

## Non-Detained

1855 Gateway Blvd., Suite 850  
Concord, CA 94520

**File No. A. 226-068-637**

**Next Hearing Date: August 11, 2026 at 9:00 a.m.**

**RESPONDENTS' AMENDED APPLICATION FOR ASYLUM AND WITHHOLDING  
OF REMOVAL**



# Application for Asylum and for Withholding of Removal

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0067  
Expires 09/30/2027

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:** ☒ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

## Part A.I. Information About You

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                    |  |                                                               |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--|
| 1. Alien Registration Number(s) (A-Number) (if any)<br><b>226068578</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 2. U.S. Social Security Number (if any)<br><b>148-69-4279</b>                                                                                                      |  | 3. USCIS Online Account Number (if any)<br><b>N/A</b>         |  |
| 4. Complete Last Name<br><b>DE FREITAS SILVA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 5. First Name<br><b>Gabriel</b>                                                                                                                                    |  | 6. Middle Name<br><b>N/A</b>                                  |  |
| 7. What other names have you used (include maiden name and aliases)?<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                    |  |                                                               |  |
| 8. Residence in the U.S. (where you physically reside)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                    |  |                                                               |  |
| Street Number and Name<br><b>810 Chadwick Ln</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                    |  | Apt. Number<br><b>N/A</b>                                     |  |
| City<br><b>Bay Point</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State<br><b>California</b>                                                                                                                                         |  | Zip Code<br><b>94565</b>                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                    |  | Telephone Number<br>( <b>925</b> ) <b>5229259</b>             |  |
| (NOTE: You must be residing in the United States to submit this form.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                    |  |                                                               |  |
| 9. Mailing Address in the U.S. (if different than the address in Item Number 8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                    |  |                                                               |  |
| In Care Of (if applicable):<br><b>Otavio Haverroth Silva</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                    |  | Telephone Number<br>( <b>510</b> ) <b>2419336</b>             |  |
| Street Number and Name<br><b>PO Box 90487</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                    |  | Apt. Number<br><b>N/A</b>                                     |  |
| City<br><b>San Diego</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State<br><b>CA</b>                                                                                                                                                 |  | Zip Code<br><b>92169</b>                                      |  |
| 10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  |                                                               |  |
| 12. Date of Birth (mm/dd/yyyy)<br><b>10/09/1999</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 13. City and Country of Birth<br><b>Belo Horizonte, Brazil</b>                                                                                                     |  |                                                               |  |
| 14. Present Nationality (Citizenship)<br><b>Brazilian</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 15. Nationality at Birth<br><b>Brazilian</b>                                                                                                                       |  | 16. Race, Ethnic, or Tribal Group<br><b>Latino</b>            |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                    |  | 17. Religion<br><b>Protestant</b>                             |  |
| 18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings.<br>b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                    |  |                                                               |  |
| 19. Complete 19 a through c.<br>a. When did you last leave your country? (mm/dd/yyyy) <u><b>05/14/2024</b></u> b. What is your current I-94 Number, if any? <u><b>N/A</b></u><br>c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry.<br>(Attach additional sheets as needed.)<br>Date <u><b>05/28/2024</b></u> Place <u><b>San Ysidro CA</b></u> Status <u><b>EWI</b></u> Date Status Expires <u><b>N/A</b></u><br>Date <u><b>N/A</b></u> Place <u><b>N/A</b></u> Status <u><b>N/A</b></u><br>Date <u><b>N/A</b></u> Place <u><b>N/A</b></u> Status <u><b>N/A</b></u> |  |                                                                                                                                                                    |  |                                                               |  |
| 20. What country issued your last passport or travel document?<br><b>Brazil</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 21. Passport Number <b>GF410426</b><br>Travel Document Number <b>N/A</b>                                                                                           |  | 22. Expiration Date (mm/dd/yyyy)<br><b>10/19/2032</b>         |  |
| 23. What is your native language (include dialect, if applicable)?<br><b>Portuguese</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 24. Are you fluent in English?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                              |  | 25. What other languages do you speak fluently?<br><b>N/A</b> |  |



**Part A.II. Information About Your Spouse and Children**

|                           |                            |                                                                         |                                                                                        |
|---------------------------|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>For EOIR use only.</b> | <b>For USCIS use only.</b> | <b>Action:</b><br>Interview Date: _____<br>Asylum Officer ID No.: _____ | <b>Decision:</b><br>Approval Date: _____<br>Denial Date: _____<br>Referral Date: _____ |
|---------------------------|----------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

**Your spouse** ☐ I am not married. (Skip to **Your Children** below.)

|                                                                                                                                                                                   |                                                                                                       |                                                                                                                                    |                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>1. Alien Registration Number (A-Number)</b><br>(if any)<br><b>226068637</b>                                                                                                    | <b>2. Passport/ID Card Number</b><br>(if any)<br><b>GF410427</b>                                      | <b>3. Date of Birth (mm/dd/yyyy)</b><br><b>03/16/2002</b>                                                                          | <b>4. U.S. Social Security Number</b><br>(if any)<br><b>810-88-0168</b>                    |
| <b>5. Complete Last Name</b><br><b>OLIVEIRA SANTOS</b>                                                                                                                            | <b>6. First Name</b><br><b>Camila Beatriz</b>                                                         | <b>7. Middle Name</b><br><b>N/A</b>                                                                                                | <b>8. Other names used (include maiden name and aliases)</b><br><b>N/A</b>                 |
| <b>9. Date of Marriage (mm/dd/yyyy)</b><br><b>07/27/2022</b>                                                                                                                      | <b>10. Place of Marriage</b><br><b>Contagem, Brazil</b>                                               | <b>11. City and Country of Birth</b><br><b>Belo Horizonte, Brazil</b>                                                              |                                                                                            |
| <b>12. Nationality (Citizenship)</b><br><b>Brazilian</b>                                                                                                                          |                                                                                                       | <b>13. Race, Ethnic, or Tribal Group</b><br><b>Latina</b>                                                                          | <b>14. Sex</b><br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female |
| <b>15. Is this person in the U.S.?</b><br><input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____               |                                                                                                       |                                                                                                                                    |                                                                                            |
| <b>16. Place of last entry into the U.S.</b><br><b>San Ysidro CA</b>                                                                                                              | <b>17. Date of last entry into the U.S. (mm/dd/yyyy)</b><br><b>05/28/2024</b>                         | <b>18. I-94 Number (if any)</b><br><b>N/A</b>                                                                                      | <b>19. Status when last admitted (Visa type, if any)</b><br><b>EWI</b>                     |
| <b>20. What is your spouse's current status?</b><br><b>No legal status</b>                                                                                                        | <b>21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b><br><b>N/A</b> | <b>22. Is your spouse in Immigration Court proceedings?</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)</b><br><b>N/A</b>  |
| <b>24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                                       |                                                                                                                                    |                                                                                            |

**Your Children.** List **all** of your children, regardless of age, location, or marital status.

☐ I do not have any children. (Skip to Part A.III., Information about your background.)

☒ I have children. Total number of children: 1

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

|                                                                                                                                                                                  |                                                                                                       |                                                                                                                                   |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>1. Alien Registration Number (A-Number)</b><br>(if any)<br><b>N/A</b>                                                                                                         | <b>2. Passport/ID Card Number</b><br>(if any)<br><b>N/A</b>                                           | <b>3. Marital Status (Married, Single, Divorced, Widowed)</b><br><b>Single</b>                                                    | <b>4. U.S. Social Security Number</b><br>(if any)<br><b>101-15-2140</b>                    |
| <b>5. Complete Last Name</b><br><b>SANTOS</b>                                                                                                                                    | <b>6. First Name</b><br><b>Miguel Lucas</b>                                                           | <b>7. Middle Name</b><br><b>FREITAS</b>                                                                                           | <b>8. Date of Birth (mm/dd/yyyy)</b><br><b>03/10/2025</b>                                  |
| <b>9. City and Country of Birth</b><br><b>Martinez, United States</b>                                                                                                            | <b>10. Nationality (Citizenship)</b><br><b>American</b>                                               | <b>11. Race, Ethnic, or Tribal Group</b><br><b>White</b>                                                                          | <b>12. Sex</b><br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |
| <b>13. Is this child in the U.S.?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____                  |                                                                                                       |                                                                                                                                   |                                                                                            |
| <b>14. Place of last entry into the U.S.</b><br><b>N/A</b>                                                                                                                       | <b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b><br><b>N/A</b>                                | <b>16. I-94 Number (If any)</b><br><b>N/A</b>                                                                                     | <b>17. Status when last admitted (Visa type, if any)</b><br><b>N/A</b>                     |
| <b>18. What is your child's current status?</b><br><b>US citizen</b>                                                                                                             | <b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b><br><b>N/A</b> | <b>20. Is your child in Immigration Court proceedings?</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                            |
| <b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                       |                                                                                                                                   |                                                                                            |



**Part A.II. Information About Your Spouse and Children (continued)**

|                                                                   |                                                      |                                                                               |                                                                          |
|-------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. Alien Registration Number (A-Number)<br>(if any)<br><b>N/A</b> | 2. Passport/ID Card Number<br>(if any)<br><b>N/A</b> | 3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> )<br><b>N/A</b> | 4. U.S. Social Security Number<br>(if any)<br><b>N/A</b>                 |
| 5. Complete Last Name<br><b>N/A</b>                               | 6. First Name<br><b>N/A</b>                          | 7. Middle Name<br><b>N/A</b>                                                  | 8. Date of Birth ( <i>mm/dd/yyyy</i> )<br><b>N/A</b>                     |
| 9. City and Country of Birth<br><b>N/A</b>                        | 10. Nationality ( <i>Citizenship</i> )<br><b>N/A</b> | 11. Race, Ethnic, or Tribal Group<br><b>N/A</b>                               | 12. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |

13. Is this child in the U.S. ? ☐ Yes (*Complete Blocks 14 to 21.*) ☐ No (*Specify location:*) **N/A**

|                                                     |                                                                          |                                                 |                                                                          |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| 14. Place of last entry into the U.S.<br><b>N/A</b> | 15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 16. I-94 Number ( <i>If any</i> )<br><b>N/A</b> | 17. Status when last admitted ( <i>Visa type, if any</i> )<br><b>N/A</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|

|                                                        |                                                                                                         |                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 18. What is your child's current status?<br><b>N/A</b> | 19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 20. Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
☐ Yes  
☐ No

|                                                                   |                                                      |                                                                               |                                                                          |
|-------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. Alien Registration Number (A-Number)<br>(if any)<br><b>N/A</b> | 2. Passport/ID Card Number<br>(if any)<br><b>N/A</b> | 3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> )<br><b>N/A</b> | 4. U.S. Social Security Number<br>(if any)<br><b>N/A</b>                 |
| 5. Complete Last Name<br><b>N/A</b>                               | 6. First Name<br><b>N/A</b>                          | 7. Middle Name<br><b>N/A</b>                                                  | 8. Date of Birth ( <i>mm/dd/yyyy</i> )<br><b>N/A</b>                     |
| 9. City and Country of Birth<br><b>N/A</b>                        | 10. Nationality ( <i>Citizenship</i> )<br><b>N/A</b> | 11. Race, Ethnic, or Tribal Group<br><b>N/A</b>                               | 12. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |

13. Is this child in the U.S. ? ☐ Yes (*Complete Blocks 14 to 21.*) ☐ No (*Specify location:*) **N/A**

|                                                     |                                                                          |                                                 |                                                                          |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| 14. Place of last entry into the U.S.<br><b>N/A</b> | 15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 16. I-94 Number ( <i>If any</i> )<br><b>N/A</b> | 17. Status when last admitted ( <i>Visa type, if any</i> )<br><b>N/A</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|

|                                                        |                                                                                                         |                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 18. What is your child's current status?<br><b>N/A</b> | 19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 20. Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
☐ Yes  
☐ No

