





# Application for Asylum and for Withholding of Removal

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

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

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

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

| Part A.I. Information About You  |                            |  |  |   |
|--|----------------------------|--|--|---|
| 1. Alien Registration Number(s) (A-Number) (if any)<br><b>249307473</b>  |                            | 2. U.S. Social Security Number (if any)<br><b>356-23-0025</b>  |  | 3. USCIS Online Account Number (if any)<br><b>N/A</b>         |
| 4. Complete Last Name<br><b>RODRIGUEZ CASTILLO</b>   |                            | 5. First Name<br><b>ALBERTO</b>  |  | 6. Middle Name  |
| 7. What other names have you used (include maiden name and aliases)?<br><b>N/A</b>   |                            |  |  |   |
| 8. Residence in the U.S. (where you physically reside)   |                            |  |  |   |
| Street Number and Name<br><b>1427 Lincoln Ave</b>  |                            |  | Apt. Number<br><b>N/A</b>                          |   |
| City<br><b>Richmond</b>  | State<br><b>California</b> | Zip Code<br><b>94801</b>   | Telephone Number<br><b>( 510 ) 8601681</b>         |   |
| <i>(NOTE: You must be residing in the United States to submit this form.)</i>  |                            |  |  |   |
| 9. Mailing Address in the U.S. (if different than the address in Item Number 8)  |                            |  |  |   |
| In Care Of (if applicable):<br><b>Santanna Law Offices PC</b>  |                            |  | Telephone Number<br><b>( 510 ) 9220154</b>         |   |
| Street Number and Name<br><b>PO Box 7528</b>   |                            |  | Apt. Number<br><b>N/A</b>                          |   |
| City<br><b>Okland</b>  | State<br><b>CA</b>         | Zip Code<br><b>94601</b>   |  |   |
| 10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female   |                            | 11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |  |   |
| 12. Date of Birth (mm/dd/yyyy)<br><b>12/04/2023</b>  |                            | 13. City and Country of Birth<br><b>Yurecuaro, Mexico</b>  |  |   |
| 14. Present Nationality (Citizenship)<br><b>Mexican</b>  |                            | 15. Nationality at Birth<br><b>Mexican</b>   | 16. Race, Ethnic, or Tribal Group<br><b>Latino</b> | 17. Religion<br><b>Catholic</b>                               |
| 18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings.<br>b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am 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) <u>12/16/2023</u>  |                            | b. What is your current I-94 Number, if any? <u>677941101A3</u>  |  |   |
| c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry.<br>(Attach additional sheets as needed.)  |                            |  |  |   |
| Date <u>12/16/2023</u>   | Place <u>San Luiz AZ</u>   | Status <u>Paroled</u>  | Date Status Expires <u>12/13/2024</u>              |   |
| Date <u>04/28/2007</u>   | Place <u>Unknown CA</u>    | Status <u>EWI</u>  |  |   |
| Date <u>04/26/2007</u>   | Place <u>San Ysidro CA</u> | Status <u>EWI</u>  |  |   |
| 20. What country issued your last passport or travel document?<br><b>Mexico</b>  |                            | 21. Passport Number <b>N20570690</b>   |  | 22. Expiration Date (mm/dd/yyyy)<br><b>07/24/2028</b>         |
|  |                            | Travel Document Number <b>N20570690</b>  |  |   |
| 23. What is your native language (include dialect, if applicable)?<br><b>Spanish</b>   |                            | 24. Are you fluent in English?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 25. What other languages do you speak fluently?<br><b>N/A</b> |



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

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

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

|   |  |   |  |
|---|--|---|--|
| 1. Alien Registration Number (A-Number) (if any)<br><b>249307474</b>  | 2. Passport/ID Card Number (if any)<br><b>N10919997</b>  | 3. Date of Birth (mm/dd/yyyy)<br><b>06/14/1984</b>  | 4. U.S. Social Security Number (if any)<br><b>296-83-0539</b>                          |
| 5. Complete Last Name<br><b>TAMAYO BRAVO</b>  | 6. First Name<br><b>CLAUDIA</b>  | 7. Middle Name<br><b>ISABEL</b>   | 8. Other names used (include maiden name and aliases)<br><b>N/A</b>                    |
| 9. Date of Marriage (mm/dd/yyyy)<br><b>12/04/2023</b>   | 10. Place of Marriage<br><b>San Luis Rio Colorado, Mexico</b>                                  | 11. City and Country of Birth<br><b>Ixtlan de Los Hervores, Mexico</b>  |  |
| 12. Nationality (Citizenship)<br><b>Mexican</b>   | 13. Race, Ethnic, or Tribal Group<br><b>Latina</b>   | 14. Sex<br><input type="checkbox"/> Male <input checked="" type="checkbox"/> Female   |  |
| 15. Is this person in the U.S.?<br><input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____                  |  |   |  |
| 16. Place of last entry into the U.S.<br><b>San Luiz AZ</b>   | 17. Date of last entry into the U.S. (mm/dd/yyyy)<br><b>12/16/2023</b>                         | 18. I-94 Number (if any)<br><b>677935978A3</b>  | 19. Status when last admitted (Visa type, if any)<br><b>Paroled</b>                    |
| 20. What is your spouse's current status?<br><b>No status</b>   | 21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)<br><b>N/A</b> | 22. Is your spouse in Immigration Court proceedings?<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)<br><b>06/2006</b> |
| 24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)<br><input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |  |   |  |

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

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

I have children. Total number of children: \_\_\_\_\_.

