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Non-Detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
1855 Gateway Blvd., Suite 850
Concord, CA 94520

In the Matter of	)	
Gabriel de Freitas Silva	)	**File No. A. 226-068-578**
Camila Beatriz Oliveira Santos	)	**File No. A. 226-068-637**
In Removal Proceedings	)	

Immigration Judge: **Star, Shadee M.** Next Hearing Date: **August 11, 2026 at 9:00 a.m.**

RESPONDENT'S APPLICATION FOR ASYLUM AND WITHHOLDING OF REMOVAL

Exhibit list

Exhibits:	Pages:
Exhibit 1	
Camila Beatriz Oliveira Santos ' Application for Asylum and Withholding of Removal (Form I-589)	1-13

Exhibit 1

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)*	**2.** U.S. Social Security Number *(if any)*	**3.** USCIS Online Account Number *(if any)*
226068637	810-88-0168	

4. Complete Last Name	**5.** First Name	**6.** Middle Name
OLIVEIRA SANTOS	Camila Beatriz	N/A

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

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

Street Number and Name	Apt. Number
810 Chadwick Ln	N/A

City	State	Zip Code	Telephone Number
Bay Point	California	94565	(925) 3260929

(**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
Otavio Haverroth Silva	(510) 2419336
Street Number and Name	**Apt. Number**
PO Box 90487	

City	State	Zip Code
San Diego	CA	92169

10. Sex ☐ Male ☒ Female

11. Marital Status: ☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Date of Birth *(mm/dd/yyyy)*	**13.** City and Country of Birth
03/16/2002	Belo Horizonte, Brazil

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

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)* 05/14/2024 **b.** What is your current I-94 Number, if any? N/A

c. List each entry into the U.S. beginning with your most recent entry. *List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)*

Date	05/28/2024	Place	San Ysidro CA	Status	EWI	Date Status Expires	N/A
Date	N/A	Place	N/A	Status	N/A		
Date	N/A	Place	N/A	Status	N/A		

20. What country issued your last passport or travel document?	**21.** Passport Number GF410427 Travel Document Number N/A	**22.** Expiration Date *(mm/dd/yyyy)*
Brazil		10/19/2032

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

Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action:	Decision:
		Interview Date:	Approval Date:
		Asylum Officer ID No.:	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)*
226068578	GF410426	10/09/1999	148-69-4279
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
DE FREITAS SILVA	Gabriel	N/A	N/A
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
07/27/2022	Contagem, Brazil	Belo Horizonte, Brazil	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Sex	
Brazilian	Latino	☒ Male ☐ Female	

15. Is this person in the U.S.?
☒ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location):* N/A

16. Place of last entry into the U.S.	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)*
San Ysidro CA	05/28/2024	N/A	EWI
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?	**23.** If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*
No status	N/A	☒ Yes ☐ No	N/A

24. If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*
☒ Yes
☐ No

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

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

☒ I have children. Total number of children: 1.

(**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)*
N/A	N/A	Single	101-15-2140
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
SANTOS	Miguel Lucas	FREITAS	03/10/2025
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
Martinez, United States	American	Latino	☒ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A
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?	
US Citizen	N/A	☐ 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)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A

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?
N/A	N/A	☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

N/A

☐ 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)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A

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?
N/A	N/A	☐ 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)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A

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?
N/A	N/A	☐ 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)*	Dates To *(Mo/Yr)*
Rua Taylandia 195	Betim	Minas Gerais	Brazil	07/2022	05/2024
N/A	N/A	N/A	N/A	N/A	N/A

2. Provide the following information about your residences during the past 5 years. List your present address first.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Number and Street	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
810 Chadwick Ln	Bay Point	California	United States	05/2026	PRESENT
2358 Candlestick Ct	Antioch	California	United States	05/2024	05/2026
Rua Taylandia 195	Betim	Minas Gerais	Brazil	07/2022	05/2024
Rua Enerito Cardoso Dutra, 40	Belo Horizonte	Minas Gerais	Brazil	11/2018	07/2022
N/A	N/A	N/A	N/A	N/A	N/A

