>Clinic:</td>
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<td>Work:</td>
<td>Name &amp; Address:</td>
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<tr>
<td>Relationship:</td>
<td>Telephone:</td>
<td></td>
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</tr>
<tr>
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<td>Hospital:</td>
<td></td>
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<tr>
<td>Name:</td>
<td>Name &amp; Address:</td>
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<tr>
<td>Telephone (Home):</td>
<td>Telephone:</td>
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<tr>
<td>Work:</td>
<td>Pharmacy:</td>
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<td>Telephone:</td>
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<td>Phone:</td>
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<td>Work:</td>
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<tr>
<td>Relationship:</td>
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INFORMACIÓN IMPORTANTE ACERCA DE SU FAMILIA

Números importantes sobre Escuelas y Daycare

<table>
<thead>
<tr>
<th>Escuela # 1:</th>
<th>Nombre del niño(a):</th>
<th>Nombre de la Escuela:</th>
<th>Nombre del maestro(a):</th>
<th>Teléfono:</th>
<th>Numero de la Escuela:</th>
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<thead>
<tr>
<th>Escuela # 2:</th>
<th>Nombre del niño(a):</th>
<th>Nombre de la Escuela:</th>
<th>Nombre del maestro(a):</th>
<th>Teléfono:</th>
<th>Numero de la Escuela:</th>
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<thead>
<tr>
<th>Escuela # 3:</th>
<th>Nombre del niño(a):</th>
<th>Nombre de la Escuela:</th>
<th>Nombre del maestro(a):</th>
<th>Teléfono:</th>
<th>Numero de la Escuela:</th>
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<th>Escuela # 4:</th>
<th>Nombre del niño(a):</th>
<th>Nombre de la Escuela:</th>
<th>Nombre del maestro(a):</th>
<th>Teléfono:</th>
<th>Numero de la Escuela:</th>
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**Información importante sobre sus vehículos**

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<tr>
<th>Vehículo # 1</th>
<th>Número de placa</th>
<th>VIN #</th>
<th>Compañía con la que tengo el préstamo:</th>
<th>Teléfono:</th>
<th>Aseguradora:</th>
<th>Teléfono:</th>
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<table>
<thead>
<tr>
<th>Vehículo # 2</th>
<th>Número de placa</th>
<th>VIN #</th>
<th>Compañía con la que tengo el préstamo:</th>
<th>Teléfono:</th>
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<th>Teléfono:</th>
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</table>

**Números de Seguro Social o ITIN**

<table>
<thead>
<tr>
<th>Nombre:</th>
<th>Numero:</th>
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</tr>
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</table>

Agregue una copia fotostática de cada una de las tarjetas de Seguro Social o del número de ITIN.
## Important Records of your Family

Use this form in order to have all important information in the same, accessible place. Put the original of each document in a safe place (for example, in a lock box).

### Important Work Numbers

<table>
<thead>
<tr>
<th>Employer #1</th>
<th>School #1</th>
</tr>
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<tr>
<td><strong>Name:</strong></td>
<td><strong>Name of child:</strong></td>
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<tr>
<td><strong>Telephone:</strong></td>
<td><strong>Name of school:</strong></td>
</tr>
<tr>
<td><strong>Supervisor:</strong></td>
<td><strong>Name of teacher:</strong></td>
</tr>
<tr>
<td><strong>Telephone of Supervisor:</strong></td>
<td><strong>Telephone:</strong></td>
</tr>
<tr>
<td><strong>Union Representative:</strong></td>
<td><strong>School identification number:</strong></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>School #2</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer #2</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name of child:</strong></td>
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<td><strong>Union Representative:</strong></td>
<td><strong>School identification number:</strong></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>School #3</strong></td>
</tr>
</tbody>
</table>

- You should attach any information about the places where you work.

### Important Information of your Vehicles

<table>
<thead>
<tr>
<th>Vehicle 1 - license plate number:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification number:</td>
<td>Number:</td>
</tr>
<tr>
<td>Car loan:</td>
<td>Name:</td>
</tr>
<tr>
<td>Insurance:</td>
<td>Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vehicle 2 - license plate number:</th>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification number:</td>
<td>Number:</td>
</tr>
<tr>
<td>Car loan:</td>
<td>Name:</td>
</tr>
<tr>
<td>Insurance:</td>
<td>Number:</td>
</tr>
</tbody>
</table>

- Attach a copy of the registration of each vehicle and a photograph of each vehicle.

### Social Security Numbers or ITIN

<table>
<thead>
<tr>
<th>Name:</th>
<th>Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Number:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Miembro de su Familia # 1</td>
<td>Donador de Órganos:</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------------------</td>
</tr>
<tr>
<td>Nombre:</td>
<td></td>
</tr>
<tr>
<td>Fecha de Nacimiento:</td>
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<tr>
<td>Alergias:</td>
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<tr>
<td>Medicamentos:</td>
<td></td>
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<tr>
<td>Condición Médica o Historia Médica:</td>
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<table>
<thead>
<tr>
<th>Miembro de su Familia # 2</th>
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<th>Sí</th>
<th>No</th>
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<tbody>
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<tr>
<td>Alergias:</td>
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<tr>
<td>Medicamentos:</td>
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<tr>
<td>Condición Médica o Historia Médica:</td>
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<table>
<thead>
<tr>
<th>Miembro de su Familia # 3</th>
<th>Donador de Órganos:</th>
<th>Sí</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre:</td>
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<tr>
<td>Alergias:</td>
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<tr>
<td>Medicamentos:</td>
<td></td>
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<tr>
<td>Condición Médica o Historia Médica:</td>
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<table>
<thead>
<tr>
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<th>Sí</th>
<th>No</th>
</tr>
</thead>
<tbody>
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<td>Nombre:</td>
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<td>Medicamentos:</td>
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<tr>
<td>Condición Médica o Historia Médica:</td>
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<table>
<thead>
<tr>
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<th>No</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Medicamentos:</td>
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<tr>
<td>Condición Médica o Historia Médica:</td>
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</tr>
<tr>
<td><strong>Family Member 1</strong></td>
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<td></td>
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<tr>
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<tr>
<td><strong>Name</strong>:</td>
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</tr>
<tr>
<td><strong>Date of Birth</strong>:</td>
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<td></td>
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<tr>
<td><strong>Allergies</strong>:</td>
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<tr>
<td><strong>Medications</strong>:</td>
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</tr>
<tr>
<td><strong>Medical conditions &amp; medical history</strong>:</td>
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<table>
<thead>
<tr>
<th><strong>Family Member 2</strong></th>
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<tbody>
<tr>
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</tr>
<tr>
<td><strong>Date of Birth</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Organ Donor</strong>:</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Allergies</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Medications</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Medical conditions &amp; medical history</strong>:</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Family Member 3</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td><strong>Date of Birth</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Organ Donor</strong>:</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Allergies</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Medications</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Medical conditions &amp; medical history</strong>:</td>
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<table>
<thead>
<tr>
<th><strong>Family Member 4</strong></th>
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</thead>
<tbody>
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<tr>
<td><strong>Date of Birth</strong>:</td>
<td></td>
</tr>
<tr>
<td><strong>Organ Donor</strong>:</td>
<td>Yes  No</td>
</tr>
<tr>
<td><strong>Allergies</strong>:</td>
<td></td>
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<tr>
<td><strong>Medications</strong>:</td>
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<tr>
<td><strong>Medical conditions &amp; medical history</strong>:</td>
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<table>
<thead>
<tr>
<th><strong>Family Member 5</strong></th>
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<tbody>
<tr>
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<td><strong>Date of Birth</strong>:</td>
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<td><strong>Allergies</strong>:</td>
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<td></td>
</tr>
<tr>
<td><strong>Medical conditions &amp; medical history</strong>:</td>
<td></td>
</tr>
</tbody>
</table>
INFORMACIÓN MÉDICA E IDENTIFICACIÓN DE NUESTRA FAMILIA

Agregué copias de sus actas de nacimiento, récords de vacunación y fotografía de cada miembro de su familia.

<table>
<thead>
<tr>
<th>Miembro de su Familia # 6</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre:</td>
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</tr>
<tr>
<td>Fecha de Nacimiento:</td>
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<tr>
<td>Alergias:</td>
<td></td>
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<tr>
<td>Medicamentos:</td>
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</table>

Condición Médica o Historia Médica:

<table>
<thead>
<tr>
<th>Miembro de su Familia # 7</th>
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</thead>
<tbody>
<tr>
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<tr>
<td>Fecha de Nacimiento:</td>
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<tr>
<td>Alergias:</td>
<td></td>
</tr>
<tr>
<td>Medicamentos:</td>
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</tbody>
</table>

Condición Médica o Historia Médica:

<table>
<thead>
<tr>
<th>Personas que PUEDEN recoger a mis hijos de la Escuela o del Daycare</th>
<th>Personas que NO pueden recoger a mis hijos de la Escuela o del Daycare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre:</td>
<td>Nombre:</td>
</tr>
<tr>
<td>Fecha de Nacimiento:</td>
<td>Fecha de Nacimiento:</td>
</tr>
<tr>
<td>Teléfono (casa):</td>
<td>Teléfono (casa):</td>
</tr>
<tr>
<td>Teléfono (trabajo):</td>
<td>Teléfono (trabajo):</td>
</tr>
<tr>
<td>Parentesco:</td>
<td>Parentesco:</td>
</tr>
</tbody>
</table>

| Nombre:                                                             | Nombre:                                                             |
| Fecha de Nacimiento:                                               | Fecha de Nacimiento:                                               |
| Teléfono (casa):                                                   | Teléfono (casa):                                                   |
| Teléfono (trabajo):                                                | Teléfono (trabajo):                                                |
| Parentesco:                                                        | Parentesco:                                                        |

**Donador de Órganos:** Sí   No

Personas que PUEDEN recoger a mis hijos de la Escuela o del Daycare

Nombre:
Fecha de Nacimiento:
Teléfono (casa):
Teléfono (trabajo):
Parentesco:

Personas que NO pueden recoger a mis hijos de la Escuela o del Daycare

Nombre:
Fecha de Nacimiento:
Teléfono (casa):
Teléfono (trabajo):
Parentesco:

***Asegúrese de informar al personal de la escuela de sus hijos, que las personas mencionadas en esta hoja, tienen permiso de recoger a sus hijos y también de las personas que NO pueden recogerlos y tenga esta información lo más completa y actualizada posible***

***Si existe una orden de restricción, por favor, agregue una copia de la orden con esta forma y también agregue una copia al expediente de su(s) hijo(s) en la escuela***
### Medical Information and Identification of Your Family

Attach a copy of his or her birth certificate, records of vaccination, and a photograph of each member of your family.

