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Non-detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
100 Montgomery St., Suite 800
San Francisco, CA 94104

In the Matter of)

Bessi Gabriela Arteaga Oseguera)

In Removal Proceedings)
_____))
_____)

File No. A 245-883-446

Immigration Judge: Visiting Judge 10

Next Hearing: August 30, 2027, at 8:30 AM

RESPONDENT'S AMENDMENT OF FORM I-589

Exhibit list

Exhibits:

Pages:

Exhibit

Amended Form I-589

1-12

Exhibit



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) 245883446		2. U.S. Social Security Number (if any) N/A		3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name ARTEAGA OSEGUERA		5. First Name Bessi Gabriela		6. Middle Name N/A	
7. What other names have you used (include maiden name and aliases)? N/A					
8. Residence in the U.S. (where you physically reside)					
Street Number and Name 5025 Fairfax Ave				Apt. Number 04	
City Oakland		State CA		Zip Code 94601	
				Telephone Number (341) 4002235	
(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): Santanna Law Offices PC				Telephone Number (510) 9220154	
Street Number and Name PO Box 7528				Apt. Number N/A	
City Okland		State CA		Zip Code 94601	
10. Sex ☐ Male ☒ Female		11. Marital Status: ☒ Single ☐ Married ☐ Divorced ☐ Widowed			
12. Date of Birth (mm/dd/yyyy) 06/04/1996		13. City and Country of Birth Tegucigalpa, Honduras			
14. Present Nationality (Citizenship) Honduran		15. Nationality at Birth Honduran		16. Race, Ethnic, or Tribal Group Latina	
				17. Religion Catholic	
18. Check the box, a through c, that applies: a. ☐ I have never been in Immigration Court proceedings. b. ☒ I am now in Immigration Court proceedings. c. ☐ I am not now in Immigration Court proceedings, but I have been in the past.					
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) 01/10/2024 b. What is your current I-94 Number, if any? N/A 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. (Attach additional sheets as needed.) Date 03/05/2024 Place Tecate, CA Status E.W.I Date Status Expires N/A Date N/A Place N/A Status N/A Date N/A Place N/A Status N/A					
20. What country issued your last passport or travel document? Honduras		21. Passport Number E1395277 Travel Document Number E1395277		22. Expiration Date (mm/dd/yyyy) 02/07/2034	
23. What is your native language (include dialect, if applicable)? Spanish		24. Are you fluent in English? ☐ Yes ☒ No		25. What other languages do you speak fluently? N/A	



Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____
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Your spouse ☒ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Date of Birth (mm/dd/yyyy) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Other names used (include maiden name and aliases) N/A
9. Date of Marriage (mm/dd/yyyy) N/A	10. Place of Marriage N/A	11. City and Country of Birth N/A	
12. Nationality (Citizenship) N/A		13. Race, Ethnic, or Tribal Group N/A	14. Sex ☐ Male ☐ Female
15. Is this person in the U.S.? ☐ Yes (Complete Blocks 16 to 24.) ☐ No (Specify location): N/A			
16. Place of last entry into the U.S. N/A	17. Date of last entry into the U.S. (mm/dd/yyyy) N/A	18. I-94 Number (if any) N/A	19. Status when last admitted (Visa type, if any) N/A
20. What is your spouse's current status? N/A	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	22. Is your spouse in Immigration Court proceedings? ☐ Yes ☐ No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) N/A
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) ☐ Yes ☐ 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: _____.

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

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

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

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

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

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

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

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

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

14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
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18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No
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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 (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
Colonia Arturo Quezada	Tegucigalpa	Francisco Morazan	Honduras	12/2023	01/2024
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)
5025 Fairfax Ave, Apt 4	Oakland	California	United States	03/2026	Present
2344 84th Ave	Oakland	California	United States	03/2024	02/2026
Colonia Arturo Quezada	Tegucigalpa	Francisco Morazan	Honduras	12/2023	01/2024
Palos Ralos	San Ignacio	Francisco Morazan	Honduras	11/2023	12/2023
Colonia Arturo Quezada	Tegucigalpa	Francisco Morazan	Honduras	03/2020	11/2023

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)
Instituto Tecnico San Ignacio De Loyola	High School	San Ignacio, Honduras	02/2011	11/2014
Instituto Tecnico San Ignacio De Loyola	Middle School	San Ignacio, Honduras	02/2008	11/2010
Escuela Rural Mixta Simón Bolívar	Elementary School	Palos Ralos, San Ignacio, Honduras	02/2002	11/2007
N/A	N/A	N/A	N/A	N/A

