

IOWA TEENS: KNOW YOUR RIGHTS!

Iowa has provided a number of legal options for you to fight for your rights! Emancipation is available if you are seventeen years old or older. For more info, see: <http://lawdigest.uslegal.com/minors/emancipation-of-minor/6486/>.

If your parents have threatened to or are planning to have you institutionalized in a lockdown "24-hour secured" facility (including, but, not limited to: residential treatment programs, behavior modification programs, boot camps, wilderness camps/programs, etc.), you have options:

FILE AN INJUNCTION:

You can file for injunctive relief. You will need to contact legal aid or the ACLU for information on filing a petition for injunctive relief. The court may grant a temporary injunction against your parents sending you to any lock-down facility. At this point, you will be in a position to request a guardian ad litem or speak to the attorney of your choosing to act on your behalf.

<p>ACLU of Iowa</p> <p>Online: http://www.iowaclu.org/legal/assistance.asp</p>	<p>Free Legal Aid in Iowa</p> <p>Online: http://www.iowalegalaid.org/ia/homepage.html</p>
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ARE YOU ALREADY DOOMED?

If there is not enough time to file for injunctive relief before hired kidnapers come to spirit you away, choose a trusted friend or family member (preferably an adult) with whom to entrust your fight for freedom!

Attached is a limited power of attorney form that you can sign to grant your trusted friend or family member to get legal help on your behalf to fight for your release from an illegal and unconscionable behavior modification program/parent-funded private "prison"!

LIMITED POWER OF ATTORNEY TO SECURE YOUR FREEDOM!

I, _____ (your/teen's name here), of _____, (your address) hereby appoint _____ (trusted person), of _____ (trusted person's address), as my attorney in fact to act in my capacity to do every act that I may legally do through an attorney in fact to obtain my release from any institution where I may be involuntarily placed prior to reaching age of majority. This power shall be in full force and effect on the date below written and shall remain in full force and effect until _____ (date of your/teen's nineteenth birthday) or unless specifically extended or rescinded earlier by either party.

Dated _____, (Month and Day) _____ (Year).

Signed _____ (your/teen's name here)

STATE OF Iowa

COUNTY OF _____

BEFORE ME, the undersigned witness, on this _____ (Day of Month) day of _____ (Month), _____ (Year), personally appeared to me well known to be the person described in and who signed the Foregoing, and acknowledged to me that he/she executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand the date aforesaid.

_____ (signature of witness)

_____ (address of witness)

*Witness needs to be third party, not the authorizing teenager nor the authorized/trusted person named above. Notary would be best!