<table>
<thead>
<tr>
<th>Family Member 8</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
<td></td>
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<tr>
<td>Medications:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical conditions &amp; medical history:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Member 9</th>
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</thead>
<tbody>
<tr>
<td>Name:</td>
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<tr>
<td>Date of Birth:</td>
<td></td>
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<tr>
<td>Allergies:</td>
<td></td>
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</tr>
<tr>
<td>Medications:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical conditions &amp; medical history:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Persons who CAN pick up my children from school/day care

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Telephone (Work):</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
</tbody>
</table>

### Persons who CANNOT pick up my children

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Telephone (Home):</td>
</tr>
<tr>
<td>Telephone (Work):</td>
</tr>
<tr>
<td>Relationship:</td>
</tr>
</tbody>
</table>

*Be sure to inform personnel at your children's school that the persons listed in these sections have permission to pick up your children or do not have permission and have the most up to date and complete information.

*If there is a restraining order, attach a copy of this order and file another copy with the school or day care of your children.
<table>
<thead>
<tr>
<th>Contactos para Problemas Legales, Robo de Identidad, Fraude, Inmigración, etc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Por su propia seguridad NO anote los números de sus tarjetas de crédito o de sus números de cuenta in este documento</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Compañías de Tarjetas de Crédito</th>
<th>Contactos sobre Asuntos Financieros</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tarjeta # 1</strong></td>
<td><strong>Cuenta de Cheques # 1</strong></td>
</tr>
<tr>
<td>Compañía o Banco:</td>
<td>Compañía o Banco:</td>
</tr>
<tr>
<td>Número de teléfono:</td>
<td>Número de teléfono:</td>
</tr>
<tr>
<td>Nombre(s) en la tarjeta:</td>
<td>Personas con acceso a esta cuenta:</td>
</tr>
<tr>
<td><strong>Tarjeta # 2</strong></td>
<td><strong>Cuenta de Cheques # 2</strong></td>
</tr>
<tr>
<td>Compañía o Banco:</td>
<td>Compañía o Banco:</td>
</tr>
<tr>
<td>Número de teléfono:</td>
<td>Número de teléfono:</td>
</tr>
<tr>
<td>Nombre(s) en la tarjeta:</td>
<td>Personas con acceso a esta cuenta:</td>
</tr>
<tr>
<td><strong>Tarjeta # 3</strong></td>
<td><strong>Cuenta de Ahorros # 3</strong></td>
</tr>
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</tr>
<tr>
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<td>Número de teléfono:</td>
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<tr>
<td>Nombre(s) en la tarjeta:</td>
<td>Personas con acceso a esta cuenta:</td>
</tr>
<tr>
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<td><strong>Cuenta de Ahorros # 4</strong></td>
</tr>
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<td>Compañía o Banco:</td>
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<tr>
<td>Nombre(s) en la tarjeta:</td>
<td>Personas con acceso a esta cuenta:</td>
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<table>
<thead>
<tr>
<th>Contactos Frecuentes</th>
<th>Asistencia Legal y Familiar</th>
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<tbody>
<tr>
<td>Fiscal:</td>
<td>Abogado Asuntos Civiles y Familiares:</td>
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<tr>
<td>Teléfono:</td>
<td>Nombre:</td>
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<td></td>
<td>Teléfono:</td>
</tr>
<tr>
<td>Programa sobre Violencia Doméstica:</td>
<td>Abogado Asuntos Críminales:</td>
</tr>
<tr>
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<td>Nombre:</td>
</tr>
<tr>
<td>Teléfono:</td>
<td>Teléfono:</td>
</tr>
<tr>
<td>Lugar para reportar Abuso a(os) niño(s):</td>
<td>Defensa a Víctimas:</td>
</tr>
<tr>
<td>Nombre:</td>
<td>Nombre:</td>
</tr>
<tr>
<td>Teléfono:</td>
<td>Teléfono:</td>
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<p>| Otros números de Importancia |</p>
<table>
<thead>
<tr>
<th>Credit Card Companies</th>
<th>Contacts for your Financial Affairs</th>
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<tbody>
<tr>
<td><strong>Card # 1</strong></td>
<td><strong>Checking Account #1</strong></td>
</tr>
<tr>
<td>Company:</td>
<td>Bank:</td>
</tr>
<tr>
<td>Number (toll-free):</td>
<td>Number (toll-free):</td>
</tr>
<tr>
<td>Names on card:</td>
<td>Persons with access to account:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Card # 2</strong></td>
<td><strong>Checking Account # 2</strong></td>
</tr>
<tr>
<td>Company:</td>
<td>Bank:</td>
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<tr>
<td>Number (toll-free):</td>
<td>Number (toll-free):</td>
</tr>
<tr>
<td>Names on card:</td>
<td>Persons with access to account:</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Card # 3</strong></td>
<td><strong>Savings Account # 3</strong></td>
</tr>
<tr>
<td>Company:</td>
<td>Bank:</td>
</tr>
<tr>
<td>Numbers (toll-free):</td>
<td>Number (toll-free):</td>
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<tr>
<td>Names on card:</td>
<td>Persons with access to account:</td>
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<td><strong>Card # 4</strong></td>
<td><strong>Savings Account # 4</strong></td>
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<tr>
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<td>Bank:</td>
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<td>Numbers (toll-free):</td>
<td>Number (toll-free):</td>
</tr>
<tr>
<td>Names on card:</td>
<td>Persons with access to account:</td>
</tr>
<tr>
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<tr>
<td><strong>Remember to report any theft of credit cards immediately:</strong></td>
<td></td>
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<tr>
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<tr>
<td><strong>Frequent Contacts</strong></td>
<td><strong>Civil Legal Assistance</strong></td>
</tr>
<tr>
<td>Actuary:</td>
<td>Legal Assistance:</td>
</tr>
<tr>
<td>Public Prosecutor:</td>
<td>Civil Attorney:</td>
</tr>
<tr>
<td>Program for Domestic Violence:</td>
<td>Criminal Attorney:</td>
</tr>
<tr>
<td>Place to report child abuse:</td>
<td>Victims' Defense:</td>
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<td><strong>Other important &amp; necessary numbers:</strong></td>
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<tr>
<td>Mascota 1</td>
<td>Mascota 2</td>
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<table>
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<th>Veterinario de Emergencia</th>
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<td>Teléfono:</td>
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<tr>
<td>Teléfono de Emergencia:</td>
<td>Domicilio:</td>
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**Otra información de importancia**
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<tr>
<th>Pet 1</th>
<th></th>
<th>Emergency Care for Pets</th>
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<td></td>
<td>Name:</td>
<td>Attach a photograph of each pet.</td>
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<td>Date of Birth:</td>
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<td>Medications:</td>
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<td>Medical Problems:</td>
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<th>Pet 2</th>
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<tr>
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<th>Emergency Housing for Pets/ Humane Society</th>
<th>Other Notes:</th>
</tr>
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<tbody>
<tr>
<td>Name:</td>
<td></td>
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<tr>
<td>Telephone:</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
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</tbody>
</table>
CERTIFICATION REQUEST FORM
Please allow 7 to 10 business days for processing.

CREDIT CARD
$10.00 FEE PER CERTIFICATION

| Credit Card Fees | 1 = $10.00 | 2 = $20.00 | 3 = $30.00 |

CHECK/MONEY ORDER
$10.00 FEE PER CERTIFICATION
(Made payable to DSPS)

| Check/MO Fees | 1 = $10.00 | 2 = $20.00 | 3 = $30.00 |

Name of License/Credential Holder:

License/Credential Number: ___________________________ Profession: ___________________________

Entity/State to Receive Certification (Three states max per form):

Certification Destination/Mailing Address (Certifications will only be mailed to State Boards or Professional Associations):
1. (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip Code) ___________________________
2. (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip Code) ___________________________
3. (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip Code) ___________________________

IF YOU WISH TO RECEIVE AN EMAIL NOTICE when the Certification has been processed, please list the email address below:

Email: ___________________________

PAYMENT INFORMATION

Cardholder’s Name: ___________________________ Daytime Phone Number (___ ___) ___ ___ ___

Cardholder’s Address:

(Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip Code) ___________________________

Credit Card Number: ____________ ____________ ____________ ____________

Expiration Date: ___ / ___ ___

Type (Circle One): Visa MC Disc AmEx

NOTE: Please include the Security code from front/back of card:

Cardholder’s Signature: ___________________________

I AUTHORIZE THE STATE OF WISCONSIN, DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES TO CHARGE MY CREDIT CARD WITH THE FOLLOWING DOLLAR AMOUNT: $

DSPS uses RightFax to ensure safe and secure transmission of your payment information (Rev. 12/14)
COMO PEDIR UN ACTA DE NACIMIENTO DE UN HIJO NACIDO EN WISCONSIN:

Puede pedirla por correo:

1. Se requiere una copia de **uno** de los siguientes documentos:
   - Identificación otorgada por el estado Wisconsin con fotografía vigente
   - Licencia de conducir otorgada por el estado de Wisconsin vigente
   - Identificación o licencia de conducir otorgada por cualquier estado dentro de los Estados Unidos vigente.

2. Se requiere una copia de **dos** de los siguientes documentos:
   - Pasaporte Mexicano vigente
   - Estado de cuenta de banco
   - Tarjeta de crédito con su nombre
   - Tarjeta del seguro médico o de carro con su nombre
   - Contrato de arrendamiento reciente
   - Estado de cuenta de luz/gas, cable, teléfono, etc. a nombre suyo
   - Copia de una infracción otorgada a usted por un policía que indique su nombre, fecha de nacimiento y domicilio actual.

3. Llenar la solicitud adjunta
4. Mandar un money order de $20.00 (por la primer copia) (agregar $3.00 por cada copia adicional) A nombre de **Wis. Vital Records**.
5. Mandar un sobre con su nombre, domicilio y giro postal para que sus documentos sean enviados a usted.
6. Enviar todo al siguiente domicilio:

   **Wisconsin Vital Records Office**
   **PO BOX 309**
   **Madison, WI 53701-0309**

El trámite tarda aproximadamente 30 días. Para mayor información favor de llamar al:
(608) 266-1373 de lunes a viernes de 8:00am – 4:15pm.
Información automatizada disponible las 24 horas del día al (608) 266-1371.
PARENTS' PERMISSION FOR CHILD TO TRAVEL TO __________________________

Child: __________________________
Nombre y Apellido del Niño __________________________
Fecha de Nacimiento __________________________

Parents:

Mother: __________________________, born __________________________
Nombre y Apellido de la madre __________________________
Fecha de Nacimiento __________________________

Father: __________________________, born __________________________
Nombre y Apellido del padre __________________________
Fecha de Nacimiento __________________________

Address of Child: __________________________
Dirección del Niño __________________________

Address of Parents:

Mother: __________________________
Dirección de la madre __________________________

Father: __________________________
Dirección del Padre __________________________

Escort for Child: __________________________, born __________________________
Nombre y Apellido del Acompañante __________________________
Fecha de Nacimiento __________________________

Dirección del Acompañante __________________________

WITNESSETH:

We, the parents of __________________________, __________________________ years of age, do hereby give our permission for this child to travel to __________________________ under the escort of __________________________,________________________

beginning on or around __________________________. This permission gives __________________________ authority to exercise temporary physical custody and control over our child for the exclusive purpose of travel and for any related emergency. This permission shall expire upon the child's safe arrival, but no later than __________________________.

