## OREGON TEENS: KNOW YOUR RIGHTS!

Oregon has provided a number of legal options for you to fight for your rights! You may wish to contact legal services (see below) to file an injunction. Remember, you have civil rights too! See: <u>www.heal-online.org/fedrights.pdf</u>. If you are sixteen years old or older, you can file for emancipation! See: <u>http://lawdigest.uslegal.com/minors/emancipation-of-minor/6583/</u>

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 Oregon

Free Legal Aid in Oregon Online:

Online:

www.aclu-or.org

http://www.oregonlawhelp.org/OR /index.cfm

## 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/tee	en's name here), of		, (	your
address)	hereby	appoint		(trusted	person),	of
		(trusted	person's address), as my	attorney in f	act to act in	ı my
capacity to	o do every	act that I may	legally do through an a	ttorney in fac	ct to obtain	my
release fro	m any inst	titution where I	I may be involuntarily pla	aced prior to	reaching ag	e of
majority. 🛛	This power	shall be in ful	l force and effect on the	date below w	ritten and s	shall
remain in	full force	and effect until	(d	ate of your/te	en's ninete	enth
birthday) o	or unless sp	becifically exter	nded or rescinded earlier	by either party	у.	

Dated \_\_\_\_\_,(Month and Day)\_\_\_\_(Year).

Signed\_\_\_\_\_(your/teen's name here)

STATE OF Oregon

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned <u>witness</u>, 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!