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**.

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Roger	Middle Name (if any) William	Family Name (Last Name) Clark
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 $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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.

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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**.

Form I-485, Application to Register Permanente Residence or Adjust Status

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Claudia	Middle Name (if any) N/A	Family Name (Last Name) Won Held Pedro

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 $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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**.

I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Claudia	Middle Name (if any) N/A	Family Name (Last Name) Won Held Pedro

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 $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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**.

Form I-131, Application for Travel Documents

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Claudia	Middle Name (if any) N/A	Family Name (Last Name) Won Held Pedro

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 $ 630.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: I-130
P.O. Box 21700
Phoenix, AZ 85036-1700

RE: Form I-130, Petition for Alien Relative
Petitioner: Roger William Clark
Beneficiary: Claudia Won Held Pedro

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Roger William Clark and Claudia Won Held Pedro.**

- Form G-1450, Authorization for Credit Card Transactions;

- Roger William Clark's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative;
- Form I-864, Affidavit of Support Under Section 213A of the INA;

- Claudia Won Held Pedro's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130A, Supplemental Information for a Spouse Beneficiary;
- Form I-485, Application to Register Permanent Residence or Adjust Status;
- Form I-765, Application for Employment Authorization;

- Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure Records;

I.Roger William Clark's Identification Documents

- Roger William Clark's Valid Passport;
- Roger William Clark's Birth Certificate;
- Roger William Clark's Drivers Licence;

II. Claudia Won Held Pedro's Identification Documents

- Claudia Won Held Pedro's Valid Passport;
- Claudia Won Held Pedro's Emergency Passport with Visa;
- Claudia Won Held Pedro's Birth Certificate;
- Claudia Won Held Pedro's Drivers Licence;
- Claudia Won Held Pedro's Copy of I-94 and Travel History;

III. Roger William Clark and Claudia Won Held Pedro's Marriage Certificate

IV. Evidence of Bona Fide Marriage: Personal Statements of their Relationship

- Roger William Clark's Personal Declaration;
- Claudia Won Held Pedro's Personal Declaration;

V. Evidence of Bona Fide Marriage: Life Together

- Claudia Won Held Pedro and Roger William Clark's Proof of residence;
- Costco Membership – Claudia as Dependent on Roger's Account;
- Health Insurance Documentation – Evidence of Claudia's Dependent Status Under Roger's Coverage;

VI. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by Fernanda Jinkings Segovia do Couto;
- Letter of Support Delivered by Max Arlan Meyer;
- Letter of Support Delivered by Sumiko Medina;

-Letter of Support Delivered by Kristine Marie Haight;

- Letter of Support Delivered by Fernanda Cardoso dos Reis with English Translation;

VI. Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

- Photographic Evidence of Relationship;

VIII. Petitioner's Financial Information

- Roger William Clark's IRS Federal Income Tax Return - 2025;
- Roger William Clark's IRS Federal Income Tax Return - 2024;
- Roger William Clark's IRS Federal Income Tax Return - 2023;
- Roger William Clark's February 16, 2026 Paystub;
- Roger William Clark's February 01, 2026 Paystub;
- Roger William Clark's January 16, 2026 Paystub;
- Roger William Clark's January 01, 2026 Paystub;
- Roger William Clark's December 16, 2025 Paystub;

IX. Claudia Won Held Pedro's Evidence of Dissolution of Prior Marriage

X. Roger William Clark's Prior Marriage - Death Certificate of Prior Spouse

XI. Claudia Won Held Pedro's Previous Immigration Documents

- Form I-20 (Certificate of Eligibility for F-2 Dependent Status);
- Form I-797A (Approval Notice - Change of Status to F-2);
- Decision Letter - Form I-290B Approval (Motion to Reopen Reconsider);
- Form I-797C (Notice of Action - Reopen Notice);
- Decision Letter - Form I-539 Abandonment Denial (Change of Status);
- Form I-797C (Notice of Action - Receipt Notice - Form I-140);
- Form I-797A (Approval Notice - Extension of B2 Status);
- Form I-797C (Notice of Action - Reopen Notice - Form I-539);
- Decision Letter - Form I-539 Denial (Extension of B2 Status);
- Form I-797C (Notice of Action - ASC Biometrics Appointment Notice);
- Form I-20 (Certificate of Eligibility for F-1 Student Status - Principal);

XII. Claudia Won Held Pedro's FBI Identity History Summary

- Claudia Won Held Pedro's FBI Identity History Summary Report (Dated August 25, 2026).

XIII. Claudia Won Held Pedro's Traffic Tickets

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



_____09/22/2026

Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(510) 241-9336

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 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.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: California

1.b. Bar Number (if applicable): 343486

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): HS Law Corp

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-130 and I-864

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) CLARK

6.b. Given Name (First Name) Roger

6.c. Middle Name William

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- N / A

Client's Contact Information

10. Daytime Telephone Number

9167613069

11. Mobile Telephone Number (if any)

9167613069

12. Email Address (if any)

rwclark74@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 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

13.d. State CA **13.e.** ZIP Code 92169

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 09/21/2026

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

[signature]

1.b. Date of Signature (mm/dd/yyyy) 09/21/2026

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): CLARK

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

1.c. Middle Name: William

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/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

Petition for Alien Relative

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

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated	**Section of Law/Visa Category**	
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4	
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1	
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1	
Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation ☐ Personal Interview ☐ 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded ☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously
		☐ 203(g) Resolved ☐ Ben. A-File Reviewed ☐ 204(g) Resolved
Remarks		

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.**

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):
   ☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
   ☐ Child was born to parents who were married to each other at the time of the child's birth
   ☐ Stepchild/Stepparent
   ☐ Child was born to parents who were not married to each other at the time of the child's birth
   ☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- N/A
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 558450530

Your Full Name

4.a. Family Name (Last Name): CLARK
4.b. Given Name (First Name): Roger
4.c. Middle Name: William

Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Fullerton

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 04/23/1974

9. Sex: [X] Male [ ] Female

Mailing Address

10.a. In Care Of Name: Otavio Haverroth Silva

10.b. Street Number and Name: PO Box 90487

10.c. [ ] Apt. [ ] Ste. [ ] Flr.: N/A

10.d. City or Town: San Diego

10.e. State: CA **10.f.** ZIP Code: 92169

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

11. Is your current mailing address the same as your physical address? [ ] Yes [X] No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name: 232 Reserve Drive

12.b. [ ] Apt. [ ] Ste. [ ] Flr.: N/A

12.c. City or Town: Davenport

12.d. State: FL **12.e.** ZIP Code: 33896

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 03/31/2026

13.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

14.a. Street Number and Name: 1070 Forrest Drive

14.b. [ ] Apt. [ ] Ste. [ ] Flr.: N/A

14.c. City or Town: Bartow

14.d. State: FL **14.e.** ZIP Code: 33830

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 05/01/2025

15.b. Date To (mm/dd/yyyy): 03/30/2026

Your Marital Information

16. How many times have you been married? ▶ 2

17. Current Marital Status

[ ] Single, Never Married [X] Married [ ] Divorced

[ ] Widowed [ ] Separated [ ] Annulled

Part 2. Information About You (Petitioner) (continued)

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) `05/09/2026`

Place of Your Current Marriage (if married)

19.a. City or Town `Tallahassee`

19.b. State `FL`

19.c. Province `N/A`

19.d. Country `USA`

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name) `WON HELD PEDRO`

20.b. Given Name (First Name) `Claudia`

20.c. Middle Name `N/A`

21. Date Marriage Ended (mm/dd/yyyy) `Current`

Spouse 2

22.a. Family Name (Last Name) `HATHAWAY CLARK`

22.b. Given Name (First Name) `Shauna`

22.c. Middle Name `N/A`

23. Date Marriage Ended (mm/dd/yyyy) `10/28/2023`

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name) `CLARK`

24.b. Given Name (First Name) `Richard`

24.c. Middle Name `Charles`

25. Date of Birth (mm/dd/yyyy) `12/10/1945`

26. Sex ☒ Male ☐ Female

27. Country of Birth `USA`

28. City/Town/Village of Residence `Lamar Colorado`

29. Country of Residence `USA`

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) `CLARK`

30.b. Given Name (First Name) `Roberta`

30.c. Middle Name `Garrison`

31. Date of Birth (mm/dd/yyyy) `12/20/1945`

32. Sex ☐ Male ☒ Female

33. Country of Birth `USA`

34. City/Town/Village of Residence `Clearwater Florida`

35. Country of Residence `USA`

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

☒ Birth in the United States

☐ Naturalization

☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number `N/A`

39.b. Place of Issuance `N/A`

39.c. Date of Issuance (mm/dd/yyyy) `N/A`

Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy) N/A

Place of Admission

40.c. City or Town

N/A

40.d State N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Onterris (Montrose Environmental)

43.a. Street Number and Name 9409 Southpark Centr Loop Building T

43.b. ☐ Apt. ☒ Ste. ☐ Flr. 100

43.c. City or Town Orlando

43.d. State FL **43.e.** ZIP Code 32819

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Project Geologist III

45.a. Date From (mm/dd/yyyy) 05/18/2025

45.b. Date To (mm/dd/yyyy) PRESENT

Employer 2

46. Name of Employer/Company

AcTalent (Contracted to Terracon)

47.a. Street Number and Name 101 W Mulberry Blvd

47.b. ☒ Apt. ☐ Ste. ☐ Flr. 230

47.c. City or Town Savannah

47.d. State GA **47.e.** ZIP Code 31407

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Senior Staff Geologist

49.a. Date From (mm/dd/yyyy) 01/20/2024

49.b. Date To (mm/dd/yyyy) 08/2024

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 6

4. Weight Pounds 190

5. Eye Color (Select **only one** box)

☐ Black ☒ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair)
- ☐ Black
- ☐ Blond
- ☒ Brown
- ☐ Gray
- ☐ Red
- ☐ Sandy
- ☐ White
- ☐ Unknown/Other

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

3. U.S. Social Security Number (if any)

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): WON HELD PEDRO

4.b. Given Name (First Name): Claudia

4.c. Middle Name: N/A

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): WON HELD PEDRO GOMES

5.b. Given Name (First Name): Claudia

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Sao Joao de Meriti

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 09/02/1976

9. Sex ☐ Male ☒ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name: 232 Reserve Drive

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: Davenport

11.d. State: FL **11.e.** ZIP Code: 33896

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

12.d. State: N/A **12.e.** ZIP Code: N/A

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name: N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 4078375812

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

4078375812

16. Email Address (if any)

claudiawhd@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ► 2

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/09/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town Tallahassee

20.b. State FL

20.c. Province N/A

20.d. Country

USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name) Clark

21.b. Given Name (First Name) Roger

21.c. Middle Name William

22. Date Marriage Ended (mm/dd/yyyy) Current

Spouse 2

23.a. Family Name (Last Name) DA SILVA GOMES

23.b. Given Name (First Name) Anderson Luis

23.c. Middle Name N/A

24. Date Marriage Ended (mm/dd/yyyy) 03/30/2026

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) Clark

25.b. Given Name (First Name) Roger

25.c. Middle Name William

26. Relationship Spouse

27. Date of Birth (mm/dd/yyyy) 04/23/1974

28. Country of Birth

USA

Person 2

29.a. Family Name (Last Name) N/A

29.b. Given Name (First Name) N/A

29.c. Middle Name N/A

30. Relationship N/A

31. Date of Birth (mm/dd/yyyy) N/A

32. Country of Birth

N/A

Person 3

33.a. Family Name (Last Name) N/A

33.b. Given Name (First Name) N/A

33.c. Middle Name N/A

34. Relationship N/A

35. Date of Birth (mm/dd/yyyy) N/A

36. Country of Birth

N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

39. Date of Birth (mm/dd/yyyy): N/A

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

43. Date of Birth (mm/dd/yyyy): N/A

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?

☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 5 6 4 1 6 0 9 1 5 A 2

46.c. Date of Arrival (mm/dd/yyyy): 12/27/2020

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 06/26/2021

47. Passport Number: FX948323

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 01/17/2029

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable): Bravo Prime Services

51.b. Street Number and Name: 8415 Titos Dr

51.c. ☒ Apt. ☐ Ste. ☐ Flr. 402

51.d. City or Town: Kissimmee

51.e. State: FL **51.f.** ZIP Code: 34747

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 10/01/2024

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State: N/A

56. Date (mm/dd/yyyy): N/A

Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

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

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

57.c. Middle Name: N/A

58.a. Street Number and Name: N/A

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name: 232 Reserve Dr

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: Davenport

59.d. State: FL **59.e.** ZIP Code: 33896

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 03/31/2026

60.b. Date To (mm/dd/yyyy): Current

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town: Tampa

61.b. State: FL

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

4. Date Filed (mm/dd/yyyy): N/A

5. Result (for example, approved, denied, withdrawn): N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner'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 petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in N/A, a language in which I am fluent. I understood all of this information as interpreted.

2. ☒ At my request, the preparer named in **Part 8.,** Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 9167613069

4. Petitioner's Mobile Telephone Number (if any): 9167613069

5. Petitioner's Email Address (if any): rwclark74@gmail.com

Petitioner's Declaration and 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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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 provided or authorized all of the information contained in, and submitted with, my petition;

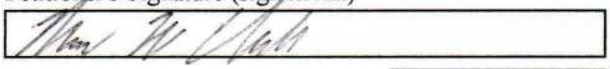
2) I reviewed and understood all of the information in, and submitted with, my petition; and

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

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)



6.b. Date of Signature (mm/dd/yyyy): 09/21/2026

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

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

3.a. Street Number and Name: N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: N/A **3.e.** ZIP Code: N/A

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A,

which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

N/A

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

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer'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

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

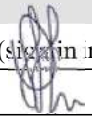
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 09/21/2026

Part 9. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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): CLARK

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

1.c. Middle Name: William

2. A-Number (if any) ► A-: N / A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 14a

3.d.
Physical Address 3: 106 Trellis Way. Savannah. Georgia. 31419. USA. From 02/08/2024 to 05/01/2025.
Physical Address 4: 4432 Middlebrook Rd. Orlando. FL. 32810. USA. From 02/01/2021 to 02/2024.

4.a. Page Number: 4 **4.b.** Part Number: 2 **4.c.** Item Number: 46

4.d.
Employer 3: Orange County Environmental Protection Division. 3165 McCrory Place. Suite 200. Orlando. FL. 32803. USA. Environmental Specialist II. From 01/2013 to 07/2023.
Employer 4: Universal Orlando Resort. 6000 Universal Blvd. Orlando. FL. 32819. USA. Event Guide. From 08/2012 to 02/2024.

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 42

5.d.
Roger's current employer, Onterris, was called Montrose Environmental until it rebranded in April 2026.

6.a. Page Number: 4 **6.b.** Part Number: 2 **6.c.** Item Number: 46

6.d.
Some of the employment dates provided above are approximate. During the gaps between the employment positions listed above, Roger was unemployed.

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

7.d.
N/A

Affidavit of Support Under Section 213A of the INA

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

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

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my N/A

1.c. ☐ I have an ownership interest of at least 5 percent in N/A which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my N/A

1.d. ☐ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's N/A

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CLARK	Roger	William

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
232 Reserve Dr

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Davenport

State
FL

ZIP Code
33896

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
04/23/1974

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 5 5 8 4 5 0 5 3 0

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10 Sponsor's A-Number (if any)
► A- N / A

11. USCIS Online Account Number (if any)
► N / A

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO	Claudia	N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality

Brazil

4. Date of Birth (mm/dd/yyyy)

09/02/1976

5. Alien Registration Number (A-Number) (if any)

► A-N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

4078375812

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N / A

USCIS Online Account Number (if any)

► N / A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

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

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

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

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

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

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **0**

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **none**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **none**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **none**

8. Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

Household Size: **2**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an **Environmental Geologist**

2. Name of Employer 1 **Onterris**

3. Name of Employer 2 (if applicable) **N/A**

4. ☐ Self-Employed as a/an (Occupation) **N/A**

5. ☐ Retired Since (mm/dd/yyyy) **N/A**

6. ☐ Unemployed Since (mm/dd/yyyy) **N/A**

7. My current individual annual income is: $ **50,267**

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 50,267

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	2025	$ 50,533.00
16.b. 2nd Most Recent	2024	$ 53,132.00
16.c. 3rd Most Recent	2023	$ 52,081.00

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____ *The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*	

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1.	Enter the balance of all cash, savings, and checking accounts.	$ N/A
2.	Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $	$ N/A
3.	Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.**	$ N/A
4.	Add together **Item Numbers 1. - 3.** and enter the number here.	$ N/A

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5.	Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here.	**TOTAL:** $ N/A

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts. $ N/A

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) $ N/A

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** $ N/A

9. Add together **Item Numbers 6. - 8.** and enter the number here. $ N/A

Total Value of Assets

10. Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here. **TOTAL: $** N/A

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- **A.** Becomes a U.S. citizen;
- **B.** Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- **C.** No longer has lawful permanent resident status and has departed the United States;
- **D.** Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- **E.** Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in `N/A`, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**, `Otavio Haverroth Silva`, prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
`9167613069`

4. Sponsor's Mobile Telephone Number (if any)
`9167613069`

5. Sponsor's Email Address (if any)
`rwclark74@gmail.com`

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Declaration and Certification

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

I authorize USCIS and DOS to request, and any consumer reporting agency to provide, information from one or more consumer reporting agencies in order to obtain or verify information, including credit reports and scores, in connection with the sufficiency determination of my Form I-864. I further authorize the disclosure of this information to the immigrant I am sponsoring for purposes of responding to any derogatory information pursuant to 8 C.F.R. 103.2(b)(16).

