

如果您被逮捕或拘留，您的家人可能需要的您的信息

Information about you that your family may need if you are arrested or detained

您的姓名 | Your name:

您的出生日期 |
Your date of birth:

您的社会保险号或纳税人编号 |
Your SSN or taxpayer ID:

您的非公民A编号 |
Your A-number:

您的护照号码（如有） |
Your passport number,
if you have one:

任何形式的有效工作许可证或绿卡的副本（如有）。如果您没有，城市ID、州ID或驾照副本。 |
Copy of any form of valid work permit or green card, if you have one. If you do not have one, a
municipal ID, state ID, or driver's license.

律师姓名 | Lawyer's name:

律师电话 | Lawyer's phone:

律师邮箱 | Lawyer's email:

律师地址 | Lawyer's address:

医生姓名 | Doctor's name:

医生电话 | Doctor's phone:

医生电子邮件 | Doctor's email:

医生地址（或医院） |
Doctor's address (or hospital):

您服用的药物和频率 |
Medications you take and how
frequently



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请在此处列出您的健康问题。如果您没有任何健康问题，请填写“N/A” | List your medical conditions here. If you do not have any medical conditions, write “N/A.”

在此处列出您的过敏反应。如果您没有过敏，请填写“N/A” | List your allergies here. If you do not have any allergies, write “N/A.”

健康保险提供者 | Health insurance provider:

您的保单号码 | Your policy number:

原籍国 | Country of origin:

使领馆电话 | Consulate's phone:

使领馆地址 | Consulate's address:

原籍国联系人 | Person to contact in origin country's name:

原籍国联系人电话 | Person to contact in origin country's phone:

原籍国联系人的电子邮件 | Person to contact in origin country's email:

