Isabelle Kauany Bueno Ferreira
A-Number: 246-934-756
P.O. Box 2513
California City, CA 93505

URGENT: ASYLUM APPLICATION REQUIRING DETAINEE'S COMPLETION AND SIGNATURE

To whom it may concern,

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

Document description:

- Form I-589, Application for Asylum and for Withholding of Removal
- Client Questionnaire / Request for Information.

Instructions to staff:

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

This is a time-sensitive request concerning the detainee's application for relief before the Immigration Court. Any delay in the delivery of this correspondence could impede her ability to timely present her claim to the Immigration Judge and, consequently, impair her ability to seek protection from removal to a country where she fears persecution. Accordingly, we respectfully request that **this mailing be afforded urgent attention and delivered to the detainee as promptly as possible.**

For questions, contact (510) 241 9336 or otavio@yousalaw.com.

Thank you for your assistance.

Sincerely,



_____ Date: September 22, 2026

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

September 18, 2026

Name: Isabelle Kauany Bueno Ferreira
Alien-Number: 246-934-756
Date of Birth: 16/12/1997

INSTRUCTIONS FOR DETAINEE

Prezada Isabelle,

Para prosseguir com a preparação da sua aplicação de asilo, necessito que preencha o questionário anexo, da forma mais completa e honesta possível, e assine o formulário I-589, conforme instruções também em anexo.

Em anexo a esse pacote, você encontrará:

1. **Questionário para Formulário I-589 (Aplicação de Asilo)**
2. **Instruções para assinatura do Formulário I-589**
3. **Páginas do formulário I-589 para assinatura**
4. **Formulário I-589 completo**

3. PÁGINAS DE ASSINATURA — DEVEM SER DEVOLVIDAS

Junto com estas instruções, estamos enviando **somente as três páginas de assinatura do Formulário I-589**. Essas são as páginas que você deve assinar com caneta preta.

Por favor, não preencha nenhuma outra informação nessas páginas. Apenas assine nos locais indicados, conforme as instruções. Depois de assiná-las, coloque as três páginas no envelope de retorno e devolva-as junto com os demais documentos do pacote.

4. FORMULÁRIO I-589 COMPLETO — NÃO DEVE SER DEVOLVIDO

Também estamos enviando um **Formulário I-589 completo em branco**. **Este formulário é apenas para sua referência e para que você o guarde. Não é necessário preenchê-lo, assiná-lo ou devolvê-lo no envelope.**

Guarde este formulário com você, pois ele poderá ser útil como referência e, se necessário, para apresentação ao juiz durante a audiência.

IMPORTANTE: Para evitar qualquer confusão, somente as três páginas de assinatura devem ser assinadas e devolvidas. O Formulário I-589 completo em branco deve ser guardado por você e NÃO deve ser enviado de volta.

Por favor, leia atentamente as instruções de cada etapa, responda a todas as perguntas apresentadas e assine o formulário nos espaços indicados, utilizando *caneta preta*. Após concluir, coloque os documentos juntos no envelope de retorno que acompanha este pacote, feche o envelope e entregue-o aos agentes, solicitando que seja enviado pelo correio para o endereço indicado no pacote.

Agradecemos sua colaboração.

Se tiver alguma dúvida, ligue para (415) 425-2508.

Exhibit list

Exhibits:	Pages:
QUESTIONÁRIO	
Questionário contendo perguntas do Form I-589 para preenchimento	1-6
INSTRUÇÕES PARA ASSINATURA DAS PÁGINAS DO FORMULÁRIO I-589	
Instruções para assinatura das páginas do Formulário I-589	7-8
PÁGINAS DO FORMULÁRIO I-589 (DEVEM SER ASSINADAS E DEVOLVIDAS)	
Páginas do Formulário I-589 para assinatura	9-11
FORMULÁRIO I-589 (NÃO PREENCHER OU DEVOLVER)	
Formulário I-589	12-23

QUESTIONÁRIO

I. Informações biográficas

1. Qual sua religião?

2. Quando você saiu do seu país de origem (mês/dia/ano)?

II. Informações sobre os pais e irmãos do aplicante:

3. Cidade em que o pai nasceu:

4. Cidade em que o pai mora atualmente:

5. Cidade em que a mãe nasceu:

6. Cidade em que a mãe mora atualmente:

7. Nome completo de todos os irmãos, local (cidade e país) onde nasceram e onde moram atualmente:

III. Informações sobre o histórico de residências do aplicante:

Por favor, liste todos os endereços onde você residiu nos últimos cinco anos. Para cada endereço, forneça as seguintes informações:

- Endereço completo
- Cidade
- País
- Data de entrada (mês/ano)
- Data de saída (mês/ano)

Observação: Se você não tiver certeza do mês exato, informe a data mais aproximada possível.

IV. Informações sobre o histórico escolar do aplicante:

Por favor, liste todas as instituições de ensino em que você estudou, incluindo as seguintes informações para cada uma. Precisamos que sejam listadas todas as escolas que você já estudou, a partir da primeira série do fundamental até o último nível de estudo cursado:

- Nome da Instituição
- Endereço (se você não souber o endereço completo, forneça pelo menos a cidade e o país)
- Tipo de Ensino (especifique o nível de ensino - ex.: ensino fundamental, ensino médio, faculdade, curso técnico, etc)
- Data de Entrada (informe o mês e o ano em que você começou a estudar na instituição)
- Data de Saída (informe o mês e o ano em que você terminou seus estudos na instituição)

V. Informações sobre o histórico de empregos:

Por favor, liste todos os empregos que você teve nos últimos **cinco anos**, fornecendo as seguintes informações para cada um:

- Nome da Empresa/ Órgão (se for autônomo, pode colocar "autônomo"; se for proprietário, pode colocar o nome da empresa)
- Endereço do local de trabalho (se não houver local fixo ou for home office, assim o indique)
- Cargo/Ocupação (descreva sua função, como: proprietária, caixa, analista, etc)
- Data de Entrada (informe o mês e o ano em que começou a trabalhar na empresa/ órgão)
- Data de Saída (informe o mês e o ano em que saiu da empresa/ órgão)

VI. Informações sobre sua história

Nessa seção, há questionamentos relacionados ao seu passado e de seus familiares, bem como perguntas envolvendo a perseguição que motivou a sua busca por asilo. Por favor, responda da forma mais honesta possível e não omita nenhuma informação.

1. Você ou seus familiares já foram acusados, presos, detidos, interrogados, condenados e sentenciados ou presos em qualquer outro país que não os Estados Unidos?

( ) SIM ( ) NÃO

Se responder sim, relate quem foi a pessoa que passou por isso, qual foi o crime cometido, quando ocorreu, em qual país e quais foram as consequências do ato (detenção, absolvição, condenação, prisão, ...):

2. Você ou seus familiares já pertenceram ou estiveram associados a alguma organização ou grupo em seu país de origem – como, entre outros, partidos políticos, grupo estudantil, sindicatos, organização religiosa, grupo militar ou paramilitar, patrulha civil, organização guerrilheira, grupo étnico, grupo de diretos humanos, ou a imprensa ou meios de comunicação?

( ) SIM ( ) NÃO

Se responder sim, relate se foi você ou então quem foi a pessoa envolvida e qual o grupo ou organização de que fez parte, bem como se ainda participa de tal grupo.

3. Você, seu cônjuge, seu(s) filho(s), seus pais ou seus irmãos já solicitaram ao governo dos EUA o status de refugiado, asilo ou retenção de remoção anteriormente?

( ) SIM ( ) NÃO

Se responder sim, detalhe o contexto, informando quem aplicou para o status, quando, e o resultado eventualmente obtido (se foi concedido ou não o asilo ou outra forma de retenção da remoção):

4. Depois de deixar o país do qual você está fugindo, você e seus beneficiários viajaram, passaram ou residiram em qualquer outro país antes de entrar nos Estados Unidos?

( ) SIM ( ) NÃO

Se responder sim, cite todos os países em que passaram e a data (mês/ano) em que passaram por eles. Também explique se você e/ou seus beneficiários buscaram algum status de cidadania nestes países e porque não permaneceram neles e seguiram para os EUA:

5. Você e seus beneficiários, alguma vez ordenaram, incitaram, ajudaram ou de outra forma causaram dano ou sofrimento a qualquer pessoa por causa de sua raça, religião, nacionalidade, pertencimento a um determinado grupo social ou crença em uma opinião política especifica?

( ) SIM ( ) NÃO

Se responder sim, detalhe o contexto:

6. Depois de deixar o seu país de origem e ir para os EUA, você retornou a esse país?

( ) SIM ( ) NÃO

Se responder sim, informe quando e o motivo do retorno:

7. Você ou algum membro da sua família incluído nesta aplicação já cometeu algum crime e/ou foi preso, acusado, condenado ou sentenciado por algum crime nos EUA (inclusive por violação das leis de imigração)?

( ) SIM ( ) NÃO

Observação: detenção imigratória também vale.

Enfim, descreva os maus-tratos, danos, maus-tratos ou ameaças que você sofreu no passado (detalhe quem, quando, e especifique as formas de dano que foram infligidas). Também explique o que você tem medo que aconteça caso seja retornada para o seu país de origem e por quê você teme que isso aconteça.

INSTRUÇÕES PARA ASSINATURA DAS PÁGINAS DO FORMULÁRIO I-589

COMO E ONDE ASSINAR O FORMULÁRIO I-589

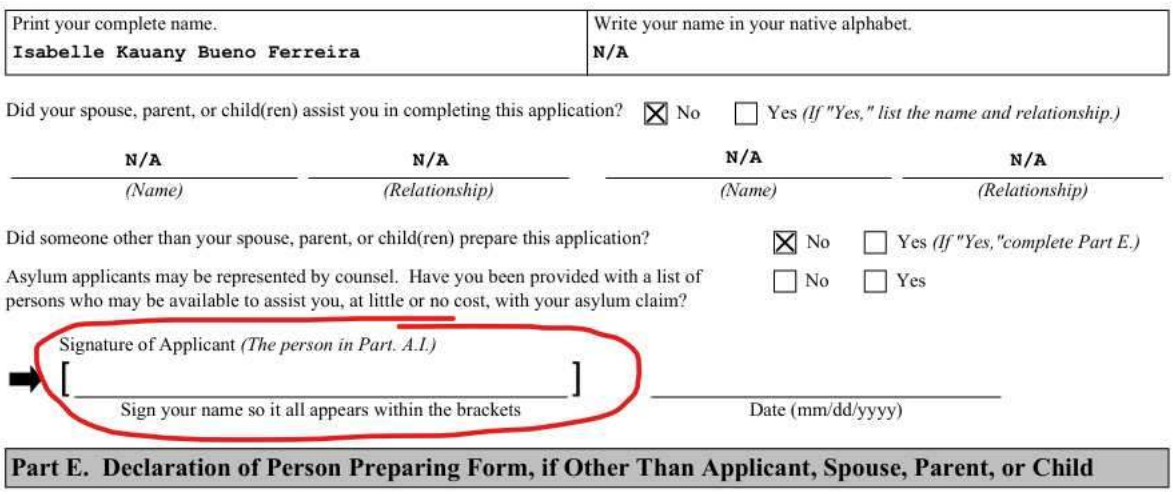
Em anexo, seguem as três páginas do formulário I-589 que exigem a sua assinatura.

Por favor, não preencha nenhuma outra informação nessas páginas. Apenas assine nos locais indicados, conforme as instruções. Depois de assiná-las, coloque as três páginas no envelope de retorno e devolva-as junto com os demais documentos do pacote.

1) Página 9

Assine no espaço indicado pela seta preta, onde lê **"Signature of Applicant"**, conforme a imagem anexa.

Pode adicionar a data de sua assinatura ao lado direito da assinatura também, onde lê "Date (mm/dd/yyyy). **Atente para o formato da data, que deve ser mm/dd.**



Print your complete name.	Write your name in your native alphabet.
Isabelle Kauany Bueno Ferreira	N/A

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

N/A	N/A	N/A	N/A
(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☒ No ☐ Yes *(If "Yes," complete Part E.)*

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

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

[_____]

Sign your name so it all appears within the brackets

_____

Date (mm/dd/yyyy)

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

2) Página 11

No topo direito da página, assine no espaço onde se lê **"Applicant's Signature"**, conforme a imagem anexa.

Pode adicionar a data de sua assinatura logo acima da assinatura, onde lê "Date". **Atente para o formato da data, que deve ser mm/dd.**



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)*	Date
246-934-756	
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	

2) Página 12

No topo direito da página, assine no espaço onde se lê **"Applicant's Signature"**, conforme a imagem anexa.

Pode adicionar a data de sua assinatura logo acima da assinatura, onde lê "Date". **Atente para o formato da data, que deve ser mm/dd.**



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)*	Date
246-934-756	
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	

Agradecemos sua colaboração.

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

PÁGINAS DO FORMULÁRIO I-589 (DEVEM SER ASSINADAS E DEVOLVIDAS)

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, and even if USCIS does not conduct an interview on the application. 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.	Write your name in your native alphabet.
Isabelle Kauany Bueno Ferreira	**N/A**

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

N/A	**N/A**	**N/A**	**N/A**
(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☒ No ☐ Yes *(If "Yes,"complete Part E.)*

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

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

➡ [_____] _____

Sign your name so it all appears within the brackets — 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
	Otavio Haverroth Silva

Daytime Telephone Number	Address of Preparer: Street Number and Name
(510) 2419336	**PO Box 90487**

Apt. Number	City	State	Zip Code
N/A	**San Diego**	**CA**	**92169**

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)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	**0 0 7 4 9 2 6 2 5 4 3 8**

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)*	Date
246-934-756	
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	

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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	Date
246-934-756	
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	

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

Part _____

Question _____

FORMULÁRIO I-589 (NÃO PREENCHER OU DEVOLVER)

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.

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)*	**2.** U.S. Social Security Number *(if any)*	**3.** USCIS Online Account Number *(if any)*

4. Complete Last Name	**5.** First Name	**6.** Middle Name

7. What other names have you used *(include maiden name and aliases)?*

8. Residence in the U.S. *(where you physically reside)*

Street Number and Name	Apt. Number

City	State	Zip Code	Telephone Number ( )

(**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):*	Telephone Number ( )

Street Number and Name	Apt. Number

City	State	Zip Code

10. Sex ☐ Male ☐ Female	**11.** Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
12. Date of Birth *(mm/dd/yyyy)*	**13.** City and Country of Birth

14. Present Nationality *(Citizenship)*	**15.** Nationality at Birth	**16.** Race, Ethnic, or Tribal Group	**17.** Religion

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)* _____ **b.** What is your current I-94 Number, if any? _____

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 _____ Place _____ Status _____ Date Status Expires _____

Date _____ Place _____ Status _____

Date _____ Place _____ Status _____

20. What country issued your last passport or travel document?	**21.** Passport Number Travel Document Number	**22.** Expiration Date *(mm/dd/yyyy)*

23. What is your native language *(include dialect, if applicable)?*	**24.** Are you fluent in English? ☐ Yes ☐ No	**25.** What other languages do you speak fluently?

Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action: Interview Date, if applicable: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____

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

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Date of Birth *(mm/dd/yyyy)*	4. U.S. Social Security Number *(if any)*
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used *(include maiden name and aliases)*
9. Date of Marriage *(mm/dd/yyyy)*	10. Place of Marriage	11. City and Country of Birth	
12. Nationality *(Citizenship)*	13. Race, Ethnic, or Tribal Group	14. Sex ☐ Male ☐ Female	

15. Is this person in the U.S.?

☐ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location):* _____

16. Place of last entry into the U.S.	17. Date of last entry into the U.S. *(mm/dd/yyyy)*	18. I-94 Number *(if any)*	19. Status when last admitted *(Visa type, if any)*
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	22. Is your spouse in Immigration Court proceedings? ☐ Yes ☐ No	23. If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*

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)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	10. Nationality *(Citizenship)*	11. Race, Ethnic, or Tribal Group	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.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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.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)*

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)*

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)*

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)*

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		☐ Deceased
Father		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased
Sibling		☐ Deceased

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.

USCIS may adjudicate your application without conducting an interview and without issuing a request for evidence. Your application and any supporting evidence that you provide now may be your only opportunity to meet your burden of proof to establish eligibility for asylum before USCIS.

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.

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.

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.

Part C. Additional Information About Your Application

You should ensure that your explanations are complete and detailed. An asylum officer may adjudicate your application without conducting an interview or requesting additional evidence.

(**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.

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. Your written explanation may be your only opportunity to have an asylum officer consider your reason(s). If you are scheduled for an asylum interview or a hearing with an immigration judge, 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.

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.

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, and even if USCIS does not conduct an interview on the application. 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.	Write your name in your native alphabet.

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

(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☐ Yes *(If "Yes,"complete Part E.)*

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

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

➡ [_____] _____

Sign your name so it all appears within the brackets — 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

Daytime Telephone Number ( )	Address of Preparer: Street Number and Name

Apt. Number	City	State	Zip Code

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)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)

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

NOTE: You will be asked to complete this part if 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)*	Date
Applicant's Name	Applicant's Signature

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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	**2.** Passport/ID Card Number *(if any)*	**3.** Marital Status *(Married, Single, Divorced, Widowed)*	**4.** U.S. Social Security Number *(if any)*
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**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.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**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)*	Date
Applicant's Name	Applicant's Signature

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

Part _____

Question _____