Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Luara Melissa	Middle Name (if any) N/A	Family Name (Last Name) FERRARO DA SILVA

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 250.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 805887
Chicago, IL 60680

RE: Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
Petitioner: Luara Melissa Ferraro da Silva

Dear Sir or Madam,

Please find enclosed the supporting documents for the Special Immigrant Juvenile Status petition of Luara Melissa Ferraro da Silva**.**

- **Form G-1450, Authorization for Credit Card Transactions;**
- **Form G-28: Notice of Entry of Appearance as Attorney or Accredited Representative;**
- **Form I-360: Petition for Amerasian, Widow(er), or Special Immigrant;**

- **Luara Melissa Ferraro da Silva's Identification Documents:**
  - Luara Melissa Ferraro da Silva's Passport;
  - Luara Melissa Ferraro da Silva's Birth Certificate with English Translation;
  - Luara Melissa Ferraro da Silva's Copy of I-94.
- **State Court Order of Dependency and SIJS Findings - Massachusetts.**

Thank you for your time and consideration in this matter. if you have any questions or concerns feel free to contact me using the information listed below:

Sincerely,

_____ 08/11/2026

Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(510) 241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-360

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): FERRARO DA SILVA

6.b. Given Name (First Name): Luara Melissa

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+1 (508) 534 5304

11. Mobile Telephone Number (if any)

+1 (508) 534 5304

12. Email Address (if any)

luaraferraro@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

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

➡ Laura Ferraro

2.b. Date of Signature (mm/dd/yyyy) 08/05/2026

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) 08/05/2026

2.a. Signature of Law Student or Law Graduate

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

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): FERRARO DA SILVA

1.b. Given Name (First Name): Luara Melissa

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Petition for Amerasian, Widow(er), or Special Immigrant

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

USCIS
Form I-360
OMB No. 1615-0020
Expires 03/31/2027

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	Received		
	Sent		
Remarks:	☐ Petitioner/Applicant Interviewed ☐ Interviewed Beneficiary Interviewed ☐ I-485 Filed Concurrently ☐ Bene "A" File Reviewed	Classification Consulate	Priority Date

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **START HERE - Type or print in black ink.**

Part 1. Information About Person or Organization Filing This Petition

NOTE: You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1., Item Number 7.**

1. Your Full Name

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. USCIS Online Account Number (if any)
►

3. U.S. Social Security Number (if any)
►

4. Alien Registration Number (A-Number) (if any)
► **A-**

5. Individual IRS Tax Number (if any)
►

6. Mailing Address

In Care Of Name (if any)

Organization Name (if applicable)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 1. Information About Person or Organization Filing This Petition (continued)

7. Alternate and/or Safe Mailing Address

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name | Apt. Ste. Flr. | Number

PO Box 90487 | ☐ ☐ ☐ | N/A

City or Town | State | ZIP Code

San Diego | CA | 92169

Province | Postal Code | Country

N/A | N/A | USA

Part 2. Classification Requested

Select **only one** box.

1.

A. ☐ Amerasian

B. ☐ Widow(er) of a U.S. citizen

C. ☒ Special Immigrant Juvenile

D. ☐ Special Immigrant Religious Worker

(1) Will the beneficiary be working as a minister? ☐ Yes ☐ No

E. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone

F. ☐ Special Immigrant Physician

G. ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member

H. ☐ Special Immigrant Armed Forces Member

I. ☐ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident

J. ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident

K. ☐ VAWA Self-Petitioning Parent of a U.S. citizen son or daughter

L. ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator

M. ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government

N. ☐ Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan

O. ☐ Broadcasters

P. ☐ Other

Provide the name of the classification below.

Part 3. Information About the Person for Whom This Petition Is Being Filed

NOTE: On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3.**

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
FERRARO DA SILVA	Luara Melissa	N/A

2. Mailing Address

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr. Number
PO Box 90487	☐ ☐ ☐ N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Date of Birth (mm/dd/yyyy): 09/26/2005

4. Country of Birth: Brazil

5. U.S. Social Security Number (if any): ► N/A

6. A-Number (if any): ► A- N/A

7. Marital Status ☒ Single ☐ Married ☐ Divorced ☐ Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

8. Date of Last Arrival (mm/dd/yyyy): 07/10/2024

9. Form I-94 Number or I-95 Crewman's Landing Permit: ► 05481622284

10. Passport Number: GI151310

11. Travel Document Number: N/A

12. Country of Issuance for Passport or Travel Document: Brazil

13. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 10/25/2033

14. Current Nonimmigrant Status: No legal status

15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy): 01/09/2025

Part 4. Processing Information

1. If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

U.S. Consulate

A. City or Town: N/A

B. Country: N/A

Part 4. Processing Information (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

A. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
FERRARO DA SILVA	Luara Melissa	N/A

B. Mailing Address

Street Number and Name	Apt. Ste. Flr.	Number
N/A	☐ ☐ ☐	N/A

City or Town: Curitiba

Province	Postal Code	Country
Parana	N/A	Brazil

3. Sex of the beneficiary: ☐ Male ☒ Female

4. **A.** Are you filing any other petitions or applications with this one? ☐ Yes ☒ No

