CALIFORNIA CITY IMMIGRATION PROCESSING CENTER
22844 Virginia Boulevard
California City, CA 93505

To whom it may concern,

I respectfully request that facility staff deliver the enclosed document to the detainee, **Isabelle Kauany Bueno Ferreira (A-246 934 756)**, and facilitate obtaining her signature and completed responses, in accordance with facility policies.

Document description:

- Signature page for Form I-130A (Supplemental Information for Spouse Beneficiary);
- Signature page for Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative);
- Signature page for Form I-485 (Application to Register Permanent Residence or Adjust Status).
- Client Questionnaire / Request for Information.

Instructions to staff:

- Please deliver the packet to Isabelle Kauany Bueno Ferreira (A-246 934 756) and inform her that the documents require her signature.
- Please allow her reasonable time to review and sign the documents using black or blue ink.
- Please return the signed documents within 48 (forty-eight) hours of receipt, using the provided return envelope, Attn: Otavio Haverroth Silva.

For questions, contact (510) 241 9336 | otavio@yousalaw.com. Thank you for your assistance.

Sincerely,



_____ September 18, 2026

Otavio Haverroth Silva (Bar n. 343486)
(510) 241 9336

18 de setembro de 2026

Nome: Isabelle Kauany Bueno Ferreira
A#: 246-934-756
Data de Nascimento: 16/12/1997

INSTRUÇÕES PARA A PESSOA DETIDA

Neste pacote, você encontrará algumas páginas dos formulários abaixo, selecionadas especificamente porque precisam da sua assinatura:

1. **G-28, Notice of Entry of Appearance as Attorney or Accredited Representative**
2. **Form I-130A, Supplemental Information for Spouse Beneficiary;**
3. **Form I-485, Application to Register Permanent Residence or Adjust Status;**
4. **Questionário para Solicitação de Informações.**

Você receberá somente as páginas que precisam ser assinadas. Não é necessário preencher ou alterar nenhuma outra informação. Precisamos que você assine **apenas** nos campos indicados abaixo.

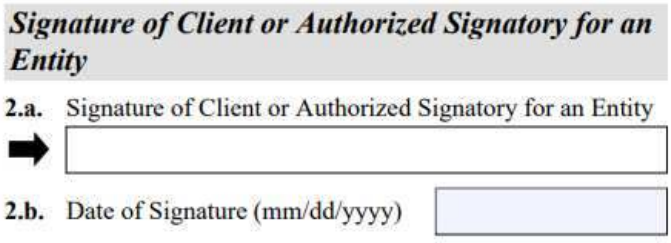
O QUE VOCÊ DEVE FAZER AGORA

1) <u>Assinar o Formulário G-28:</u>

Página 3

Na parte inferior esquerda da página, localize a seção: **"Signature of Client or Authorized Signatory for an Entity"**

- **Item 2.a.** – Assine no campo indicado como ***"Signature of Client or Authorized Signatory for an Entity"***.

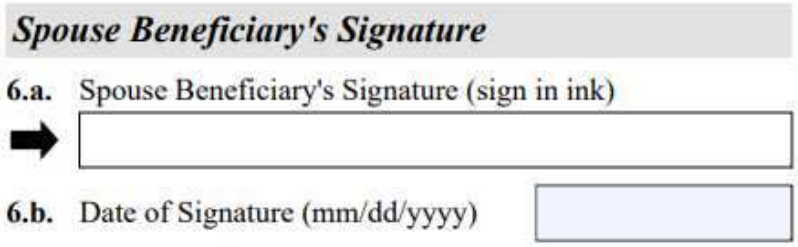


2) Assinar o Formulário I-130A

Página 3

Localize a seção: **"Spouse Beneficiary's Signature"**

- **Item 6.a.** – Assine no campo ***"Spouse Beneficiary's Signature (sign in ink)"***.



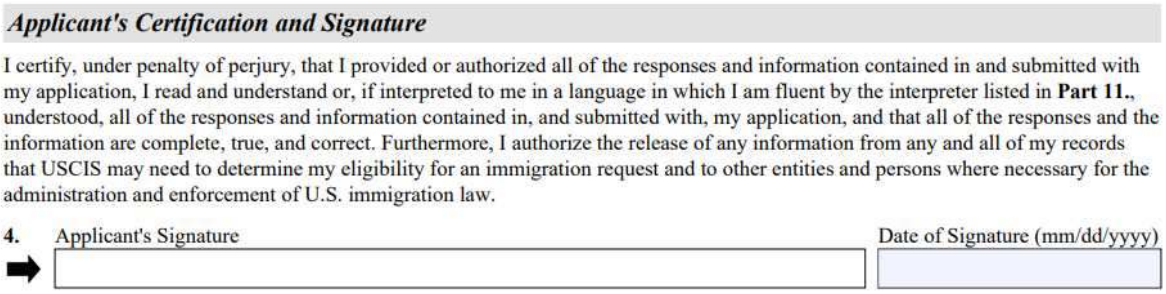
3) Assinar o Formulário I-485

Página 22

Localize a seção: ***"Part 10. Applicant's Contact Information, Certification, and Signature"***

Na parte **"Applicant's Certification and Signature"**:

- **Item 4 – "Applicant's Signature"** – Assine no espaço indicado.



4) Responder ao questionário

- Responda com suas próprias palavras; você pode escrever em português.
- Forneça detalhes. Se não souber as datas exatas, escreva "aprox." e explique.
- Se precisar de mais espaço, utilize outra folha em branco.

5) Devolver tudo aos agentes e solicitar que seja enviado pelo correio para o endereço que consta no pacote

- Depois de assinar os formulários e responder o questionário, coloque **TODOS** os documentos novamente no envelope fornecido, feche o envelope e entregue-o aos agentes, solicitando que seja enviado pelo correio para o endereço indicado no pacote.

Agradecemos sua colaboração.

Se tiver alguma dúvida, ligue para (510) 241-9336

+1 510 714 0100

+1 415 425 2508

PO BOX 90487/
ZIP CODE 92169

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡

2.b. Date of Signature (mm/dd/yyyy) 09/18/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 09/18/2026

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 2. Information About Your Employment (continued)

7. Your Occupation

8.a. Date From (mm/dd/yyyy)

8.b. Date To (mm/dd/yyyy)

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State **2.e.** ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy)

4.b. Date To (mm/dd/yyyy)

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number
6504359118

4. Spouse Beneficiary's Mobile Telephone Number (if any)
6504359118

5. Spouse Beneficiary's Email Address (if any)
isabellekauany.ik@gmail.com

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy) 09/18/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
6504359118

2. Applicant's Mobile Telephone Number (if any)
6504359118

3. Applicant's Email Address (if any)
isabellekauany.ik@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
➡

Date of Signature (mm/dd/yyyy)
09/18/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name
HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
4154252508

4. Interpreter's Mobile Telephone Number (if any)
4154252508

5. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and _____, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)
09/18/2026

EN: Isabelle, we also sent this to Christopher, but since we are sending you these signature pages, we took the opportunity to send it to you in case we need to confirm any information.

PORT: Isabelle, nós enviamos também para o Christopher, mas como estamos te enviando essas páginas de assinatura, aproveitamos para enviar caso precisemos confirmar alguma informação.

PART 2: Information for Isabelle Kauany Bueno Ferreira

1. Physical Address History (Last 5 Years)

- Current Address: We have listed 1177 Market Street, Apt 919, San Francisco, CA 94103. Please confirm her exact move-in date (MM/DD/YYYY):

- Previous Address(es): If she has lived at this address for less than 5 years, please provide all prior addresses for the last 5 years (both inside and outside the US) with full move-in/move-out dates.

- Last Address Outside the U.S.: Please provide her last complete physical address in Brazil (or outside the US) before entering the United States.

2. Information About Parents

- Parent 1 (**Alexandre Ricardo Ferreira**):
  * Date of Birth (MM/DD/YYYY):
  * Place of Birth (City/State/Country):
  * Current City & Country of Residence:
- Parent 2 (**Silvana Bueno Jardim**):
  * Date of Birth (MM/DD/YYYY):
  * Place of Birth (City/State/Country):
  * Current City & Country of Residence:

3. Employment History (Last 5 Years)

- Please provide her complete employment history for the last 5 years (inside or outside the US): Employer Name, Full Address, Occupation, Start Date, and End Date.
- Last Employer Outside the U.S.: Details on her last employer prior to coming to the U.S. (If she has never worked outside the U.S., please let us know).

4. Other Information for Isabelle

- Prior Immigration Filings: Aside from her current proceedings (e.g., bond), has Isabelle ever filed an immigration application, or has anyone ever filed one on her behalf?
- Marital History: Has Isabelle EVER been married before?

  If Yes, please provide her ex-spouse's full name, date of divorce, and a copy of the Divorce Certificate.