Photocopies of this authorization bearing my handwritten signature are valid. This authorization shall remain in effect until the earliest of the following: (1) the application for visa, admission, or adjustment of status (s) of the beneficiary and accompanying derivative(s), if any, I have agreed to sponsor are approved; (2) the application(s) for visa, adjustment of status or admission are refused and the one-year period to overcome the refusal has lapsed pursuant to 22 CFR 42.81(e), provided that this authorization shall remain valid during any period in which an application is pending administrative processing; or (3) a properly submitted request to withdraw my Form I-864, been effectuated. I understand that a new authorization may be required if I wish to sponsor future individuals, including following-to-join derivative beneficiaries.

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

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature ➡ [signature]

Date of Signature (mm/dd/yyyy): 09/21/2026

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

NOTE REGARDING CONSUMER OR CREDIT REPORT FILES: If you have a credit or security freeze on your consumer or credit report file, we may not be able to access the information necessary to assess the sufficiency of your Form I-864. To avoid any delays, you should expeditiously respond to any requests made to release the credit or security freeze.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
N/A

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

4. Interpreter's Mobile Telephone Number (if any)
N/A

5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature
N/A

Date of Signature (mm/dd/yyyy)
N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
09/21/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, 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 contract 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. Family Name (Last Name): CLARK | Given Name (First Name): Roger | Middle Name (if applicable): William

2. A-Number (if any) ► A- N / A

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

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 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.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: California

1.b. Bar Number (if applicable): 343486

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): HS Law Corp

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-130 A, I-131, I-485, 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): WON HELD PEDRO

6.b. Given Name (First Name): Claudia

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- N / A

Client's Contact Information

10. Daytime Telephone Number

4078375812

11. Mobile Telephone Number (if any)

4078375812

12. Email Address (if any)

claudiawhd@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 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 09/21/2026

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

[signature]

1.b. Date of Signature (mm/dd/yyyy) 09/21/2026

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): WON HELD PEDRO

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

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/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

Supplemental Information for Spouse Beneficiary

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

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).			
☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
► **A-** N / A

2. USCIS Online Account Number (if any)
► N / A

Your Full Name

3.a. Family Name (Last Name): WON HELD PEDRO
3.b. Given Name (First Name): Claudia
3.c. Middle Name: N/A

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name: 232 Reserve Drive
4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
4.c. City or Town: Davenport
4.d. State: FL **4.e.** ZIP Code: 33896
4.f. Province: N/A
4.g. Postal Code: N/A
4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 04/01/2026
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 8415 Meer Way
6.b. ☒ Apt. ☐ Ste. ☐ Flr. 402
6.c. City or Town: Kissimmee
6.d. State: FL **6.e.** ZIP Code: 34747
6.f. Province: N/A
6.g. Postal Code: N/A
6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 09/01/2023
7.b. Date To (mm/dd/yyyy): 04/01/2026

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name: Rua Cacilda Lote 143 Quadra 65
8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
8.c. City or Town: Sao Joao de Meriti
8.d. Province: N/A
8.e. Postal Code: 25550150
8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 02/13/1990

9.b. Date To (mm/dd/yyyy): 12/14/2020

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): WON HELD PEDRO

10.b. Given Name (First Name): Maria Santissima

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 05/23/1957

12. Sex ☐ Male ☒ Female

13. City/Town/Village of Birth: Itaocara

14. Country of Birth: Brazil

15. City/Town/Village of Residence: Sao Joao de Meriti

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): PEDRO

17.b. Given Name (First Name): Claudionor

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 06/14/1952

19. Sex ☒ Male ☐ Female

20. City/Town/Village of Birth: Itaocara

21. Country of Birth: Brazil

22. City/Town/Village of Residence: Sao Joao de Meriti

23. Country of Residence: Brazil

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Employment History

Employer 1

1. Name of Employer/Company: Bravo Prime Solution

2.a. Street Number and Name: 8415 Tiktos Drive

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: Kissimmee

2.d. State: FL **2.e.** ZIP Code: 34747

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Manager

4.a. Date From (mm/dd/yyyy): 10/01/2024

4.b. Date To (mm/dd/yyyy): PRESENT

Employer 2

5. Name of Employer/Company: Otis Elevator Corp

6.a. Street Number and Name: Rua Jose Eugenio 23A

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: Sao Cristovao

6.d. State: RJ **6.e.** ZIP Code: N/A

6.f. Province: Rio de Janeiro

6.g. Postal Code: 20941140

6.h. Country: Brazil

Part 2. Information About Your Employment (continued)

7. Your Occupation: Service Consulting

8.a. Date From (mm/dd/yyyy): 03/01/2006

8.b. Date To (mm/dd/yyyy): 03/22/2022

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: N/A

2.a. Street Number and Name: N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

2.d. State: N/A 2.e. ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

4.a. Date From (mm/dd/yyyy): N/A

4.b. Date To (mm/dd/yyyy): N/A

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary'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 form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in Portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 4078375812

4. Spouse Beneficiary's Mobile Telephone Number (if any): 4078375812

5. Spouse Beneficiary's Email Address (if any): claudiawhd@gmail.com

Spouse Beneficiary'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy): 09/21/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

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

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

4154252508

5. Interpreter's Mobile Telephone Number (if any)

4154252508

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 portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 09/21/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer'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

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 09/21/2026

Part 7. 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 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): WON HELD PEDRO

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: N / A

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 6a

3.d. Address 3: 8415 Tiktos Drive. Unit 402. Kissimmee. FL. 34747. From 12/02/2021 to 09/01/2023.
Address 4: 4562 Yellowgold 2. Unit 2. Kissimmee. FL. 347476. From 12/27/2020 to 12/01/2021.

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 5

4.d. During the periods when no employment is listed, Claudia was unemployed.

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

Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 03/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

► **START HERE - Type or print in black ink.** A-Number ► **A-** N/A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

1. Your Current Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO	Claudia	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO GOMES	Claudia	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 09/02/1976

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- N / A

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Sao Joao de Meriti

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

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

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: FX948323

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 01/17/2029

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N0998111

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 05/29/2018

Place and Date of Last Arrival into the United States

City or Town	State	Date of Last Arrival (mm/dd/yyyy)
Atlanta	GA	12/27/2020

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):
Visitor

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):
N/A

☐ I came into the United States without admission or parole.

☐ Other:
N/A

A-Number ▶ A- N / A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): WON HELD PEDRO GOMES

Given Name (First Name): Claudia

Form I-94 Arrival/Departure Record Number ▶ 5 6 4 1 6 0 9 1 5 A 2

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 06/26/2021

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☐ Yes ☒ No

14. What is your current immigration status (if it has changed since your last arrival)? No legal status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Claudia Won Held Pedro

Street Number and Name: 232 Reserve Drive

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: Davenport

State: FL

ZIP Code: 33896

Date You First Resided at This Address (mm/dd/yyyy): 04/01/2026

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N / A

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Claudia Won Held Pedro

Street Number and Name	Apt. Ste. Flr.	Number
9415 Meer Way	☒ ☐ ☐	402

City or Town	State	ZIP Code
Kissimmee	FL	34747

Province	Postal Code	Country
N/A	N/A	USA

Dates of Residence

From (mm/dd/yyyy) 09/01/2023 To (mm/dd/yyyy) 04/01/2026

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name	Apt. Ste. Flr.	Number
Rua Cacilda Lote 143 Quadra 65	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Sao Joao do Meriti	N/A	N/A

Province	Postal Code	Country
Rio de Janeiro	25550150	Brazil

Dates of Residence

From (mm/dd/yyyy) 02/13/1990 To (mm/dd/yyyy) 12/14/2020

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► N / A

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► A- N / A

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- N / A

Principal Applicant's Date of Birth (mm/dd/yyyy): N/A

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☒ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy). N/A

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy). N/A

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number: N/A

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born to a Foreign Government Employee in the United States

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

N/A

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): Bravo Prime Solution

Name of Employer, Company, or School: Bravo Prime Solution

Your Occupation (if unemployed or retired, so state): Manager

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 8415 Tiktos Drive | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Kissimmee | State: FL | ZIP Code: 34747

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 10/01/2024 | To (mm/dd/yyyy): Current

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Otis Elevator Corp | Your Occupation (if unemployed or retired, so state): Otis Elevator Corp

Address of Employer, Company, or School

Street Number and Name: Rua Jose Eugenio 23A | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Sao Cristovao | State: N/A | ZIP Code: N/A

Province: Rio de Janeiro | Postal Code: 20941140 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 03/01/2006 | To (mm/dd/yyyy): 03/22/2022

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): PEDRO | Given Name (First Name): Claudionor | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

3. Date of Birth (mm/dd/yyyy): 06/14/1952

Part 5. Information About Your Parents (continued)

4. Country of Birth
Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO	Maria Santissima	N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD	Maria Santissima	N/A

7. Date of Birth (mm/dd/yyyy) 05/23/1957

8. Country of Birth
Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☒ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 2

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CLARK	Roger	William

5. Current Spouse's A-Number (if any)
► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 04/23/1974

7. Current Spouse's Country of Birth
USA

8. Current Spouse's Current Physical Address

Street Number and Name: 232 Reserve Dr
Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: Davenport
State: FL
ZIP Code: 33896

Province: N/A
Postal Code: N/A
Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: Tallahassee

State or Province: Florida

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 05/09/2026

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): DA SILVA GOMES

Given Name (First Name): Anderson Luis

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): 03/22/1980

13. Prior Spouse's Country of Birth: Brazil

14. Prior Spouse's Country of Citizenship or Nationality: Brazil

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): 11/10/2006

16. Place of Marriage to Prior Spouse

City or Town: Sao Joao de Meriti

State or Province: Rio de Janeiro

Country: Brazil

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: Duque de Caxias

State or Province: Rio de Janeiro

Country: Brazil

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 03/30/2026

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☒ Divorced ☐ Spouse Deceased ☐ Other (Explain): N/A

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

none

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 3 **4.** Weight Pounds 1 4 3

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

Primeira Igreja Batista em Agostinho Porto

3. City or Town

Sao Joao de Meriti

State or Province

Rio de Janeiro

Country

Brazil

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Legitimate Christian Baptist church dedicated to religious worship, community outreach, bible study, and charitable activities.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

Regular Member

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) 06/2006 To (mm/dd/yyyy) 12/2020

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town: N/A

State or Province: N/A

Country: N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☐ Yes	☒ No
11.	Have you **EVER** been denied a visa to the United States?	☐ Yes	☒ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☒ Yes	☐ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☐ Yes	☒ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☐ Yes	☒ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☒ Yes	☐ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 64.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 64.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and complete **Item Numbers 57. - 64.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64.**" in **Item Number 56.**, complete **Item Numbers 57. - 64.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 65.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. Describe your family status (for example, your household size). 2

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☒ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☐ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☒ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest level of education you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

N/A

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☒ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your skills (for example, certifications, licenses, skills obtained through work experience, and educational certificates).

List of Certifications
Universidade da Cidade do Rio de Janeiro - Bachelor of Laws (LL.B.)
Fundação Getulio Vargas - MBA
Instituto Tecnologico de Lisboa, Portugal - Postgraduate Degree
University of California, Irvine - Postgraduate Degree
University of Chicago - Postgraduate Degree

63. Have you ever received any means-tested public benefit? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

64. If your answer to **Item Number 63.** is "Yes," list the specific means-tested public benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received (if applicable), and the reason you received the benefit.

Means-Tested Public Benefit Received	Start Date	End Date	Dollar Amount (if applicable)	Reason
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

Illegal Entries and Other Immigration Violations

65. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 65.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

66. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

67. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

68. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

69. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

70. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

71. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

72. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

73. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

74. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 74.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

75. If you answered "Yes" to **Item Number 74.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

76.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

76.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

77. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

78. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

79. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

80. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

81. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

82.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

82.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

82.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

83. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

84. If you answered "Yes" to **Item Number 83.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

N/A

A-Number ► A- N / A

Part 10. Applicant's Contact Information, Certification, and Signature

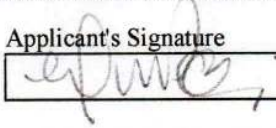
Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: 4078375812
2. Applicant's Mobile Telephone Number (if any): 4078375812
3. Applicant's Email Address (if any): claudiawhd@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ 
Date of Signature (mm/dd/yyyy): 09/21/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature 
Date of Signature (mm/dd/yyyy): 09/21/2026

A-Number ► A- N / A

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name): HAVERROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: 5102419336
4. Preparer's Mobile Telephone Number (if any): 5102419336
5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature
   Date of Signature (mm/dd/yyyy): 09/21/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp
Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)
USCIS Officer's Signature (sign in ink)

Part 14. 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.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO	Claudia	N/A

2.

Page Number	Part Number	Item Number
2	1	14 e 15

The applicant entered the U.S. as a B-2 tourist in December 2020 and subsequently applied to extend/change her nonimmigrant status. USCIS approved her Form I-539 to change her status to F-2 dependent (valid from May 11, 2023, under Duration of Status). She maintained her F-2 dependent status under her spouse, Anderson Luis Da Silva Gomes, who held F-1 student status at language institutions. On November 28, 2022, an I-140 was filed on her behalf under the EB-2 National Interest Waiver (NIW) category. Following the approval of her F-2 status and the pending/approved EB-2 NIW

3.

Page Number	Part Number	Item Number
2	1	14 e 15

petition, she became eligible to adjust her status in the U.S. Following her divorce in 2026, her legal dependence ceased, leaving her without lawful legal status in the USA.

4.

Page Number	Part Number	Item Number
4	1	18

Address 3: 8415 Tiktos Drive. Unit 402. Kissimmee. FL. 34747. From 12/02/2021 to 09/01/2023.

Address 4: 4562 Yellowgold 2. Unit 2. Kissimmee. FL. 347476. From 12/21/2020 to 12/01/2021.

5.

Page Number	Part Number	Item Number
9	4	7

During the periods between her employment, Claudia was unemployed.

Part 14. 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. Family Name (Last Name): WON HELD PEDRO | Given Name (First Name): Claudia | Middle Name (if applicable): N/A

2. Page Number: 14 | Part Number: 9 | Item Number: 12

The Applicant worked without authorization during her time in the USA to support herself financially.

3. Page Number: 14 | Part Number: 9 | Item Number: 13

The Applicant violated the terms and conditions of her nonimmigrant status. As documented in her immigration history, the Applicant received approval of her application to change status from B-2 to F-2 nonimmigrant status under Receipt Number LIN2290083357, valid for Duration of Status (D/S) as a dependent of her spouse an F1 student. However, following her divorce in 2026, the Applicant ceased to maintain

4. Page Number: 14 | Part Number: 9 | Item Number: 13

derivative status under her former spouse and did not obtain any subsequent lawful nonimmigrant status, leaving her without legal status. In addition, the Applicant engaged in unauthorized employment during her stay in the United States.

5. Page Number: 14 | Part Number: 9 | Item Number: 22

1.Traffic Citation (04/30/2026): On April 30, 2026, the Applicant was issued a traffic citation (No. AMVNMME / Case No. 53-2026-TR-038573-A000-BA) , in Polk County, FL, for using a handheld wireless device while driving (1st offense).The civil penalty paid and the case was disposed of with $0.00 balance.

Part 14. 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. Family Name (Last Name): WON HELD PEDRO | Given Name (First Name): Claudia | Middle Name (if applicable): N/A

2. Page Number: 14 | Part Number: 9 | Item Number: 22

2. Arrest / Charge (02/08/2025): On February 8, 2025, the Applicant was arrested in Orange County, FL, for Domestic Battery (Case No. 48-2025-MM-400988-O). On March 23, 2025, the State Attorney's Office filed a formal *No Information Notice*, dropping all charges as the case was not suitable for prosecution. The record was subsequently sealed under Florida law.

3. Page Number: 14 | Part Number: 9 | Item Number: 22

3. Arrest / Charge (04/12/2025): On April 12, 2025, the Applicant was cited/arrested in Orange County, FL, for Trespassing (Case No. 48-2025-MM-402620-O). On May 16, 2025, all charges were dropped/abandoned by the prosecutor. The record was subsequently sealed under Florida law.

4. Page Number: 20 | Part Number: 9 | Item Number: 74

The Applicant was granted F-2 nonimmigrant status (Receipt Number LIN2290083357) valid for Duration of Status (D/S) as a dependent of her F-1 spouse. On March 30, 2026, the Applicant's marriage was legally dissolved via a divorce deed (lavrada no Cartório do 6° Ofício de Notas de Duque de Caxias - RJ). Upon the finalization of the divorce, the Applicant ceased to maintain valid derivative F-2 status and began

5. Page Number: 20 | Part Number: 9 | Item Number: 74

accruing unlawful presence from March 30, 2026 to the date of this application.

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)
		343486	007492625438

► **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): WON HELD PEDRO

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

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): WON HELD PEDRO GOMES

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

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)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

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: 232 Reserve Dr

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Davenport

7.d. State: FL **7.e.** ZIP Code: 33896

Other Information

8. Alien Registration Number (A-Number) (if any)
► A- N / A

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
Brazil

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

Sao Joao de Meriti

15.b. State/Province of Birth

Rio de Janeiro

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 09/02/1976

Information About Your Last Arrival in the United States

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

► 56416091 5A2

18. Passport Number of Your Most Recently Issued Passport

FX948323

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/17/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/27/2020

23. Place of Your Last Arrival Into the United States

Atlanta Georgia

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

B-2

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

Adjustment of Status Pending - Form I-485

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) (9) ( )

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

portuguese ,

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

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

Otavio Haverroth Silva ,

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(407) 837-5812

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

(407) 837-5812

5. Applicant's Email Address (if any)

claudiawhd@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:

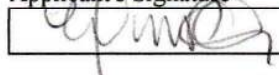
1) I reviewed and provided or authorized all of the information in my application; and

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 ➡ 

7.b. Date of Signature (mm/dd/yyyy) 09/21/2026

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 portuguese, 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): 09/21/2026

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): HAVERROTH SILVA

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

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer'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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (510) 241-9336

6. Preparer's Email Address (if any): otavio@legalhs.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) 09/21/2026

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): WON HELD PEDRO

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: 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/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

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
☐ **Document Hand Delivered** By: _____ Date: ____/____/____			☒ Fill in box if G-28 is attached to represent the applicant.
Document Issued ☐ Re-entry Permit *(Update "Mail To" Section)* ☐ Refugee Travel Document *(Update "Mail To" Section)* ☐ Single Advance Parole ☐ Multiple Advance Parole *Valid Until:* ____/____/____ ☐ TPS Travel Authorization Documentation *Valid Until:*____/____/____/		**Mail To** ***(Reentry Permit and Refugee Travel Document Only)***	☐ Address in **Part 2.** ☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

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

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

`N/A`

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

`N/A`

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

K. ☐ An approved V Nonimmigrant Status, receipt number:

N/A

L. ☐ CNMI long-term residence, receipt number:

N/A

M. ☐ Other (provide explanation):

N/A

N/A

N/A

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

E. ☐ Other: (List specific parole program or process)

N/A

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

C. ☐ Other: (List specific program or process)

N/A

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

A. ☐ Family Reunification Parole Process

B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

C. ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

D. ☐ Filipino World War II Veterans Parole (FWVP) Program

E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

F. ☐ Central American Minors (CAM) Program

G. ☐ Family Reunification Task Force (FRTF) Process

H. ☐ Military Parole in Place (Military PIP)

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

I. ☐ Other Program or Process (List specific program or process):

N/A

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☒ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO	Claudia	N/A

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
WON HELD PEDRO GOMES	Claudia	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)
Claudia Won Held Pedro

Street Number and Name
232 Reserve Drive

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Davenport

State
FL

ZIP Code
33896

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Alien Registration Number (A-Number) (if any)
► A- N / A

6. Country of Birth
Brazil

7. Country of Citizenship or Nationality
Brazil

8. Sex
☐ Male ☒ Female

9. Date of Birth (mm/dd/yyyy)
09/02/1976

10. U.S. Social Security Number (if any)
► N / A

11. USCIS Online Account Number (if any)
► N / A

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

12. Class of Admission (COA) (if any)
B2

13. Most Recent Form I-94 Arrival/Departure Record Number (if any)
564160915A2

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) 06/26/2021

15. eMedical U.S. Parolee ID (USPID) (if any) N/A

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

16.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

17. Their Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

18. Date of Birth (mm/dd/yyyy) N/A

19. Country of Birth N/A

20. Country of Citizenship or Nationality N/A

21. Daytime Phone Number N/A

22. Email Address (if any) N/A

23. Alien Registration Number (A-Number) (if any) ► A- N / A

24. Their Current Mailing Address

In Care Of Name (if any): N/A

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

25. Their Current Physical Address

In Care Of Name (if any): N/A

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any)

N/A

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

N/A

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 3 **4.** Weight Pounds 1 4 3

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No Hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/ Other

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

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

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

N/A

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued (mm/dd/yyyy) N/A

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

N/A

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

N/A

N/A

N/A

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

N/A

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

7.a. ☐ To the U.S. address shown in **Part 2.**, **Item Number 3.** of this application.

7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town **N/A** Country **N/A**

Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

8.a. ☐ To the address shown in **Part 2.**, **Item Number 3.** of this application.

8.b. ☐ To the address shown below in **Part 4.**, **Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐ Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

9.b. Daytime Phone Number

N/A

9.c. Email Address

N/A

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

☐ Less Than 6 Months
☐ 6 Months to 1 Year
☐ 1 to 2 Years
☐ 2 to 3 Years
☐ 3 to 4 Years
☐ More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

N/A

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

6.a. Are you currently outside the United States? ☐ Yes ☐ No

6.b. If you answered "Yes," what is your current location (City or Town and Country)?

N/A

6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

N/A

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

1. Date of Intended Departure (mm/dd/yyyy) 12/25/2026

2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

To visit my family.

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

Brazil.

4. How many trips do you intend to use this document?

☐ One Trip ☒ More than one trip

5. Expected Length of Trip (in days) 30

Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

N/A

N/A

N/A

N/A

2. Expected Length of Stay in the United States: N/A

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy): N/A

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town: N/A

Country: N/A

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10.** or **11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

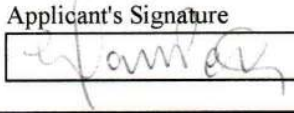
1. Applicant's Daytime Telephone Number: 4078375812

2. Applicant Mobile Telephone Number (if any): 4078375812

3. Applicant's Email Address (if any): claudiawhd@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: 

Date of Signature (mm/dd/yyyy): 09/21/2026

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

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

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

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

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

09/21/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

09/21/2026

Part 13. 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, 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 the answer refers; and sign and date each sheet.

1. Family Name (Last Name): WON HELD PEDRO | Given Name (First Name): Claudia | Middle Name: N/A

2. A-Number (if any) ► A- N / A

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

7. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

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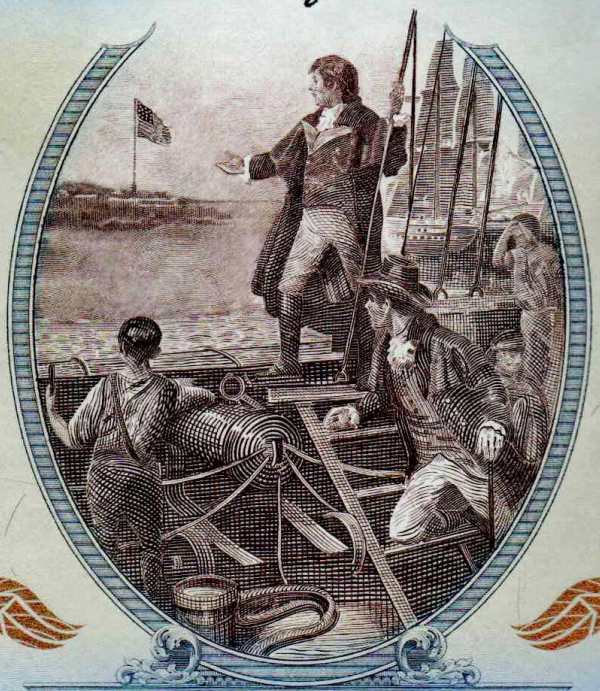
Exhibit 1 - Roger William Clark’s Identification Documents

PASSPORT



United States of America

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?



THE UNITED STATES OF AMERICA

...AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

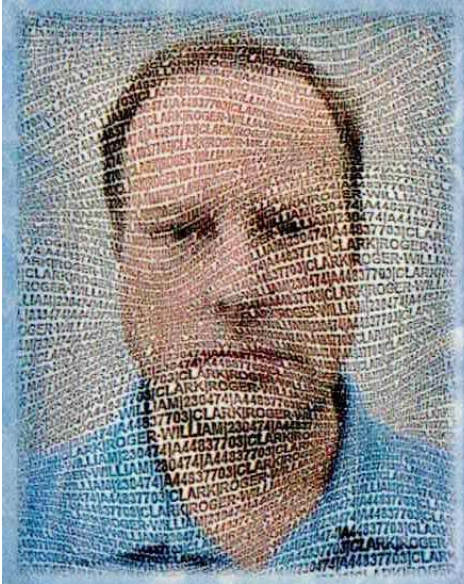
Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

A44837763

Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A44837703

USA



Surname/Nom/Apellidos
CLARK

Given names/Prénoms/Nombres
ROGER WILLIAM

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
23 APR 1974

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
16 SEP 2024

Date of expiration/Date d'expiration/Fecha de caducidad
15 SEP 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

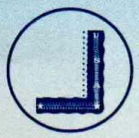


P<USACLARK<<ROGER<WILLIAM<<<<<<<<<<<<<<<<<<<<

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SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE
An image of the document holder is printed over security artwork.



MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER
The passport number is perforated throughout the passport.



COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.



A44837703

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRONICO DEL TITULAR:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES, AT **202-647-5225**, AND THE CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS DU DEPARTMENT D'ETAT, AU **202-647-5225**, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO, AL TELEFONO **202-647-5225**, Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electronico:

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

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IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

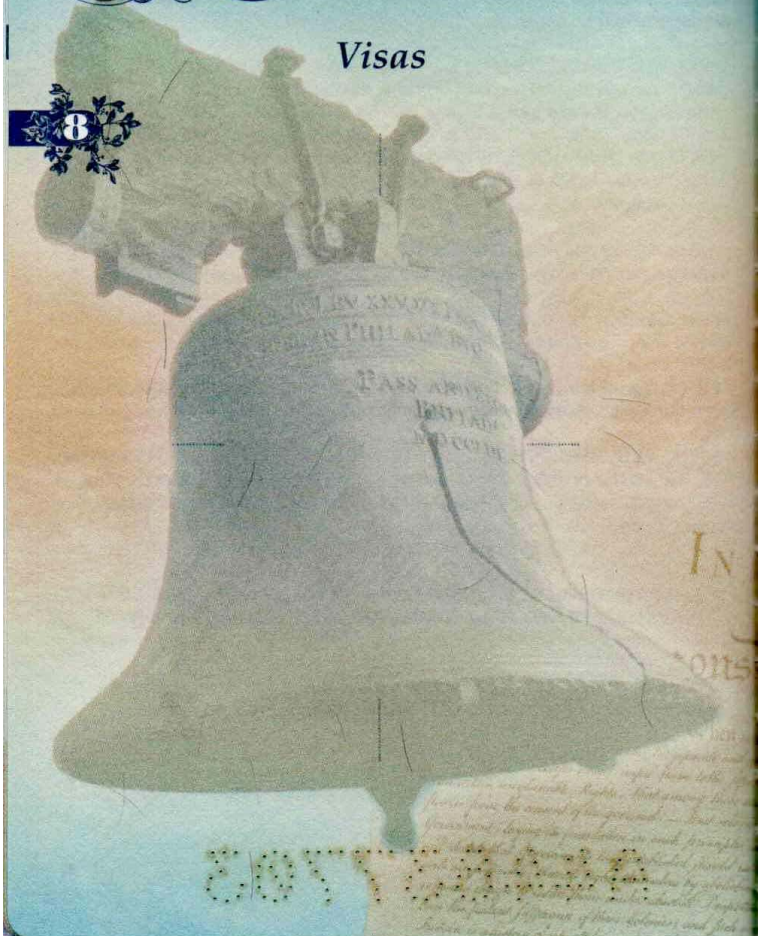
If your passport expires within six months of your date of departure, you may be denied entry into some countries.

A44637703

We have a great dream. It started way back in 1776.

Visas

8



and God grant that America will be true to her dream.
Martin Luther King, Jr.

Visas

9



IN CONGRESS, JULY 4, 1776.

Declaration of the thirteen united States of America

10

Let every nation know, whether it wishes us well or any hardship, support any friend, oppose any foe, in

Visas

10



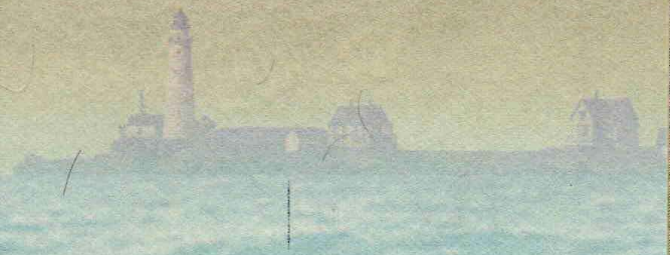
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that we shall pay any price, bear any burden, meet order to assure the survival and the success of liberty.
John F. Kennedy