B. If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information**.

5. Is the beneficiary in removal proceedings? ☐ Yes ☒ No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☐ Yes ☐ No

7. Is an application for adjustment of status attached to this petition? ☐ Yes ☒ No

Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

NOTE: Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☐ No

2. **Person 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name
N/A	N/A	N/A

Date of Birth (mm/dd/yyyy)	Country of Birth
N/A	N/A

Relationship: ☐ Spouse ☐ Child

A-Number (if any): ► A- N/A

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

3. Person 2

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N/A

4. Person 3

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N/A

5. Person 4

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N/A

6. Person 5

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N/A

7. Person 6

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N/A

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

8. **Person 7**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-: N/A

9. **Person 8**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-: N/A

10. **Person 9**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-: N/A

Part 6. Complete Only If Filing for an Amerasian

Information About the Mother of the Amerasian

1. Mother's Full Name

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. **A.** Is the mother still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 2.**, provide her address below.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 6. Complete Only If Filing for an Amerasian (continued)

C. If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death (mm/dd/yyyy).

Information About the Father of the Amerasian

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information**.

3. Father's Full Name

Family Name (Last Name) | Given Name (First Name) | Middle Name

4. Date of Birth (mm/dd/yyyy)

5. Country of Birth

6. A. Is the father still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 6.**, provide his address below.

In Care Of Name (if any)

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

C. If you answered "No" to **Item A.** in **Item Number 6.**, provide his date of death (mm/dd/yyyy).

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

7. A. The father was in the military (indicate branch of service below).

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

B. Provide the father's service number:

C. ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 7. Complete Only If Filing as a Widow/Widower

1. Full Name of U.S. Citizen Spouse Who Died

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Date of Death (mm/dd/yyyy)

Part 7. Complete Only If Filing as a Widow/Widower (continued)

5. At time of death, your spouse was a (Select **only one**):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ► **A-**

D. ☐ Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

8. A. When did you and your spouse get married (mm/dd/yyyy)?

B. Where did you and your spouse get married?

9. A. Did you remarry after the death of your spouse? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried (mm/dd/yyyy).

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information**.

Part 8. Complete Only If Filing for a Special Immigrant Juvenile

Information About the Juvenile

1. List any other names used:

	Family Name (Last Name)	Given Name (First Name)	Middle Name
A.	N/A	N/A	N/A
B.	N/A	N/A	N/A

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A.** in **Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information**.

2. A. Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? ☒ Yes ☐ No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

Massachusetts Probate and Family Court, Barnstable Division

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B.** in **Item Number 2.** above? ☒ Yes ☐ No

Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)

3. **A.** If you answered "Yes" to **Item C.** in **Item Number 2.** above, are you currently residing in your court-ordered placement? ☒ Yes ☐ No

B. If you answered "No" to **Item C.** in **Item Number 2.** above, select your reason below.

☐ You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).

☐ You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.

☐ Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information**.)

4. **A.** A juvenile court has determined that reunification with ☒ one or ☐ both of my parents is not viable due to:

☒ Abuse ☒ Neglect ☒ Abandonment

☐ Similar basis under state law (specify):

B. If you selected "one" in **Item A.** in **Item Number 4.**, provide the name of that parent below.

Emerson Cristiano Martins da Silva

5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☒ Yes ☐ No

6. **A.** Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☒ No

B. If you answered "Yes" to **Item A.** in **Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition

Prospective Employer Attestation

1. Provide the following information about the prospective employer.

A. Number of members of the prospective employer's organization

B. Number of employees working at the same location where the beneficiary will be employed

C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years

D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years

E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years

2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

NOTE: Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

3. Beneficiary

Family Name (Last Name) | Given Name (First Name) | Middle Name

Period of Stay

From (mm/dd/yyyy) | To (mm/dd/yyyy)

4. Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Position

Summary of the Type of Responsibilities for That Position

5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

6. Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

A. Title of position offered

B. The beneficiary will be working (select one of the following):

- ☐ As a minister
- ☐ In a religious vocation
- ☐ In a religious occupation

C. Detailed description of the beneficiary's proposed daily duties

D. Description of the beneficiary's qualifications for the position offered

E. Description of the proposed salaried and/or non-salaried compensation

F. Provide the specific addresses or locations where the beneficiary will be working

Company Name

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information**.

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

A. ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;

B. ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or

C. ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:

(1) ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;

(2) ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;

(3) ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and

(4) ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.

8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No

9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No

10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No

11. The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No

12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No

13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

Prospective Employer Attestation *(must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)*

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

14. Signature of an Authorized Official of the Prospective Employer (sign in ink) | Date of Signature (mm/dd/yyyy)

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Printed Name and Title of Signatory for Prospective Employer

15. Family Name (Last Name) | Given Name (First Name) | Middle Name

16. Title of the Signatory

Mailing Address

17. Employer/Organization Name

Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

Contact Information

18. Daytime Telephone Number

19. Fax Number (if any)

20. Email Address (if any)

Religious Denomination Certification *(to be completed only if the prospective employer is affiliated with a religious denomination)*

I certify under penalty of perjury, that the prospective employer, _____,

is affiliated with this Religious Denomination, _____, and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink) | Date of Signature (mm/dd/yyyy)

Printed Name and Title of the Signatory of the Religious Denomination

22. Family Name (Last Name) | Given Name (First Name) | Middle Name

23. Title of the Signatory

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Information About the Attesting Religious Organization Within the Religious Denomination

24. Name of Attesting Religious Organization Within the Religious Denomination

25. Street Number and Name | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town | State | ZIP Code

26. Daytime Telephone Number

27. Fax Number (if any)

28. Email Address (if any)

29. IRS Tax Number of the Attesting Religious Organization

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter

NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or his or her designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser

Family Name (Last Name) | Given Name (First Name) | Middle Name

2. Date of Birth (mm/dd/yyyy) **3.** Country of Birth **4.** Date of Death (mm/dd/yyyy)

5. Your abuser is now, or was, a (Select one):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if known) ► **A-**

D. ☐ U.S. Lawful Permanent Resident

(1) Provide A-Number (if any) ► **A-**

E. ☐ Other (Explain)

6. How many times have you been married? ►

7. How many times was your abuser married (if known)? ►

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter (continued)

8. **A.** When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
(mm/dd/yyyy)

B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")

9. When did you live with your abuser?

From (mm/dd/yyyy) To (mm/dd/yyyy)

Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information**.

10. Provide the last address at which you lived together with your abuser.

Street Number and Name | Apt. ☐ Ste. ☐ Flr. ☐ | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

11. Provide the last date that you lived together with your abuser at this address.

From (mm/dd/yyyy) To (mm/dd/yyyy)

12. I am currently residing in the United States and I request an Employment Authorization Document. ☐ Yes ☐ No

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)

IMPORTANT: Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

B. ☒ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in Portuguese, a language in which I am fluent. I understand all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

☒ At my request, the preparer named in **Part 14.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
+1 (508) 534 5304

4. Petitioner's Mobile Telephone Number (if any)
+1 (508) 534 5304

5. Petitioner's Email Address (if any)
luaraferraro@gmail.com

Petitioner's Declaration and 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 and all 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 petition, 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 understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6. Petitioner's Signature
➡ Luara Ferraro

Date of Signature (mm/dd/yyyy)
08/05/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

IMPORTANT: Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual).**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

B. ☐ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understand all of this information as interpreted.

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)

2. Petitioner's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 14.**, _____, prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3. Authorized Signatory's Family Name (Last Name)

Authorized Signatory's Given Name (First Name)

4. Authorized Signatory's Title

5. Authorized Signatory's Daytime Telephone Number

6. Authorized Signatory's Mobile Telephone Number (if any)

7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8. Petitioner's or Authorized Signatory's Signature

➡

Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

Part 13. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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 (if any)
HS Law Corp

Interpreter's Mailing Address

3. Street Number and Name
PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

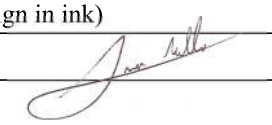
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 11.**, **Item B.** in **Item Number 1.**, or in **Part 12.**, **Item B.** in **Item Number 1.,** and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature (sign in ink)



Date of Signature (mm/dd/yyyy)
08/05/2026

Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

3. Street Number and Name
PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Number
5102419336

6. Preparer's Email Address (if any)
Otavio Haverroth Silva

Preparer's Statement

7. **A.** ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

B. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature (sign in ink)


Date of Signature (mm/dd/yyyy)
08/05/2026

Part 15. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): DA SILVA FERRARO | Given Name (First Name): Luara Melissa | Middle Name: N/A

2. A-Number (if any) ► A- N/A

3. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A
N/A
N/A
N/A

4. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A
N/A
N/A
N/A

5. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A
N/A
N/A
N/A

6. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A
N/A
N/A
N/A

Exhibit list

Exhibit 1 - Luara Melissa Ferraro da Silva's Identification Documents

Luara Ferraro

Assinatura do titular / Signature du titulaire / Bearer's signature / Firma del titular

GI151310

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE / PASSPORT

TIPO / TYPE: P

PAÍS EMISSOR / ISSUING COUNTRY: BRA

PASSAPORTE Nº / PASSPORT NO.: GI151310

SOBRENOME / SURNAME: FERRARO DA SILVA

NOME / GIVEN NAMES: LUARA MELISSA

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 26 SET/SEP 2005

CPF / PERSONAL NUMBER: 12560274990

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: CURITIBA/PR

FILIAÇÃO / FILIATION: ROSANA SOUZA FERRARO

EMERSON CRISTIANO MARTINS DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 26 OUT/OCT 2023

AUTORIDADE / AUTHORITY: SR/PF/PR

VALIDO ATÉ / DATE OF EXPIRY: 25 OUT/OCT 2033

P<BRAFERRARO<DA<SILVA<<LUARA<MELISSA<<<<<<<<<

GI151310<5BRA0509260F3310252125602749O<<<54

BRASIL

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

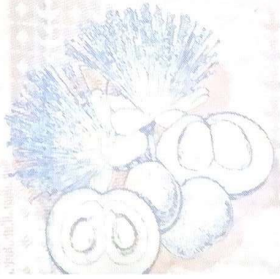
REPÚBLICA
FEDERATIVA
DO BRASIL

Para uso das autoridades brasileiras.
NÃO CARIMBAR ESTA PÁGINA.

Reservé aux autorités brésiliennes.
NE PAS TAMPONNER CETTE PAGE.

For the use of Brazilian authorities.
DO NOT STAMP THIS PAGE.

Para uso de las autoridades brasileñas.
NO SELLAR ESTA PAGINA.



REPÚBLICA
FEDERATIVA

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.

Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado.

A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

REPÚBLICA FEDERATIVA DO BRASIL

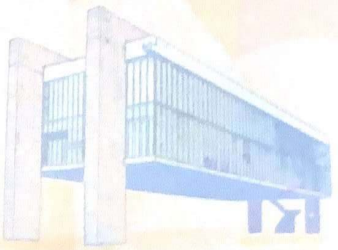
É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.

REPÚBLICA FEDERATIVA

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SAO PAULO

Control Number
20241317510050

Surname
FERRARO DA SILVA

Given Name
LUARA MELISSA

Visa Type /Class
R B1/B2

Passport Number
GI151310

Sex
F

Birth Date
26SEP2005

Nationality
BRZL

Entries
M

Issue Date
15MAY2024

Expiration Date
09MAY2034

1011

Annotation

U8117044

* *

VNUSAFERRARO<DA<SILVA<<LUARA<MELISSA<<<<<<<<<

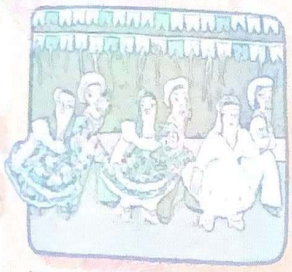
GI151310<5BRA0509260F3405097B3SPL3UNAC021405


10
11
REPÚBLICA
FEDERATIVA
DO BRASIL
REPÚBLICA


12
13
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
REPÚBLICA
FEDERATIVA

Ave-branca

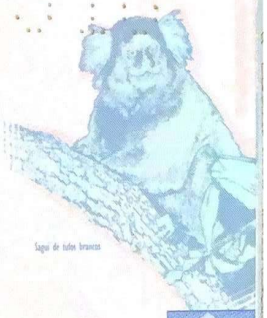
14



Artesanato em argila - Festa junina

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



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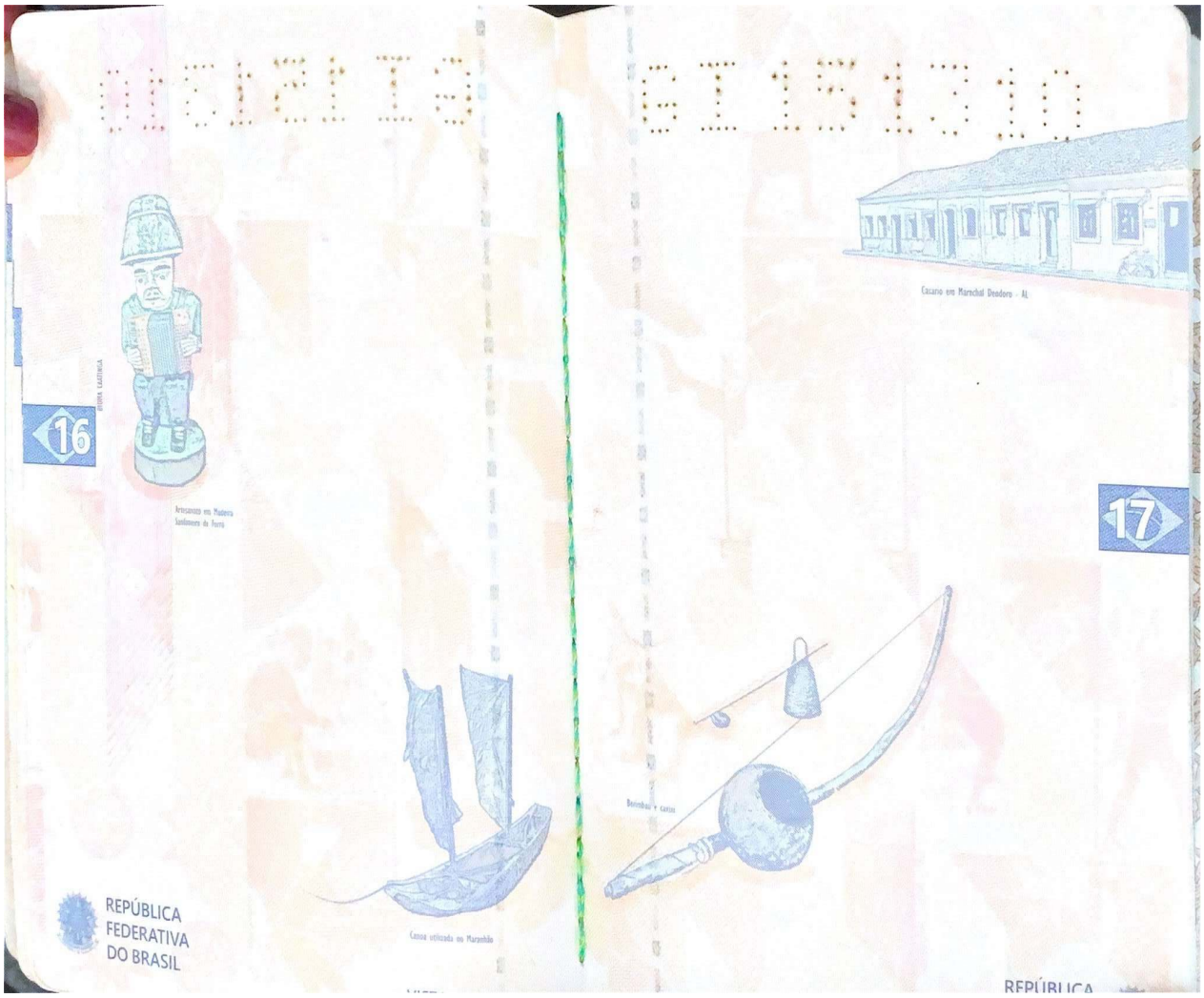
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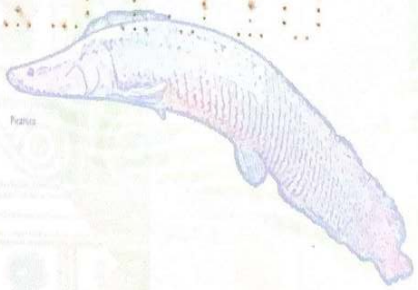

