Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Timotea	Middle Name (if any) N/A	Family Name (Last Name) Pablo Aguilar

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 560.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

August 18, 2026

USCIS
Attn: I-765 C08
P.O. Box 650888
Dallas, TX 75265-0888

RE: I-765 Application for Employment Authorization

Applicant: Timotea Pablo Aguilar

Dear Sir or Madam,

Enclosed please find the Application for Employment Authorization packet for the applicant Timotea Pablo Aguilar, containing:

Forms signed by Timotea Pablo Aguilar:

- Form G-1450, Authorization for Credit Card Transactions
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-765, Application for Employment Authorization

I. Timotea Pablo Aguilar's Identification Documents:

- Timotea's Birth Certificate With English Translation
- Timotea's Consular ID Card

II. Proof of Asylum Application

III. Photos 2x2

Sincerely,

_____

Natalia Vieira Santanna, SBN#337502
P.O. Box 7528
Oakland, CA 94601
(510) 922-0154

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): VIEIRA SANTANNA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5109220154

5. Mobile Telephone Number (if any): 5109220154

6. Email Address (if any): natalia@santannalaw.com

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: CA

1.b. Bar Number (if applicable): 337502

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

1.d. Name of Law Firm or Organization (if applicable): Santanna Law Offices

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) PABLO AGUILAR

6.b. Given Name (First Name) Timotea

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- 221160624

Client's Contact Information

10. Daytime Telephone Number

9258225300

11. Mobile Telephone Number (if any)

9258225300

12. Email Address (if any)

teyitapablo@gmail.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 7528

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town Oakland

13.d. State CA **13.e.** ZIP Code 94601

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Timotea Pablo

2.b. Date of Signature (mm/dd/yyyy) 04/06/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/06/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): PABLO AGUILAR

1.b. Given Name (First Name): Timotea

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

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)
		337502	0 6 3 4 6 0 3 2 7 9 7 4

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): PABLO AGUILAR

1.b. Given Name (First Name): Timotea

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Santanna Law Offices PC

5.b. Street Number and Name: PO Box 7528

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: Oakland

5.e. State: CA **5.f.** ZIP Code: 94601
(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 1441 S American Street

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Stockton

7.d. State: CA **7.e.** ZIP Code: 95206

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- 221160624

9. USCIS Online Account Number (if any)
▶ N/A

10. Sex ☐ Male ☒ Female

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

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N/A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Guatemala

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Todos Santos Cuchumatán, Caserío Chanjón

15.b. State/Province of Birth

Huehuetenango

15.c. Country of Birth

Guatemala

16. Date of Birth (mm/dd/yyyy) 01/26/2009

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► N/A

18. Passport Number of Your Most Recently Issued Passport

N/A

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

N/A

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) N/A

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 08/29/2024

23. Place of Your Last Arrival Into the United States

Sasabe AZ

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Applicant – I-589 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(C) (8) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N/A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

spanish,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Santanna Law Offices PC,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(925) 822-5300

4. Applicant's Mobile Telephone Number (if any)

(925) 822-5300

5. Applicant's Email Address (if any)

teyitapablo@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Timotea Pablo Aguilar

7.b. Date of Signature (mm/dd/yyyy) 07/23/2026

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415) 425-2508

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

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

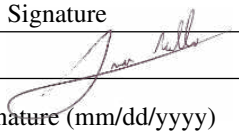
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and spanish, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 07/23/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): VIEIRA SANTANNA

1.b. Preparer's Given Name (First Name): Natalia

2. Preparer's Business or Organization Name (if any): Santanna Law Offices

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (510) 922-0154

5. Preparer's Mobile Telephone Number (if any): (510) 922-0154

6. Preparer's Email Address (if any): natalia@santannalaw.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 07/23/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): PABLO AGUILAR

1.b. Given Name (First Name): Timotea

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 221160624

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1	
Timotea's Birth certificate with English Translation	1-5
Exhibit 2	
Timotea's Consular ID Card	6-7
Exhibit 3	
Proof of Asylum Application (Receipt Notice of Form I-589)	8-9

Exhibit 1

RENAP

National Registry of Persons

Registration Number: ED141219521092025

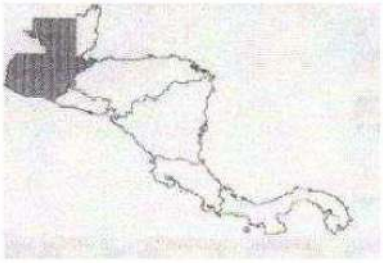
VERIFIER: 948C59D38C9C
ID: 244000005290

Civil Registry of Persons
Birth Certificate

The Undersigned Civil Registrar of Persons of the National Registry of Persons of the Municipality of Guatemala, Department of Guatemala,

CERTIFIES

that on February twenty-seventh, two thousand and nine, in the Civil Registry of the Municipality of TODOS SANTOS CUCHUMATÁN, Department of HUEHUETENANGO,
the birth below was registered:

- Timotea, Pablo Aguilar -			
Names and Surnames of Person Registered			
Picture not available	**Registered Person's Information**		
	2028596731315		
	Identification Document		
	January twenty-sixth, two thousand nine		
	Date of Birth		
	GUATEMALA, HUEHUETENANGO, TODOS SANTOS CHUCHUMATÁN		
	Birthplace		
	Female		
	Sex		
Mother's Information			**Father's Information**
1770451401315			1630291561315
Identification Document			Identification Document
- Leonarda, Aguilar Cardona -			- Victoriano, Pablo Calmo -
Mother's Names and Surnames			Father's Names and Surnames
October fifteenth, nineteen sixty-three			December twenty-seventh, nineteen seventy-three
Date of Birth			Date of Birth
GUATEMALA, HUEHUETENANGO, TODOS SANTOS CUCHUMATÁN			GUATEMALA, HUEHUETENANGO, TODOS SANTOS CUCHUMATÁN
Place of Origin			Place of Origin

Remarks		
NO ANNOTATION RECORDED		
Issued on September twenty-first, two thousand twenty-five by the Civil Registrar of Persons, and authenticated as a true copy of the original.		
----------	LAST LINE	----------
I certify	 DEPUTY CIVIL REGISTRAR OF PERSONS	CIVIL REGISTRY OF PERSONS **1** **RENAP** GUATEMALA GUATEMALA OFFICE ..../illegible/...
	RENAP	
This certificate was printed on bond paper on September twenty-first, two thousand and twenty-five and is valid for six months or three QR code verifications. For the uses convenient to the interested party, its authenticity must be verified through the link https://www.renap.gob.gt/verificacion-de-certificado or calling 1516.		
Page 2 of 2		

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

Date: October 13, 2025.

RENAP

Registro Nacional de las Personas

VERIFICADOR: 948C59038C9C
ID: 2H4000005290

Correlativo: E0141219521092025

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Guatemala, Departamento de Guatemala,

CERTIFICA

que con fecha veintisiete de febrero de dos mil nueve, en el Registro Civil del Municipio de TODOS SANTOS CUCHUMATÁN, Departamento de HUEHUETENANGO, quedó inscrito el Nacimiento de:

- Timotea , Pablo Aguilar -

Nombres y Apellidos del Inscrito

Fotografía no disponible

Datos del Inscrito

2028596731315
Documento de Identificación

Veintiséis de enero de dos mil nueve
Fecha de Nacimiento

GUATEMALA, HUEHUETENANGO, TODOS SANTOS CUCHUMATÁN
Lugar de Nacimiento

Femenino
Sexo

Datos de la Madre

1720451401315
Documento de Identificación

- Leonarda , Aguilar Cardona -

Nombres y Apellidos de la Madre

Quince de octubre de mil novecientos setenta y tres
Fecha de Nacimiento

GUATEMALA, HUEHUETENANGO, TODOS SANTOS CUCHUMATÁN
Lugar de Origen

Datos del Padre

1630291561315
Documento de Identificación

- Victoriano , Pablo Calmo -

Nombres y Apellidos del Padre

Veintisiete de diciembre de mil novecientos setenta y tres
Fecha de Nacimiento

GUATEMALA, HUEHUETENANGO, TODOS SANTOS CUCHUMATÁN
Lugar de Origen

RENAPPORTAL
21/09/2025 15:04:52
ServiciosWeb
mildredperuch77@gmail.com

7DCDFB1998336572759B873EC4F5F693CDAA7B18

Observaciones
NO CONSTA NINGUNA ANOTACION.

Extendida el día veintiuno de septiembre de dos mil veinticinco por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

ULTIMA LÍNEA

Doy fe

Licenciado Edgar Salomon , Garcia Soto
REGISTRADOR CIVIL DE LAS PERSONAS EN FUNCIONES

REGISTRO NACIONAL DE LAS PERSONAS DE LA REPÚBLICA DE GUATEMALA
1
RENAP
GUATEMALA
GUATEMALA
SEDE No. 185

Este certificado fue impreso en papel bond el día veintiuno de septiembre del dos mil veinticinco y tiene vigencia de seis meses o tres verificaciones del código QR Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516

Exhibit 2

REPÚBLICA DE GUATEMALA

IDENTIFICACIÓN CONSULAR

CONSULAR ID CARD

No. N080-1181643-1315

Nombre / Name

TIMOTEA

PABLO AGUILAR

Dirección / Address

1441 S AMERICAN ST

STOCKTON, CA 95206

Fecha de Nacimiento / Date of Birth

JAN-26-2009

Lugar de Nacimiento / Place of Birth

GUATEMALA, HUEHUETENANGO,

TODOS SANTOS CUCHUMATAN

Sexo/Sex	Altura/Height	Peso/Weight
F	5'1"	130

Emitido / Issued	Vence / Expires
SEP-28-2025	SEP-28-2030

MINISTERIO DE RELACIONES EXTERIORES
MINISTRY OF FOREIGN RELATIONS

EL TITULAR ES CIUDADANO GUATEMALTECO QUE VIVE EN EL EXTRANJERO.
ESTA ES UNA IDENTIFICACIÓN EMITIDA POR EL GOBIERNO DE GUATEMALA.