Visas

11





This is a new nation, based on a mighty

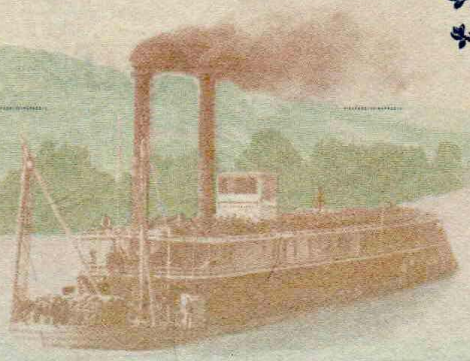
Visas



12

continent, of boundless possibilities.
Theodore Roosevelt

Visas

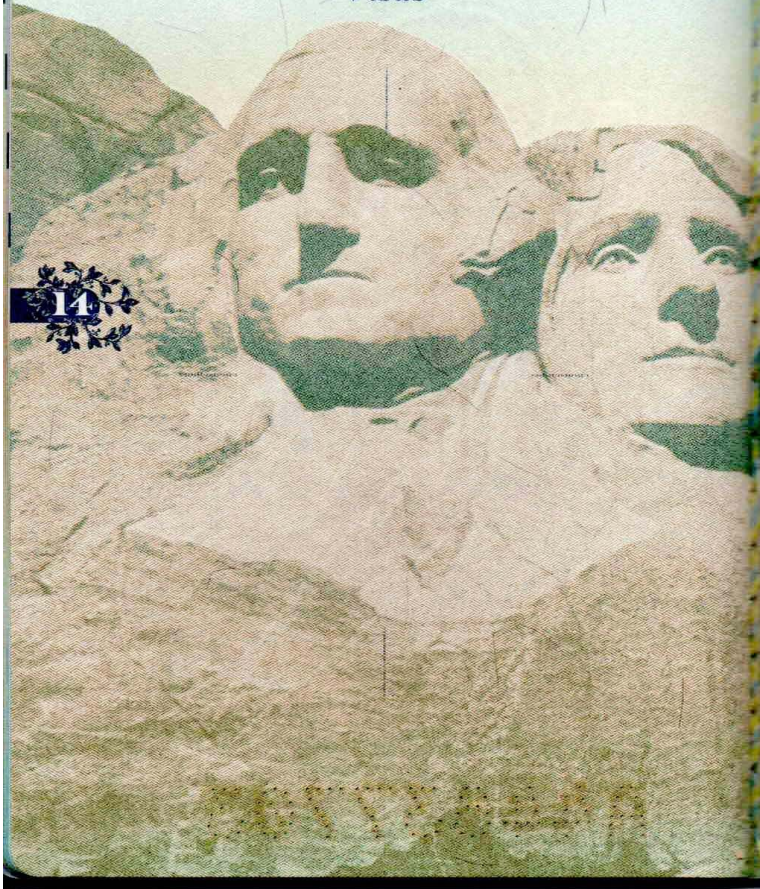


13

14

Let us raise a standard to which

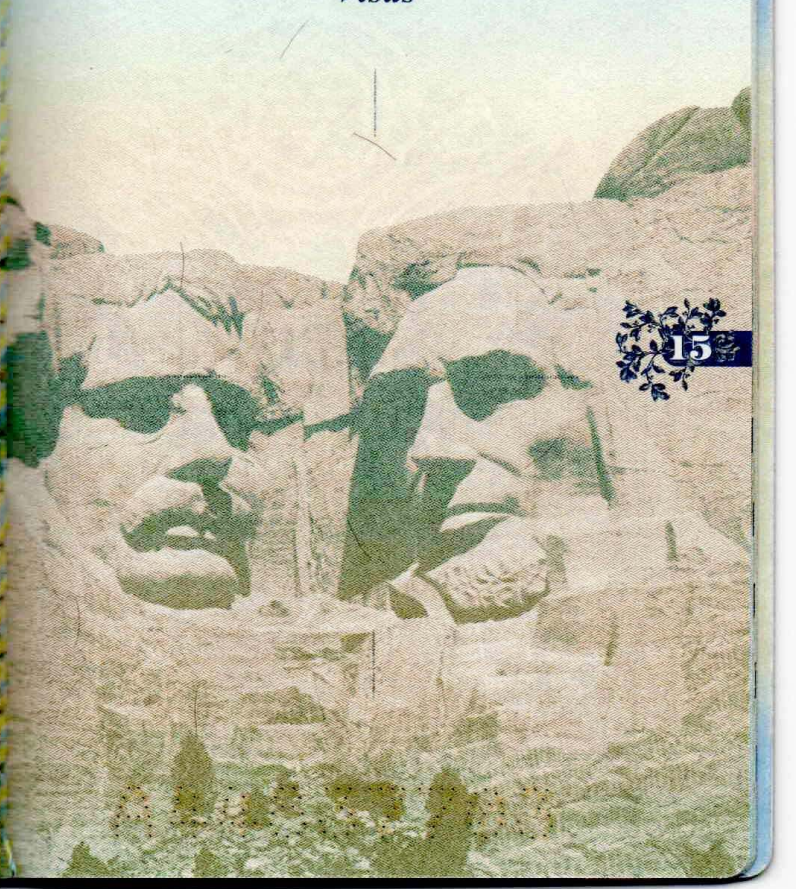
Visas



the wise and honest can repair...
George Washington

15

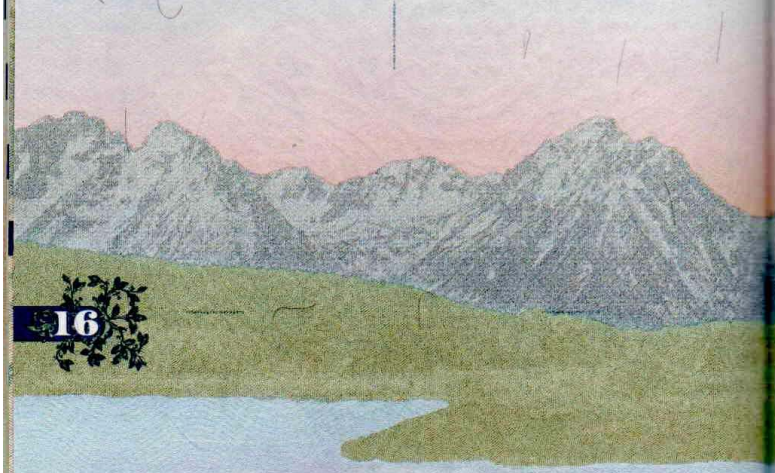
Visas



16

The principle of free government
It is bedded in it,

Visas

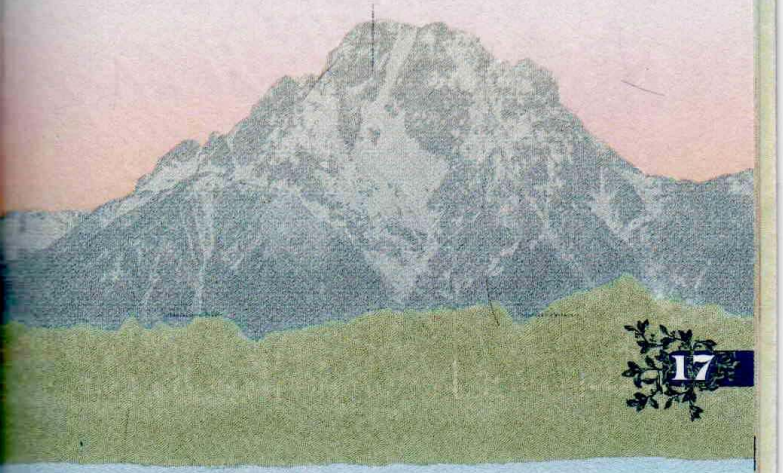


16

17

adheres to the American soil.
immovable as its mountains.
Daniel Webster

Visas

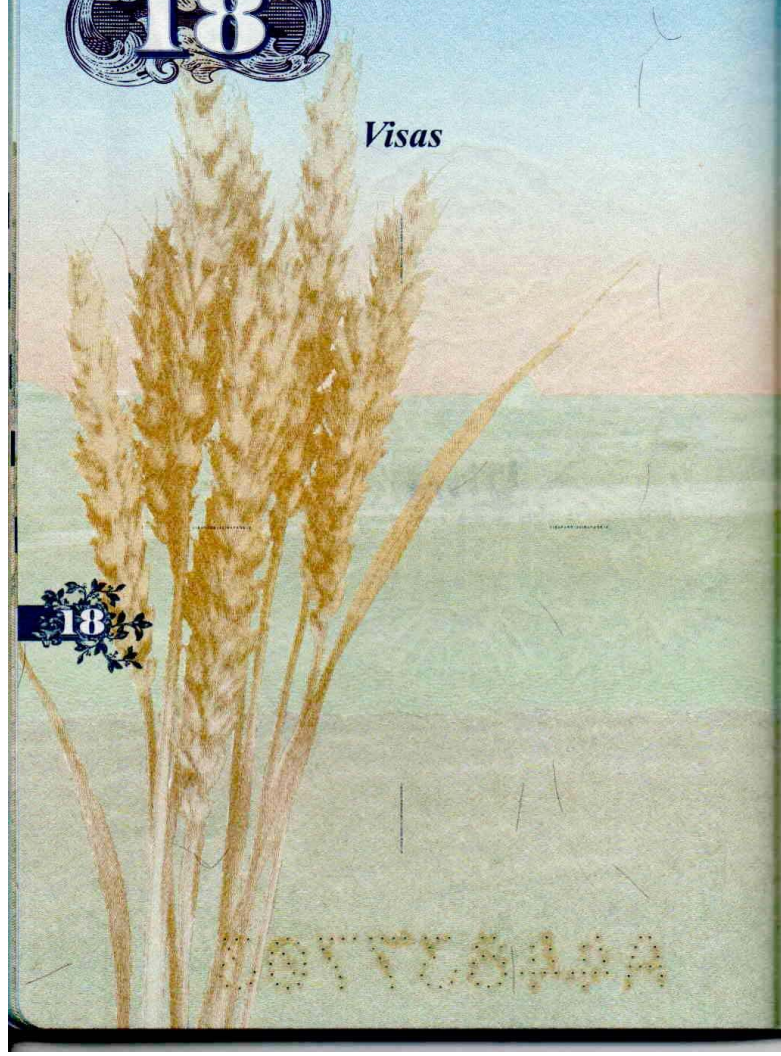


17

18

Whatever America hopes to bring to pass in the

Visas



orld must first come to pass in the heart of America.
Dwight D. Eisenhower

19

Visas

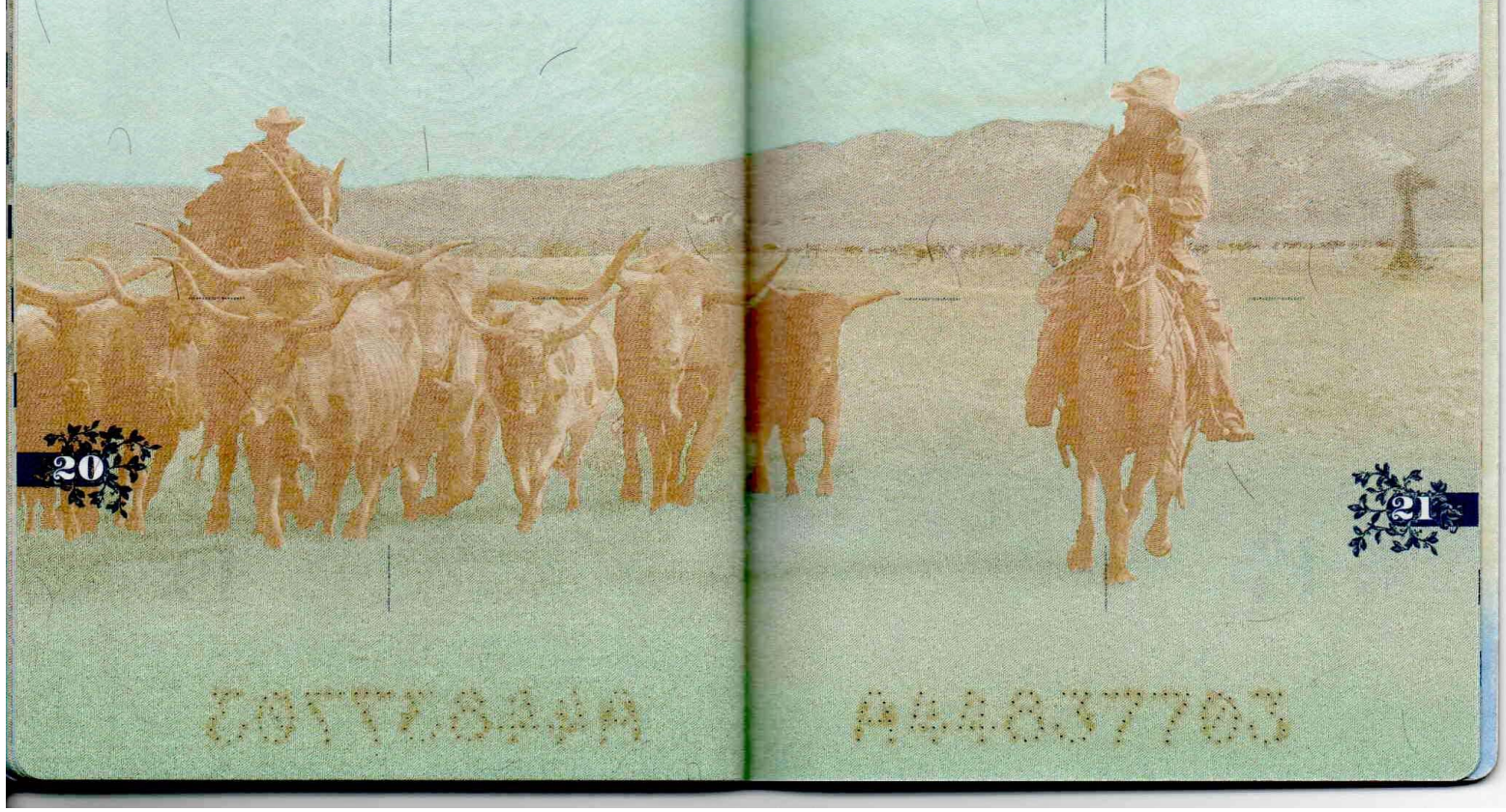


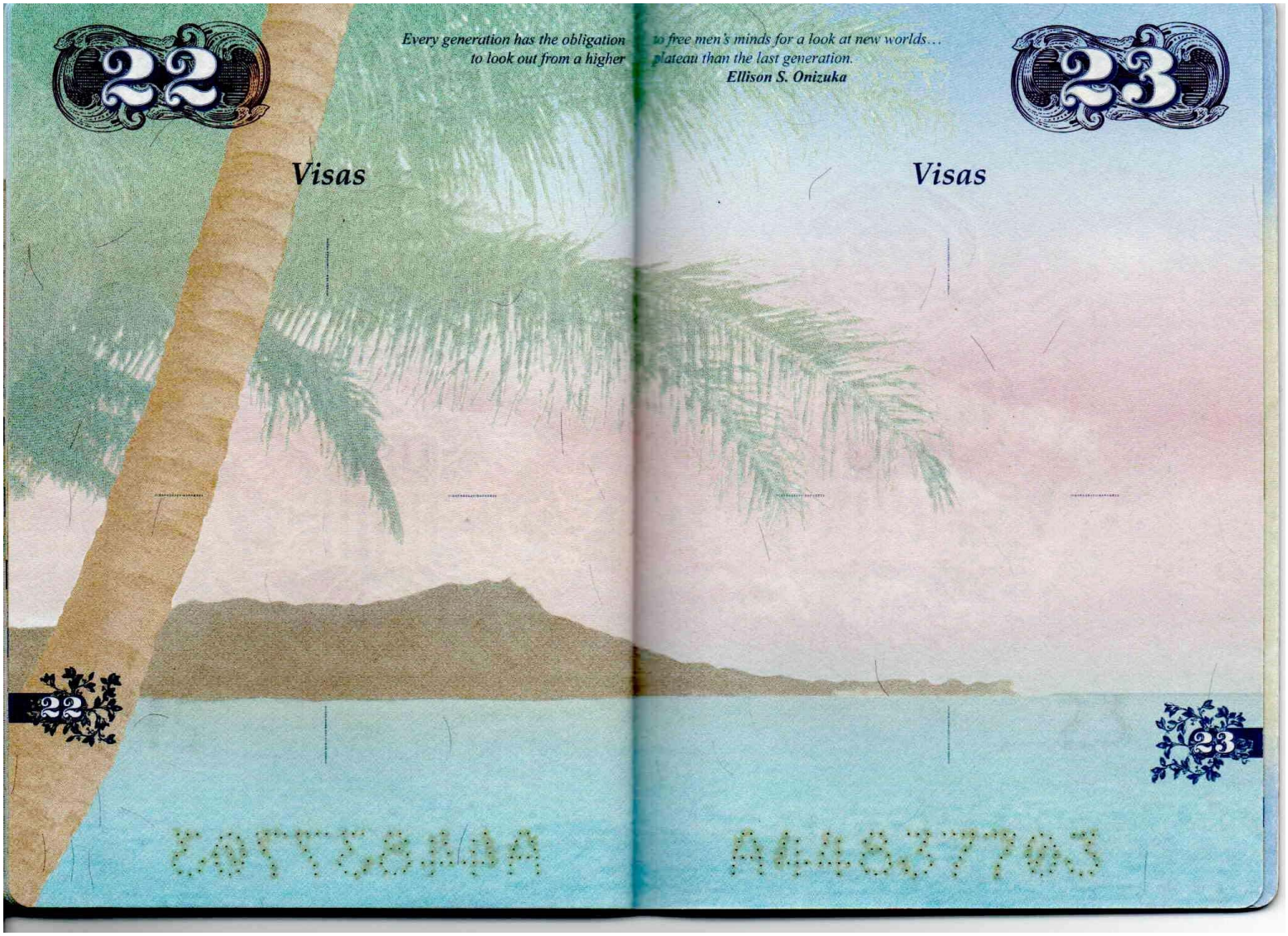
For this is what America is all about. It is the uncrossed desert and the unclimbed ridge. It is the star that is not reached and the harvest sleeping in the unplowed ground. Is our world gone? We say "Farewell." Is a new world coming? We welcome it— and we will bend it to the hopes of man.