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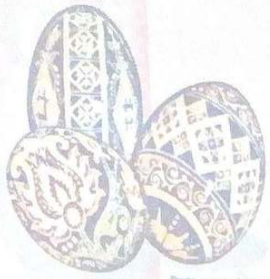

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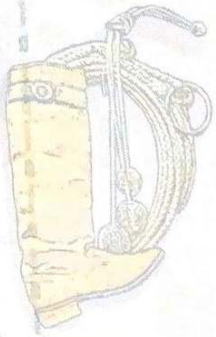


Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

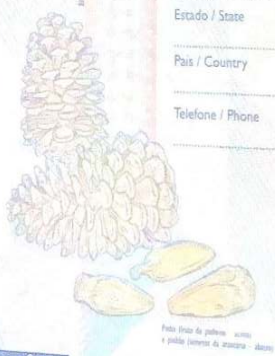
Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



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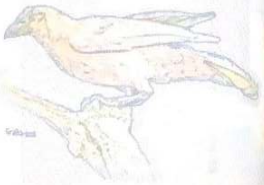


Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, conctacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / *Name*

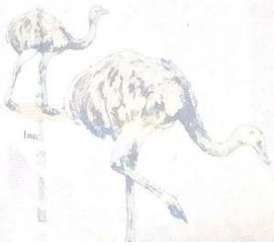
Endereço / *Address*

Cidade / *City*

Estado / *State*

País / *Country*

Telefone / *Phone*



REPÚBLICA FEDERATIVA

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.

https://www.casadamoeda.gov.br/passaportebrasileiro

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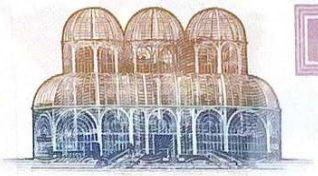
REPÚBLICA FEDERATIVA DO BRASIL



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NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

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Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FUNARPEN

INSPECTION SEAL
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https://selo.funarpen.com.br

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

REGISTRY OFFICE OF THE 4TH NOTARY
ADILSON TABORDA
REGISTRAR
PHONE: 3233-2444

BIRTH CERTIFICATE

Name

LUARA MELISSA FERRARO DA SILVA

CPF: 125.602.749-90 **

Registration

129759 01 55 2005 1 00227 226 0083026 99

Date of birth in full	Day	Month	Year
September twenty-sixth, two thousand five **	26	09	2005

Time of birth	City of birth
12:15 PM	Curitiba - Paraná **

City of registration and state	Place, city of birth and state	Sex
Curitiba - Paraná **	Maternity Curitiba, Curitiba - Paraná **	Female

Filiation
EMERSON CRISTIANO MARTINS DA SILVA and **ROSANA SOUZA FERRARO**, he was born in Palmeira das Missões, she was born in Curitiba/Paraná **

