

# EMERGENCY PLAN

An Emergency Plan is a document everyone should have to protect themselves and their families in case of an emergency, whether a fire, an earthquake, or an interaction with or arrest and detention by ICE. ***BELOW IS A SAMPLE EMERGENCY PLAN YOU CAN USE TO PREPARE.***

**DO NOT CARRY YOUR EMERGENCY PLAN AROUND WITH YOU!** Keep it in a safe place with other important documents - your passport, medical prescriptions, and other immigration documents.

**ONLY SHARE THE LOCATION OF YOUR EMERGENCY PLAN WITH TRUSTED FRIENDS AND RELATIVES.** Make sure they know where it is, why it is important, and how to get it in case you are arrested by ICE.

**NEVER SHARE YOUR EMERGENCY PLAN WITH ICE AGENTS!**

## EMERGENCY PLAN

Name: \_\_\_\_\_

Social Security/ITIN number (if you have one): \_\_\_\_\_

Home Phone number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Emergency Contact #1 Name: \_\_\_\_\_

Emergency Contact #1 Phone Number: \_\_\_\_\_

Emergency Contact #1 Email Address: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact #2 Phone Number: \_\_\_\_\_

Emergency Contact #2 Email Address: \_\_\_\_\_

Important Family Phone Numbers:

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

Childcare Provider Name/ Number: \_\_\_\_\_

My Doctor's Name: \_\_\_\_\_

My Doctor's Phone Number: \_\_\_\_\_

I take these Medications and Dosages:

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Allergies and/or Dietary Requirements: \_\_\_\_\_

My Child/Children's Doctor's Name/Number: \_\_\_\_\_

My Child/Children's Medications and Dosages:

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My Child/Children's Allergies and/or Dietary Requirements:

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My Place of Birth: \_\_\_\_\_

Local Embassy/Consulate number: \_\_\_\_\_

Language/Translation needs: \_\_\_\_\_

**Immigration Lawyer or Other Lawyer/Advisor(s)**

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

Name/Number: \_\_\_\_\_

This emergency plan was created as CSKT's response to I.C.E. activities. For more emergency preparedness information and additional materials, please visit: <http://cskt.org/ice/>

DEPARTMENT OF HOMELAND SECURITY  
U.S. Immigration and Customs Enforcement  
**WARRANT OF REMOVAL/DEPORTATION**

File No: \_\_\_\_\_

Date: \_\_\_\_\_

To any immigration officer of the United States Department of Homeland Security:

\_\_\_\_\_  
(Full name of alien)

who entered the United States at \_\_\_\_\_ on \_\_\_\_\_  
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

- an immigration judge in exclusion, deportation, or removal proceedings
- a designated official
- the Board of Immigration Appeals
- a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:

\_\_\_\_\_  
(Signature of immigration officer)

\_\_\_\_\_  
(Title of immigration officer)

\_\_\_\_\_  
(Date and office location)

**Purpose is to  
Remove or Deport**

**Administrative Warrant**

**NOT Signed by Judge**

UNITED STATES DISTRICT COURT

for the

Search and Seizure Warrant  
SAMPLE

In the Matter of the Search of  
*(Briefly describe the property to be searched  
or identify the person by name and address)*

)  
)  
)  
)  
)  
)

Case No. \_\_\_\_\_

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the \_\_\_\_\_ District of \_\_\_\_\_  
*(Identify the person or describe the property to be searched and give its location):*

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(Identify the person or describe the property to be seized):*

YOU ARE COMMANDED to execute this warrant on or before \_\_\_\_\_ *(not to exceed 14 days)*  
 in the daytime 6:00 a.m. to 10:00 p.m.     at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to \_\_\_\_\_  
*(United States Magistrate Judge)*

Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*  
 for \_\_\_\_\_ days *(not to exceed 30)*     until, the facts justifying, the later specific date of \_\_\_\_\_

Date and time issued: \_\_\_\_\_

City and state: \_\_\_\_\_

\_\_\_\_\_  
*Judge's signature*

\_\_\_\_\_  
*Printed name and title*

Issued and Signed by Judge

UNITED STATES DISTRICT COURT

for the



United States of America

v.

Case No.

Arrest Warrant

Issued by Judge

Defendant

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before the United States Magistrate judge without unnecessary delay

(name of person to be arrested)

who is accused of an offense or violation based on the following document filed with the court:

- Indictment
- Supercharging Indictment
- Information
- Supplementing Information
- Complaint
- Probation Violation Petition
- Supervised Release Violation Petition
- Violation Notice
- Order of the Court

This offense is briefly described as follows:

Date:

Issuing officer's signature

City and state:

Printed name and title