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)
Mi Tierra Supermarket - 9520 International Blvd, Oakland, CA, USA	Customer Service	03/2025	PRESENT
Avon - Remote, no physical address	Sales Representative	04/2019	02/2021
Centro Ecologico San Martín - El Pedernal, Honduras	Customer Service	07/2018	01/2019

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 Rosibel Oseguera Arteaga	Tegucigalpa, Honduras	☐ Deceased San Ignacio, Honduras
Father Angel Rigoberto Arteaga Medina	Cedros, Honduras	☐ Deceased San Ignacio, Honduras
Sibling Claudia Lizeth Arteaga Oseguera	Tegucigalpa, Honduras	☐ Deceased San Ignacio, Honduras
Sibling Ana Pamela Arteaga Oseguera	Tegucigalpa, Honduras	☐ Deceased San Ignacio, Honduras
Sibling Clarissa Gisselle Arteaga Oseguera	Tegucigalpa, Honduras	☐ Deceased San Ignacio, Honduras
Sibling N/A	N/A	☐ 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:

- | | |
|--------------------------------------|---|
| ☐ Race | ☒ Political opinion |
| ☐ Religion | ☒ Membership in a particular social group |
| ☐ Nationality | ☒ 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 was subjected to severe physical, sexual, emotional, and psychological abuse by my former partner, David Zuniga, over the course of several years. He beat, strangled, raped, threatened, humiliated, and controlled me. He also isolated me from my family and controlled every aspect of my life, including what I wore and who I spoke to, restricting my freedom and autonomy. He constantly threatened to kill me and my family if I ever left him or reported the abuse. The abuse began as psychological control in 2020 and escalated into physical and sexual violence between 2021 and 2024. In September 2023, he set a blanket on fire and threw it over me, causing burns to my arms, legs, feet, and hair. He threatened me at gunpoint twice, in September and December 2023. The last physical assault occurred on January 6, 2024, when he grabbed my hair, slapped me, and struck my abdomen and legs. I believe the abuse occurred because I am a woman in Honduras, where gender-based violence is widely tolerated. He viewed me as his property and exercised complete control over my body, actions, and relationships. David blamed me for not becoming pregnant, and believed he could harm me without consequences. His violence would increase if I stood up against his actions and refused to submit to his control, and this further trapped me in the relationship. He claimed connections to police and local gangs, which gave him power and institutional protection and reinforced my sense of insecurity, as authorities in Honduras offer no protection. 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 fear that if I return to Honduras, my former partner, David Zuniga, will find me and subject me again to severe harm and mistreatment. In the past, he beat me regularly, slapped my face, pulled my hair, strangled me with his hands, and threatened me with a gun. On one occasion, he set me on fire with a burning blanket, leaving burns on my arms, legs, feet, and hair. He also raped me repeatedly, telling me that women only exist to have children. He constantly insulted me, controlled my clothing, and isolated me from my family and friends. He repeatedly told me that he would rather see me dead than with another man and that if I tried to leave him, he would kill me and harm my family. If I am forced to return, I believe that he will beat, strangle, rape or burn me again. This time, I am afraid he will carry out his threats and kill me or my family, because I defied his control by leaving him and fleeing Honduras. He claimed to have connections with the police and gangs, and based on what I saw and heard, I believe that is true. I know he is capable of carrying out his threats. In Honduras, women face extreme violence and the authorities do not offer real protection. I truly believe that if I return, he will find me, attack me again, or kill me, and I will have no way to remain safe. I am also afraid for my family, who was specifically targeted and threatened by my persecutor. 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.

- 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 fear that if I return to Honduras, I will be tortured by my former partner, David Zuniga. He has already tortured me in the past by burning me with fire, repeatedly beating, strangling, raping me, and by threatening me with a gun. These acts were intentionally inflicted to punish me, break me, and maintain control over my life. If I return, I believe he will torture me again as punishment for escaping him and attempting to rebuild my life without him. He has the means, willingness, and connections to carry out this harm. If returned, I am afraid of being subjected to further torture, including severe beatings, burning, rape, strangulation, threats or even death. I also believe the Honduran authorities would not protect me, as violence against women is routinely ignored and perpetrators act with impunity, and David holds connections within law enforcement that would ensure such impunity. For these reasons, I am terrified of being returned to Honduras. Further details are included in my declaration.



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.