Grandparents
JOCELI RODRIGUES DA SILVA, NEILA MARIA MARTINS DA SILVA, NILTON LUIZ FERRARO AND WALDREZ SOUZA FERRARO **

Twin	Name and registration number of twins
Yes	---------- **

Date of registration in full	Live birth registration number
September twenty-eighth, two thousand five **	24259491

NOTES/ ANNOTATIONS TO BE ADDED
The registrant is a twin of JOÃO VICTOR FERRARO DA SILVA. Fees: R$48.47 (VRC 175.00), Seal: R$8.50 Searches: R$5.54 (VRC 20.00), FUNDEP: R$2.70, ISSQN: R$2.16, Total: R$67.37. **

Registration notes
No record. **

Name of the Office:
4th Civil Registry Office of Natural Persons and 16th Notarial Service of the Extrajudicial Court

Registrar
Adilson Taborda

City e Judicial District / State
City e Judicial District of Curitiba - Paraná

Address
Rua Voluntários da Pátria, 262, Centro, Curitiba - Paraná
ZIP Code: 80.020-000 – Phone: (41) 3233-2444
Printed by: Valdirene

The content of this certificate is true. I certify.

Curitiba-Paraná, June 14, 2024.

----//signature//----

Eloirde Salette Vieira de Lara
Sworn Clerk

Luis Henrique Aquino
Sworn Clerk
Ordinance No. 483/2023

TABORDA NOTARY OFFICE
NOTARY OFFICE – (41) 3233-2444
This copy conforms to the document presented to me. I CERTIFY.
CURITIBA JUNE 14 2024

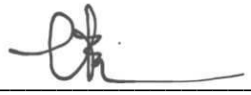
Notary Office
Exclusive for
Copy Authentication

Adilson Taborda
Clerk

BC 00554171513 BRP

FUNARPEN
Fund for the Support of the Civil Registry of Natural Persons.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: October 15, 2025.

FUNARPEN

SELO DE FISCALIZAÇÃO
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https://selo.funarpen.com.br

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CARTÓRIO DO 4º OFÍCIO
ADILSON TABORDA
OFICIAL
FONE: 3233-2444

CERTIDÃO DE NASCIMENTO

Nome

LUARA MELISSA FERRARO DA SILVA

CPF: 125.602.749-90 ••

Matrícula
129759 01 55 2005 1 00227 226 0083026 99

Data do nascimento por extenso	Dia	Mês	Ano
Vinte e seis de setembro de dois mil e cinco ••	26	09	2005

Hora	Naturalidade
12h 15min	Curitiba-PR ••

Município de registro e unidade de federação	Local, Município de Nascimento e UF	Sexo
Curitiba-PR ••	Maternidade Curitiba, Curitiba-PR ••	Feminino

Filiação
EMERSON CRISTIANO MARTINS DA SILVA e **ROSANA SOUZA FERRARO**, ele natural de Palmeira das Missões, ela natural de Curitiba/PR ••

Avós
JOCELI RODRIGUES DA SILVA, NEILA MARIA MARTINS DA SILVA, NILTON LUIZ FERRARO E WALDREZ SOUZA FERRARO ••

Gêmeo	Nome e Matrícula do(s) gêmeo(s)
Sim	---------- ••

Data do registro por extenso	Número da D.N.V
Vinte e oito de setembro de dois mil e cinco ••	24259491

OBSERVAÇÃO/ANOTAÇÕES A ACRESCER
O registrando é gêmeo de JOÃO VICTOR FERRARO DA SILVA. Emolumentos: R$48,47(VRC 175,00) Selo: R$8,50, Buscas: R$5,54(VRC 20,00) FUNDEP: R$2,70, ISSQN: R$2,16. Total: R$67,37. ••

Anotações de cadastro
Nada consta. ••

Nome do Ofício
4º Serviço de Registro Civil de Pessoas Naturais e 16º Serviço Notarial do Foro Extrajudicial

Oficial Registrador
Adilson Taborda

Município e Comarca / UF
Município e Comarca de Curitiba - Paraná

Endereço
Rua Voluntários da Pátria, 262, Centro, Curitiba-PR
CEP: 80.020-000 - Fone: (41)3233-2444
Impresso por: Valdirene

O conteúdo da certidão é verdadeiro. Dou fé.

Curitiba-PR, 14 de junho de 2024.

Eloirde Salette Vieira de Lara
Escrevente Juramentada

Luis Henrique Aquino
Escrevente Juramentado
Portaria nº 463/2023

TABELIONATO TABORDA
TABELIONATO – (41) 3233-2444
A presente cópia esta conforme ao documento me apresentado DOU FÉ.
DATA 14 JUN 2024
Adilson Taborda
Tabelião

Tabelionato de Notas
Exclusivo para
Autenticação de Cópia
FHS31788

FUNARPEN BC 005541715 BRP

For: **LUARA SILVA**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 054816228A4

Arrival/Issued Date: 2024 July 10

Class of Admission: B2

Admit Until Date: 2025 January 09

Details provided on the I-94 Information form:

Last/Surname: SILVA

First (Given) Name: LUARA

Birth Date: 2005 September 26

Document Number: GI151310

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 08/31/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GI151310**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2024-07-10	Arrival	MIA

OMB No. 1651-0111 Expiration Date: 08/31/2026

Exhibit 2 - State Court Order of Dependency and SIJS Findings - Massachusetts

JUDGMENT AND FINDINGS ON COMPLAINT FOR DEPENDENCY PURSUANT TO G. L. c. 119, § 39M

☒ New ☐ Amended

Docket No. BA26A0001SJ

Massachusetts Trial Court
Probate and Family Court

Barnstable Division

Luara Melissa (First Name) ____ (MI) Ferraro Da Silva (Last Name)

Plaintiff

v.