Signed this _____ day of _____________, 200 __

Mother (Madre) __________________________

Father (Padre) __________________________

Subscribed and sworn before me by __________________________ and __________________________ on this _____ day of _____________, 200 __

NOTARY PUBLIC __________________________

State at Large __________________________

My commission expires: __________________________
WISCONSIN BIRTH CERTIFICATE APPLICATION
(for Mail or In-Person Requests)

Penalties: Any person who willfully and knowingly makes a false application for a birth certificate is guilty of a Class I felony [a fine of not more than $10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1)]. Any person who willfully and knowingly obtains a birth certificate for fraudulent purposes is guilty of a Class I felony [a fine of not more than $10,000 or imprisonment of not more than 3 years and 6 months, or both, per s. 69.24(1), Wis. Stats.].

I. APPLICANT INFORMATION

YOUR CURRENT NAME - First Middle Last

YOUR STREET ADDRESS (CANNOT be a P.O. Box address) Apt. No MAIL TO ADDRESS (if different) Apt. No

City State ZIP Code City State ZIP Code

YOUR DAYTIME TELEPHONE NUMBER

YOUR EMAIL ADDRESS

TYPE OF CURRENT VALID PHOTO ID PHOTO ID NUMBER STATE OF ISSUANCE EXPIRATION DATE

(See item 4 on page 2.) (See item 1 on page 2.)

According to Wisconsin Statute, a CERTIFIED copy of a birth certificate is only available to those with a "direct and tangible interest."

Check one box which indicates YOUR RELATIONSHIP to the PERSON NAMED on the birth certificate.

☐ A. I am the PERSON NAMED on the birth certificate.

☐ B. I am a member of the immediate family of the PERSON NAMED on the birth certificate. CHECK ONE of the following:

☐ Parent (My name is on the birth certificate and my parental rights have not been terminated) ☐ Current Spouse

☐ Brother/Sister ☐ Grandparent ☐ Child ☐ Current Domestic Partner (registered in the Wis. Vital Records System)

Note: Grandchildren, step-parents, step-children and step-brothers/step-sisters may only obtain certified copies as categories C - E.

☐ C. I am the legal custodian or guardian of the PERSON NAMED on the birth certificate. (Legal proof is required.)

☐ D. I am a representative authorized, in writing, by any of the aforementioned (categories A - C). (The written and notarized authorization must accompany this application.) Specify whom you represent.

☐ E. I can demonstrate that the information from the birth certificate is necessary for the determination or protection of a personal or property right for myself/my client/my agency. (Proof is required.) Specify your interest.

☐ F. None of the above. I am requesting an uncertified copy. (Copy will not be valid for legal purposes.)

II. APPLICANT'S RELATIONSHIP TO PERSON NAMED ON THE CERTIFICATE

III. FEES

Required Search Fee (includes one copy, if found) ................................................................. $20.00 20.00

Each additional copy of the same record, issued at the same time as the first copy $3.00 $0.00

Number of additional copies

FEE IS NOT REFUNDABLE IF NO RECORD IS FOUND. CANCELLATION REQUESTS ARE NOT ACCEPTED.

TOTAL $20.00

Mail your application materials and fee to: STATE VITAL RECORDS OFFICE / PO BOX 309 / MADISON, WI 53701-0309

Be sure to include: ☐ completed form, ☐ acceptable identification, ☐ payment,

☐ self-addressed, stamped, business-size envelope, and ☐ any additional proof or authorization required

Make check or money order payable to: STATE OF WIS. VITAL RECORDS

IV. BIRTH RECORD INFORMATION

BIRTH NAME - First Middle Last Name as it appears on the birth certificate

SEX □ Male □ Female

BIRTHDATE (MM/DD/YYYY) PLACE OF BIRTH - County PLACE OF BIRTH – City, Village, or Township

PARENT'S BIRTH NAME - First Middle Last

PARENT'S BIRTH NAME - First Middle Last

I hereby attest that the information provided on this application is correct to the best of my knowledge and belief and that I am entitled to copies of the requested birth certificate in accordance with the categories listed above.

SIGNATURE (Applicant) Date Signed (MM/DD/YYYY)

Important: Signature and payment are required for processing.
1. **What is the difference between a “certified” and an “uncertified” copy of a birth certificate?**

A certified copy of a birth certificate issued by a Wisconsin Vital Records Office will have a raised seal, will show the signature of the State or Local Registrar, and will be printed on security paper. A certified copy may be required to obtain a state-issued driver’s license or identification, for travel to foreign countries, to obtain a passport, or for benefit purposes.

State law restricts who may obtain a certified copy of a birth certificate. A certified copy can only be issued to those people with a "direct and tangible interest" (section II, categories A – E) which means the following people:

- The person named on the birth certificate (section II, category A).
- An immediate family member, defined as current spouse, current domestic partner (Declaration of Domestic Partnership registered in the Wis. Vital Records System under Chapter 770, Wis. Stats.), child, or parent (whose name is on the birth certificate and whose parental rights have not been terminated), brother/sister, or grandparent of the subject of the record (section II, category B).
- NOTE: Grandchildren, step-parents, and step-children can only obtain certified copies as in section II, categories C – E.
- The legal custodian or guardian of the person named on the birth certificate. Legal proof, e.g., a court order of custody or guardianship, is required (section II, category C).
- A person authorized in writing by one of the above. A written and notarized authorization must accompany the application and the authorization must clearly state the relationship of the authorizing party to the subject of the record (section II, category D).
- A person who can demonstrate that the birth certificate is required to determine or to protect a personal or property right (section II, category E). Proof is required.

If you do not meet one of the above criteria, you cannot receive a certified copy of a birth certificate.

An uncertified copy will contain the same information as a certified copy but it is not acceptable for legal purposes, such as proof of identity (section II, category F).

2. **Limitations on access to certain birth certificates**

An uncertified copy will contain the same information as a certified copy but it is not acceptable for legal purposes, such as proof of identity.

According to Chapter 69, Wis. Stats., uncertified copies of the following types of birth certificates may not be obtained by anyone:

- A child born to unmarried parents and paternity has not been established.
- A child born to unmarried parents and paternity was established by court order.

Only persons with a "direct and tangible interest" (categories A – E) may obtain certified copies of those types of birth certificates listed directly above.

3. **How long will it take to process my request?**

- **Applying in Person**
  - In-person requests for certified copies of birth certificates are usually completed within 2 business hours of application, if the birth certificate is on file.
  - In-person requests for uncertified copies of birth certificates are not completed on the same schedule as requests for certified copies. In-person requests for uncertified copies may take up to 1 month to complete.

- **Applying by Mail**
  - Requests for certified copies of birth certificates may take up to 2 weeks plus mail time to complete.
  - Requests for uncertified copies of birth certificates are not completed on the same schedule as certified copies. Mail requests for uncertified copies may take up to 1 month plus mail time.

4. **What identification is required when applying for a birth certificate?**

A photocopy of the applicant’s ID as listed below must be submitted with all mail applications. ID as listed below is required when applying in-person.

At least one form of ID must show your name and address. Expired cards or documents will not be accepted.

Acceptable forms of identification are:

**One of these:**
- Wisconsin driver's license
- Wisconsin ID card
- Out-of-state driver's license or ID card

**OR**
- US government issued photo ID
- Passport
- Checkbook/bank statement

**Two of these:**
- Health insurance card
- Current, dated, signed lease
- Utility bill or traffic ticket
- Paycheck or earnings statement

If you have questions regarding this form, please call 608-266-1373 or visit our website at [http://www.dhs.wisconsin.gov/vitalrecords](http://www.dhs.wisconsin.gov/vitalrecords)
APPLICATION FOR A U.S. PASSPORT

PLEASE DETACH AND RETAIN THIS INSTRUCTION SHEET FOR YOUR RECORDS

I applied:  Place:  ___________________________  Date:  ___________________________

INFORMATION, QUESTIONS, AND INQUIRIES

Please visit our website at travel.state.gov. In addition, you may contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD: 1-888-874-7793) or by email at NPIC@state.gov. Customer Service Representatives are available Monday-Friday 8:00a.m.-10:00p.m. Eastern Time (excluding federal holidays). Automated information is available 24 hours a day, 7 days a week.


IMPORTANT NOTICE TO APPLICANTS WHO HAVE HAD A PREVIOUS U.S. PASSPORT BOOK AND/OR PASSPORT CARD

LOST OR STOLEN - You are required to submit a Form DS-64, Statement Regarding a Lost or Stolen U.S. Passport, when your valid or potentially valid U.S. passport book and/or passport card cannot be submitted with this application.

IN MY POSSESSION - If your most recent U.S. passport book and/or passport card was issued less than 15 years ago, and you were over the age of 16 at the time of issuance, you may be eligible to use Form DS-82 to renew your passport by mail. If your most recent passport is valid and needs additional pages, you can submit your passport, form DS-4085, and the current fee.

SPECIAL REQUIREMENTS FOR CHILDREN

• AS DIRECTED BY PUBLIC LAW 106-113 AND 22 CFR 51.28:
  To submit an application for a child under age 16 both parents or the child’s legal guardian(s) must appear and present the following:
  - Evidence of the child’s U.S. citizenship;
  - Evidence of the child’s relationship to parents/guardian(s); AND
  - Parental/guardian government-issued identification.

  IF ONLY ONE PARENT APPEARS, YOU MUST ALSO SUBMIT ONE OF THE FOLLOWING:
  - 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 and must be signed and notarized on the same day, and must come with a photocopy of the front and back side of the second parent’s government-issued photo identification; OR
  - Second parent’s death certificate if second parent is deceased; OR
  - Primary evidence of sole authority to apply; OR
  - A written statement or DS-5525 (made under penalty of perjury) explaining in detail the second parent’s unavailability.

• AS DIRECTED BY REGULATION 22 C.F.R. 51.21 AND 51.28:
  - Each minor child applying for a U.S. passport book and/or passport card must appear in person.

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.

