

# Arrest & Emergency Response Worksheet

## 24-Hour SWOP-USA National Sex Worker Helpline: 877-776-2004

In the event of an arrest, please take the following steps to protect yourself:

- 1. Memorize your lawyer's phone number.**

If you don't have a lawyer, below are NYC-based legal resources for individuals who cannot afford an attorney:  
Sex Workers Project: (646) 602-5617  
Association of the Bar of the City of New York Legal Referral Service: (212) 626-7373 (English) (212) 626-7374 (Spanish)
- 2. Memorize your Arrest Support Person's (ASP) phone number.** If you are detained, you *may* be allowed one call, usually to a land line. Your emergency contact person should be someone who will be a connection between you and the outside world. Make sure they agree to this responsibility before you list them! They will have to contact care providers for your children/pets, reach out to designated contacts, and may even have to assist you in getting financial support for your attorney. Go over your list of needs with that person, and make sure they are able to do this.
  - **If you have a lawyer:** Give your arrest support person's phone number to the lawyer's office when you call and ask the attorney or his/her staff to get in touch with your ASP upon arrest. You can also put this information in your file if you meet with a lawyer prior to arrest. Your ASP should also contact your lawyer immediately upon arrest if you have retained someone prior to the proceeding at hand.
- 3. List an emergency care provider for each child/pet and their contact info** (if different from ASP.) Your ASP will contact each care provider and they will carry out your instructions. Go over your child's needs regarding getting to and from school, any extra-curricular activities they may participate in, and medical needs with your emergency care provider. Also go over what your care provider will tell your child in case of arrest.
- 4. If you have Children, create a daily schedule regarding times and locations of school and other activities.** Keep this schedule updated each semester to reflect changes. Make sure the ASP and emergency care provider have this information in advance. If you have pets, create a similar feeding/walking schedule.
- 5. Have a plan for what you will tell various people in your life if you are arrested.**
- 6. Put aside money to live off of in case an arrest prohibits you from working for a while.** It would also be a good idea to have money set aside for a lawyer, but in case that is not an option, have the names and numbers of attorneys you can reach out to.
- 7. Decide if you want community/court support.** Depending on chapter capacity, SWOP-NYC can provide court support to individuals arrested within the NYC area.

*Contact SWOP-USA at 1 (877) 776-2004 or SWOP-NYC at (347) 748-9163*
- 8. Keep this and all other material/information in a safe place.** Make sure your ASP, and possibly your emergency care provider, has a KEY to your house. Above all, make sure you KNOW YOUR RIGHTS!

***Do NOT keep any Emergency Response Material where you work!***

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Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Services in New York City:

Sex Workers Project: (646) 602-5617

Association of the Bar of the City of New York Legal Referral Service: (212) 626-7373

(English) (212) 626-7374 (Spanish)

***Please call the following individuals:***

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

What to tell them:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

What to tell them:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

What to tell them:

***This is who you SHOULD NOT CALL:***

Name \_\_\_\_\_ Relation \_\_\_\_\_ Reason \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Reason \_\_\_\_\_

***List children/pets: (See back for Schedule)***

Circle one                      Name of Child/Pet    Care Provider's name and contact

Child    Pet    Other    \_\_\_\_\_

Child    Pet    Other    \_\_\_\_\_

Child    Pet    Other    \_\_\_\_\_

(Use back of this sheet if more space is needed)

***Who to call for money:***

Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

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Name \_\_\_\_\_ Relation \_\_\_\_\_ Number \_\_\_\_\_

Child:

School Name/Location:

Instructions on School Pick-Up/Drop-Off:

**Extra-Curricular Schedule**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Child:

School Name/Location:

Instructions on School Pick-Up/Drop-Off:

**Extra-Curricular Schedule**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Pet:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Walking							
Feeding							