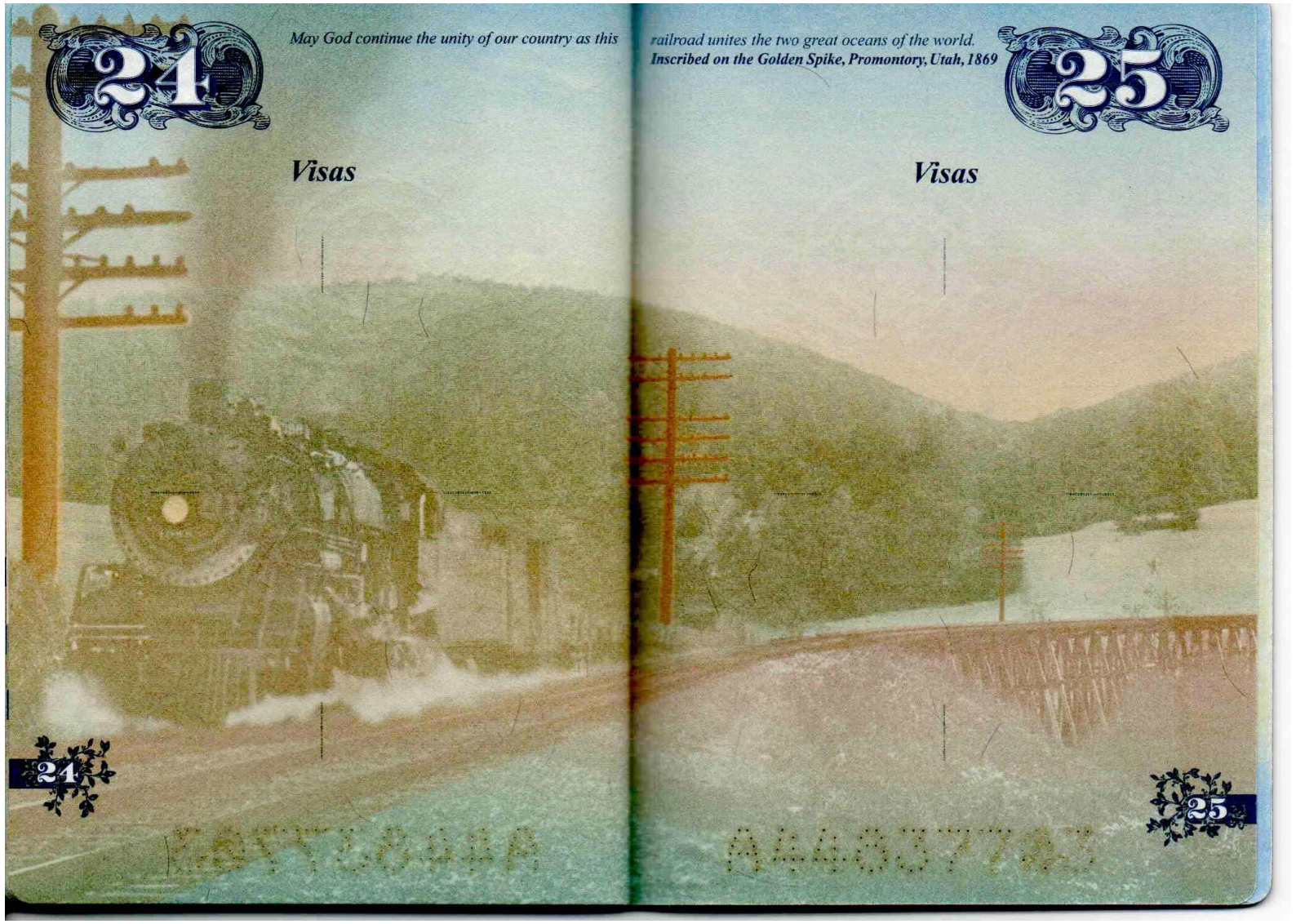
Lyndon B. Johnson

Visas

Visas




22
Every generation has the obligation
to look out from a higher
Visas
23
to free men's minds for a look at new worlds…
plateau than the last generation.
Ellison S. Onizuka
Visas
22
23



24

May God continue the unity of our country as this

Visas

24

25

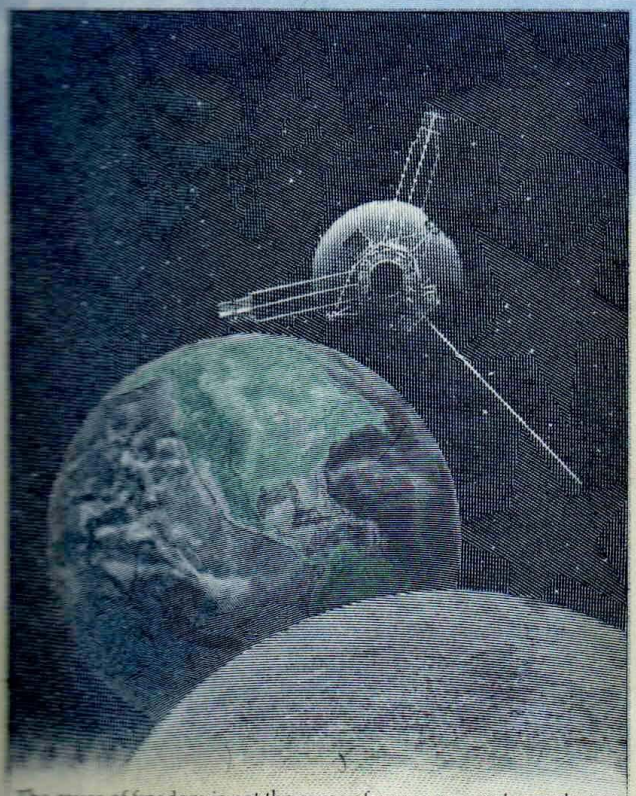
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869

Visas

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Visas



The cause of freedom is not the cause of a race or a sect, a party or a class–it is the cause of humankind, the very birthright of humanity.

~Anna Julia Cooper

A44837703

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF ORANGE
SANTA ANA, CALIFORNIA

BOOK 428 PAGE 980

CERTIFICATE OF LIVE BIRTH

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

3000 06464
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1a. NAME OF CHILD—FIRST NAME	1b. MIDDLE NAME	1c. LAST NAME
Roger	William	Clark

2. SEX	3a. THIS BIRTH. SINGLE. TWIN. OR TRIPLET?	3b. IF TWIN OR TRIPLET. THIS CHILD BORN 1ST. 2ND. 3RD?	4a. DATE OF BIRTH—MONTH. DAY. YEAR	4b. HOUR
Male	Single		April 23, 1974	12:13 P. M.

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL	5b. STREET ADDRESS (STREET. AND NUMBER. OR LOCATION)	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
St. Jude Hospital	101 Valencia Mesa Drive	yes

5d. CITY OR TOWN	5e. COUNTY
Fullerton	Orange

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME	6b. MIDDLE NAME	6c. LAST NAME (MAIDEN SURNAME)	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Roberta	Jean	Garrison	Florida

8. AGE OF MOTHER (AT TIME OF THIS BIRTH)	8a. SOCIAL SECURITY NUMBER OF MOTHER	9. COLOR OR RACE OF MOTHER	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER. RURAL ADDRESS OR LOCATION)	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO)
28 YEARS	367-74-2273	Caucasian	6644 Bridle Circle	yes

10c. RESIDENCE OF MOTHER—CITY OR TOWN	10d. RESIDENCE OF MOTHER—COUNTY	10e. RESIDENCE OF MOTHER—STATE
Yorba Linda	Orange	California

FATHER OF CHILD

11a. NAME OF FATHER—FIRST NAME	11b. MIDDLE NAME	11c. LAST NAME	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Richard	Charles	Clark	Colorado

13. AGE OF FATHER (AT TIME OF THIS BIRTH)	13a. SOCIAL SECURITY NUMBER OF FATHER	14. COLOR OR RACE OF FATHER	15a. PRESENT OR LAST OCCUPATION	15b. KIND OF INDUSTRY OR BUSINESS
28 YEARS	522-54-5499	Caucasian	Economic Analyst	Petroleum

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE-STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT. SPECIFY) ▶ Roberta J. Clark

16b. DATE REVIEWED AND SIGNED BY INFORMANT: April 24, 1974

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR. DATE AND PLACE STATED ABOVE.

17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE ▶ [signature]

17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: 4-25-74

17c. ADDRESS: G.C. Gunn M.D. Fullerton, 903 Wilshire Avenue

17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C 27175

LOCAL REGISTRAR

18.

19. LOCAL REGISTRAR—SIGNATURE ▶ John R. Ohlgren M.D.

20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR: MAY 13 1974

001697090

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF ORANGE } SS

DATE ISSUED OCT 02 2006

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Orange County Clerk-Recorder.

Tom Daly
TOM DALY
CLERK-RECORDER
ORANGE COUNTY, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of Clerk-Recorder.

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


Florida
DRIVER LICENSE
USA
4d DLN C634-006-88-500-0
9 CLASS E
1 CLARK
2 ROGER WILLIAM
8 1070 FORREST DR
BARTOW, FL 33830-3272
3 DOB 04/23/1974
15 SEX M
4b EXP 04/23/2034
16 HGT 5'-07"
12 REST B
9a END NONE
DONOR
SAFE DRIVER
4a ISS 06/18/2025
5DD L792506180022
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

The State of Florida retains all property rights herein.

042374

Rev. 03/01/2020

01005804778
25079

21

1845 Florida



CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV

REST: B-Corr Lenses

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.

WWW.FLHSMV.GOV

Exhibit 2- Claudia Won Held Pedro's Identification Documents


REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE
MERCOSUL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FX948323

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FX948323

SOBRENOME / SURNAME
WON HELD PEDRO GOMES

NOME / GIVEN NAMES
CLAUDIA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
02 SET/SEP 1976

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
SÃO JOÃO DE MERITI/RJ

FILIAÇÃO / FILIATION
MARIA SANTISSIMA WON HELD PEDRO

CLAUDIONOR PEDRO

DATA DE EXPEDIÇÃO / DATE OF ISSUE
18 JAN/JAN 2019

AUTORIDADE / AUTHORITY
DPF/NIG/RJ

VÁLIDO ATÉ / DATE OF EXPIRY
17 JAN/JAN 2029

P<BRAWON<HELD<PEDRO<GOMES<<CLAUDIA<<<<<<<<<<
FX948323<1BRA7609022F2901178<<<<<<<<<<<<<<04

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
ATL
DEC 27 2020
Class
Until B2
Jun 26, 2021

VISTOS VISAS 7

POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
19 DIC 19 210
CHILE
AEROPUERTO A. MERINO BENITEZ

POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
ENT 18 DIC 19 296
CHILE
AEROPUERTO A. MERINO BENITEZ

VISTOS VISAS 6

INVESTIGACIONES
CONTROL MIGRATORIO
SAL 26 DIC 20 222
CHILE
AEROPUERTO A. MERINO BENITEZ

POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
ENT 12 DIC 20 329
CHILE
AEROPUERTO A. MERINO BENITEZ


VISTOS 8 VISAS
VISTOS 9 VISAS


VISTOS VISAS
ADF063
21 ENE 20 E
MÉXICO
376863
VISTOS VISAS
VLOPP
JUN 23 2019
DEC 22 2019




VISTOS 22 VISAS
VISTOS 23 VISAS






VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

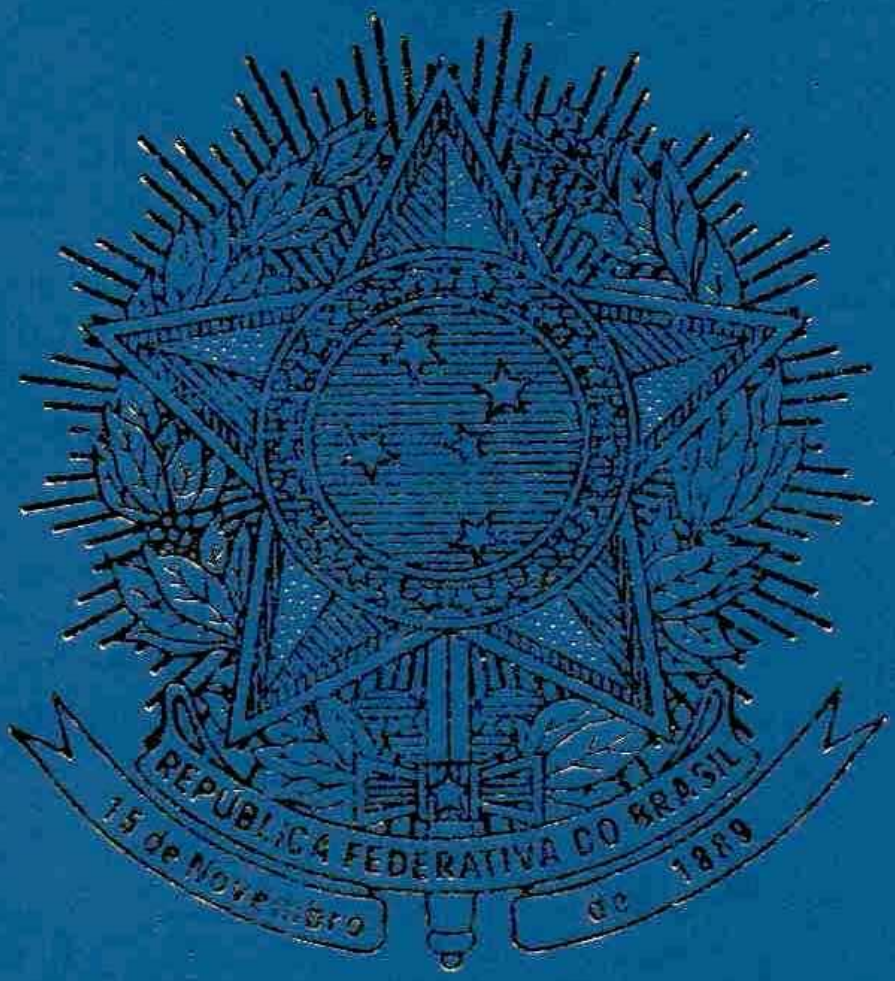
Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL


UA GRU
CZ BRA YM
DATA 22 JUN


DELTA
SECURITY
146
26/12

REPÚBLICA FEDERATIVA DO BRASIL



PASSAPORTE
de
EMERGÊNCIA

PB029159

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE DE EMERGÊNCIA
EMERGENCY PASSPORT



TIPO / TYPE: **PE**
PAÍS EMISSOR / ISSUING COUNTRY: **BRA**
PASSAPORTE Nº / PASSPORT No: **PB029159**

SOBRENOME / SURNAME
WON HELD PEDRO GOMES

NOME / GIVEN NAMES
CLAUDIA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
02 SET/SEP 1976

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
SÃO JOÃO DE MERITI/RJ

FILIAÇÃO / FILIATION
MARIA SANTISSIMA WON HELD PEDRO

CLAUDIONOR PEDRO

DATA DE EXPEDIÇÃO / DATE OF ISSUE
02 OUT/OCT 2017

AUTORIDADE / AUTHORITY
SR/DPF/RJ

VÁLIDO ATÉ / DATE OF EXPIRY
01 OUT/OCT 2018

PEBR[illegible]ON<HELD<PEDRO<GOMES<<CLAUDIA<<[illegible]<<<<<<

PB029159<2BRA7609022F1810013<<<<<<<<<<<<<<06

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

VISTOS VISAS

JAN 06 2019

VISA

UNITED STATES OF AMERICA



Issuing Post Name
RIO DE JANEIRO

Control Number
20181440880001

Surname
WON HELD PEDRO GOMES

Given Name
CLAUDIA

Visa Type /Class
R B1/B2

Passport Number	Sex	Birth Date	Nationality
PB029159	F	02SEP1976	BRZL

Entries	Issue Date	Expiration Date	
M	29MAY2018	24MAY2028	1001

Annotation

N0998111

**

VNUSAWON<HELD<PEDRO<GOMES<<CLAUDIA<<<<<<<<<<

PB029159<2BRA7609022F2805243B3RDJ1BQUA152160


VISTOS 8 VISAS
VISTOS 9 VISAS



Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

CASA DA MOEDA DO BRASIL

fr A82.07 24EC21

AA007YSICM

WON HELD PEDRO GOMES, CLAU...

2018/05/25 08:30 -03

Rio de Janeiro B1/B2

Rio de Janeiro CSRA

PB029159

Judiciary - TJERJ
(Court of Justice of the State of Rio de Janeiro)
Judicial Administrative Department
Electronic Inspection Seal
EFDY-54361 UDE
Check the seal validity at:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF THE 3RD DISTRICT of São João De Miriti RJ

Name
CLAUDIA WON-HELD PEDRO

CPF Number
NO RECORD

Registration
091256 01 55 1976 1 00069 288 0043237 92

Date of Birth: September second, nineteen seventy-six. | Day: 02 | Month: 09 | Year: 1976

Time of Birth: 2:50 AM | City of Birth: Rio de Janeiro | State: RJ

Place of Birth: São José Maternity, In this State | City of Birth: Rio de Janeiro | State: RJ | Sex: Female

Parent's Name: Claudionor Pedro | City of Birth: Rio de Janeiro | State: RJ

Respective Grandparents: Romeu Pedro; Helena Siqueira

Parent's Name: Maria Santíssima Won-Held Pedro | City of Birth: Rio de Janeiro | State: RJ

Respective Grandparents: José de Paula Won-Held; Leocadia Augusta Won-Held

Date of Registration: September twenty-first, nineteen seventy-six | Number of Live Birth Certificate: NO RECORD

Notes/Annotations: The declarant was Claudionor Pedro. Registration made in Book A-69, Page 288, Entry 43237.