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)*	Attended To *(Mo/Yr)*
Escola Estadual Desembargador Rodrigues Campos	Technical school	Av. Sinfrônio Brochado, 355, Belo Horizonte, Minas Gerais, Brazil	01/2018	01/2022
Escola Estadual Desembargador Rodrigues Campos	High school	Av. Sinfrônio Brochado, 355, Belo Horizonte, Minas Gerais, Brazil	01/2017	12/2019
Escola Municipal Edith Pimenta da Veiga	Middle school	Alameda Vargem Grande, 38 Vila, Belo Horizonte, Minas Gerais, Brazil	01/2014	12/2016
Escola Municipal Presidente Itamar Franco	Elementary school	Av. Perimetral Vila Santa Rita, 2911, Belo Horizonte, Minas Gerais, Brazil	01/2012	12/2013

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)*	Dates To *(Mo/Yr)*
Mater Dei Hospital, Av. do Contorno, 9000, Belo Horizonte, Minas Gerais, Brazil	Nursing technician	02/2022	05/2024
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

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 Juliane de Oliveira Pereira	Belo Horizonte, Brazil	☐ Deceased Belo Horizonte, Brazil
Father Jarbas Elias dos Santos	Coronel Fabriciano, Brazil	☐ Deceased Belo Horizonte, Brazil
Sibling David Reuel Oliveira Santos	Belo Horizonte, Brazil	☐ Deceased Belo Horizonte, Brazil
Sibling Lucas Gabriel Oliveira Santos	Belo Horizonte, Brazil	☒ Deceased Deceased in 2020.
Sibling N/A	N/A	☐ Deceased N/A
Sibling N/A	N/A	☐ Deceased N/A

Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

- ☐ Race
- ☒ Political opinion
- ☐ Religion
- ☒ Membership in a particular social group
- ☐ Nationality
- ☒ Torture Convention

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

☐ No ☒ Yes

If "Yes," explain in detail:

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

My husband, Gabriel de Freitas Silva, has been persecuted and threatened with death by Wenderson Marques Paiva, his aunt's former husband and a former military police officer who was expelled from the force and arrested for assaulting Gabriel's aunt, as well as for his involvement in drug trafficking and extortion, with documented ties to organized crime. For years, Mr. Paiva subjected Gabriel's aunt to severe physical abuse, which contributed directly to her death on March 2, 2024. At the funeral, in early March 2024, Gabriel confronted Mr. Paiva and held him responsible for her death. In response, Mr. Paiva explicitly threatened to kill Gabriel within 30 days. In the days that followed, while Gabriel and I were still in Contagem, I first became aware that we were being followed when we went to a pharmacy together and I noticed Mr. Paiva's presence nearby — making it clear that the stalking had already begun. In the weeks that followed, Mr. Paiva continued stalking Gabriel across multiple cities, eventually appearing three or four times near my parents' home in Barreiro, Belo Horizonte, where Gabriel and I were staying. I personally witnessed him on a quiet residential street near my family's home, with no plausible reason to be there, which made it undeniably clear that he was truly following us. From that moment on, I lived in constant fear, becoming afraid to leave the house or carry out normal daily activities. I understood that as Gabriel's wife, I was equally exposed to Mr. Paiva's violence, either as a direct target or as a means of reaching Gabriel. With no viable protection available in Brazil, Gabriel and I were forced to flee the country on May 14, 2024.