THE BEARER IS A GUATEMALAN CITIZEN LIVING ABROAD.
THIS ID IS ISSUED BY THE GUATEMALAN GOVERNMENT.

Identificación Nacional / National ID
CERT. NACIM CON CUI

Número / Number
2028596731315

Emitido por / Issued by
REGISTRO NACIONAL DE LAS PERSONAS GUATEMALA, GUATEMALA

ID Consular emitido por / Consular ID issued by
CONSULADO GENERAL DE GUATEMALA EN SAN FRANCISCO, CA
Tel (415) 563-8319
SFOM00021731

conssanfrancisco@minex.gob.gt

To verify the authenticity of this document please visit www.ticgs.com/CheckID/VeriryTICG.aspx then follow the online instructions, or contact the Embassy or Consulate of Guatemala

IDGTM0801181643<1315<<<<<<<<<<<
0901266F3009288GTM<<<<<<<<<<<4
PABLO<<TIMOTEA<<<<<<<<<<<<<<<

Exhibit 3

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
LGL2590197020		I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL
Received Date 08/29/2025	**Priority Date**	**Applicant** A221 160 624 PABLO AGUILAR, TIMOTEA
Notice Date 09/04/2025	**Page** 1 of 2	

TIMOTEA PABLO AGUILAR
c/o NATALIA VIEIRA SANTANNA
SANTANNA LAW OFFICES PC
PO BOX 7528
OAKLAND CA 94601

Notice Type: Receipt Notice

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. **This is a courtesy copy, not the official notice.**

What the Official Notice Said

*** ACKNOWLEDGEMENT OF RECEIPT ***

Your complete Form I-589, Application for Asylum and for Withholding of Removal was received and is pending as of 08/29/2025.

You may remain in the United States until your asylum application is decided. Having a pending asylum application with USCIS does not preclude U.S. Immigration and Customs Enforcement (ICE) or U.S. Customs and Border Protection (CBP) from placing you into removal proceedings. If you wish to leave the United States while your application is pending, you must obtain advance parole or, for Temporary Protected Status (TPS) recipients, approval of Form I-512T, Authorization for Travel by a Noncitizen to the United States (sometimes referred to as MTINA TPS travel authorization), from USCIS or you may be considered to have abandoned your asylum application. You must report a change of address to USCIS within 10 days of moving by following the instructions on the How to Change Your Address webpage (https://www.uscis.gov/addresschange). Changing your address with the U.S. Postal Service will not change your address with USCIS.

BIOMETRICS APPOINTMENT AND ASYLUM INTERVIEW NOTICES:

You will receive a notice informing you when you and those listed on your application as a husband or wife or son or daughter dependent must appear at an Application Support Center (ASC) for biometrics collection. You will also receive a notice informing you when you and those listed on your application as a husband or wife or son or daughter dependent must appear for an asylum interview. Those notices will contain instructions for what to bring to your ASC appointment and what to bring to your asylum interview.

WARNING: Failure to appear at the ASC for biometrics collection or for your asylum interview may affect your eligibility for employment authorization and may also result in the dismissal of your asylum application or referral of your asylum application to an immigration judge.

EMPLOYMENT AUTHORIZATION:

You may file a Form I-765, Application for Employment Authorization, based on your pending asylum application 150 days after you filed your asylum application. You are not eligible to receive an Employment Authorization Document (EAD) until your asylum application has been pending for at least another 30 days, for a total of 180 days. 8 CFR 208.7(a)(1). The 150-day waiting period and the 180-day eligibility period, commonly referred to as the 180-Day Asylum EAD Clock, do not include delays that you request or cause while your asylum application is pending with an asylum office or with the Immigration Court. 8 CFR 208.7(a)(2).

Delays requested or caused by the applicant may include:

- A request to transfer a case to a new asylum office or interview location, including when the transfer is based on your change of address;
- A request to reschedule an interview for a later date;
- Failure to appear at an interview or biometrics appointment;
- Failure to provide a competent interpreter at an interview (if required);
- A request to provide additional evidence at or after an interview;
- The submission of large volumes of evidence immediately before an interview that requires a reschedule; and
- Failure to receive and acknowledge an asylum decision in person (if required).

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

San Francisco Asylum Office
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 77530
San Francisco CA 94107

USCIS Contact Center: www.uscis.gov/contactcenter

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
LGL2590197020		I589 - APPLICATION FOR ASYLUM AND FOR WITHHOLDING OF REMOVAL
Received Date 08/29/2025	**Priority Date**	**Applicant** A221 160 624 PABLO AGUILAR, TIMOTEA
Notice Date 09/04/2025	**Page** 2 of 2	

Applicant(s):

Alien Number	Name
A221 160 624	PABLO AGUILAR, TIMOTEA

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

San Francisco Asylum Office
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 77530
San Francisco CA 94107

USCIS Contact Center: www.uscis.gov/contactcenter