

## Identification Information Card for Individuals with FASD

This card can be printed and cut out, filled out, and laminated (front and back together) to be kept with individuals with FASD at all times. It can be in their pocket, wallet or purse near their ID, so that it can be found by professionals in the case of an accident or medical emergency.

I have the birth defect Fetal Alcohol Spectrum Disorder (FASD), which causes brain impairment. If I need assistance, or if you need cooperation, you should contact the person listed on the back of this card.

Because of this birth defect, I do not understand abstract concepts like legal rights. I could be persuaded to admit to acts that I did not actually commit. I am unable to knowingly waive any of my constitutional rights, including my Miranda rights.

Because of my disability, I do not wish to talk with law enforcement officials except in the presence of my advocate and after consulting with an attorney. I do not consent to any search of my person or property

My name is: \_\_\_\_\_  
and I have FASD. For information or assistance  
regarding me, please contact:

Name: \_\_\_\_\_

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

Name: \_\_\_\_\_

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

(Please read the other side of this card.)