Emerson Cristiano (First Name) ____ (MI) Martins Da Silva (Last Name)

Defendant "Parent One"

If applicable:

____ (First Name) ____ (MI) ____ (Last Name)

Defendant "Parent Two"

Upon the Complaint for Dependency Pursuant to G. L. c. 119, § 39M filed on ____________ (date),

the Court FINDS:

1. Luara Melissa (First Name) ____ (MI) Ferraro Da Silva (Last Name) ("Child") whose date of birth is 09/26/2005 (date of birth) is a child pursuant to G. L. c. 119, § 39M. Child is unmarried and under 21 years of age.

2. Parent One Emerson Cristiano (First Name) ____ (MI) Martins Da Silva (Last Name) is Child's ☐ mother ☒ father.

   If applicable: Parent Two ____ (First Name) ____ (MI) ____ (Last Name) is Child's ☐ mother ☐ father.

3. The Probate and Family Court has jurisdiction in this matter in accordance with G. L. c. 119, § 39M and is sitting as a juvenile court in this matter.

4. Venue is proper.

5. Child is dependent on this Court for his/her protection, well-being, care and custody, findings, rulings, and orders or referrals to support the health, safety, welfare of Child or to remedy the effects on Child of abuse, neglect, abandonment, or similar circumstances.

6. Reunification of Child with Parent One is not a viable option due to ☒ abuse ☒ neglect ☒ abandonment or ☐ a similar basis under Massachusetts law namely:

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	JUDGMENT AND FINDINGS ON COMPLAINT FOR DEPENDENCY PURSUANT TO G. L. c. 119, § 39M ☒ New ☐ Amended	**Docket No.** BA24A0001SJ	**Massachusetts Trial Court Probate and Family Court**

7. ☐ **If applicable**, reunification of Child with Parent Two is not a viable option due to ☐ abuse ☐ neglect ☐ abandonment or ☐ a similar basis under Massachusetts law namely:

8. It is not in Child's best interest to return to his/her and/or his/her parents' country of nationality or last habitual residence of **Brazil** (Country).

9. **If applicable:** The Court finds that it is in the best interest of Child to remain in the care of _____ (First Name) _____ (MI) _____ (Last Name).

10. The following facts in support of this Judgment regarding abuse, neglect, abandonment or similar circumstance, reunification and Child's best interest are:

Reunification between Luara and his father is not viable due to the abuse, neglect and abandonment that Luara suffered by her father. Luara was mentally abused and abandoned by her father the Defendant, since she was a young child. The Defendant have not provided emotional nor financial support.

11. The Court's findings regarding abuse, neglect, abandonment or similar circumstance, reunification, and Child's best interest are in accordance with the following legal standard(s), statutory law, and/or case law:

Mass. Gen. Laws Chapter 119 § 39M
Petitions of Dept. of Social Services to Dispense with Consent to Adoption, 399 Mass. 279
Adoption of Sean, 36 Mass. App. Ct. 261
Adoption of Simone, 91 N.E. 2d 538
110 CMR § 2.00
M.G.L. c. 210 § 3

A TRUE COPY ATTEST Register

	JUDGMENT AND FINDINGS ON COMPLAINT FOR DEPENDENCY PURSUANT TO G. L. c. 119, § 39M ☒ New ☐ Amended	**Docket No.** BA26A0001S	**Massachusetts Trial Court** **Probate and Family Court**

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

1. This Judgment is issued for the protection from abuse, abandonment, and neglect, and for the health, safety, and well-being of Child, and, if applicable, shall remain in effect until the final adjudication of Child's Special Immigrant Juvenile petition.

2. **If applicable:** Child shall remain in the care of

_____ _____ _____.
First Name MI Last Name

3. The Court refers Child to the Probation Service for the coordination of the following services: ☒ educational ☒ occupational ☒ medical ☐ dental ☒ counseling ☐ social ☐ domestic violence ☐ anti-trafficking

and/or _____

services as needed.

4. The Court also orders:

1. Luara is an unmarried person under the age of 21 dependent upon the state court for her care and protection;
2. Reunification with Luara's father is not viable due to abuse, abandonment, and neglect;
3. It is in not in Luara's best interest to return to Brazil; and
4. It is in Luara's best interest to remain in the United States.