WHAT TO SUBMIT WITH THIS FORM:

1. PROOF OF U.S. CITIZENSHIP (Evidence of U.S. citizenship that is not damaged, altered, or forged will be returned to you.)
2. PROOF OF IDENTITY (You must present your original identification AND submit a photocopy of the front and back side with your passport application.)
3. RECENT COLOR PHOTOGRAPH (Photograph must meet passport requirements – full front view of the face and 2x2 inches in size.)
4. FEES (Please visit our website at travel.state.gov for current fees.)

See page 2 of the instructions for detailed information on the completion and submission of this form.

WHERE TO SUBMIT THIS FORM:

Please complete and submit this application in person to one of the following acceptance agents: a clerk of a federal or state court of record or a judge or clerk of a probate court accepting applications; a designated municipal or county official; a designated postal employee at an authorized post office; an agent at a passport agency (by appointment only); or a U.S. consular official at a U.S. Embassy or Consulate, if abroad. To find your nearest acceptance facility, visit travel.state.gov or contact the National Passport Information Center at 1-877-487-2778.

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. 1961, 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 the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents are subject to verification.

DS-11 09-2013  Instruction Page 1 of 4
1. PROOF OF U.S. CITIZENSHIP:

APPLICANTS BORN IN THE UNITED STATES: Submit a previous U.S. passport or certified birth certificate. Passports that are limited in validity will need to be supplemented by other evidence. A birth certificate must include your full name, date and place of birth, sex, date the birth record was filed, the seal or other certification of the official custodian of such records (state, county, or city/town office), and the full names of your parent(s).

- If the birth certificate was filed more than 1 year after the birth, it must be supported by evidence described in the next paragraph.
- If no birth record exists, submit a registrar's notice to that effect. Also, submit a compilation of the evidence listed below, which should include your given name and surname, date and place of birth, and 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); and
  - Naturalization 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: Submit a previous U.S. passport, Certificate of Naturalization, Certificate of Citizenship, Report of Birth Abroad, or evidence described below:

- If you claim citizenship through naturalization of parent(s): Submit the Certificate(s) of Naturalization of your parent(s), your foreign birth certificate (and official translation if the document is not in English), proof of your admission to the United States for permanent residence, and your parents' marriage certificate and/or evidence that you were in the legal physical custody of your U.S. citizen parent, if applicable.
- If you claim citizenship through birth abroad to at least one U.S. citizen parent: Submit a Consular Report of Birth (Form FS-240), Certification of Birth (Form DS-1350 or DS-1025, whichever is applicable), and official translation if the document is not in English), proof of U.S. citizen parent(s)'s marriage certificate, and an affidavit attesting all of your U.S. citizen parent(s)'s periods and places of residence/legal presence in the United States and abroad before your birth.
- If you claim citizenship through adoption by a U.S. citizen parent(s): Submit evidence of your permanent residence status, full and final adoption, and your U.S. citizen parent(s)'s evidence of legal and physical custody. (NOTE: Acquisition of U.S. citizenship for persons born abroad and adopted only applies if the applicant was born on or after 12/24/1932.)

ADDITIONAL EVIDENCE: You must establish your citizenship to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your claim to U.S. citizenship. Visit travel.state.gov for details.

You may receive your newly issued passport book and/or card and your returned citizenship evidence in two separate mailings. If you are applying for both a U.S. passport book and passport card, you may receive three separate mailings: one with your returned citizenship evidence, one with your newly issued passport book, and one with your newly issued passport card.

- If you are 16 years of age or older: Your U.S. passport will be valid for 10 years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited services.)
- If you are under 16 years of age: Your U.S. passport will be valid for five years from the date of issue except where limited by the Secretary of State to a shorter period. (See information below about the additional cost for expedited services.)

2. PROOF OF IDENTITY:

You may submit items such as the following containing your signature AND a photograph that is a good likeness of you: previous or current U.S. passport book, previous or current U.S. passport card, driver’s license (not temporary or learner’s license), Certificate of Naturalization; Certificate of Citizenship; military identification; or federal, state, or municipal government employee identification card. Temporary or altered documents are not acceptable.

You must establish your identity to the satisfaction of the acceptance agent and Passport Services. We may ask you to provide additional evidence to establish your identity. If you have changed your name, please see travel.state.gov for instructions.

IF YOU CANNOT PROVIDE DOCUMENTARY EVIDENCE OF IDENTITY as stated above, you must appear with an IDENTIFYING WITNESS who is a U.S. citizen, non-citizen U.S. national, or permanent resident alien who has known you for at least two years. Your witness must prove his or her identity and complete and sign an Affidavit of Identifying Witness (Form DS-74) before the acceptance agent. You must also submit some identification of your own.

3. RECENT COLOR PHOTOGRAPH:

Submit a color photograph of yourself, sufficiently recent to be a good likeness of you (taken within the last six months), and 2x2 inches in size. The image size measured from the bottom of your chin to the top of your head (including hair) should not be less than 1 inch, and not more than 1 3/8 inches. The photograph must be color, clear, with a full front view of your face, and printed on photo quality paper with a plain light (white or off-white) background. The photograph must be taken in normal street attire, without a hat, head covering, or dark glasses unless a signed statement is submitted by the applicant verifying the item is worn daily for religious purposes or a signed doctor's statement is submitted verifying the item is used daily for medical purposes. Headphones, headsets, or similar devices must not be worn in the passport photograph. Any photograph retouched so that your appearance is not representative of you may not be acceptable.

4. FEES:

CURRENT FEES ARE LISTED ON OUR WEBSITE AT TRAVEL STATE.GOV. BY LAW, THE PASSPORT FEES ARE NON-REFUNDABLE.

- The passport processing, execution, and security fees may be paid in any of the following forms: Checks (personal, certified, or traveler's) with the applicant's full name and date of birth printed on the front; major credit card (VISA, MasterCard, American Express, and Discover); bank draft or cashier's check; money order (U.S. Postal, International, currency exchange), or if abroad, the foreign currency equivalent, or a check drawn on a U.S. bank. All fees should be payable to the "U.S. Department of State" or if abroad, the appropriate U.S. Embassy or U.S. Consulate. When applying at a designated acceptance facility, the execution fee will be paid separately and should be made payable to the acceptance facility. NOTE: Some designated acceptance facilities do not accept credit cards as a form of payment.
- For faster processing, you may request expedited service. Please include the expedite fee in your payment. Our website contains updated information regarding fees and processing times for expedited service. Expedited service is available only in the United States.
- If you desire OVERTNIGHT DELIVERY SERVICE for your passport, please include the appropriate fee with your payment.
- An additional fee will be charged when, upon your request, the U.S. Department of State verifies issuance of a previous U.S. passport or Consular Report of Birth Abroad because you are unable to submit evidence of U.S. citizenship.
- For applicants with U.S. government or military authorization for no-fee passports, no fees are charged except the execution fee when applying at a designated acceptance facility.
NOTE REGARDING MAILING ADDRESSES

Passport Services will not mail a U.S. passport to a private address outside the United States. If you do not live at the address listed in the “mailing address”, then you must put the name of the person and mark it as “In Care Of” in item # 8. If your mailing address changes prior to receipt of your new passport, please contact the National Passport Information Center.

If you choose to provide your email address in item #6 on this application, Passport Services may use that information to contact you in the event there is a problem with your application or if you need to provide information to us.

FEDERAL TAX LAW

Section 6039E of the Internal Revenue Code (26 U.S.C. 6039E) requires you to provide your Social Security number (SSN), if you have one, when you apply for or renew a U.S. passport. If you have not been issued a SSN, enter zeros in box #5 of this form. If you are residing abroad, you must also provide the name of the foreign country in which you are residing. The U.S. Department of State must provide your SSN and foreign residence information to the U.S. Department of Treasury. If you fail to provide the information, you are subject to a $500 penalty enforced by the IRS. All questions on this matter should be directed to the nearest IRS office.

NOTICE TO CUSTOMERS APPLYING OUTSIDE A STATE DEPARTMENT FACILITY

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to two times, and we will charge you a one-time fee of $25, which we will also collect by EFT.

REMITTANCE OF FEES

Passport service fees are established by law and regulation (see 22 U.S.C. 214, 22 C.FR. 22.1, and 22 C.FR. 51.50-56), and are collected at the time you apply for the passport service. If the Department fails to receive full payment of the applicable fees because, for example, your check is returned for any reason or you dispute a passport fee charge to your credit card, the U.S. Department of State will take action to collect the delinquent fees from you under 22 C.FR. Part 34, and the Federal Claims Collection Standards (see 31 C.FR. Parts 900-904). In accordance with the Debt Collection Improvement Act (Pub.L. 104-134), if the fees remain unpaid after 180 days and no repayment arrangements have been made, the Department will refer the debt to the U.S. Department of Treasury for collection. Debt collection procedures used by U.S. Department of Treasury may include referral of the debt to private collection agencies, reporting of the debt to credit bureaus, garnishment of private wages and administrative offset of the debt by reducing or withholding eligible federal payments (e.g., tax refunds, social security payments, federal retirement, etc.) by the amount of your debt, including any interest penalties or other costs incurred. In addition, non-payment of passport fees may result in the invalidation of your passport. An invalidated passport cannot be used for travel.

OTHER USES OF SOCIAL SECURITY NUMBER

Your Social Security number will be provided to U.S. Department of Treasury, used in connection with debt collection and checked against lists of persons ineligible or potentially ineligible to receive a U.S. passport, among other authorized uses.

NOTICE TO APPLICANTS FOR OFFICIAL, DIPLOMATIC, OR NO-FEE PASSPORTS

You may use this application if you meet all of the provisions listed on Instruction Page 2, 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 for forwarding to you.

PROTECT YOURSELF AGAINST IDENTITY THEFT!
REPORT YOUR LOST OR STOLEN PASSPORT BOOK OR PASSPORT CARD!

For more information regarding reporting a lost or stolen U.S. passport book or passport card and the Form DS-64, your eligibility to submit a Form DS-82 or how to request additional visa pages, call NPIC at 1-877-487-2778 or visit travel.state.gov.

SPECIAL NOTICE TO U.S. PASSPORT CARD APPLICANTS ONLY

The maximum number of letters provided for your given name (first and middle) on the U.S. passport card is 24 characters. The 24 characters may be shortened due to printing restrictions. If both your given names are more than 24 characters, you must shorten one of your given names you list on Item 1 of this form.
ELECTRONIC PASSPORT STATEMENT

The U.S. Department of State now issues an "Electronic Passport" book, which contains an embedded electronic chip. The electronic passport book continues to be proof of the bearer's United States citizenship/nationality and identity, and looks and functions in the same way as a passport without a chip. The addition of an electronic chip in the back cover enables the passport book to carry a duplicate electronic copy of all information from the data page. The electronic passport book is usable at all porte-of-entries, including those that do not yet have electronic chip readers.

