## COLORADO TEENS: KNOW YOUR RIGHTS!

Colorado has provided a number of legal options for you to fight for your rights! If you are fifteen years old or older, you can file for emancipation! Learn more at: <a href="http://lawdigest.uslegal.com/minors/emancipation-of-minor/6445/">http://lawdigest.uslegal.com/minors/emancipation-of-minor/6445/</a>.

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.

**ACLU** of Colorado

Online:
<a href="http://www.aclu-">http://www.aclu-</a>
co.org/aboutaclu/intake2.htm

Free Legal Aid in Colorado

#### Online:

http://www.coloradolegalservices.org/co/index.cfm

#### Free Legal Clinic

Date: 2nd Thursday each month
Time: 2 PM
Location: Stout Street Clinic
2100 Broadway
Denver, CO 80205 View map
Contact: 303-293-2217

### ARE YOU ALREADY DOOMED?

If there is not enough time to file for injunctive relief before hired kidnappers 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), o	f	, (your
address)	hereby	appoint		(trusted	person), of
		(trusted per	rson's address)	, as my attorney in a	fact to act in my
capacity to	do every	act that I may le	gally do throug	gh an attorney in fa	act to obtain my
				arily placed prior to	
				on the date below v	
				(date of your/to	
birthday) o	r unless sp	ecifically extende	d or rescinded	earlier by either part	ty.
Dated		,(Month	and Day)	(Year).	
Signed			_ (your/teen's	name here)	
STATE OF	·	<u>Colorado</u>			
COUNTY	OF				
COUNTI	OI				
BEFORE N	IE, the un	dersigned witness	, on this	(Day of Mo	onth) day of
				ly appeared to me w	
				, and acknowledged	
he/she exec	cuted the s	ame freely and vol	luntarily for the	e uses and purposes	therein
expressed.					
WITNESS	my hand t	the date aforesaid.			
			(si	gnature of witness)	
				(address of wit	ness)
				<del></del>	,

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