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

| Number and Street<br>(Provide if available) | City/Town             | Department, Province, or State | Country | Dates        |            |
|---|-----------------------|--------------------------------|---------|--------------|------------|
|   |                       |                                |         | From (Mo/Yr) | To (Mo/Yr) |
| Calle Los Alisos 132                        | San Luis Rio Colorado | Sonora                         | Mexico  | 07/2017      | 12/2023    |
|   |                       |                                |         |              |            |

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) |
| 1427 Lincoln Ave     | Richmond              | California                     | United States | 12/2023      | PRESENT    |
| Calle Los Alisos 132 | San Luis Rio Colorado | Sonora                         | Mexico        | 07/2017      | 12/2023    |
|                      |                       |                                |               |              |            |
|                      |                       |                                |               |              |            |

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) |
| 05 de Mayo School | Elementary school | Carreta Zamora La Barca, Michoacan. Mexico | 08/1993      | 06/1999    |
|                   |                   |  |              |            |
|                   |                   |  |              |            |

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) |
| Self-employed, various addresses, California, USA   | Handyman            |              | PRESENT    |
| Flextronics, Miguel de La Madrid SN, Centro, 83400, San Luis Rio Colorado, Senora, Mexico | Production operator | 07/2017      | 11/2023    |
|   |                     |              |            |

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 <b>Guillermina Castillo Miranda</b> | <b>Yurecuaro, Mexico</b>       | <input checked="" type="checkbox"/> Deceased <b>N/A</b>               |
| Father <b>Sergio Rodriguez Cervantez</b>   | <b>Yurecuaro, Mexico</b>       | <input checked="" type="checkbox"/> Deceased <b>N/A</b>               |
| Sibling <b>Julio Rodriguez Castillo</b>    | <b>Yurecuaro, Mexico</b>       | <input type="checkbox"/> Deceased <b>La Angostura, Mexico</b>         |
| Sibling <b>Cesar Rodriguez Castillo</b>    | <b>Yurecuaro, Mexico</b>       | <input type="checkbox"/> Deceased <b>Pittsburg, CA, United States</b> |
| Sibling <b>Daniella Rodriguez Castillo</b> | <b>Yurecuaro, Mexico</b>       | <input type="checkbox"/> Deceased <b>Richmond, CA, United States</b>  |
| Sibling <b>Horacio Rodriguez Castillo</b>  | <b>Yurecuaro, Mexico</b>       | <input type="checkbox"/> Deceased <b>Richmond, CA, United States</b>  |



## Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

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

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

- No  Yes

If "Yes," explain in detail:

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

On November 21, 2023, individuals whom I believed to be members of the Cartel "Los Salazar" forcibly entered the home I share with my wife, Claudia Isabel Tamayo Bravo, in San Luis Rio Colorado, Sonora, Mexico. At the time of the invasion, I was at work. When I returned home, I found my wife in a state of shock, trembling and in tears. She told me that three hooded and armed men had broken into our home while she was alone, pursuing her nephew, Alberto López Tamayo. The men threw her to the ground, placed a foot on her head, and threatened her not to speak or look. They also asked her where her husband was: me. My wife sustained visible bruises on her feet and hands. Our nephew was beaten and forcibly taken. He has never been found. Although the cartel did not directly confront me, the fact that they specifically asked for my whereabouts made it clear to me that I could also be a target. My wife and I believe they saw photographs of us together displayed on the walls of our home.

- 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 returning to Mexico because the Cartel that kidnapped my spouse's nephew has demonstrated that they know where I live and they know what I look like. I am afraid of being threatened, kidnapped, physically harmed or even killed by them. My wife was directly threatened and physically assaulted. Her nephew was kidnapped and remains missing. The cartel operates throughout Mexico with a national reach, and relocating to another city would not protect me or my family. I also fear that, as the husband of a direct witness to a cartel operation, I am considered a potential threat to their impunity. I have no doubt that returning would put my life and my family's lives in serious danger.



**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 am afraid that if I am returned to Mexico, I will be subjected to torture by members of the Cartel "Los Salazar". They already invaded my home and asked for me. My spouse's nephew, who was found in my home, was beaten and taken, and has never been seen again. My wife was physically assaulted and threatened with reprisals against our entire family. Given the cartel's demonstrated willingness to use extreme violence, considering the fact that they specifically asked for my whereabouts, and because of my family connection to my spouse and her nephew, I have every reason to believe that being found by them would result in serious harm or death.