Date 6-30-2026

Justice of the Probate and Family Court

A TRUE COPY ATTEST Christian Walsh Register

Martins Da Silva, is not viable because of abuse, neglect and abandonment.

4. In assuming jurisdiction over the care and custody of Luara Melissa Ferraro da Silva, the Court accepts the Plaintiff's representations. Luara's father, Emerson Cristiano Martins da Silva, is unfit to care for her. Throughout Luara's childhood in Brazil, her father struggled with drug and alcohol addiction and subjected Luara and her family to repeated domestic violence. He physically abused Luara's mother in Luara's presence, and on at least one occasion physically assaulted Luara herself. He repeatedly abandoned the family, failed to provide consistent emotional or financial support, and disappeared for long periods of time. Although he occasionally reappeared and made promises to change, he consistently failed to maintain a stable or meaningful parental relationship. Since Luara came to the United States, her father, who continues to reside in Brazil, has made no genuine effort to re-establish a healthy relationship with her, and their contact has been minimal and emotionally harmful.

5. Luara suffered significant emotional harm as a result of her father's abandonment, neglect, and exposure to chronic domestic violence. These experiences caused lasting trauma, fear, and emotional distress. However, since arriving in the United States, Luara has begun to rebuild her life in a safe and stable environment. She is pursuing education, learning English, and working toward a secure and independent future. Luara has found safety and opportunity in the United States that would be unavailable to her if she were returned to Brazil, where she lacks a safe parental caregiver and continues to fear her father. Given the history of abuse, abandonment, and neglect by her father, the lack of protection from authorities in Brazil, her absence of viable caregivers there, and her strong desire to remain in the United States, the Court finds that it is not in Luara Melissa Ferraro da Silva's best interest to be returned to Brazil and that it **is** in her best interest to remain in the United States.

6. The Court refers Luara to the Probation Service for the coordination of educational, occupational, medical, and counseling services as needed.

6-30-2025
Date

Justice of the Probate and Family Court

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COMMONWEALTH OF MASSACHUSETTS
THE TRIAL COURT
PROBATE AND FAMILY COURT DEPARTMENT

Barnstable, ss. **Docket No.: BA26A0001SJ**

Luara Melissa Ferraro Da Silva,
Plaintiff,
v.
Emerson Cristiano Martins Da Silva
Defendant.

BARNSTABLE, ss. 6/30, 26 21
The within motion is hereby: allowed. ~~denied.~~
Van Sauer
Justice, Probate and Family Court

MOTION TO ACCEPT SERVICE AS RENDERED

NOW COMES the Plaintiff, Luara Melissa Ferraro Da Silva, and respectfully moves this Honorable Court to accept service as rendered, pursuant to Rule 4 of the Massachusetts Rules of Domestic Relations Procedure and Rule 4 of the Massachusetts Rules of Civil Procedure. The Plaintiff submits this motion for the purpose of demonstrating that service of process has been properly rendered upon the Defendant, Emerson Cristiano Martins Da Silva. In support thereof, Plaintiff, through Counsel, states the following:

I. BACKGROUND

1. The Plaintiff filed a Complaint for Dependency Pursuant to M.G.L. c. 119 § 39M on or about January 15, 2026. The case was assigned to the docket number BA26A0001SJ

2. Service on the Defendant, **Emerson Cristiano Martins Da Silva**, was made by registered mail and WhatsApp on February 6, 2026.

3. The Plaintiff served the Defendant by sending copies of the following documents to the Defendant's address in Brazil via registered mail and WhatsApp: Assent and Waiver of Notice, Summons on Complaint; Acceptance of Service; copy of the Complaint; the proposed Judgment; the proposed Order of Special Findings of Fact and Rulings of Law; and a copy of the Plaintiff's Declaration.

4. All documents were provided to the Defendant with Portuguese translation.

A TRUE COPY ATTEST
Assistant Clerk/Register

WHEREFORE, the Plaintiff respectfully requests that this Honorable Court accept the service as rendered.

Respectfully submitted,
Luara Melissa Ferraro Da Silva
By her attorney,

Date: 06/26/26

Fernanda Romeiro, Esq.
BBO#: 708445
Celedon Law
277 Main Street #305
Marlborough, MA 01752
Telephone: 508 573 3170
Email: Fernanda.romeiro@celedonlaw.com

CERTIFICATE OF SERVICE

I, Fernanda Romeiro, hereby certify that I served a true and accurate copy of the "Motion to Accept Service as Rendered" upon the Defendant, **Dhennys Carvalho Barros**, in the manner as follows:

1. I sent the documents via registered mail to the Defendant's last-known address, as follows:

Dhennys Carvalho Ramos
2608 S Allen Dr
North Charleston, SC 29405

I declare under penalty of perjury under the laws of the Commonwealth of Massachusetts that the above statements are true and correct.

Date: 06/26/26

Fernanda Romeiro, Esq.
BBO#: 708445
Celedon Law
277 Main Street #305
Marlborough, MA 01752
Telephone: 508 573 3170
Email: Fernanda.romeiro@celedonlaw.com