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 am deeply afraid to return to Brazil. As Gabriel's wife, I am directly associated with him in Wenderson Marques Paiva's eyes, and I fear that Mr. Paiva will harm or kill me as a way of reaching Gabriel, or simply because of my close association with him throughout the persecution. I personally witnessed Mr. Paiva stalking us in Contagem and then outside my parents' home in Barreiro, a quiet residential neighborhood with no connection to him. This occurred in the weeks following the direct death threat Mr. Paiva made against Gabriel at my aunt-in-law's funeral, in early March 2024. Mr. Paiva is a former military police officer with documented ties to organized crime, drug trafficking, and active law enforcement officers. He has a long history of directing violence at Gabriel's entire family: he subjected Gabriel's aunt to years of brutal physical abuse that ultimately contributed to her death; he pointed a firearm at Gabriel's mother's head; and he threatened Gabriel's uncle so seriously that the uncle was forced to isolate himself on a farm to avoid being killed. I have no reason to believe I would be spared. Brazil's law enforcement cannot protect me. Mr. Paiva's connections to both the police force and organized crime make any institutional protection not only ineffective but potentially dangerous. He was arrested for assaulting Gabriel's aunt, but was allowed to serve his sentence in a semi-open regime and was released shortly thereafter. If we are returned to Brazil, I fear I will be subjected to serious harm or killed. Our infant son, a U.S. citizen, would also be exposed to the same danger, as he would be with us when Mr. Paiva decides to act.

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.

During our journey to the United States, my spouse Gabriel and I were detained by Mexican immigration authorities on two separate occasions. The first time occurred at the Tijuana airport, approximately on May 25, 2024, where immigration agents took our passports and travel documents, directed us to a small room inside the airport, and then transferred us to an immigration detention, where we were held for one day under precarious conditions before being released. The second detention occurred near the Mexico-United States border crossing, approximately on May 27, 2024, while we were attempting to enter the United States through a drainage passage, next to San Ysidro. A group of men wearing military-style clothing suddenly appeared, fired what appeared to be rifle shots into the air, and ordered everyone to kneel on the ground. They then contacted Mexican immigration agents, who arrived at the location shortly after, detained us along with the others who were present, and took us to the same immigration detention. We do not know the institutional affiliation of the armed men. We were subsequently released without being charged with any crime. We had no legal status in Mexico, were in transit throughout our time there, and were released on both occasions.

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 of being subjected to torture if I am returned to Brazil. Wenderson Marques Paiva made an explicit death threat against my husband Gabriel and proceeded to stalk him relentlessly across three cities. As Gabriel's wife, I fear I would be targeted either alongside Gabriel or as a means of getting to him. The specific forms of violence I fear are supported by Mr. Paiva's documented conduct: he subjected Gabriel's aunt to years of brutal physical abuse beatings severe enough to cause chronic health deterioration that ultimately led to her death; he pointed a loaded firearm at Gabriel's mother's head; and he issued an explicit death threat against Gabriel with a 30-day deadline. I fear being shot, beaten, or even killed in the same manner in which he has acted against Gabriel's family. I have no doubt that if I am returned to Brazil, I will be subjected to this same brutal violence at Mr. Paiva's hands. He retains active connections to both organized crime and law enforcement officers still serving in the police force. I fear torture that would be carried out with the consent of Brazilian public officials. Brazil's law enforcement is not only unable to protect me. Any attempt to seek protection could itself place me, my son and my husband in greater danger.

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, Gabriel de Freitas Silva (A-Number 226-068-578), filed an application for asylum and withholding of removal with this Court on April 18, 2025, in which I am included as a derivative beneficiary. His application has not received a final decision and remains 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.

After leaving Brazil, my spouse Gabriel and I traveled through Colombia, Costa Rica, El Salvador, Guatemala, and Mexico before entering the United States on May 28, 2024. We flew from Brazil on May 14, 2024, with layovers in Colombia and Costa Rica, where we were only in transit at the airports and did not reside in either country. We then arrived in El Salvador on the same day. We did not reside there. From there, we were transported in a truck to Guatemala, where we spent a few days under the control of local traffickers. From Guatemala, we crossed into Mexico by boat, crossing rivers. In Mexico, on May 19, 2024, we were subjected to extreme conditions, including intense heat in an improvised shelter. We were detained by Mexican immigration authorities twice: once at the Tijuana airport, apporximately on May 25, 2024, where immigration agents took our passports and travel documents, directed us to a small room inside the airport, and then transferred us to an immigration detention, where we were held for one day under precarious conditions before being released; and once while attempting to cross the Mexico-United States border, approximately two days later, next to San Ysidro, when a group of men wearing military-style clothing appeared, fired what appeared to be rifle shots into the air, and ordered everyone to kneel on the ground. See additional information.

