

SAMPLE ONLY

DATE:

RE: [Respondent in court hearing, and A# if available]

To Whom It May Concern:

I am a primary care pediatrician at ABC and serve as a [faculty position] at DEF. I am certified by the American Board of Pediatrics and licensed to practice medicine by the Medical Board of [STATE]. My combined medical training and practice spans [# years] with [# years] in pediatric care. I am writing on behalf of [child's name] as [his] primary care pediatrician, to attest that [he] is the child of [caregiver's name] and must stay together with his [caregivers/parents] based on critical health needs.

[Child's name] is [brief description] with [specific diagnoses]. [Description of diagnosis and discussion on specific health care needs for child].

His current care includes the following specialties:

- [XYZ specialists]

His medications and long-term medical supplies include:

- [XYZ medications]
- [XYZ medical supplies]

Additionally, [child's name] requires assistance with activities of daily living, including:

- [XYZ assistance in ADLs].

[Child's name] is also in Special Education [or has an Individualized Education Plan], with specific interventions that are regularly updated to meet the child's needs. These plans result from the parent(s)' plenary discussions with the school district and developmental pediatricians. From our multidisciplinary clinic assessment, [child's name] will require: [XYZ short-term, long-term needs]. [Child's name] is also receiving long-term support through XYZ Regional Centers, which assist in the difficult transition into adulthood with special needs.

Providing successful comprehensive preventative care and treatment for medically complex children such as [child] requires commitment, coordination, time, and resources. [Caregiver's name] has been bringing [him/her] to clinic appointments since [date] and has demonstrated diligent and loving dedication to [child's name] well-being, serving as an essential advocate for [his/her] health. [Child's name] will undoubtedly require as much assistance as possible, and [caregiver's name] detention and/or deportation will certainly impact the child's health. Additionally, children whose parents are taken into custody and/or deported often experience mental and emotional health problems including

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sleeping and eating disturbances, anxiety, depression, poor school performance, and other types of distress. Forced separations due to immigration enforcement can also result in a child's household losing a working parent, which has been shown to threaten family housing and food stability. Thus, to ensure that [child's name] has the best health outcomes possible, it is imperative that [his/her] parents remain in the United States as [his] integral caretakers.

Furthermore, because many of these subspecialties are not available outside of the United States, this child's life and well-being are vitally dependent on the medical services [he/she] is currently receiving. Any interruption could result in delayed care, potentially significant setbacks in progress, or illness.

Thank you for considering this attestation of [caregiver's name] strong moral character as a parent and [his/her] child's medical needs in your decision-making process. As a medical professional, I strongly recommend that [caregiver's name] remain in the United States with [child's name] for the sake of [his/her] current and long-term health. Please contact me with any questions.

Respectfully,

[Provider]

Suggested attachments or footnotes:

1. The Impact of Immigration Enforcement on Child Welfare. Cervantes & Lincroft. First Focus, 2010.
2. Facing Our Future: Children in the Aftermath of Immigration Enforcement. Chaudry, Ajay; Capps, Randy; Pedroza, Juan Manuel; Casteneda, Rosa Maria; Santos, Robert; Scott, Molly M. The Urban Institute 2010.
3. Falling Through the Cracks: The Impact of Immigration Enforcement on Children Caught Up in the Child Welfare System. Immigration Policy Center. First Impact. December 2012.