Use of the electronic format provides the traveler the additional security protections inherent in chip technology. Moreover, when used at ports-of-entry equipped with electronic chip readers, the electronic passport book provides for faster clearance through some of the port-of-entry processes.

The electronic passport book does not require special handling or treatment, but like previous versions should be protected from extreme heat, bending, and from immersion in water. The electronic chip must be read using specially formatted readers, which protects the data on the chip from unauthorized reading.

The cover of the electronic passport book is printed with a special symbol representing the embedded chip. The symbol \[\text{\circle{1.0}}\] will appear in port-of-entry areas where the electronic passport book can be read.

ACTS OR CONDITIONS

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

I have not, since acquiring United States citizenship/nationality, been naturalized as a citizen of a foreign state; taken an oath or made an affirmation or other formal declaration of allegiance to a foreign state; entered or served in the armed forces of a foreign state; accepted or performed the duties of any office, post, or employment under the government of a foreign state or political subdivision thereof; made a formal renunciation of nationality either in the United States, or before a diplomatic or consular officer of the United States in a foreign state; or been convicted by a court or court martial of competent jurisdiction of committing any act of treason against, or attempting by force to overthrow, or bearing arms against, the United States, or conspiring to overthrow, put down, or to destroy by force, the government of the United States.

Furthermore, I have not been convicted of a federal or state drug offense or convicted of a "sex tourism" crimes statute, 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; a subpoena received from the United States in a matter involving federal prosecution for, or grand jury investigation of, a felony.

PRIVACY ACT STATEMENT


PURPOSE: We are requesting this information in order to determine your eligibility to be issued a U.S. passport. Your Social Security number is requested in order to verify your identity. Failure to provide your Social Security number on this form may delay processing of your application.

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.

More information on the Routine Uses for the system can be found in System of Records Notice State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Providing your Social Security number and the other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of identity and entitlement to a U.S. passport, result in processing delays or denial of the passport application.

Failure to provide your Social Security number may also subject you to a penalty enforced by the Internal Revenue Service, as described in the Federal Tax Law section of the instructions to this form. Your Social Security number will be provided to the Department of the Treasury and may be used in connection with debt collection, among other purposes as authorized and generally described in this section. Providing your Social Security number and other information requested on this form is otherwise voluntary.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 95 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.
Name of Applicant (Last, First, & Middle)  

Date of Birth (mm/dd/yyyy)  

10. Parental Information  
Mother/Father/Parent - First & Middle Name  

Last Name (at Parent's Birth)  

Date of Birth (mm/dd/yyyy)  
Place of Birth  

Sex  
U.S. Citizen?  
Male  
Yes  
Female  
No  

Mother/Father/Parent - First & Middle Name  

Last Name (at Parent's Birth)  

Date of Birth (mm/dd/yyyy)  
Place of Birth  

Sex  
U.S. Citizen?  
Male  
Yes  
Female  
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  

Date of Birth (mm/dd/yyyy)  
Place of Birth  

U.S. Citizen?  
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  
Departure Date (mm/dd/yyyy)  
Return Date (mm/dd/yyyy)  
Countries to be Visited  

19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address:  
Street/RFD # or URB (No P.O. Box)  

City  
State  
Zip Code  

Apartment/Unit  

20. 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  

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 issued date (mm/dd/yyyy)  

Status of your most recent passport book: submitting 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 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  
☐ City Filed:  
Issued:  

☐ Nat./Cit. Cert.  
☐ USCIS  
☐ USOC  
☐ Date/Place Acquired:  
☐ Aff.  

☐ Report of Birth  
☐ Filed/Place:  

☐ Passport  
☐ C/R  
☐ S/R  
☐ Per IPEERS  
☐ #DOI:  

☐ Other:  

Attached:  

☐ PIC of ID  
☐ DS-3053  
☐ DS-64  
☐ DS-5520  
☐ DS-5513  
☐ Citz W1S  

☐ PIC of Citz  
☐ DS-10  
☐ DS-88  
☐ DS-71  
☐ IRL  
☐ CIS Ver  

* DS 11 C 09 2013 2 *
Special Requirements for Children Under Age 16

Before You Start, Please Note:

- Minors under age 16 must apply in person
- All children regardless of age, including newborns and infants, must have their own passport
- There are special requirements for All Minors Ages 16 & 17

Steps to Submitting a Passport Application for a Minor Under Age 16:

Read and understand Steps 1 - 7 before leaving this page.

Step 1: Complete and Submit Form DS-11: Application For A U.S. Passport

Complete Form DS-11: Application for a U.S. Passport. To submit Form DS-11, the minor:

- Must apply in person with both parents/guardian(s)
- Must provide the additional documentation required by Form DS-11 (See Steps 2-7)
- Must not sign the application until instructed to do so by the Acceptance Agent
- Must provide his/her Social Security number

Step 2: Submit Evidence of U.S. Citizenship

The minor's evidence of U.S. citizenship must be submitted with Form DS-11. All documentation submitted as citizenship evidence will be returned to you. These documents will be delivered with your newly issued U.S. passport or in a separate mailing.

<table>
<thead>
<tr>
<th>Primary Evidence of U.S. Citizenship (One of the following):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[✓] Previously issued, undamaged U.S. Passport</td>
</tr>
<tr>
<td>[✓] Certified birth certificate issued by the city, county or state*</td>
</tr>
<tr>
<td>[✓] Consular Report of Birth Abroad or Certification of Birth</td>
</tr>
<tr>
<td>[✓] Naturalization Certificate</td>
</tr>
<tr>
<td>[✓] Certificate of Citizenship</td>
</tr>
</tbody>
</table>

*A certified birth certificate has a registrar's raised, embossed, impressed or multicolored seal, registrar's signature, and the date the certificate was filed with the registrar's office, which must be within 1 year of your birth. Some short (abstract) versions of birth certificates may not be acceptable for passport purposes.

Note: If you do not have primary evidence of U.S. citizenship or your U.S. birth certificate does not meet the requirements, please see Secondary Evidence of U.S. Citizenship.

Step 3: Submit Evidence of Relationship

Parent(s)/Guardian(s) must submit evidence of their relationship to the minor applicant.

<table>
<thead>
<tr>
<th>Evidence of Relationship (One of the following):</th>
</tr>
</thead>
<tbody>
<tr>
<td>[✓] Minor's certified U.S. birth certificate with both parents' names</td>
</tr>
<tr>
<td>[✓] Minor's certified Foreign Birth Certificate with both parents' names*</td>
</tr>
<tr>
<td>[✓] Minor's Report of Birth Abroad with both parents' names</td>
</tr>
<tr>
<td>[✓] Adoption Decree with adopting parents' names*</td>
</tr>
<tr>
<td>[✓] Court Order establishing custody</td>
</tr>
</tbody>
</table>
Court Order establishing guardianship

*Foreign documents should be accompanied by an official English translation

NOTES:

Previous U.S. passports are not acceptable as evidence of relationship
Evidence of a legal name change must be submitted, if the name of a parent/guardian has changed since the original documents were issued (e.g. photocopy of a marriage certificate, etc.)

STEP 4: Present Identification of Parent(s)/Guardian(s)

When applying for a minor under age 16, both parent(s)/guardian(s) must present acceptable identification at the time of application.

Primary Identification (One of the following):

- Previously issued, undamaged U.S. passport
- Naturalization Certificate
- Valid Driver’s License
- Current Government Employee ID (city, state or federal)
- Current Military ID (military and dependents)

NOTE: If none of these items are available, please see Secondary Identification.

STEP 5: Provide Parental Consent

Both parents must provide consent authorizing passport issuance for a minor under age 16. See the scenarios below, and follow the instruction that best applies to your circumstance:

| Both Parents MUST: | Appear in person with the minor  
| Sign Form DS-11 in front of an Acceptance Agent |
|---------------------|-----------------------------------------|
| One Parent MUST:    | Appear in person with the minor  
| Sign Form DS-11 in front of an Acceptance Agent  
| Submit the second parents’ notarized Statement of Consent (Form DS-3053) |
| One Parent (with sole legal custody) MUST: | Appear in person with the minor  
| Sign Form DS-11 in front of an Acceptance Agent  
| Submit primary evidence of sole authority to apply for the child with one of the following:  
| Minor’s certified U.S. or foreign birth certificate listing only the applying parent  
| Consular Report of Birth Abroad (Form FS-240) or Certification of Birth Abroad (Form DS-1350) listing only the applying parent  
| Court order granting sole custody to the |
applying parent
(unless child's travel is
restricted by that
order)
Adoption decree (if
applying parents is
sole adopting parent)
Court order
specifically
permitting applying
parent's or
guardian's travel
with the child
Judicial declaration
of incompetence of
non-applying parent
Death certificate of
non-applying parent

NOTE: If none of the above documentation is
available, the applying parent must submit Form DS-
3053 stating why the non-applying parent/guardian's
consent cannot be obtained.

| A Third Party
(In Loco Parentis)
applying on behalf of a
minor under the age of
16) | Submit a notarized written statement or affidavit from
both parents or guardians authorizing a third-party to
apply for a passport
When the statement of affidavit is from only one
parent/guardian, the third-party must present evidence
of sole custody of the authorizing parent/guardian.

STEP 6: Pay the Applicable Fee

Please see Current Passport Fees and methods of payment.

STEP 7: Provide Two Passport Photos

We can help you submit clear and correctly exposed passport photos the first time - especially when applying for
the U.S. Passport Card. See Quality Requirements for Passport Book & Passport Card Photographs to avoid
photo processing delays.

Your Photographs Must Be:

- Identical
- In color
- 2 x 2 Inches in size
- Taken within the past 6 months, showing current appearance
- Full face, front view with a plain white or off-white background
- Between 1 Inch and 1 3/8 inches from the bottom of the chin to the top of the head
- Taken in normal street attire:
  - Uniforms should not be worn in photographs except religious attire that is worn daily
  - Do not wear a hat or headgear that obscures the hair or
If you normally wear prescription glasses, a hearing device, wig or similar articles, they should be worn for your picture. Dark glasses or nonprescription glasses with tinted lenses are not acceptable unless you need them for medical reasons (a medical certificate may be required).

NOTES:

Vending machine photos are not generally acceptable.
See Digitized Passport Photos for information on acceptable digital photos.

Professional photographers, see Guidelines for Producing High Quality Photographs for U.S. Travel Documents.

NEED A U.S. PASSPORT IMMEDIATELY?

You should make an appointment to be seen at a Regional Passport Agency only if:

- The U.S. passport is needed in less than 2 weeks for international travel.
- The U.S. passport is needed within 4 weeks to obtain a foreign visa.