- 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.

I traveled through Guatemala and Mexico before entering the United States on March 5, 2024. I remained in Guatemala for about 13 days and in Mexico for approximately 42 days. I did not hold any legal status in neither of these countries and am not entitled to return for lawful residence purposes. Additionally, I did not seek protection in Guatemala or Mexico because they were not safe for me. I had no trust in Guatemalan or Mexican authorities to protect me, as women face similar persecution in those countries and impunity is widespread. In Mexico, I lived in precarious conditions, sleeping on the street and working informally to survive. During my journey, I was robbed, threatened at gunpoint, sexually harassed, and constantly exposed to danger. I had no alternative but to reach the United States, because it was the only place I could finally find safety and protection. Had I remained in Mexico, my life would have been in danger, and I believe I could have suffered the same fate I faced in Honduras. Further details are included in my declaration.

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 original asylum application was filed on August 13, 2025, 17 months after I arrived in the United States. I did not file for asylum within one year of my arrival because when I first entered the United States, I had no place to stay, no support, and no understanding of the legal process. I was only able to stay one night with the person who initially received me, and after that I moved from place to place, without stable housing or access to resources. I called several legal service providers using the contact numbers given to me when I entered the country, but they all told me they had no appointments available and long waitlists. In addition to this, I was the victim of stalking and threats during my first months in the United States, which further compromised my ability to deal with the complex immigration process. I was afraid for my life, as he threatened to kill me if I got together with another man. In this context, I also experienced emotional instability and was struggling with depression and panic attacks as a result of the trauma I suffered, combined with the situation of repeated violence I was suffering in the United States. My sole focus at that first year was on staying alive and recovering from the trauma. I eventually began receiving psychological treatment and medication, and only then was I able to start looking seriously for legal assistance. As soon as I was able to find help, I began the process of applying for asylum. Further details are included in my declaration.

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 I entered the United States, on March 5, 2024, through Tecate, CA, I was detained at the border by immigration officers and remained in custody for approximately 3 days. This action was driven by the urgent need to seek safety and refuge. The arrest occurred as part of the immigration process, and I did not commit any other crimes in the United States. I was released on recognizance on March 8, 2024. Upon release, I was charged as subject to removal pursuant to INA 212(a) (6) (A) (i). My sole purpose in seeking entry was to escape from the severe threats and persecution in my home country, and I hope for understanding and compassion in my pursuit for asylum and safety. 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. Bessi Gabriela Arteaga Oseguera	Write your name in your native alphabet. N/A
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Did your spouse, parent, or child(ren) assist you in completing this application? ☒ No ☐ Yes (If "Yes," list the name and relationship.)

N/A (Name)	N/A (Relationship)	N/A (Name)	N/A (Relationship)
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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.)

➔ Bessi Gabriela Arteaga Oseguera
Sign your name so it all appears within the brackets

03/24/2026

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		Print Complete Name of Preparer Natalia Vieira Santanna	
Daytime Telephone Number (510) 9220154		Address of Preparer: Street Number and Name PO Box 7528	
Apt. Number N/A	City Oakland	State CA	Zip Code 94601
To be completed by an attorney or accredited representative (if any).	☐ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 337502	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 6 3 4 6 0 3 2 7 9 7 4



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) 245883446	Date 03/24/2026
Applicant's Name Bessi Gabriela Arteaga Oseguera	Applicant's Signature Bessi Gabriela Arteaga Oseguera

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) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex ☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location):			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? ☐ Yes ☐ 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) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex ☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes (Complete Blocks 14 to 21.) ☐ No (Specify location):			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) ☐ Yes ☐ 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) 245883446	Date 03/24/2026
Applicant's Name Bessi Gabriela Arteaga Oseguera	Applicant's Signature Bessi Gabriela Arteaga Oseguera

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

Part N/A

Question N/A

N/A



PROOF OF SERVICE

On this day, I, Natalia Vieira Santanna, served a copy of the following documents:

RESPONDENT'S AMENDMENT OF FORM I-589

To the following:

Office Location:	Mailing Address:
Office of the Principal Legal Advisor Department of Homeland Security 100 Montgomery Street, Suite 200 San Francisco, CA 94104	Office of the Principal Legal Advisor Department of Homeland Security Office of the Chief Counsel P.O. Box 26449 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.

Natalia Vieira Santanna
(Bar N. 337502)
Attorney at Law
P.O. Box 7528
Oakland, CA 94601
Counsel for Respondent