

PRIVILEGED & CONFIDENTIAL
ATTORNEY-WORK PRODUCT

**CONGREGATION B'NAI ISRAEL
SANCTUARY CONGREGATION
CONFIDENTIAL RESOURCE BINDER**

CONFIDENTIAL BINDER CONTENTS

1. Legal Representation Agreement (CBI & Schoenleber)
2. Services to be provided by Schoenleber-Email
3. Memorandum from OHS re Harboring Statute
4. Memorandum from OHS re Insurance Coverage
5. Family Assessment by Schoenleber and Sanctuary Vetting Committee
6. Intake Form
7. Temporary Guardianship Form
8. Family-Congregation Agreement & Liability Waiver

Red indicates item not yet in binder, but please leave place holder.

Intake Information

Consulado de mi País/ My consulate:	
<u>Familia/ contactos importantes en EEUU</u> <u>Family/ important contacts in the U.S.</u>	
Nombre/ Name:	Nombre/ Name:
Tel. de casa/ Home number:	Tel. de casa/ Home number:
Tel. Celular/ cell phone:	Tel. Celular/ cell phone:
Tel. de trabajo/ Work number:	Tel. de trabajo/ Work number:
Relación/ relationship:	Relación/ relationship:
Nombre/ Name:	Nombre/ Name:
Tel. de casa/ Home number:	Tel. de casa/ Home number:
Tel. Celular/ cell phone:	Tel. Celular/ cell phone:
Tel. de trabajo/ Work number:	Tel. de trabajo/ Work number:
Relación/ relationship:	Relación/ relationship:
<u>Familia/ contactos importantes en mi País</u> <u>Family/ important contacts in my country of origin:</u>	
Nombre/ Name:	Nombre/ Name:
Tel. de casa/ Home number:	Tel. e casa/ Home number:
Tel. Celular/ cell phone	Tel. Celular/ cell phone

Guarde una copia para usted y otra copia para un pariente o persona de confianza. Save a copy for you and one for a family member or friend who you trust.

Temporary Guardianship Agreement

I, _____, of _____, as the custodial parent of:
(print your full name) (street)
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary guardianship of the above listed children to:

List the full names of the individual (s) to whom you are granting temporary custody	List each person's relationship to the child(ren)

Contact information of temporary guardians listed above:

Address: _____

Phone numbers: _____

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, _____, hereby grant temporary guardianship of the above children, whom I have legal custody of to _____:

- From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)
- For as long as necessary, beginning on _____
(mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, personally appeared before me in _____ and, in my presence, has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Name of Notary Official: _____ *Affix Notary Seal Here*

Signature: _____ Commission Expires: _____