Contact the National Passport Information Center to make an appointment or locate a Passport Agency.
STATEMENT OF CONSENT:
ISSUANCE OF A U.S. PASSPORT TO A MINOR UNDER AGE 16

USE OF THIS FORM

The information collected on this form is used in conjunction with the DS-11, "Application for a U.S. Passport". When a minor under age of 16 applies for a passport and one of the minor's parent or legal guardians is unavailable at the time the passport is executed, a completed and notarized DS-3053 can be used as the statement of consent. If the required statement is not submitted, the minor may not be eligible to receive a U.S. passport. The required statement may be submitted in other formats provided they meet statutory and regulatory requirements.

FORM INSTRUCTIONS

1. Complete items 1 and 2.
2. Complete Item 3, Statement of Consent, only if you are a non-applying parent or guardian consenting to the issuance of a passport for your minor child. NOTE: Your signature must be witnessed and notarized in Item 4.
3. The written consent from the non-applying parent that accompanies an application for a new U.S. passport must not be more than 90 days old.
   A clear photocopy of the front and back of the non-applying parent's government-issued photo identification is required with the written consent.

WARNING: False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be 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.

FOR INFORMATION, QUESTIONS, AND INQUIRIES

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDD 1-888-874-7753) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:30 a.m. - 10:00 p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit www.travel.state.gov/childabduction or contact the Office of Children's Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction@state.gov.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting the information is to establish two parent consent for a minor's passport application, as required by Public Law 106-113, Section 236.

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.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and documentation 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Program Management and Operational Support, 2201 C Street NW, Washington, D.C. 20520.
1. MINOR’S NAME
   Last | First | Middle

2. MINOR’S DATE OF BIRTH (mm/dd/yyyy)

3. STATEMENT OF CONSENT
   To be completed by the non-applying parent or guardian using his/her information when not present at the time the applying parent or guardian submits the minor's application. Statements expire after 90 days.

   I, ____________________________, give my consent to the issuance of a United States passport to my minor child named on this application.

   Street Address (non-applying parent) ____________________________

   Apartment ____________________________

   City ____________________________

   State ____________________________

   Zip Code ____________________________

   Area Code ____________________________

   Telephone Number ____________________________

   E-mail Address ____________________________

   STOP! YOU MUST SIGN THIS FORM IN FRONT OF A NOTARY.

   OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

   Signature of Non-Applying Parent or Guardian ____________________________

   Date (mm/dd/yyyy) ____________________________

   NOTE: A clear photocopy of the front and back of the identification you presented to the notary is required with this form.

4. STATEMENT OF CONSENT NOTARIZATION

   Name of Notary ____________________________

   Print Name (Notary Public) ____________________________

   Location ____________________________

   City, State ____________________________

   Commission Expires ____________________________

   Date (mm/dd/yyyy) ____________________________

   Identification Presented by Non-Applying Parent or Guardian:
   - [ ] Driver’s License
   - [ ] Passport
   - [ ] Military ID
   - [ ] Other (specify) ____________________________

   ID Number: ____________________________

   Place of Issue: ____________________________

   Issue Date (mm/dd/yyyy): ____________________________

   Expiration Date (mm/dd/yyyy): ____________________________

   OATH: By signing this document, I certify that I am a licensed notary under laws and regulations of the state or country for which I am performing my notarial duties, that I am not related to the above affiant, that I have personally witnessed him/her sign this document, and that I have properly verified the identity of the affiant by personally viewing the above notated identification document and the matching photocopy.

   Signature of Notary ____________________________

   Date of Notarization ____________________________

   Date (mm/dd/yyyy) ____________________________
USE OF THIS FORM

Passport applications for minors under the age of 16 require both custodial parents/legal guardians’ signatures unless a notarized, written statement of consent from the non-applying custodial parent/legal guardian is provided.

If you have a current court order reflecting full/sole custody or granting permission to obtain a passport, it is likely you will not need to fill out this form. Court orders must be submitted with the minor’s passport application.

Use this form only if the notarized, written consent of a parent or legal guardian with custody of the minor applicant under 16 cannot be obtained. Your statement in the form must explain the reason why you cannot obtain the notarized statement of consent. You must justify that there are exigent or special family circumstances that make two parent/guardian consent unobtainable. Please note completion of this form does not guarantee passport issuance.

Your request may qualify as an exigent circumstance if there is a time-sensitive emergency and the inability of the minor to obtain a passport would jeopardize the minor's health or welfare and safety or welfare of the minor or would result in the minor being separated from the rest of his or her traveling party.

Your request may qualify as a special family circumstance if the minor’s family situation makes it exceptionally difficult or impossible for one or both of the minor's custodial parents/legal guardians to provide the notarized, written consent.

FORM INSTRUCTIONS

1. Please complete the questions on this form to the best of your knowledge. Generally, the more information you are able to provide, the faster we may be able to process your minor child's U.S. passport application. For example, if you are unsure of an exact address, please provide the city, state, or street name if you can recall them. Passport Services will consider all the information derived from the form in its entirety.

2. If you need more space to respond to a question, please write the rest of your response on a separate sheet of paper.

FOR MORE INFORMATION AND/OR QUESTIONS

For passport and travel information, please visit our website at travel.state.gov. In addition, contact the National Passport Information Center (NPIC) toll-free at 1-877-487-2778 (TDI 1-888-847-7793) or by e-mail at NPIC@state.gov. Customer Service Representatives are available Monday-Friday, 8:00a.m.-10:00p.m. Eastern Standard Time (excluding federal holidays). Automated information is available 24/7.

For information on International Parental Child Abduction, please visit www.travel.state.gov/childabduction or contact the Office of Children’s Issues by telephone at 1-888-407-4747 or by e-mail at PreventAbduction1@state.gov.

WARNING

False statements made knowingly and willfully on passport applications, including affidavits or other supporting documents submitted therewith, may be 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. 1521.

PRIVACY ACT STATEMENT

AUTHORITIES: We are authorized to collect this information by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104, 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: The primary purpose for soliciting this information is to establish a possible exigent/special family circumstance exception to Public Law 106-113, Section 236, requiring two parent consent for a minor's passport application.

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.

More information on the Routine Uses for the system can be found in System of Records Notices State-05, Overseas Citizen Services Records and State-26, Passport Records.

DISCLOSURE: Failure to provide the information requested on this form may result in the refusal or denial of a U.S. passport application.

PAPERWORK REDUCTION ACT STATEMENT

Public reporting burden for this collection of information is estimated to average 30 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. Responding to this collection of information is required to obtain a benefit. 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: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, Attn: Forms Officer, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.
1. Minor's Name (Last, First, Middle)
   
2. Minor's Date of Birth (mm/dd/yyyy)
   
3. Applying Parent/Guardian's Name (Last, First, Middle)
   
4. Non-Applying Parent/Guardian's Information
   
   Last Name
   First & Middle Name
   Date of Birth (mm/dd/yyyy)
   Other Names They May Have Used
   Street
   Apartment No.
   City
   State
   ZIP Code
   Country
   Telephone Number:
   E-mail Address:

5. Has any court, either in the United States or abroad, ever issued an order/degree that references the custody or travel of the minor child in question? (Examples include a divorce decree, custody order, protection order, stay away order, restraining order, etc.)
   Yes □ No □
   If yes, you must submit a complete, signed, and dated copy of the most recent order(s)/degree(s) with this form.

6. Is the non-applying parent/guardian currently incarcerated? □ Yes □ No
   If yes, submit evidence of incarceration with this form, such as a letter from the convicting criminal court, a copy of the incarceration court order, or a copy of the on-line inmate locator page.

7. Describe your attempts to contact the Non-Applying Parent. (If you need more space, continue on a separate paper.)
   By Mail: Number of times: Approximate Dates: Result:
   Phone: Number of times: Approximate Dates: Result:
   E-mail: Number of times: Approximate Dates: Result:
   Social Media: Number of times: Approximate Dates: Result:
   Other: Have you attempted to contact through a friend or relative? If so, please fill out the information below.
   Name: Ex: John Smith
   How they know the non-applying parent: Ex: Works with Non-Applying Parent
   Address:
   Street
   City
   State or Country
   Phone: Approximate Dates: Result:
   Name: Ex: John Smith
   How they know the non-applying parent: Ex: Works with Non-Applying Parent
   Address:
   Street
   City
   State or Country
   Phone: Approximate Dates: Result:

8. Please explain in detail the reason for your request to issue a U.S. passport book and/or card without the non-applying parent/guardian's consent. (If you need more space, please continue on a separate paper.)

OATH: I declare under penalty of perjury that all statements made in this supporting document are true and correct.

Signature of Parent or Legal Guardian:
Date (mm/dd/yyyy):

DS-5525 08-2016
Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de MILWAUKEE

AMC
5500 S Howell Ave
Milwaukee, WI 53207

Bay View
1603 E Oklahoma Ave
Milwaukee, WI 53207

Cudahy Post Office
3570 E Plankinton Ave
Cudahy, WI 53110

Franklin Post Office
9675 Brenwood Park Dr
Franklin, WI 53132

Fred John Post Office
5555 N 91st St
Milwaukee, WI 53225

Greendale Post Office
5741 Broad St
Greendale, WI 53129

Greenfield Branch
7353 W Forest Home Ave
Milwaukee, WI 53220

Hales Corners
5444 S 108th St
Hales Corners, WI 53130

Juneau Station
606 E Juneau Ave
Milwaukee, WI 53202

Milwaukee Main Office
345 E Saint Paul Ave
Milwaukee, WI 53202

Milwaukee, WI, County Clerk
901 N 9th St
Milwaukee, WI 53233

North Milwaukee
5995 N Teutonia Ave
Milwaukee, WI 53209

North Shore Post Office
5651 N Lydell Ave
Whitefish Bay, WI 53217

Oak Creek Post Office
200 E Centennial Dr
Oak Creek, WI 53154

Post Office - Shorewood Branch
1620 E Capitol Dr
Shorewood, WI 53211

Root River Branch Post Office, Milwaukee, WI
11015 W Oklahoma Ave
Milwaukee, WI 53227