|                                                                   |                                                      |                                                                               |                                                                          |
|-------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. Alien Registration Number (A-Number)<br>(if any)<br><b>N/A</b> | 2. Passport/ID Card Number<br>(if any)<br><b>N/A</b> | 3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> )<br><b>N/A</b> | 4. U.S. Social Security Number<br>(if any)<br><b>N/A</b>                 |
| 5. Complete Last Name<br><b>N/A</b>                               | 6. First Name<br><b>N/A</b>                          | 7. Middle Name<br><b>N/A</b>                                                  | 8. Date of Birth ( <i>mm/dd/yyyy</i> )<br><b>N/A</b>                     |
| 9. City and Country of Birth<br><b>N/A</b>                        | 10. Nationality ( <i>Citizenship</i> )<br><b>N/A</b> | 11. Race, Ethnic, or Tribal Group<br><b>N/A</b>                               | 12. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |

13. Is this child in the U.S. ? ☐ Yes (*Complete Blocks 14 to 21.*) ☐ No (*Specify location:*) **N/A**

|                                                     |                                                                          |                                                 |                                                                          |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|
| 14. Place of last entry into the U.S.<br><b>N/A</b> | 15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 16. I-94 Number ( <i>If any</i> )<br><b>N/A</b> | 17. Status when last admitted ( <i>Visa type, if any</i> )<br><b>N/A</b> |
|-----------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------|

|                                                        |                                                                                                         |                                                                                                                 |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 18. What is your child's current status?<br><b>N/A</b> | 19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> )<br><b>N/A</b> | 20. Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|

21. If in the U.S., is this child to be included in this application? (*Check the appropriate box.*)  
☐ Yes  
☐ No



### Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

| Number and Street<br>(Provide if available) | City/Town | Department, Province, or State | Country | Dates        |            |
|---------------------------------------------|-----------|--------------------------------|---------|--------------|------------|
|                                             |           |                                |         | From (Mo/Yr) | To (Mo/Yr) |
| Rua Taylandia 195                           | Betim     | Minas Gerais                   | Brazil  | 05/2017      | 05/2024    |
| N/A                                         | N/A       | N/A                            | N/A     | N/A          | N/A        |

2. Provide the following information about your residences during the past 5 years. List your present address first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

| Number and Street   | City/Town | Department, Province, or State | Country       | Dates        |            |
|---------------------|-----------|--------------------------------|---------------|--------------|------------|
|                     |           |                                |               | From (Mo/Yr) | To (Mo/Yr) |
| 810 Chadwick Ln     | Bay Point | California                     | United States | 05/2026      | PRESENT    |
| 2358 Candlestick Ct | Antioch   | California                     | United States | 05/2024      | 05/2026    |
| Rua Taylandia 195   | Betim     | Minas Gerais                   | Brazil        | 05/2017      | 05/2024    |
| N/A                 | N/A       | N/A                            | N/A           | N/A          | N/A        |
| N/A                 | N/A       | N/A                            | N/A           | N/A          | N/A        |

3. Provide the following information about your education, beginning with the most recent school that you attended.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

| Name of School                         | Type of School    | Location (Address)                                  | Attended     |            |
|----------------------------------------|-------------------|-----------------------------------------------------|--------------|------------|
|                                        |                   |                                                     | From (Mo/Yr) | To (Mo/Yr) |
| Nova Faculdade                         | University        | Av. Cardeal Eugênio Pacelli, 1996, Contagem, Brazil | 01/2019      | 05/2024    |
| FUNEC - Fundação de Ensino de Contagem | High school       | Rua Coimbra, 100, Contagem, Brazil                  | 01/2015      | 12/2017    |
| Escola Municipal Avelino               | Elementary School | Rua Sao Joao, 605, Agua Branca, Contagem, Brazil    | 01/2009      | 12/2014    |
| Escola Municipal Dora                  | Elementary School | Rua Rio Sanhoa, 206, Contagem, Brazil               | 01/2006      | 12/2008    |

