



# Family safety planning guide

*Compiled by the ACLU of North Dakota  
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**ACLU**  
North Dakota

As arrests of immigrants increase across the country, it is important that you and your family know your legal rights and have a safety plan in place in case of an emergency.

**A Family Safety Plan is a collection of information and documents** that can help a family in an emergency. This guide will help you create a Family Safety Plan in case you are arrested or deported by Immigration and Customs Enforcement (ICE).

# Know Your Rights

Everyone in the United States, including ALL immigrants, have rights under the Constitution. Learn more here about your rights and how to use them, at [www.aclu.org/know-your-rights/immigrants-rights](http://www.aclu.org/know-your-rights/immigrants-rights).



Scan to access  
'Know Your Rights'  
information

# What to do if you are arrested by immigration officials



If you are arrested by immigration officials in North Dakota, you will probably be taken you will be taken into federal custody and transferred to a detention facility.

You have the right to speak with an attorney, you have the right to remain silent, and you have the right to an interpreter. **If you are afraid to return to your home country, you must tell immigration officials. Do not sign anything you do not understand!**

It is very important that your family and friends have the information they need to assist you if you are detained by immigration officials. It is also necessary for you to memorize important phone numbers so you can quickly contact someone who can implement your Family Safety Plan.

# How to find someone detained by ICE

You can search for someone detained by Immigration and Customs Enforcement (ICE) or Customs and Border Protection (CBP) using the following website:  
[www.locator.ice.gov](http://www.locator.ice.gov).

Once someone has been detained for at least 48 hours they should be able to be found on this database. This applies to people over the age of 18.

To find someone, you must know their “A-Number,” their date of birth, their country of birth, and their first and last names.

For detailed information on searching for a loved one after a U.S. Immigration Arrest, please see the National Immigration Law Center’s resources at [www.nilc.org](http://www.nilc.org).



Scan to access  
[locator.ice.gov](http://locator.ice.gov)



Scan to access  
NILC Resources



# What to include in your Family Safety Plan

Your Family Safety Plan should include what needs to happen if you or someone in your family is arrested by ICE. While it's a scary thought, it's important to think through all the logistical and safety issues that would arise if you were suddenly detained. Your plan should include:

- ☐ Who can pick up and care for the children?
- ☐ Who will take care of your pet?
- ☐ What medicine do you need access to?
- ☐ Who will inform your extended family or employer that you have been detained?
- ☐ Who will contact your lawyer or help you find one?
- ☐ Who can make sure your bills get paid?
- ☐ Who has a spare set of keys to move your car or enter your house to gather important documents?



**TIP:** Make sure your Family Safety Plan is stored in a safe place that is easy to find. Make multiple copies of your Family Safety Plan and share it with a trusted family member or friend, such as your emergency contact.



# What to include in your Family Safety Plan

**A Family Safety Plan should include basic information about you and your family members and include important documents, if you have them, including:**

- ☐ Copies of driver's license/identification cards
- ☐ Copies of passports
- ☐ Copies of immigration documents (including A Number, work permit, green card, visas, receipt notices for pending applications, etc.)
- ☐ Copies of social security card or ITIN number
- ☐ Marriage license
- ☐ Birth certificates
- ☐ Prescriptions, important medical records, vaccination records
- ☐ Important information about you (see Appendix A)
- ☐ Important information about your children (see Appendix B)
- ☐ Important information about someone for whom you are the primary caregiver (see Appendix C)
- ☐ Important information about your pets (Appendix D)
- ☐ Documents demonstrating your residence in the U.S. and the amount of time you have been physically present in the U.S.

Biographical Information	
Name	
A Number (if applicable)	
Date of Birth/Age	
Pronouns	
Address	
Who has access to your house or where is a spare key located?	
Phone Number	
Email	
Country of citizenship	
Status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Driver's License Number and State of Issuance	
Spouse/Partners Information (if applicable)	
Name	
A Number (if applicable)	
Date of Birth/Age	
Pronouns	
Address	
Phone Number	
Relationship status	

# Appendix A - Important Information about you

How long have you been together?	
Email	
Country of citizenship	
Legal Status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Children and Legal Dependents	
How many children (including legal dependents) do you have?	
Please fill out an Appendix B for each child or dependent.	
Information about your parents	
Mother/Father (1) Name	
Address	
Phone Number	
Email	
Mother/Father (2) Name	
Address	
Phone Number	
Email	
If you are the primary caretaker for your parents or other individuals, please indicate that here.	
Medical Information	
Medical Conditions	



Medications (dosages, frequency, etc.)	
Allergies	
If detained, what medicines or health care services do you need access to right away?	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	
<b>Employment Information</b>	
Employer Name	
Position Title	
Supervisor's Name	
Supervisor's Contact Information	
If I am detained, I wish for information regarding my situation to be shared with my employer:	<input type="checkbox"/> Yes or <input type="checkbox"/> No
<b>Vehicle Information</b>	
Car Make/Model	
License Plate Number	
Car Insurance Company	
Insurance Policy Number	
Phone Number	
Location of spare key	

Financial Information	
Bank	
Account Number	
Monthly bills (provide company, account number, and mode of payment for each bill)	
Attorney Information	
Attorney/Firm Name	
Address	
Phone Number	
Do you have an existing client/attorney relationship?	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Do you have a pending application? If so, provide the application type and receipt number.	
Are you currently in removal proceedings? If so, what is the date and time of your next hearing?	
Consulate Information	
Address	
Phone Number	
Emergency Contact (1) in U.S.	
Name	
Address	
Phone Number	
Email	
Relationship to you	

Emergency Contact (2) in U.S.	
Name	
Address	
Phone Number	
Email	
Relationship to you	
Emergency Contact in Country of Origin	
Name	
Address	
Phone Number (including country code)	
Email	
Relationship to you	
Other important information:	
If I am detained by ICE, I want my family to do the following:	

Biographical Information	
Child's Name	
A Number (if applicable)	
Date of Birth/Age	
Place of birth	
Pronouns	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Information about other parent	
Other parent's full name	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	

Medical Information	
Medical Conditions	
Medications (dosages, frequency)	
Allergies	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	
School Information	
School Name and Address	
School Phone Number	
Teacher's Name	
Classroom Number	
Afterschool program name	
Afterschool program contact person and/or phone number	
Other important information:	
Typical Schedule of My Child [Consider including mealtimes, any routine drop-off or pick-up times and locations, bedtime, etc.]	

# Appendix C- Important information for someone for whom I am the primary caregiver

Biographical Information	
Name	
A Number (if applicable)	
Date of Birth/Age	
Place of birth	
Pronouns	
Relationship to you	
Address	
Phone Number	
Email	
Country of citizenship	
Legal status in the United States	
Passport Number, Issuing Country, and Expiration Date	
Medical Information	
Medical Conditions	
Medications (dosages, frequency)	
Allergies	
Doctor's name, address and phone number	
Health insurance information	
Dentist's name, address and phone number	
Dental insurance information	

Other important information:

Typical Schedule Of My Dependent [Consider including mealtimes, any routine drop-off or pick-up times and locations, bedtime, etc.]



Pet's Name	
Age	
Breed	
Appearance and markings	
Food and feeding schedule	
Vet's name, address and phone number	
Health insurance information	
Medical conditions/medications	
Allergies	
Name and contact information of the person who I would like to care for my pet in my absence.	
Other important information:	