Sequoia Retail Post Office
6825 W Brown Deer Rd
Milwaukee, WI 53223

South Milwaukee
2210 10th Ave
South Milwaukee, WI 53172

Wauwatosa Branch
1655 N Mayfair Rd
Wauwatosa, WI 53226

West Allis Post Office
7440 W Greenfield Ave
Milwaukee, WI 53214

West Milwaukee Station
4300 W Lincoln Ave
Milwaukee, WI 53219
Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **RACINE**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burlington Post Office</td>
<td>100 S Pine St, Burlington, WI 53105</td>
<td>Racine Main Office</td>
</tr>
<tr>
<td>Four Mile Station</td>
<td>2635 4 Mile Rd, Racine, WI 53404</td>
<td>603 Main St, Racine, WI 53403</td>
</tr>
<tr>
<td>Racine County Clerk</td>
<td>730 Wisconsin Ave, Racine, WI 53403</td>
<td>Sturtevant Post Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2849 Wisconsin St, Sturtevant, WI 53177</td>
</tr>
<tr>
<td>Village of Rochester Clerk-Treasurer</td>
<td>203 W Main St, Rochester, WI 53167</td>
<td>Waterford Post Office</td>
</tr>
<tr>
<td></td>
<td></td>
<td>218 N Milwaukee St, Waterford, WI 53185</td>
</tr>
<tr>
<td>West Racine</td>
<td>1300 Perry Ave, Racine, WI 53406</td>
<td></td>
</tr>
</tbody>
</table>

Oficinas del Servicio Postal donde aceptan tramites de Pasaporte in el Área de **KENOSHA**

<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol Post Office</td>
<td>8223 199th Ave, Bristol, WI 53104</td>
<td>Kenosha County</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Administration Bldg, 1010 56th St, Kenosha, WI 53140</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kenosha Post Office, 5605 Sheridan Rd, Kenosha, WI 53140</td>
</tr>
<tr>
<td>Pleasant Prairie</td>
<td>4225 101st St, Pleasant Prairie, WI 53158</td>
<td>Twin Lakes Post Offices</td>
</tr>
<tr>
<td></td>
<td></td>
<td>170 Lance Dr, Twin Lakes, WI 53181</td>
</tr>
</tbody>
</table>
### Oficinas del Servicio Postal donde aceptan tramites de Pasaporte en el Área de **WAUKESHA**

<table>
<thead>
<tr>
<th>Oficina Postal</th>
<th>Dirección y Código Postal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend Post Office</td>
<td>S86W22530 Edgewood Ave, Big Bend, WI 53103</td>
</tr>
<tr>
<td>Brookfield Post Office</td>
<td>17345 Civic Dr, Brookfield, WI 53045</td>
</tr>
<tr>
<td>Butler Post Office</td>
<td>12420 W Hampton Ave, Butler, WI 53007</td>
</tr>
<tr>
<td>Delafield Post Office</td>
<td>925 Genesee St, Delafield, WI 53018</td>
</tr>
<tr>
<td>Hartland Post Office</td>
<td>401 E Industrial Dr, Hartland, WI 53029</td>
</tr>
<tr>
<td>Menomonee Falls Post Office</td>
<td>W173N9170 Saint Francis Dr, Menomonee Falls, WI 53051</td>
</tr>
<tr>
<td>Mukwonago Post Office</td>
<td>911 Greenridge Center, Mukwonago, WI 53149</td>
</tr>
<tr>
<td>Muskego Post Office</td>
<td>16860 Janesville Rd, Muskego, WI 53150</td>
</tr>
<tr>
<td>New Berlin Post Office</td>
<td>15300 W Howard Ave, New Berlin, WI 53151</td>
</tr>
<tr>
<td>Oconomowoc Post Office</td>
<td>Office 38 S Main St, Oconomowoc, WI 53066</td>
</tr>
<tr>
<td>Pewaukee Post Office</td>
<td>140 Simmons Ave, Pewaukee, WI 53072</td>
</tr>
<tr>
<td>Waukesha County Clerk</td>
<td>1320 Pewaukee Rd, Waukesha, WI 53188</td>
</tr>
<tr>
<td>Waukesha Post Office</td>
<td>300 E Broadway, Waukesha, WI 53186</td>
</tr>
</tbody>
</table>

### Oficinas del Servicio Postal donde aceptan tramites de Pasaporte en el Área de **SHEBOYGAN**

<table>
<thead>
<tr>
<th>Oficina Postal</th>
<th>Dirección y Código Postal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oostburg Post Office</td>
<td>1508 Center Ave, Oostburg, WI 53070</td>
</tr>
<tr>
<td>Plymouth Post Office</td>
<td>302 E Main St, Plymouth, WI 53073</td>
</tr>
<tr>
<td>Sheboygan County Clerk's Office</td>
<td>508 New York Ave, Sheboygan, WI 53081</td>
</tr>
<tr>
<td>Sheboygan Falls Post Office</td>
<td>Office 108 Maple St, Sheboygan Falls, WI 53085</td>
</tr>
<tr>
<td>Sheboygan Post Office</td>
<td>522 N 9th St, Sheboygan, WI 53081</td>
</tr>
</tbody>
</table>
El Poder

1. ¿Qué es un poder? El poder es un documento escrito mediante el cual se autoriza a cierta persona (el apoderado) que actúe en nombre de uno (el principal) para llevar a cabo ciertos trámites. Por ejemplo, si desea vender bienes raíces, como una casa, y por alguna razón el dueño no puede llevar a cabo la venta, puede nombrar a otra persona que actúe en nombre del dueño con el mismo poder que si fuera dueño el apoderado.

2. ¿En cuáles circunstancias puede ser útil el poder? Se puede preparar un poder si uno cree que estará incapacitado cuando sea necesario llevar a cabo alguna transacción. Hay varias circunstancias que pueden incapacitar legalmente, inclusive la hospitalización, la falta de facultad mental o física, la detención por la policía o el servicio de inmigración, la deportación o la ausencia del país.

3. ¿Cuándo se debe de preparar el poder? Se debe de preparar con anticipación porque cuando esté incapacitado por alguna razón ya no será posible hacerlo.

4. ¿Qué dice el poder? El poder identifica claramente la persona que concede el poder (el principal), la que recibe el poder y otros que recibirán el poder si el primer apoderado no está dispuesto a llevar a cabo sus responsabilidades. Se explican las circunstancias en que se hace vigente el poder, sea arresto, deportación, pérdida de facultades, etcétera, y cuándo se vence el poder. Finalmente, se describe con mucho cuidado todo lo que podrá hacer el apoderado en nombre del principal. Por ejemplo, se puede autorizar que el apoderado compre o venda bienes en nombre del principal, que pague cuentas, que abra o cierre cuentas, etcétera.

5. ¿A quién se debe nombrar apoderado? Sólo se debe nombrar a personas de máxima confianza, tal como familiares allegados (padres, hijos mayores de edad, hermanos) para evitar que se perjudique o se estafé al principal. El apoderado puede tomar todos los pasos que podría tomar el principal si éste estuviera presente, de acuerdo con la autorización que contiene el poder.

6. ¿Quién prepara el poder? La persona que desea un poder debe de consultar a un abogado para asegurarse de que el documento servirá lo que propone el cliente. En los EEUU los notarios no son abogados y no están preparados para ofrecer servicios legales, ni se les permite hacerlo. Los notarios se dedican a autenticar la firma en documentos.

7. ¿Qué forma lleva el poder? Si se va a usar en los EEUU, el poder se prepara en inglés y lleva la firma del cliente autenticada por un notario. También se puede traducir al español si el cliente no lee el inglés. El poder "general" permite que el apoderado tome pasos sin límite en cualquier asunto que le parezca, tal como podría hacerlo el principal. En cambio, el poder "especial" sólo permite que el apoderado actúe en cuanto a los asuntos autorizados por el documento.
This Power of Attorney for Finances form allows you to plan for future financial decision-making even if you are unable to make your own decisions. More information is available to assist you in filling out this form\(^1\). This form is not the answer for everyone. Only select someone you trust to be your agent. You may wish to consult with an attorney to explore other financial planning tools such as a Power of Attorney for Finances drafted by an attorney, or special accounts or trusts.

This is an important legal document. Do not sign it until you, and your chosen agent, understand the powers being granted. By signing this document, you are not giving up any powers or rights to control your finances or property. Instead, you are giving your agent, in addition to yourself, the authority to handle your finances and property. While it is not required that you sign this document in the presence of a notary, acknowledged signatures create a lawful presumption of genuineness and will be more easily accepted by businesses and financial institutions.

This document is effective immediately when executed unless you state a future date or occurrence that will activate the powers expressed in this form.

This Power of Attorney for Finances is “durable” (does not terminate upon the principal’s incapacity) unless you specifically state that it terminates if you become incapacitated.

If you name your spouse or domestic partner as your agent and the marriage or domestic partnership is terminated (annulment or divorce), this document becomes invalid unless the special instructions in this document state that such an action will not terminate the authority given to the agent.

If you used a former state Power of Attorney for Finances form, that form is still valid. Executing a new Power of Attorney for Finances does not, automatically, revoke a prior document.

If you wish to change this Power of Attorney for Finances in the future, you must complete a new document and revoke this one. You may revoke this document at any time; a suggested method is a written and dated statement expressing your intent to revoke this document. If you revoke this document, you should notify your agent and any other persons or entities that have a copy.

In general, an agent who is not the principal’s spouse or domestic partner may not use the principal’s property for the benefit of the agent or a person to whom the agent owes an obligation of support. Gifting to others is also generally not allowed\(^2\).

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This document does not give your agent the power to make medical, long-term care or other health care decisions for you.

Once your Power of Attorney for Finances form is completed and signed, send a copy of this document to your financial contacts (e.g. your bank, stockbroker, mortgage company, insurance agent, etc.) Give a copy to your agent and alternate agents as well as to trustworthy family members and/or to your attorney. Finally place a copy in a safe place in your home along with a list of who has a copy of the document.

---

\(^1\) Coalition of Wisconsin Aging Groups: Guardianship Support Center (www.cwag.org)

\(^2\) For more information on gifting, see Wis. Stats. §244.57
This Power of Attorney authorizes another person (your agent) to make decisions concerning your property for you (the principal). Your agent will be able to make decisions and act with respect to your property (including your money) whether or not you are able to act for yourself. The meaning of authority over subjects listed on this form is explained in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes.

This Power of Attorney does not authorize the agent to make health-care decisions for you.

You should select someone you trust to serve as your agent. Unless you specify otherwise, generally the agent’s authority will continue until you die or revoke the Power of Attorney or the agent resigns or is unable to act for you.

Your agent is entitled to reasonable compensation unless you state otherwise in the special instructions.

This form provides for designation of one agent. If you wish to name more than one agent, you may name a co-agent in the special instructions. Co-agents are not required to act together unless you include that requirement in the special instructions.

If your agent is unable or unwilling to act for you, your Power of Attorney will end unless you have named a successor agent. You may also name a 2nd successor agent.

This Power of Attorney becomes effective immediately unless you state otherwise in the special instructions. This Power of Attorney does not revoke any Power of Attorney executed previously unless you so provide in the special instructions.

If you revoke this Power of Attorney, you should notify your agent and any other person to whom you have given a copy. If your agent is your spouse or domestic partner and your marriage is annulled or you are divorced or legally separated or the domestic partnership is terminated after signing this document, the document is invalid.