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

| Name and Address of Employer                                                       | Your Occupation         | Dates        |            |
|------------------------------------------------------------------------------------|-------------------------|--------------|------------|
|                                                                                    |                         | From (Mo/Yr) | To (Mo/Yr) |
| Doordash and Uber - California, United States                                      | App driver              | 01/2026      | PRESENT    |
| XP Construction - 2186 Medici Way, El Dorado Hills, CA 95762, United States        | General laborer         | 05/2024      | 01/2026    |
| Localiza Rent a Car SA - Avenida Bernardo Vasconcelos, 377, Belo Horizonte, Brazil | Client Assistance Agent | 07/2022      | 05/2024    |

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

| Full Name                                | City/Town and Country of Birth | Current Location                                             |
|------------------------------------------|--------------------------------|--------------------------------------------------------------|
| Mother Ivanete Carneiro de Freitas       | Contagem, Brazil               | <input type="checkbox"/> Deceased Betim, Brazil              |
| Father Jeremias Teodoro da Silva         | Belo Horizonte, Brazil         | <input type="checkbox"/> Deceased Ribeirão das Neves, Brazil |
| Sibling Gabriely Soares de Sousa Teodoro | Belo Horizonte, Brazil         | <input type="checkbox"/> Deceased Ribeirão das Neves, Brazil |
| Sibling N/A                              | N/A                            | <input type="checkbox"/> Deceased N/A                        |
| Sibling N/A                              | N/A                            | <input type="checkbox"/> Deceased N/A                        |
| Sibling N/A                              | N/A                            | <input type="checkbox"/> Deceased N/A                        |



## Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |                                                                             |
|--------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Race        | <input checked="" type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention                      |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- ☐ No ☒ Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

I have been persecuted because I am a member of my aunt's family, Quesia Carneiro de Freitas, and because I opposed the domestic violence she suffered at the hands of her ex-husband, Wenderson Marques Paiva, a former military police officer. At my aunt's funeral, after she died on March 2, 2024, I confronted Wenderson and held him responsible for her death. Due to my clear opposition, Wenderson threatened to kill me within 30 days and began stalking me relentlessly. After the persecution began, I became afraid to leave my house at all times. Even when I temporarily stayed at my relatives' homes in other neighborhoods and cities, the persecution continued, and I kept being followed everywhere. Over the years (2012-2013), Wenderson had also threatened other members of my family - he pointed a gun at the head of my mother, Ivanete Carneiro de Freitas Silva, and threatened my uncle, Josue Carneiro de Freitas, so seriously that he was forced to isolate himself on a farm to avoid being murdered. The sense of fear deeply affected me and my family, and there was nowhere safe to go within Brazil. Until my wife Camila and I made the decision to flee to the United States, Wenderson continued to actively pursue us. Further details are included in my declaration.

- B. Do you fear harm or mistreatment if you return to your home country?

- ☐ No ☒ Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

I am deeply afraid to return to Brazil, as I fear being severely harmed or even killed. I am afraid Wenderson Marques Paiva will fulfill his threats and kill me and my family members for opposing his violence against my aunt. Wenderson is a former military police officer who was expelled from the force and arrested for his involvement in drug trafficking, with documented ties to organized crime, which means Brazil's security and law enforcement agencies are unable to protect me. He was even arrested for having assaulted my aunt. My fear is objectively reasonable for several reasons. Wenderson's threat was explicit and included a 30-day deadline; he has a documented history of carrying out his threats; he demonstrated the ability to locate me across different cities, and he survived an assassination attempt by rival traffickers, which speaks to the extreme level of violence surrounding him. Even when I tried to escape by staying a few days in another city, the persecution did not stop, as he was always able to find me. Because I am part of my aunt's family and because I opposed his violence against her, I live in constant fear of suffering irreversible physical and mental harm if I am forced to return to my country of origin. Further details are included in my declaration.



## Part B. Information About Your Application (continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

☐ No ☒ Yes

If "Yes," explain the circumstances and reasons for the action.