(CNS: 91256) Civil Registry of Natural Persons of the 3rd District of São João de Meriti - São João de Meriti/Rio de Janeiro
Júlio Soares Neto - Registrar of the Civil Registry of Natural Persons of the 3rd District of São João de Meriti
Avenida Automóvel Clube 2497 - Vilar Dos Teles
(21) 2751-6655

The content of this certificate is true. I certify.
São João de Meriti, July 16, 2026

AMARILDO SOARES NEVES JUNIOR
CLERK

Fees: Table 18, 8a = 122.87 + 20% TJ (Court Fund) + 8.5% FUNDPERJ (Public Defense Fund) + 8.5% FUNPERJ (State Procuracy Fund) + 6% FUNARPEN (Natural Persons Registry Support Fund) + 1% FUNPGALERJ (State Assembly Procuracy Fund) + 1% FUNPGT (Court of Accounts Procuracy Fund) + 1% FUNDAC_PGUERJ (State University Procuracy Fund) + Stamp = 3.27 + ISS (Service Tax) = 6.14 R$ 188.76

Amarildo Soares Neves Jr.
Clerk
CTPS 87871 311-RJ
*CTPS: Employment Record Book

IA 028043519

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese 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: September 22, 2026.

Poder Judiciário - TJERJ
Corregedoria Geral de Justiça
Selo de Fiscalização Eletrônico
EFDY-54361 UDE
Consulte a validade do selo em:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome
CLAUDIA WON-HELD PEDRO

Número do CPF
NÃO CONSTA

Matrícula
091256 01 55 1976 1 00069 288 0043237 92

Data de Nascimento: Dois de setembro de mil novecentos e setenta e seis. | Dia: 02 | Mês: 09 | Ano: 1976

Horário de Nascimento: 02:50 horas | Município de Naturalidade: Rio de Janeiro | UF: RJ

Local de Nascimento: Maternidade São José, Neste Estado | Município de Nascimento: Rio de Janeiro | UF: RJ | Sexo: Feminino

Nome do(a) Genitor(a): Claudionor Pedro | Município de Nascimento: Rio de Janeiro | UF: RJ

Avô(ó)(s) respectivo(s): Romeu Pedro; Helena Siqueira

Nome do(a) Genitor(a): Maria Santíssima Won-Held Pedro | Município de Nascimento: Rio de Janeiro | UF: RJ

Avô(ó)(s) respectivo(s): José de Paula Won-Held; Leocadia Augusta Won-Held

Data do Registro: Vinte e um de setembro de mil novecentos e setenta e seis | DNV: NÃO CONSTA

Anotações/Averbações: Foi declarante Claudionor Pedro. Registro feito no Livro A-69, Folha 288, Termo 43237.

(CNS: 91256) RCPN do 3º Distrito de São João de Meriti - São João de Meriti/RJ
Júlio Soares Neto - Oficial do RCPN do 3º distrito de São João de Meriti
Av Automóvel Clube 2497 - Vilar Dos Teles
(21) 2751-6655

O conteúdo da certidão é verdadeiro. Dou fé.
São João de Meriti, 16 de julho de 2026

AMARILDO SOARES NEVES JUNIOR
ESCREVENTE

Emolumentos: Tab 18,8a=122,87 + 20% TJ + 8,5% FUNDPERJ + 8,5% FUNPERJ + 6% FUNARPEN + 1% FUNPGALERJ + 1% FUNPGT + 1% FUNDAC_PGUERJ + Selo=3,27 + ISS=6,14
R$ 188,76

Amarildo Soares Neves Jr.
Escrevente
CTPS 87801 Série 1 RJ

IA 028043519

Indústria Gráfica Brasileira Ltda

Florida

TEMPORARY

DRIVER LICENSE

USA

4d DLN W610-572-34-100-0 9 CLASS E

1 WON HELD PEDRO GOMES
2 CLAUDIA
8 8415 MEER WAY APT 402
KISSIMMEE, FL 34747-3098

3 DOB 09/02/1976 15 SEX F
4b EXP 10/01/2028 16 HGT 5'-03"
12 REST NONE 9a END NONE

SAFE DRIVER

4a ISS 02/05/2025

5DD H702502050113





Operation of a motor vehicle constitutes consent to any sobriety test required by law.

The State of Florida retains all property rights herein.
090276
Rev.
03/01/2020

01005111020
24201

21



CLASS: E - Any non-commercial veh with a GVWR < 26.001 lbs. or any RV

REST: None

END: None

REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.

WWW.FLHSMV.GOV

For: **CLAUDIA WON HELD PEDRO GOMES**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 564160915A2

Arrival/Issued Date: 2020 December 27

Class of Admission: B2

Admit Until Date: 2021 June 26

Details provided on the I-94 Information form:

Last/Surname: WON HELD PEDRO GOMES

First (Given) Name: CLAUDIA

Birth Date: 1976 September 02

Document Number: FX948323

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 09/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **PB029159**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2020-12-27	Arrival	ATL
2	2020-01-21	Departure	MIA
3	2019-12-20	Arrival	MIA
4	2019-07-05	Departure	TAM
5	2019-06-23	Arrival	CHI
6	2019-03-28	Departure	MIA
7	2019-03-18	Arrival	MIA
8	2018-07-30	Departure	ORL
9	2018-07-08	Arrival	LOS

OMB No. 1651-0111 Expiration Date: 07/31/2026

Exhibit 3 - Roger William Clark and Claudia Won Held Pedro’s Marriage Certificate

20260027897 RECORDED IN PUBLIC RECORDS LEON COUNTY FL BK: 6173 PG: 742, 05/18/2026 at 12:01 PM,
GWEN KNIGHT, CLERK OF COURTS

STATE OF FLORIDA, COUNTY OF LEON

I HEREBY CERTIFY that the above and foregoing is a true and correct copy of an instrument recorded in the Official Records of Leon County, Florida. WITNESS my hand and seal of office this 18th day of May, 2026

GWEN KNIGHT
Clerk of County Court
By _____ DC

Department of Health • Office of Vital Statistics
STATE OF FLORIDA
MARRIAGE RECORD
TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2026 ML 1816696
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last)	1b. MAIDEN SURNAME (If applicable)	2. DATE OF BIRTH (Month, Day, Year)
ROGER WILLIAM CLARK		04/23/1974

3a. RESIDENCE - CITY, TOWN, OR LOCATION	3b. COUNTY	3c. STATE	4. BIRTHPLACE (State or Foreign Country)
DAVENPORT	POLK	FLORIDA	CALIFORNIA

5a. NAME OF SPOUSE (First, Middle, Last)	5b. MAIDEN SURNAME (If applicable)	6. DATE OF BIRTH (Month, Day, Year)
CLAUDIA WON HELD PEDRO GOMES	PEDRO	09/02/1976

7a. RESIDENCE - CITY, TOWN, OR LOCATION	7b. COUNTY	7c. STATE	8. Birthplace (State or Foreign Country)
DAVENPORT	POLK	FLORIDA	BRAZIL

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.

9. SIGNATURE OF SPOUSE (Sign full name using black ink)	10. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE)
>	05/08/2026
11. TITLE OF OFFICIAL: DEPUTY CLERK	12. SIGNATURE OF OFFICIAL (Use black ink) > D.C.
13. SIGNATURE OF SPOUSE (Sign full name using black ink) >	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 05/08/2026
15. TITLE OF OFFICIAL: DEPUTY CLERK	16. SIGNATURE OF OFFICIAL (Use black ink) > D.C.

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. THIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
LEON	05/08/2026	05/08/2026	07/07/2026

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
> GWEN KNIGHT	CLERK OF THE CIRCUIT COURT AND COMPTROLLER	RAD

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.

21. DATE OF MARRIAGE (Month, Day, Year)	22. CITY, TOWN, OR LOCATION OF MARRIAGE
May 9, 2026	Tallahassee

23a. SIGNATURE OF PERSON PERFORMING CEREMONY (Use black ink)	23c. ADDRESS (Of person performing ceremony)
>	9087 Parkhill Rd. 32317
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY (Or notary stamp) Pastor Kerry Foote	24. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >
	25. SIGNATURE OF WITNESS TO CEREMONY (Use black ink) >

INFORMATION BELOW FOR USE BY VITAL STATISTICS ONLY - NOT TO BE RECORDED

26. SOCIAL SECURITY NUMBER 27. RACE 28. WERE YOU EVER

Exhibit 4: Evidence of Bona Fide Marriage: Personal Statements of their Relationship

Personal Statement of Relationship

Roger Clark

232 Reserve Dr

Davenport, FL 33896

United States of America

916-761-3069

Rclark74@gmail.com

To whom it may concern:

My name is Roger Clark. I am a natural born American citizen born on April 23, 1974 in Fullerton, California. I am 52 years old and have loved my entire life in the USA.

I was married to my wife Shauna Hathaway Clark for 21 years. She passed away suddenly on October 28, 2023 due to a heart attack.

I met Claudia through a dating app. She seemed attractive and interesting. We connected and talked through the app. I had a pair of tickets to the Orlando Maker Faire so I asked if she would like to join me. She accepted so our first date was on November 8, 2025. We started seeing each other more and more. I met her friends and family in November and December. She joined my family for her first "American style" Thanksgiving meeting my mother, aunts, uncles, and cousins.

The more time we spent together, the more I came to appreciate and love her. She is very kind, loving, generous, funny, and fastidious. She worked very hard at maintaining our house and the menagerie of pets that are sometimes difficult. I travel for work a lot and she has been a godsend for me and my career.

We took a trip to Savannah, GA for Valentine's weekend and she met my friends from there. For my birthday we travelled to Alabama and visited several historic sites.

RC 9/16/26

We got engaged on Easter Sunday with my mother's wedding ring. We were married on May 9, 2026. Six months and a day after we met. It was originally going to be in a local Tallahassee Church, but my mother had been recently admitted to the hospital, so we moved the ceremony to the chapel in the hospital so that my mother could attend. It was a simple, small ceremony but I am glad my mother could attend. Especially because my mother never left the hospital having contracted pancreatic cancer that took her life four weeks later.

This June I had my own cancer scare after being diagnosed with testicular cancer. Claudia was very supportive in helping me navigate my own mother's grief while I suffered from a form of the same disease that killed her. Luckily the form of cancer I got was highly treatable and has a 95% 5 year survival rate.

I love her dearly. She has made my life better and I appreciate everything she does. She believes in this country and its promise. Claudia would be a great asset to this country. She was a lawyer in Brazil and would potentially pursue a career in law once she is legally allowed to work.

I declare under the penalty or perjury that the statements in this letter are true.

Roger Clark

8/16/26

PERSONAL RELATIONSHIP STATEMENT

Claudia Won Held Pedro
232 Reserve Dr. 33896
Davenport, Florida, USA
Tel: 407-837-5812
claudiawhd@gmail.com
Date: August 8, 2026

To Whom It May Concern:

My name is Claudia, I was born in Rio de Janeiro, Brazil, and I am 49 years old. I lived in Brazil for 44 years, where I graduated in law, completed a graduate degree at the University of Lisbon, and then pursued further specialization at the universities of Chicago and California.
I have always loved studying, and my goal was to have a better future, get married, and start a family.

My first marriage took place on 06/15/2006. In that marriage I devoted myself fully, and after much effort my ex-husband wanted to study in the United States. Even though I had a career of my own, I wanted to support him and decided to accompany him on this new endeavor.

A part of me wished to build a family and create a bond with a person who would grow old by my side!

Things do not always turn out the way we plan for a whole lifetime.

After we arrived here, some time later my ex-husband changed and began to treat me very badly, something he never did in our country of origin.

After fighting hard to keep the marriage together, since I had come here to encourage him to study, he wanted a divorce. One day, inside the Magic Kingdom park, I found my ex-husband next to a friend of mine from Brazil, who was the wife of our pastor. In truth, for more than 10 years they had been having an extramarital affair, and I did not know.

At that moment, my life was over!

I fell into depression and became ill!
It had been 23 years with a person I never truly knew.
Alone in another country, with no ground beneath my feet, I cried and prayed for a miracle.

And after a period of depression and lack of hope for the future, I met a widower. I met my husband, Roger!
One day, encouraged by friends, I joined a dating app, and there was a man with beautiful blue eyes and a Pinscher on his lap. I also had a Pinscher! He gave a "like" to my photo, and when I saw him with a dog just like mine, I liked his photo too! He sent me a message and we began talking every day!

He was a widower after 25 years of marriage, and I was separated.
We arranged to meet at a science fair, because we both love technology and related things. There we discovered that we are fans of Star Wars and Tron; he was wearing a Tron shirt.

We began dating, and soon Roger met my home, my family, and my friends, who welcomed him right away.

At Thanksgiving I met my beloved mother-in-law Bobbie, and Roger's aunts and cousins.
They adopted me and welcomed me in an extraordinary way.

Roger is the best person I know, and he brought light into my world of pain and darkness!

We began visiting my beloved mother-in-law Bobbie in Tallahassee, and we visited her church and friends. Unfortunately, Bobbie was diagnosed with pancreatic cancer. We began taking care of Bobbie's house and cats, and after a surgery it was determined that she had little time left to live.

Because we loved Bobbie so much and wanted her to be present at our wedding, we were married in the hospital with a few friends and the nursing team, as the most important thing was to have Bobbie by our side at this moment.

And in less than a month, our beloved Bobbie passed away, with us already married, and together we went through this loss.

We share our lives. We have my Pinscher, Lolita, Roger's Pinscher, Mushu, and Roger's cats, Nyx and Kissmet. We share a house, a home, sorrows, and joys.

Now we are facing Roger's testicular cancer surgery, which, thank God, was a success! We are working toward his definitive cure.

Today we are healing a physical illness of Roger's, and one day Roger healed my soul! Roger loved me, Roger loved Lolita, and Roger came into my life to build with me a future of peace and respect!

Every day when I look at Roger, I feel complete. He is the love of maturity.

Today we are filing for the green card, not only so that I can have a visa, but because Roger shows me that the best of this country is people like Roger.

Roger is the America that works: an upright, ethical, fair, and well-educated man, with the same dream that I have, to have a family!

Together we will grow old, we will take care of each other, and every day I am grateful to God because I have the chance to be a woman who had the opportunity to experience love in its fullness.

I will do my best to be what Roger needs, just as every day he strives to be the best husband in the world.

Together we are strong, and may God enable us to overcome the challenges, because I believe we have the chance to show people that there is always a chance for those who are willing to begin anew.

And here, in this blessed country, we intend to live, because my beloved Roger is my American Dream.

I declare, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

Sincerely,

----------signed----------

_____
Claudia Won Held Pedro

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese 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: September 23, 2026.

DECLARACAO PESSOAL DE RELACIONAMENTO

Claudia Won Held Pedro
232 Reserve Dr. 33896 Davenport Florida EUA
Tel 4078375812
claudiawhd@gmail.com
Dia 08 de Agosto de 2026

A quem possa interessar:

Meu nome é Claudia, nasci no Rio de Janeiro/Brasil, tenho 49 anos
e no Brasil eu morei por 44 anos, la eu me formei em direito, fiz pos graduaçao na Universidade de Lisboa e depois fiz especializacao nas universidades de Chicago e California.
Sempre gostei de estudar e meu objetivo era ter um futuro melhor, me casar e formar uma família.
Meu primeiro casamento foi em 15/06/2006 e neste casamento eu me dediquei e após muito esforço meu ex marido quis estudar nos Estados Unidos, mesmo que eu tivesse uma carreira eu queria apoia-Lo e decidi acompanha-Lo nesta nova empreitada.
Uma parte de mim desejava formar uma família, criar um vinculo com uma pessoa que iria envelhecer ao meu lado!
As coisas nem sempre acontecem como a gente planeja uma vida inteira.
Ao chegar aqui, um tempo depois meu ex marido mudou e passou a me tratar muito mal, coisa que ele jamais fez em nosso país de origem.
Após muito lutar para manter o casamento, ja que vim para incentive-Lo a estudar ele quis o divórcio, um dia dentro do Paraue Magic Kingdom eu encontrei meu ex marido ao lado de uma amiga minha do Brasil e ela era a esposa do nosso pastor.
Na verdade por anos eles tinham um caso extraconjugal por mais de 10 anos e eu não sabia.
Neste momento minha vida acabou!
Entrei em depressao e adoeci!
Foram so todo 23 anos com uma Pessoa que nunca na verdade conheci.
Sozinha em outro país, sem chao eu orei e pedi um milagre.
E após uma fase de depressao e falta de esperança no futuro conheci um viúvo, conheci meu marido Roger!
Um dia por incentivo de amigos entrei num aplicativo de namoro, la tinha um homem de lindos olhos azuis e um pinscher no colo.
Eu também tinha uma pinscher!
Ele deu um "like" na minha foto e eu ao ver ele com um cachorro como a minha dei um like na foto dele!
Ele me mandou mensagem e começamos a conversar todos os dias!