If you have questions about the Power of Attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.
DESIGNATION OF AGENT

I, ___________________________ (name of principal), name the following person as my agent:

Name of agent: ________________________________________________________________

Agent's address: __________________________________________________________________

Agent's telephone number: __________________________________________________________________

DESIGNATION OF SUCCESSOR AGENT(S) (OPTIONAL)

If my agent is unable or unwilling to act for me, I name as my successor agent:

Name of successor agent: _________________________________________________________

Successor agent’s address: __________________________________________________________________

Successor agent’s telephone number: __________________________________________________________________

If my successor agent is unable or unwilling to act for me, I name as my 2nd successor agent:

Name of 2nd successor agent: _______________________________________________________

Second successor agent’s address: __________________________________________________________________

Second successor agent’s telephone number: __________________________________________________________________

GRANT OF GENERAL AUTHORITY

I grant my agent and any successor agent general authority to act for me with respect to the following subjects as defined (see Appendix) in the Uniform Power of Attorney for Finances and Property Act in chapter 244 of the Wisconsin statutes:

(INITIAL each subject you want to include in the agent’s general authority.)

Real property
Tangible personal property
Stocks and bonds
Commodities and options
Banks and other financial institutions
Operation of entity or business
Insurance and annuities
Estates, trusts, and other beneficial interests
Claims and litigation
Personal and family maintenance
Benefits from governmental programs or civil or military service
Retirement plans
Taxes
LIMITATION ON AGENT’S AUTHORITY

An agent who is not my spouse or domestic partner MAY NOT use my property to benefit the agent or a person to whom the agent owes an obligation of support unless I have included that authority in the special instructions.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions in the following space

EFFECTIVE DATE

This power of attorney is effective immediately unless I have stated otherwise in the special instructions.

NOMINATION OF GUARDIAN (OPTIONAL)

If it becomes necessary for a court to appoint a guardian of my estate or guardian of my person, I nominate the following person(s) for appointment:

Name of nominee for guardian of my estate: __________________________________________
Nominee’s address: ________________________________________________________________
Nominee’s telephone number: ______________________________________________________

Name of nominee for guardian of my person: _________________________________________
Nominee’s address: ________________________________________________________________
Nominee’s telephone number: ______________________________________________________
RELIANCE ON THIS POWER OF ATTORNEY FOR FINANCES AND PROPERTY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows that the power of attorney has been terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Your signature ___________________________________________ Date __________________________

Your name printed ___________________________________________

Your address: __________________________________________________

Your telephone number: __________________________________________

State of: ______________________ County of: ______________________

This document was acknowledged before me on

Date __________________________ by name of principal ________________________________

(Seal, if any)

Signature of notary ________________________________________________

Name of notary (typed or printed) _______________________________________

My commission expires: _______________________________________

This document prepared by: ________________________________________
IMPORTANT INFORMATION FOR AGENT
AGENT'S DUTIES

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 upon you legal duties that continue until you resign or the Power of Attorney is terminated or revoked. You must do all the following:

(1) Do what you know the principal reasonably expects you to do with the principal's property or, if you do not know the principal's expectations, act in the principal's best interest.

(2) Act in good faith.

(3) Do nothing beyond the authority granted in this Power of Attorney.

(4) 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 signature) as agent

Unless the special instructions in the Power of Attorney state otherwise, you must also do all the following:

(1) Act loyally for the principal's benefit.

(2) Avoid conflicts that would impair your ability to act in the principal's best interest.

(3) Act with care, competence, and diligence.

(4) Keep a record of all receipts, disbursements, and transactions made on behalf of the principal.

(5) Cooperate with any person that has authority to make health-care decisions for the principal to do what you know the principal reasonably expects or, if you do not know the principal's expectations, to act in the principal's best interest.

(6) Attempt to preserve the principal's estate plan if you know the plan and preserving the plan is consistent with the principal's best interest.

TERMINATION OF AGENT'S AUTHORITY

You must stop 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. Events that terminate a Power of Attorney or your authority to act under a Power of Attorney include all the following:

(1) Death of the principal

(2) The principal's revocation of the Power of Attorney or your authority.

(3) The occurrence of a termination event stated in the Power of Attorney.

(4) The purpose of the Power of Attorney is fully accomplished.

(5) If you are married to the principal, a legal action is filed with a court to end your marriage, or for your legal separation, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.

(6) If you are the principal's domestic partner and your domestic partnership is terminated, unless the special instructions in this Power of Attorney state that such an action will not terminate your authority.
LIABILITY OF AGENT

The meaning of the authority granted to you is defined in the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes. If you violate the Uniform Power of Attorney for Finances and Property Act in Chapter 244 of the Wisconsin Statutes or act outside the authority granted, you may be liable for any damages caused by your violation.

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

OPTIONAL SIGNATURE OF AGENT

I have read and accept the duties and liabilities of the agent as specified in this Power of Attorney.

Agent's signature ____________________________________________ Date __________________________

Attached:

(1) Agent's certification as to the validity of Power of Attorney for Finances and Property and agent's authority (Optional).

(2) Appendix: Power of Attorney for Finances and Property Statutory Authority Definitions (Optional).
The following optional form may be used by an agent to certify facts concerning a power of attorney for finances and property:

AGENT’S CERTIFICATION AS TO THE VALIDITY OF POWER OF ATTORNEY FOR FINANCES AND PROPERTY AND AGENT’S AUTHORITY

State of: ____________________________________________________________
County of: __________________________________________________________

I, ________________________________________________________________, (name of agent), certify under penalty of perjury that ________________________________________________________________, (name of principal) granted me authority as an agent or successor agent in a power of attorney dated ________________________________________________________________ .

I further certify that to my knowledge:

(1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney, and the power of attorney and my authority to act under the power of attorney have not terminated.

(2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred.

(3) If I was named as a successor agent, the prior agent is no longer able or willing to serve.

(4) ________________________________________________________________

(insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Agent’s signature ___________________________________________ Date ___________
Agent’s name printed ____________________________________________
Agent’s address: ________________________________________________
Agent’s telephone number: _______________________________________

State of: __________________________________ County of: ____________________

This document was acknowledged before me on
Date __________________ by (name of agent) ____________________________

(Seal, if any)

Signature of notary _________________________________________________
Name of notary (typed or printed) _________________________________
My commission expires: _____________________________________________

This document prepared by: ____________________________
WISCONSIN SECRETARY OF STATE
Certificate Request Form

A separate Certificate Request Form is needed for each different notary public or public officer. Submit a document for each certificate you request; the certificate will be attached to your document.

Step 1: Print contact information of person filling out this form: Name, address, phone #.

Step 2: Provide the name of the country/consulate that the documents are being sent to.

Step 3: Fill out this section only if your documents are for Argentina or Venezuela.
If not, skip to Step 4:
_____ I need an apostille or _____ I need an authentication

Step 4: If you have a document notarized by a Wisconsin notary, fill out this section and then go to Step 6. If you don’t have a notarized document, skip this section and go to Step 5.

Notary’s name: ____________________________
Notary’s expiration date: ___________ Date document was notarized: ___________
# of certificates needed for this notary ________ @ $10.00/35.00* each = $ ______ total.

Step 5: If you have a Wisconsin birth, death, marriage, divorce or public school diploma, fill out this section and then continue to Step 6.

The most current public officer’s name: ____________________________
The title and county of public officer (is Register of Deeds, Dane Co.)
The most current date issued by public officer: ______________________
# of certificates needed for this public officer ________ @ $10.00/35.00* each = $ ______ total.

Step 6: Please check one of the three options below:
_____ I am sending a stamped self-addressed envelope for the return of the documents.
_____ I am sending a prepaid airbill for FedEx, UPS, DHL, or Express Mail for the return of the documents. (We cannot return documents by FedEx Ground.)
_____ I will pick up my documents. My daytime phone #: ______________________

Make check payable to Secretary of State. Please send one check for multiple requests. No credit cards accepted.

Send order forms, documents, fee payment and return envelope to:
Secretary of State, Certification Desk
30 W Mifflin St, 10th Floor
Madison, WI 53703

Office hours: 7:45 – 4:30 Monday through Friday – Phone # 608-266-5503

*The cost is $10.00 for each certificate for regular service - approximately 1 - 5 working days. If expedited service (as soon as possible, or within the next working day) is needed, Wisconsin Statutes require a $35.00 fee for each certificate.

Updated 9/02
Lista de Referencia de Abogados Privados Especialistas en Casos de Inmigración

- Representación en Procesos de Deportación
- Cancelación de Remoción para Residentes Legales Permanentes y para aquellos que no tienen Residencia
- Representación para personas en detención y/o audiencias para determinación de fianzas
- Procesos de Inmigración relacionados con convicciones criminales
- Trámites de Ciudadanía
- Aplicación por la Residencia (Green Card, Mica) a través del ajuste de estatus dentro de Estados Unidos
- Proceso Consular (trámite de la residencia en el Consulado del país de origen)
- Peticiones para “Visa U” (víctimas de un crimen, por ejemplo la violencia doméstica) y VAWA
- **Acción Diferida para Jóvenes**
- TPS (Estatus de Protección Temporal) y NACARA
- Aplicaciones a través del empleador

**Kimi Abdul**
Abduli Immigration Law
8929 Wl National Avenue
West Allis, Wisconsin 53227
Phone: (414) 312-7275
Email: abdullmigrationlaw@gmail.com
Website: www.abdullmigration.com

**Laura Fernandez**
Laura Fernandez Immigration Law
1579 S. 38th Street, Ste. 5
Milwaukee, WI 53215
Phone: (414) 643-5676
E-mail: info@laurafenandezlaw.com
Si necesita ayuda con un **perdón inmigratorio**

**Kevin Layde**
Law Offices of Kevin Layde
612 W National Ave
Milwaukee, WI 53204
Phone: (414) 488-1200
Website: www.laydeimmigration.com
E-mail: Kevin@laydeimmigration.com

**Teddy Chadwick**
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1434 West State Street
Milwaukee, Wisconsin 53233
Phone: (414) 342-3000
Website: http://grzecalaw.com/

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Murrar Law Office
610 W Lincoln Ave Ste 2B
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Phone: (414) 897-7167
Email: elizabeth@murrarlaw.com
Website: murrarlaw.com

**Ben Crouse**
Sesini Law Group
234 W Florida St Ste 203
Milwaukee WI 53204-1659
Phone: (414) 224-8080
Email: john@sesinilaw.com
Website: http://www.sesinilaw.com

**Davorin John Odrcic**
Odrcic Law Group,
5555 N. Port Washington Rd, Suite 300
Milwaukee, Wisconsin 53217
(414) 249-3720
Email: djovisa@gmail.com
Si tiene problemas criminales