During our journey to the United States, my wife Camila and I were detained by Mexican immigration authorities on two separate occasions. The first time occurred at the Tijuana airport, approximately on May 25, 2024, where immigration agents took our passports and travel documents, directed us to a small room inside the airport, and then transferred us to an immigration detention, where we were held for one day under precarious conditions before being released. Approximately on May 27, 2024, the second detention occurred near the border crossing, while we were attempting to enter the United States through a drainage passage. A group of men wearing military-style clothing suddenly appeared, fired what appeared to be rifle shots into the air, and ordered everyone to kneel on the ground. They then contacted Mexican immigration agents, who arrived at the location shortly after, detained us along with the others who were present, and took us to an immigration detention one more time. We were subsequently released without being charged with any crime. We had no legal status in Mexico, were in transit throughout our time there, and were released on both occasions.

- 3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☒ No ☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

- 3.B. Do you or your family members continue to participate in any way in these organizations or groups?

☒ No ☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☒ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

I am afraid of being physically assaulted or killed if I return to Brazil. Wenderson Marques Paiva explicitly threatened my life, saying that he was going to kill me in 30 days. This threat was not idle: Wenderson has a long history of acting on his violence. He subjected my aunt to years of brutal physical abuse that ultimately led to her death. He pointed a firearm at my mother's head. He threatened my uncle so credibly that my uncle was forced to isolate himself on a farm to avoid being murdered. He survived an assassination attempt by rival traffickers by playing dead. He was convicted and sentenced to prison for assaulting my aunt, yet he mocked the situation. Before he had even served his full sentence, he was already without the electronic ankle monitor. A man who operates at that level of violence is not deterred by borders or distance. He tracked me across three different cities within weeks of making his threat. I have no reason to believe he would stop. If I am returned to Brazil, I fear I will be subjected to severe physical violence or killed by Wenderson, with no possibility of protection from law enforcement, the same institution that, throughout his entire criminal career, shielded him.



## Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

☐ No ☒ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

My wife, Camila Beatriz Oliveira Santos (A-Number 226-068-637), who is included in this application, is concurrently applying for asylum and withholding of removal in consolidated proceedings before this Immigration Court. I am included in my wife's application. None of the aforementioned applications have received a final decision and all remain pending before the Concord Immigration Court.

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

☐ No ☒ Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☒ No ☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

After leaving Brazil, I traveled through Colombia, Costa Rica, El Salvador, Guatemala, and Mexico before entering the United States on May 28, 2024. My wife, Camila, who is a derivative in this application, traveled with me throughout the entire journey. We flew from Brazil on May 14, 2024, with layovers in Colombia and Costa Rica, where we were only in transit at the airports and did not reside in either country. We then arrived in El Salvador, where we were transported onward by a service hired to help us reach the United States. We did not reside there. From El Salvador, we were transported in a truck to Guatemala, in the early hours of the following day, where we spent a few days under the control of local traffickers who were part of the transportation network. We had no legal status there and were entirely dependent on the people who moved us. On May 19, 2024, from Guatemala, we crossed into Mexico by boat, crossing rivers. In Mexico, we were subjected to extreme conditions, including intense heat in an improvised shelter. We were detained by Mexican immigration authorities twice: once at the Tijuana airport, approximately on May 25, 2024, where we were held for one day under precarious conditions, and once while attempting to cross the Mexico-United States border, next to San Ysidro, when armed men fired shots into the air, forced us to kneel on the ground, and then contacted Mexican immigration agents, who detained us and took us to the same immigration detention one more time. See additional information.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☒ No ☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.



### Part C. Additional Information About Your Application (continued)

4. After you left the country where you were harmed or fear harm, did you return to that country?

☒ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

☒ No ☐ Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

**My initial asylum application was filed within one year of my arrival in the United States. This current filing is an amendment and supplement to provide additional details and supporting information with the assistance of legal counsel.**

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

☐ No ☒ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

**When my spouse and I entered the United States in the early hours of May 28, 2024, after crossing the border from Mexico, we turned ourselves in to U.S. immigration authorities. We were detained for more than 12 hours as part of the immigration processing procedure. We were charged on INA 212 (a) (6) (A) (i). We were released after processing was completed. We chose to turn ourselves in to U.S. authorities because our sole purpose in making the journey was to seek asylum and protection from the persecution we suffered in Brazil at the hands of Wenderson Marques Paiva. We have not been arrested, charged, or detained for any reason in the United States since that date. Further details are included in my declaration.**



### Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I certify that I am physically present in the United States or seeking admission at a Port of Entry when I execute this application. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

**WARNING:** Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

|                                                              |                                                        |
|--------------------------------------------------------------|--------------------------------------------------------|
| Print your complete name.<br><b>Gabriel de Freitas Silva</b> | Write your name in your native alphabet.<br><b>N/A</b> |
|--------------------------------------------------------------|--------------------------------------------------------|

Did your spouse, parent, or child(ren) assist you in completing this application? ☒ No ☐ Yes (If "Yes," list the name and relationship.)

| (Name) | (Relationship) | (Name) | (Relationship) |
|--------|----------------|--------|----------------|
|        |                |        |                |

Did someone other than your spouse, parent, or child(ren) prepare this application?

☐ No ☒ Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?

☐ No ☒ Yes

Signature of Applicant (The person in Part A.I.)

➔ [ Gabriel de Freitas Silva ]

Sign your name so it all appears within the brackets

07/29/2026

Date (mm/dd/yyyy)

### Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

|                                                                                                              |                                                                    |                                                                    |                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Signature of Preparer<br> |                                                                    | Print Complete Name of Preparer<br><b>Otavio Haverroth Silva</b>   |                                                                                                              |
| Daytime Telephone Number<br>( 510 ) 2419336                                                                  |                                                                    | Address of Preparer: Street Number and Name<br><b>PO Box 90487</b> |                                                                                                              |
| Apt. Number                                                                                                  | City<br><b>San Diego</b>                                           | State<br><b>CA</b>                                                 | Zip Code<br><b>92169</b>                                                                                     |
| To be completed by an attorney or accredited representative (if any).                                        | <input type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable)<br><b>343486</b>         | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><b>0 0 7 4 9 2 6 2 5 4 3 8</b> |
|                                                                                                              |                                                                    |                                                                    |                                                                                                              |



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## Part F. To Be Completed at Asylum Interview, if Applicable

**NOTE:** You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

## Part G. To Be Completed at Removal Hearing, if Applicable

**NOTE:** You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge





## Application for Asylum and for Withholding of Removal Supplement A

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

|                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| A-Number (If available)<br>226068578         | Date<br>07/29/2026                                |
| Applicant's Name<br>GABRIEL DE FREITAS SILVA | Applicant's Signature<br>Gabriel de Freitas Silva |

### List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

|                                                                                                                                                                   |                                                                                            |                                                                                                                 |                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 1. Alien Registration Number (A-Number)<br>(if any)<br>N/A                                                                                                        | 2. Passport/ID Card Number<br>(if any)<br>N/A                                              | 3. Marital Status (Married, Single,<br>Divorced, Widowed)<br>N/A                                                | 4. U.S. Social Security Number<br>(if any)<br>N/A                        |
| 5. Complete Last Name<br>N/A                                                                                                                                      | 6. First Name<br>N/A                                                                       | 7. Middle Name<br>N/A                                                                                           | 8. Date of Birth (mm/dd/yyyy)<br>N/A                                     |
| 9. City and Country of Birth<br>N/A                                                                                                                               | 10. Nationality (Citizenship)<br>N/A                                                       | 11. Race, Ethnic, or Tribal Group<br>N/A                                                                        | 12. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| 13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A                       |                                                                                            |                                                                                                                 |                                                                          |
| 14. Place of last entry into the U.S.<br>N/A                                                                                                                      | 15. Date of last entry into the<br>U.S. (mm/dd/yyyy)<br>N/A                                | 16. I-94 Number (If any)<br>N/A                                                                                 | 17. Status when last admitted<br>(Visa type, if any)<br>N/A              |
| 18. What is your child's current status?<br>N/A                                                                                                                   | 19. What is the expiration date of his/her<br>authorized stay, if any? (mm/dd/yyyy)<br>N/A | 20. Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                          |
| 21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                            |                                                                                                                 |                                                                          |
| 1. Alien Registration Number (A-Number)<br>(if any)<br>N/A                                                                                                        | 2. Passport/ID Card Number<br>(if any)<br>N/A                                              | 3. Marital Status (Married, Single,<br>Divorced, Widowed)<br>N/A                                                | 4. U.S. Social Security Number<br>(if any)<br>N/A                        |
| 5. Complete Last Name<br>N/A                                                                                                                                      | 6. First Name<br>N/A                                                                       | 7. Middle Name<br>N/A                                                                                           | 8. Date of Birth (mm/dd/yyyy)<br>N/A                                     |
| 9. City and Country of Birth<br>N/A                                                                                                                               | 10. Nationality (Citizenship)<br>N/A                                                       | 11. Race, Ethnic, or Tribal Group<br>N/A                                                                        | 12. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| 13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A                       |                                                                                            |                                                                                                                 |                                                                          |
| 14. Place of last entry into the U.S.<br>N/A                                                                                                                      | 15. Date of last entry into the<br>U.S. (mm/dd/yyyy)<br>N/A                                | 16. I-94 Number (If any)<br>N/A                                                                                 | 17. Status when last admitted<br>(Visa type, if any)<br>N/A              |
| 18. What is your child's current status?<br>N/A                                                                                                                   | 19. What is the expiration date of his/her<br>authorized stay, if any? (mm/dd/yyyy)<br>N/A | 20. Is your child in Immigration Court proceedings?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                          |
| 21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |                                                                                            |                                                                                                                 |                                                                          |