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## Part C. Additional Information About Your Application

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

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

No  Yes

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

**My spouse, Claudia Isabel Tamayo Bravo (A-Number 249-307-474), and her daughter, Josefina Navarro Tamayo (A-Number 249-307-475), are currently applying for asylum and withholding of removal in consolidated proceedings before this Immigration Court. I am included in my wife's application. Additionally, my sister, Jannett Rodríguez Castillo, is also in removal proceedings and has a pending asylum application. Her next hearing is scheduled for January 2027 before this Immigration Court, and no final decision has been issued in her case. None of the aforementioned applications have received a final decision and all remain pending.**

- 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. 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.

I am filing my own asylum application after the one-year deadline because I was previously included as a dependent in my wife's pending asylum case, which was filed within the legal deadline. Since I was covered by her application, I believed it was not necessary to file separately at that time. I am now submitting my individual application while I continue to be listed as her dependent, in order to document my individual claim and ensure that I maintain eligibility for protection. Because my wife's application was timely filed, and my fear of returning to Mexico arises from the same ongoing threats and circumstances that continue to affect our entire family, I respectfully request that this be considered an extraordinary circumstance excusing the late filing. Thus, I am seeking this exception based on my status as a derivative spouse in a timely filed principal asylum application, as well as the continued and unchanged nature of the persecution suffered.

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.

In 2007, I attempted to enter the United States without authorization approximately five attempts, in California: Jambul, Jacumba, Campo, and San Ysidro. On each occasion, I was apprehended by border authorities, held in a detention room for approximately four to five hours, and returned to Mexico. After these attempts, I successfully entered the United States and resided in the country from approximately 2007 to 2012. I subsequently returned to Mexico voluntarily. In December 2023, when my wife Claudia, her daughter Josefina, and I presented ourselves at the border in San Luis, Arizona, to request asylum. We were processed, fingerprinted, and held for approximately five to six hours before being released with a parole. I have never been convicted of any criminal offense in the United States. My entire history with U.S. authorities has been immigration-related. I have always been truthful with immigration officials about my history and have fully cooperated with the legal process since my arrival in December 2023.



**Part D. Your Signature**

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

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

|  |  |
|--|--|
| Print your complete name.<br><b>Alberto Rodriguez Castillo</b> | Write your name in your native alphabet.<br><b>N/A</b> |
|--|--|

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

|                      |                              |                      |                              |
|----------------------|------------------------------|----------------------|------------------------------|
| <b>N/A</b><br>(Name) | <b>N/A</b><br>(Relationship) | <b>N/A</b><br>(Name) | <b>N/A</b><br>(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.)

➔ [ \_\_\_\_\_ ] 07/02/2026  
 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<br><b>Natalia Vieira Santanna</b> |                          |
| Daytime Telephone Number<br>( 510 ) 9220154 |                        | Address of Preparer: Street Number and Name<br><b>PO Box 7528</b> |                          |
| Apt. Number                                 | City<br><b>Oakland</b> | State<br><b>CA</b>  | Zip Code<br><b>94601</b> |

|   |  |  |  |
|---|--|--|--|
| To be completed by an attorney or accredited representative (if any). | <input type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable)<br><b>337502</b> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><b>0 6 3 4 6 0 3 2 7 9 7 4</b> |
|   |  |  |  |



**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 <i>(If available)</i><br><b>249307473</b>    | Date<br><b>07/02/2026</b> |
| Applicant's Name<br><b>ALBERTO RODRIGUEZ CASTILLO</b> | 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)

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

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





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

|  |                       |
|--|-----------------------|
| A-Number (if available)<br>249307473           | Date<br>07/02/2026    |
| Applicant's Name<br>ALBERTO RODRIGUEZ CASTILLO | Applicant's Signature |

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

Part A.I

Question 19.c.

Date: 04/23/2007  
Place: Campo, California  
Status: EWI

Date: 04/21/2007  
Place: Jacumba, California  
Status: EWI

Date: 04/20/2007  
Place: Jambul, California  
Status: EWI





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

|   |                           |
|---|---------------------------|
| A-Number (if available)<br><b>249-307-473</b>         | Date<br><b>07/02/2026</b> |
| Applicant's Name<br><b>Alberto Rodriguez Castillo</b> | Applicant's Signature     |

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

Part   A.III.    
Question   5  

**SIBLINGS:**  
Janett Rodriguez Castillo - La Barca Jalisco, Mexico - Turlok, CA, United States  
Jovita Rodriguez Castillo - Yurecuaro, Mexico - La Angostura, Mexico.



**Proof of Service**

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

**RESPONDENT’S APPLICATION FOR ASYLUM AND WITHHOLDING OF REMOVAL**

To the following:

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

by:

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

---

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