Ele viúvo após 25 anos de União e eu separada.
Nós marcamos numa feira de ciencia pois nos dois amamos tecnologia e afins.
Lá descobrimos que somos fas de Star Wars e Tron, ele usava uma blusa do Tron.
Começamos a namorar e em seguida Roger conheceu minha casa, minha família e meus amigos, que o acolheram imediatamente.
Eu no Thanksgiving conheci minha amada sogra Bobbie as tias e os primos do Roger.
Eles me adotaram e me receberam de uma maneira extraordinaria.
Roger e a melhor pessoa que eu conheço e que trouxe a luz para meu mundo de dor e escuridao!
Começamos a visitar minha amada sogra Bobbie em Tallahassee e visitavamos sua igreja e amigos, sendo que infelizmente Bobbie foi diagnosticada com câncer de pâncreas.
Nós começamos a cuidar da casa e dos gatos de Bobbie, e após uma cirurgia foi constatado Que ela tinha pouco tempo de vida.
Como nos amamos Bobbie e queriamos que ela tivesse presente no nosso casamento, casamos no hospital junto de poucos amigos e a equipe de enfermagem pois o mais importante era ver Bobbie ao nosso lado neste momento.
E em menos de um mes depois nossa amada Bobbie morreu, nos ja casados, juntos passamos por essa perda.
Dividimos a vida, temos a minha pinscher Lolita, o pinscher do Roger Mushu, e as gatas de Roger Nyx e Kissmet.
Dividimos uma casa, um lar, dores e alegrias.
Agora estamos encarando a cirurgia de câncer de testiculo de Roger, que graças a Deus foi um sucesso!
Estamos trabalhando sua cura definitiva.
Hoje a gente cura uma doença física de Roger, e um dia o Roger me curou a Alma!
Roger me amou, Roger amou Lolita, Roger entrou na minha vida para construir comigo um futuro de paz e respeito!
Todos os dias quando olho para Roger sinto-me completa, ele e o amor da maturidade.
Hoje estamos dando entrada no greencard não so para eu ter um visto, mas porque o Roger me mostra que o melhor deste pais são pessoas como Roger.
Roger é an America que da certo, um homem integro, Ético, justo, educado e com o mesmo sonho que eu, ter uma família!
Juntos vamos envelhecer, vamos cuidar um do outro e todos os dias eu sou grata a Deus pois tenho a chance de ser uma mulher que teve a oportunidade de viver um amor na sua plenitude.
Farei o melhor para ser o que Roger precisa assim como todos os dias ele se esforça para ser o melhor marido do mundo.

Juntos somos fortes, e que Deus nos possibilite vencer os desafios pois eu acredito que temos a chance de mostrar para as pessoas que sempre ha chance para quem está disposto a novos recomecos.
E aqui neste abençoado pais temos a pretencao de viver pois meu amado Roger e meu American Dream.

Declaro, sob pena de perjurio, que as informações acima sao verdadeiras e corretas de acordo com o meu conhecimento e crença.

Atenciosamente,

Claudia Won Held Pedro

Exhibit 5: Evidence of Bona Fide Marriage: Life Together

Nonlawyer Disclosure

KARDOSH REALTY
YOUR DREAM, OUR EXPERTISE

Instructions to Licensee: Before you begin to complete the next form, you must give this nonlawyer disclosure to the landlord or tenant for whom you are filling in the blanks. (If you are filling in the blanks for both landlord and tenant, complete two nonlawyer disclosures and give one to each.)

1. Insert your name in the first 5 blank "*Name*" spaces and **sign** below.
2. Have the landlord or tenant whom you are assisting complete the provision regarding her/his ability to read English, and have her/him **sign** below.
3. Give this completed disclosure to the landlord or tenant, as appropriate. Keep a copy of this completed disclosure and all forms you give to the landlord or tenant in your files for at least 6 years.

- -

___Cristiane Andreazi Smith___ told me that he/she is a nonlawyer and may not give legal (*Name*) advice, cannot tell me what my rights or remedies are, cannot tell me how to testify in court, and cannot represent me in court.

Rule 10-2.1(b) of the Rules Regulating The Florida Bar defines a paralegal as a person who works under the supervision of a member of The Florida Bar, an out-of-state lawyer engaged in the authorized practice of law in Florida, or a foreign lawyer engaged in the authorized practice of law in Florida, and who performs specifically delegated substantive legal work for which the supervising lawyer is responsible. Only persons who meet the definition may call themselves paralegals. ___Cristiane Andreazi Smith___ informed me that he/she is (*Name*) not a paralegal as defined by the rule and cannot call himself/herself a paralegal.

___Cristiane Andreazi Smith___ told me that he/she may only type the factual information (*Name*) provided by me in writing into the blanks on the form. Except for typing, ___Cristiane Andreazi Smith___ (*Name*) may not tell me what to put in the form and may not complete the form for me. However, if using a form approved by the Supreme Court of Florida, ___Cristiane Andreazi Smith___ may ask me factual questions to fill in (*Name*) the blanks on the form and may also tell me how to file the form.

Landlord or Tenant:

☑ I can read English.

☐ I cannot read English but this notice was read to me by ___Cristiane Andreazi Smith___ (*Name*)

in ______________________ which I understand.
(*Language*)

BM-SIGNED

Landlord or Tenant signature

BM-SIGNED

Licensee signature

BM-SIGNED Roger William Clark 03/15/26 07:48 PM EDT

BM-SIGNED 09:44 PM EDT

Landlord or Tenant signature

Licensed to BROKERMINT LLC and Cristiane Andreazi Smith

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Residential Lease for Single Family Home or Duplex (FOR A TERM NOT TO EXCEED ONE YEAR)

FloridaRealtors®

A BOX ☐ OR A BLANK SPACE (____) INDICATES A PROVISION WHERE A CHOICE OR DECISION MUST BE MADE BY THE PARTIES.

THE LEASE IMPOSES IMPORTANT LEGAL OBLIGATIONS. MANY RIGHTS AND RESPONSIBILITIES OF THE PARTIES ARE GOVERNED BY CHAPTER 83, PART II, RESIDENTIAL LANDLORD AND TENANT ACT, FLORIDA STATUTES. A COPY OF THE RESIDENTIAL LANDLORD AND TENANT ACT IS ATTACHED TO THIS LEASE.

1. PARTIES. This is a lease (the "Lease") between *Alejandro Cardona* *Cardona Holdings 8 LLC*
(name and address of owner of the property)

("Landlord") and

Roger William Clark *Claudia Won Held Pedro*
(name(s) of person(s) to whom the property is leased)

("Tenant").

Landlord's E-mail Address: *amvacationservices@gmail.com*

Landlord's Telephone Number: *+1 (786) 603-1626*

Tenant's E-mail Address: *rwclark74@gmail.com*

Tenant's Telephone Number: *+1 916 761 3069*

2. PROPERTY RENTED. Landlord leases to Tenant the land and buildings located at *(R) 232 Reserve*
(street address)

DAVENPORT, Florida *33896*
(zip code)

together with the following furniture and appliances [List all furniture and appliances. If none, write "none."] (In the Lease, the property leased, including furniture and appliances, if any, is called the "Premises"):

Included: refrigerator, stove/oven, dishwashe

The Premises shall be occupied only by the Tenant and the following persons: *Roger William Clark*

and Claudia Won Held Pedro.

3. TERM. This is a lease for a term, not to exceed twelve months, beginning on *Apr 01, 2026* (month, day, year) and ending *Mar 31, 2027* (month, day, year) (the "Lease Term").

4. RENT PAYMENTS, TAXES AND CHARGES. Tenant shall pay total rent in the amount of $*2,400.00* (excluding taxes) for the Lease Term. The rent shall be payable by Tenant in advance in installments or in full as provided in the options below:

☑ in installments. If in installments, rent shall be payable

☑ monthly, on the *01* day of each month (if left blank, on the first day of each month) in the amount of $*2,400.00* per installment.

OR

☐ weekly, on the _____ day of each week (If left blank, on Monday of each week.) in the amount of $_____ per installment.

BM-SIGNED 03/13/26

BM-SIGNED RWCl

BM-SIGNED

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☐ in full on _____ in the amount of $_____.
(date)

Tenant shall also be obligated to pay taxes on the rent when applicable in the amount of $_____ ☐ with each rent installment

☐ with the rent for the full term of the Lease. Landlord will notify Tenant if the amount of the tax changes.

Payment Summary

☑ **If rent is paid in installments, the total payment per installment including taxes shall be in the amount of $ 2,400.00 .**

☐ **If rent is paid in full, the total payment including taxes shall be in the amount of $_____.**

All rent payments shall be payable to Cardona Holding at
(name)

_____. (If left blank, to Landlord at Landlord's address.)
(address)

☐ If the tenancy starts on a day other than the first day of the month or week as designated above, the rent shall be prorated from

_____ through _____ in the amount of $_____ and shall be due
(date) (date)

on _____. (If rent paid monthly, prorate on a 30-day month.)
(date)

Tenant shall make rent payments required under the Lease by (choose all applicable) ☐ cash, ☐ personal check, ☐ money order, ☑ cashier's check, or ☑ other Bank Account (specify). If payment is accepted by any means other than cash, payment is not considered made until the other instrument is collected.

If Tenant makes a rent payment with a worthless check, Landlord can require Tenant ☑ to pay all future payments by ☑ money order, cashier's check, or official bank check or ☐ cash or other (specify) _____, and ☐ to pay bad check fees in the amount of $_____ (not to exceed the amount prescribed by Section 68.065, Florida Statutes).

5. MONEY DUE PRIOR TO OCCUPANCY. Tenant shall pay the sum of $ 4,800.00 in accordance with this paragraph prior to occupying the Premises. Tenant shall not be entitled to move in or to keys to the Premises until all money due prior to occupancy has been paid. If no date is specified below, then funds shall be due prior to Tenant occupancy. Any funds designated in this paragraph due after occupancy, shall be paid accordingly. Any funds due under this paragraph shall be payable to Landlord at Landlord's address or

to _____
(name)

at _____.
(address)

First ☑ month's ☐ week's rent plus applicable taxes	$ 2,400.00	due	Mar 27, 2026
Prorated rent plus applicable taxes	$	due	
Advance rent for ☐ month ☐ week of _____ plus applicable taxes	$	due	
Last ☐ month's ☐ week's rent plus applicable taxes	$	due	
Security deposit	$ 2,400.00	due	Mar 16, 2026
Additional security deposit	$	due	
Security deposit for homeowners' association	$	due	
Pet Deposit	$ 350.00	due	Mar 16, 2026
Other_____	$	due	
Other_____	$	due	

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6. LATE FEES. (Complete if applicable) In addition to rent, Tenant shall pay a late charge in the amount of $ 100.00 (If left blank, 4% of the rent payment) for each rent payment made _____ days after the day it is due (if left blank, 5 days if rent is paid monthly, 1 day if rent is paid weekly).

7. PETS AND SMOKING. Unless this box ☑ is checked or a pet deposit is paid, Tenant may not keep pets or animals on the Premises. If Tenant may keep pets, the pets described in this paragraph are permitted on the Premises.

2 animals: • Cat – Domestic Short Hair – 10 lbs • Dog – Miniature Pinscher – 8 lbs – Emotional Support Animal (ESA)

(Specify number of pets, type(s), breed, maximum adult weight of pets.)

Unless this box ☐ is checked, no smoking is permitted in the Premises.

8. NOTICES.

_____ is Landlord's Agent. All notices must be sent to

☐ Landlord _____ at _____

☐ Landlord's Agent _____ at _____

unless Landlord gives Tenant written notice of a change. All notices of such names and addresses or changes thereto shall be delivered to the Tenant's residence or, if specified in writing by the Tenant, to any other address. All notices to the Landlord or the Landlord's Agent (whichever is specified above) shall be given by U.S. mail or by hand delivery.

Any notice to Tenant shall be given by U.S. mail or delivered to Tenant at the Premises. If Tenant is absent from the Premises, a notice to Tenant may be given by leaving a copy of the notice at Premises.

9. UTILITIES. Tenant shall pay for all utilities services during the Lease Term and connection charges and deposits for activating existing utility connections to the Premises except for _____, that Landlord agrees to provide at Landlord's expense (If blank, then "NONE").

10. MAINTENANCE. Landlord shall be responsible for compliance with Section 83.51, Florida Statutes, and shall be responsible for maintenance and repair of the Premises, unless otherwise stated below: (Fill in each blank space with "Landlord" for Landlord or "Tenant" for Tenant, if left blank, Landlord will be responsible for the item):

Landlord	Tenant		Landlord	Tenant		Landlord	Tenant		Landlord	Tenant	
☑	☐	roofs	☑	☐	windows	☑	☐	screens	☐	☐	steps
☑	☐	doors	☑	☐	floors	☑	☐	porches	☑	☐	exterior walls
☑	☐	foundations	☑	☐	plumbing	☑	☐	structural components			
☑	☐	heating	☑	☐	hot water	☑	☐	running water	☐	☑	locks and keys
☑	☐	electrical system				☑	☐	cooling	☐	☑	smoke detection devices

☐	☑	garbage removal/ outside receptacles
☐	☑	extermination of rats, mice, roaches, ants and bedbugs
☑	☐	extermination of wood-destroying organisms
☑	☐	lawn /shrubbery
☐	☑	water treatment
☐	☑	ceilings
☐	☑	Other (specify)

☑	☐	pool/spa/hot tub
☐	☑	filters (specify) AC The filter needs to be changed every 3 months
☐	☑	interior walls

Maintenance with values equal to or less than $300.00

Tenant shall notify Carlos Rincon (name) at _____ (address)

(if left blank, Landlord at Landlord's address) and +1 786 603 1626 (telephone number) of maintenance and repair requests.

11. ASSIGNMENT. Unless this box ☐ is checked, Tenant may not assign the Lease or sublease all or any part of the Premises without first obtaining the Landlord's written approval and consent to the assignment or sublease.

12. KEYS AND LOCKS. Landlord shall furnish Tenant

0 # of sets of keys to the dwelling

0 # of mail box keys

Landlord (BM-SIGNED 03/13/26) (____) and Tenant (RMH BM-SIGNED 03/14/26) (____) acknowledge receipt of a copy of this page which is Page 3 of 18

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_____ # of garage door openers

If there is a homeowners' association, Tenant will be provided with the following to access the association's common areas/facilities:

_____ # of keys to _____
_____ # of remote controls to _____
_____ # of electronic cards to _____
_____ other (specify) to _____

At end of Lease Term, all items specified in this paragraph shall be returned to Carlos Rincon (name)
at _____ (address) (If left blank, Landlord at Landlord's address).

13. LEAD-BASED PAINT. ☐ Check and complete if the dwelling was built before January 1, 1978. **Lead Warning Statement** (when used in this article, the term Lessor refers to Landlord and the term Lessee refers to Tenant).

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, Lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure (initial)

BM-SIGNED 03/13/26 09:33 AM EDT
_____(a) Presence of lead-based paint or lead-based paint hazards (check (i) or (ii) below):
(i) ☐ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

_____

_____

BM-SIGNED 03/13/26 09:35 AM EDT
(ii) ☐ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
_____(b) Records and reports available to the Lessor (check (i) or (ii) below):
(i) ☐ Lessor has provided the Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

_____

_____

(ii) ☑ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

_____(c) Lessee has received copies of all information listed above.
_____(d) Lessee has received the pamphlet ***Protect Your Family From Lead in Your Home***.