Application for Asylum and for  
Withholding of Removal Supplement B

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

Additional Information About Your Claim to Asylum

|                                              |                                                   |
|----------------------------------------------|---------------------------------------------------|
| A-Number (if available)<br>226068578         | Date<br>07/29/2026                                |
| Applicant's Name<br>GABRIEL DE FREITAS SILVA | Applicant's Signature<br>Gabriel de Freitas Silva |

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part A.III

Question 4

Associação Universitária Santa Ursula - Av. Cardeal Eugênio Pacelli, Contagem, Brazil  
Occupation: Sales Consultant  
From: 05/2022  
To: 07/2022

Tribunal de Justiça de Minas Gerais - Av. Maria da Glória Rocha, 425, Contagem, Brazil  
Occupation: Intern  
From: 08/2021  
To: 05/2022

Ambev - Av. Helena de Vasconcelos Costa, 750, Contagem, Brazil  
Occupation: Trainee  
From: 07/2019  
To: 05/2021





Application for Asylum and for  
Withholding of Removal Supplement B

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

Additional Information About Your Claim to Asylum

|                                                     |                                                          |
|-----------------------------------------------------|----------------------------------------------------------|
| A-Number (if available)<br><b>226-068-578</b>       | Date<br><b>07/29/2026</b>                                |
| Applicant's Name<br><b>GABRIEL DE FREITAS SILVA</b> | Applicant's Signature<br><i>Gabriel de Freitas Silva</i> |

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part C

Question 2.B.

We did not apply for refugee status or asylum in any of these countries. Throughout the journey, we were in transit and never felt genuinely safe or protected. The conditions in those countries did not offer a real solution to the persecution we were fleeing. We had no legal status in any of those countries, we are not entitled to return to any of them for lawful residence purposes, and we did not consider them viable options for protection given the dangerous and unstable conditions we experienced along the way.



**Gabriel de Freitas Silva**  
**Camila Beatriz Oliveira Santos**

**File No. A. 226-068-578**  
**File No. A. 226-068-637**

**Proof of Service**

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

**RESPONDENTS' AMENDED APPLICATION FOR ASYLUM AND WITHHOLDING  
OF REMOVAL**

To the following:

| <b>Office Location:</b>                                                                                                                 | <b>Mailing Address:</b>                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office of the Principal Legal Advisor<br>Department of Homeland Security<br>100 Montgomery Street, Suite 200<br>San Francisco, CA 94104 | US Immigration and Customs Enforcement<br>US Department of Homeland Security<br>Office of the Principal Legal Advisor<br>P.O. Box 26449<br>San Francisco, CA 94126-644 |

by:

☒ Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



---

**Otavio Silva (Bar N. 343486)**  
**Attorney at Law**  
**P.O. Box 90487**  
**San Diego, CA 92169**  
*Counsel for Respondents*