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 entered the United States on May 28, 2024. My husband, Gabriel de Freitas Silva, filed his Form I-589 on April 18, 2025, within the one-year deadline following our arrival. From that point forward, I was included as a derivative beneficiary on his pending asylum application. Because I was covered as a derivative beneficiary on Gabriel's timely filed and pending asylum application, a separate filing was not required at that time. I am now submitting my individual application while Gabriel's case remains pending, in order to document my individual claim and ensure that my protection is preserved on an independent basis. The extraordinary circumstance justifying this filing is my continuous status as a derivative beneficiary on a timely filed, pending asylum application. I am filing protectively while that coverage remains in effect. I respectfully request that this be considered an extraordinary circumstance excusing the late filing.

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

☐ No ☒ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

When my husband Gabriel and I entered the United States at the border in the early hours of May 28, 2024, we turned ourselves in to U.S. immigration authorities after crossing from Mexico. We were detained for more than twelve hours as part of the immigration processing procedure, during which we received a Notice to Appear. We were charged on INA 212 (a)(6)(A)(i). We have not been arrested, charged, or detained for any reason in the United States since that date.

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.	Write your name in your native alphabet.
CAMILA BEATRIZ OLIVEIRA SANTOS	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.1.)*

➡ [Camila Beatriz O. Santos]

Sign your name so it all appears within the brackets

07/29/2026

Date (mm/dd/yyyy)

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

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer	Print Complete Name of Preparer
	Otavio Haverroth Silva

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

Apt. Number	City	State	Zip Code
	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

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

NOTE: *You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: *You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

Application for Asylum and for Withholding of Removal Supplement A

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

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

A-Number *(If available)*	Date
226068637	07/29/2026
Applicant's Name	**Applicant's Signature**
CAMILA BEATRIZ OLIVEIRA SANTOS	Camila Beatriz O Santos

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)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A

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?
N/A	N/A	☐ 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)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

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

14. Place of last entry into the U.S.	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)*
N/A	N/A	N/A	N/A

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?
N/A	N/A	☐ 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
226068637	07/29/2026
Applicant's Name CAMILA BEATRIZ OLIVEIRA SANTOS	Applicant's Signature Camila Beatriz O. Santos

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

Part A.III

Question 3

Name of school: Escola Estadual Nacif Selim de Sales
Type of school: Elementary school
Location (address): Av. Selim José de Sales, 967, Ipatinga, Minas Gerais, Brazil
From: 01/2011
To: 12/2011

Name of school: Escola Municipal CIAC Lucas Monteiro Machado
Type of school: Elementary school
Location (address): Rua Otaviano de Carvalho, 12, Belo Horizonte, Minas Gerais, Brazil
From: 01/2008
To: 12/2010

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
226-068-637	07/29/2026
Applicant's Name	Applicant's Signature
CAMILA BEATRIZ OLIVEIRA SANTOS	Camila Beatriz O. Santos

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

Part C

Question 2.B.

The Mexican immigration agents arrived shortly after, detained us, and took us to the immigration detention one more time. We were released on both occasions without being charged with any crime.We did not apply for refugee status or asylum in any of these countries. Throughout the journey, we were in transit and never felt safe or protected. The conditions in those countries did not offer a real solution to the persecution we were fleeing. We had no legal status in any of those countries, we are not entitled to return to any of them for lawful residence purposes, and we did not consider them viable options for protection given the extremely dangerous and unstable conditions we experienced along the way.

Gabriel de Freitas Silva **File No. A. 226-068-578**
Camila Beatriz Oliveira Santos **File No. A. 226-068-637**

Proof of Service

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

RESPONDENT'S APPLICATION FOR ASYLUM AND WITHHOLDING OF REMOVAL

To the following:

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

by:

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

Otavio Silva (Bar N. 343486)
Attorney at Law
P.O. Box 90487
San Diego, CA 92169
Counsel for Respondent