Agent's Acknowledgment (initial)

BM-SIGNED 03/13/26 10:08 AM EDT
_____(e) Agent has informed the Lessor of the Lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy
The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

BM-SIGNED 03/13/26 09:33 AM EDT Lessor's signature	Mar 13, 2026 Date	Lessor's signature	Date
BM-SIGNED Roger William Clark 03/15/26 07:51 PM EDT Lessee's signature	Mar 15, 2026 Date	BM-SIGNED 03/15/26 09:44 PM EDT Lessee's signature	Mar 15, 2026 Date
BM-SIGNED 03/13/26 10:08 AM EDT Agent's signature	Mar 13, 2026 Date	BM-SIGNED Val da Silva Rezende 03/16/26 09:41 AM EDT Agent's signature	~~Mar 16, 2026~~ Date

BM-SIGNED 03/13/26 09:33 AM EDT BM-SIGNED BM-SIGNED 03/15/26 09:44 PM EDT
Landlord (CR) (____) and Tenant (RWC) (____) acknowledge receipt of a copy of this page which is Page 4 of 18

14. SERVICEMEMBER. If Tenant is a member of the United States Armed Forces on active duty or state active duty or a member of the Florida National Guard or United States Reserve Forces, the Tenant has rights to terminate the Lease as provided in Section 83.682, Florida Statutes, the provisions of which can be found in the attachment to this Lease.

15. LANDLORD'S ACCESS TO THE PREMISES. Landlord's Agent may enter the Premises in the following circumstances:

A. At any time for the protection or preservation of the Premises.

B. After reasonable notice to Tenant at reasonable times for the purpose of repairing the Premises.

C. To inspect the Premises; make necessary or agreed-upon repairs, decorations, alterations, or improvements; supply agreed services; or exhibit the Premises to prospective or actual purchasers, mortgagees, tenants, workers, or contractors under any of the following circumstances:

(1) with Tenant's consent;

(2) in case of emergency;

(3) when Tenant unreasonably withholds consent; or

(4) if Tenant is absent from the Premises for a period of at least one-half a rental installment period. (If the rent is current and Tenant notifies Landlord of an intended absence, then Landlord may enter only with Tenant's consent or for the protection or preservation of the Premises.)

16. HOMEOWNERS' ASSOCIATION. IF TENANT MUST BE APPROVED BY A HOMEOWNERS' ASSOCIATION ("ASSOCIATION"), LANDLORD AND TENANT AGREE THAT THE LEASE IS CONTINGENT UPON RECEIVING APPROVAL FROM THE ASSOCIATION. ANY APPLICATION FEE REQUIRED BY AN ASSOCIATION SHALL BE PAID BY ☐ LANDLORD ☐ TENANT. IF SUCH APPROVAL IS NOT OBTAINED PRIOR TO COMMENCEMENT OF LEASE TERM, EITHER PARTY MAY TERMINATE THE LEASE BY WRITTEN NOTICE TO THE OTHER GIVEN AT ANY TIME PRIOR TO APPROVAL BY THE ASSOCIATION, AND IF THE LEASE IS TERMINATED, TENANT SHALL RECEIVE RETURN OF DEPOSITS SPECIFIED IN ARTICLE 5, IF MADE. If the Lease is not terminated, rent shall abate until the approval is obtained from the association. Tenant agrees to use due diligence in applying for association approval and to comply with the requirements for obtaining approval. ☐ Landlord ☐ Tenant shall pay the security deposit required by the association, if applicable.

17. USE OF THE PREMISES. Tenant shall use the Premises for residential purposes. Tenant shall have exclusive use and right of possession to the dwelling. The Premises shall be used so as to comply with all state, county, municipal laws and ordinances, and all covenants and restrictions affecting the Premises and all rules and regulations of homeowners' associations affecting the Premises. Tenant may not paint or make any alterations or improvements to the Premises without first obtaining the Landlord's written consent to the alteration or improvement. However, unless this box ☐ is checked, Tenant may hang pictures and install window treatments in the Premises without Landlord's consent, provided Tenant removes all such items before the end of the Lease Term and repairs all damage resulting from the removal. Any improvements or alterations to the Premises made by the Tenant shall become Landlord's property. Tenant agrees not to use, keep, or store on the Premises any dangerous, explosive, toxic material which would increase the probability of fire or which would increase the cost of insuring the Premises.

18. RISK OF LOSS/INSURANCE.

A. Landlord and Tenant shall each be responsible for loss, damage, or injury caused by its own negligence or willful conduct.

B. Tenant should carry insurance covering Tenant's personal property and Tenant's liability insurance.

19. PROHIBITED ACTS BY LANDLORD. Landlord is prohibited from taking certain actions as described in Section 83.67, Florida Statutes, the provisions of which can be found in the attachment to this Lease.

20. CASUALTY DAMAGE. If the Premises are damaged or destroyed other than by wrongful or negligent acts of Tenant or persons on the Premises with Tenant's consent, so that the use of the Premises is substantially impaired, Tenant may terminate the Lease within 30 days after the damage or destruction and Tenant will immediately vacate the Premises. If Tenant vacates, Tenant is not liable for rent that would have been due after the date of termination. Tenant may vacate the part of the Premises rendered unusable by the damage or destruction, in which case Tenant's liability for rent shall be reduced by the fair rental value of the part of the Premises that was damaged or destroyed.

21. DEFAULTS/REMEDIES. Should a party to the Lease fail to fulfill their responsibilities under the Lease or need to determine whether there has been a default of the Lease, refer to Part II, Chapter 83, entitled Florida Residential Landlord and Tenant Act which contains information on defaults and remedies. A copy of the current version of this Act is attached to the Lease.

22. SUBORDINATION. The Lease is automatically subordinate to the lien of any mortgage encumbering the fee title to the Premises from time to time.

23. LIENS. THE INTEREST OF THE LANDLORD SHALL NOT BE SUBJECT TO LIENS FOR IMPROVEMENTS MADE BY THE TENANT AS PROVIDED IN SECTION 713.10, FLORIDA STATUTES. Tenant shall notify all parties performing work on the Premises at Tenant's request that the Lease does not allow any liens to attach to Landlord's interest.

24. RENEWAL/EXTENSION. The Lease can be renewed or extended only by a written agreement signed by both Landlord and Tenant, but the term of a renewal or extension together with the original Lease Term may not exceed one year. A new lease is required for each year.

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25. TENANT'S TELEPHONE NUMBER. Tenant shall, within 5 business days of obtaining telephone services at the Premises, send written notice to Landlord of Tenant's telephone numbers at the Premises.

26. ATTORNEYS' FEES. In any lawsuit brought to enforce the Lease or under applicable law, the party in whose favor a judgment or decree has been rendered may recover reasonable court costs, including attorneys' fees, from the non-prevailing party.

27. MISCELLANEOUS.

A. Time is of the essence of the performance of each party's obligations under the Lease.

B. The Lease shall be binding upon and for the benefit of the heirs, personal representatives, successors, and permitted assigns of Landlord and Tenant, subject to the requirements specifically mentioned in the Lease. Whenever used, the singular number shall include the plural or singular and the use of any gender shall include all appropriate genders.

C. The agreements contained in the Lease set forth the complete understanding of the parties and may not be changed or terminated orally.

D. No agreement to accept surrender of the Premises from Tenant will be valid unless in writing and signed by Landlord.

E. All questions concerning the meaning, execution, construction, effect, validity, and enforcement of the Lease shall be determined pursuant to the laws of Florida.

F. A facsimile copy of the Lease and any signatures hereon shall be considered for all purposes originals.

G. As required by law, Landlord makes the following disclosure: "RADON GAS." Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in Florida. Additional information regarding radon and radon testing may be obtained from your county health department.

28. BROKERS' COMMISSION. ☐ Check and complete if applicable. The brokerage companies named below will be paid the commission set forth in this paragraph by ☑ Landlord ☐ Tenant for procuring a tenant for this transaction.

Cristiane Andreazi Smith	*Val da Silva Rezende*
Real Estate Licensee	Real Estate Licensee
Kardosh Realty	*Kaza Real Estate LLC*
Real Estate Brokerage Company	Real Estate Brokerage Company
	$400.00
Commission	Commission

29. TENANT'S PERSONAL PROPERTY. TENANT MUST INITIAL IN THIS BOX ☐ FOR THE FOLLOWING PROVISION TO APPLY. BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY.

The Lease has been executed by the parties on the dates indicated below.

BM-SIGNED 03/13/26 09:33 AM EDT	*Mar 13, 2026*
Landlord's Signature	Date
Landlord's Signature	Date
Landlord's Signature	Date
BM-SIGNED Roger William Clark 03/15/26 07:52 PM EDT	*Mar 15, 2026*
Tenant's Signature	Date
BM-SIGNED 03/15/26 08:40 PM EDT	*Mar 15, 2026*
Tenant's Signature	Date

This form was completed with the assistance of:

Name of Individual:	*Cristiane Andreazi Smith*
Name of Business:	*Kardosh Realty*
Address:	*6236 Kingspointe Pkwy Suite 5, Orlando, FL 32819, United States*
Telephone Number:	*4079706818*

Landlord BM-SIGNED 03/13/26 **(____) (____) and Tenant** BM-SIGNED BM-SIGNED **(____) (____) acknowledge receipt of a copy of this page which is Page 6 of 18**

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Early Termination Fee/Liquidated Damages Addendum

☑ I agree, as provided in the rental agreement, to pay $ 4,800.00 (an amount that does not exceed two months' rent) as liquidated damages or an early termination fee if I elect to terminate the rental agreement and the landlord waives the right to seek additional rent beyond the month in which the landlord retakes possession.

☐ I do not agree to liquidated damages or an early termination fee, and I acknowledge that the landlord may seek damages as provided by law.

BM-SIGNED 03/13/26 09:55 AM EDT

Landlord's Signature — Date: Mar 13, 2026

Landlord's Signature — Date

Landlord's Signature — Date

BM-SIGNED Roger William Clark 03/15/26 07:52 PM EDT

Tenant's Signature — Date: Mar 15, 2026

BM-SIGNED 09:45 PM EDT

Tenant's Signature — Date: Mar 15, 2026

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PART II

RESIDENTIAL TENANCIES

83.40 Short title.
83.41 Application.
83.42 Exclusions from application of part.
83.43 Definitions.
83.44 Obligation of good faith.
83.45 Unconscionable rental agreement or provision.
83.46 Rent; duration of tenancies.
83.47 Prohibited provisions in rental agreements.
83.48 Attorney fees.
83.49 Deposit money or advance rent; duty of landlord and tenant.
83.50 Disclosure of landlord's address.
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83.515 Background screening of apartment employees; employment disqualification
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83.535 Flotation bedding system; restrictions on use.
83.54 Enforcement of rights and duties; civil action; criminal offenses.
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83.56 Termination of rental agreement.
83.5615 Termination of rental agreement upon foreclosure.
83.57 Termination of tenancy without specific term.
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83.58 Remedies; tenant holding over.
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83.60 Defenses to action for rent or possession; procedure.
83.61 Disbursement of funds in registry of court; prompt final hearing.
83.62 Restoration of possession to landlord.
83.625 Power to award possession and enter money judgment.
83.63 Casualty damage.
83.64 Retaliatory conduct.
83.67 Prohibited practices.
83.681 Orders to enjoin violations of this part.
83.682 Termination of rental agreement by a servicemember.
83.683 Rental application by a servicemember

83.40 Short title.—This part shall be known as the "Florida Residential Landlord and Tenant Act."
History.—s. 2, ch. 73-330.

83.41 Application.—This part applies to the rental of a dwelling unit.
History.—s. 2, ch. 73-330; ss. 2, 20, ch. 82-66.

83.42 Exclusions from application of part.—This part does not apply to:
(1) Residency or detention in a facility, whether public or private, when residence or detention is incidental to the provision of medical, geriatric, educational, counseling, religious, or similar services. For residents of a facility licensed under part II of chapter 400, the provisions of s. 400.0255 are the exclusive procedures for all transfers and discharges.
(2) Occupancy under a contract of sale of a dwelling unit or the property of which it is a part in which the buyer has paid at least 12 months' rent or in which the buyer has paid at least 1 month's rent and a deposit of at least 5 percent of the purchase price of the property.
(3) Transient occupancy in a hotel, condominium, motel, roominghouse, or similar public lodging, or transient occupancy in a mobile home park.
(4) Occupancy by a holder of a proprietary lease in a cooperative apartment.
(5) Occupancy by an owner of a condominium unit.
History.—s. 2, ch. 73-330; s. 40, ch. 2012-160; s. 1, ch. 2013-136.

83.43 Definitions.—As used in this part, the following words and terms shall have the following meanings unless some other meaning is plainly indicated:
(1) "Building, housing, and health codes" means any law, ordinance, or governmental regulation concerning health, safety, sanitation or fitness for habitation, or the construction, maintenance, operation, occupancy, use, or appearance, of any dwelling unit.
(2) "Dwelling unit" means:
(a) A structure or part of a structure that is rented for use as a home, residence, or sleeping place by one person or by two or more persons who maintain a common household.
(b) A mobile home rented by a tenant.

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(c) A structure or part of a structure that is furnished, with or without rent, as an incident of employment for use as a home, residence, or sleeping place by one or more persons.
(3) “Landlord” means the owner or lessor of a dwelling unit.
(4) “Tenant” means any person entitled to occupy a dwelling unit under a rental agreement.
(5) “Premises” means a dwelling unit and the structure of which it is a part and a mobile home lot and the appurtenant facilities and grounds, areas, facilities, and property held out for the use of tenants generally.
(6) “Rent” means the periodic payments due the landlord from the tenant for occupancy under a rental agreement and any other payments due the landlord from the tenant as may be designated as rent in a written rental agreement.
(7) “Rental agreement” means any written agreement, including amendments or addenda, or oral agreement for a duration of less than 1 year, providing for use and occupancy of premises.
(8) “Good faith” means honesty in fact in the conduct or transaction concerned.
(9) “Advance rent” means moneys paid to the landlord to be applied to future rent payment periods, but does not include rent paid in advance for a current rent payment period.
(10) “Transient occupancy” means occupancy when it is the intention of the parties that the occupancy will be temporary.
(11) “Deposit money” means any money held by the landlord on behalf of the tenant, including, but not limited to, damage deposits, security deposits, advance rent deposit, pet deposit, or any contractual deposit agreed to between landlord and tenant either in writing or orally.
(12) “Security deposits” means any moneys held by the landlord as security for the performance of the rental agreement, including, but not limited to, monetary damage to the landlord caused by the tenant’s breach of lease prior to the expiration thereof.
(13) “Legal holiday” means holidays observed by the clerk of the court.
(14) “Servicemember” shall have the same meaning as provided in s. 250.01.
(15) “Active duty” shall have the same meaning as provided in s. 250.01.
(16) “State active duty” shall have the same meaning as provided in s. 250.01.
(17) “Early termination fee” means any charge, fee, or forfeiture that is provided for in a written rental agreement and is assessed to a tenant when a tenant elects to terminate the rental agreement, as provided in the agreement, and vacates a dwelling unit before the end of the rental agreement. An early termination fee does not include:
(a) Unpaid rent and other accrued charges through the end of the month in which the landlord retakes possession of the dwelling unit.
(b) Charges for damages to the dwelling unit.
(c) Charges associated with a rental agreement settlement, release, buyout, or accord and satisfaction agreement.
History.—s. 2, ch. 73-330; s. 1, ch. 74-143; s. 1, ch. 81-190; s. 3, ch. 83-151; s. 17, ch. 94-170; s. 2, ch. 2003-72; s. 1, ch. 2008-131.

83.44 Obligation of good faith.—Every rental agreement or duty within this part imposes an obligation of good faith in its performance or enforcement.
History.—s. 2, ch. 73-330.

83.45 Unconscionable rental agreement or provision.—
(1) If the court as a matter of law finds a rental agreement or any provision of a rental agreement to have been unconscionable at the time it was made, the court may refuse to enforce the rental agreement, enforce the remainder of the rental agreement without the unconscionable provision, or so limit the application of any unconscionable provision as to avoid any unconscionable result.
(2) When it is claimed or appears to the court that the rental agreement or any provision thereof may be unconscionable, the parties shall be afforded a reasonable opportunity to present evidence as to meaning, relationship of the parties, purpose, and effect to aid the court in making the determination.
History.—s. 2, ch. 73-330.

83.46 Rent; duration of tenancies.—
(1) Unless otherwise agreed, rent is payable without demand or notice; periodic rent is payable at the beginning of each rent payment period; and rent is uniformly apportionable from day to day.
(2) If the rental agreement contains no provision as to duration of the tenancy, the duration is determined by the periods for which the rent is payable. If the rent is payable weekly, then the tenancy is from week to week; if payable monthly, tenancy is from month to month; if payable quarterly, tenancy is from quarter to quarter; if payable yearly, tenancy is from year to year.
(3) If the dwelling unit is furnished without rent as an incident of employment and there is no agreement as to the duration of the tenancy, the duration is determined by the periods for which wages are payable. If wages are payable weekly or more frequently, then the tenancy is from week to week; and if wages are payable monthly or no wages are payable, then the tenancy is from month to month. In the event that the employee ceases employment, the employer shall be entitled to rent for the period from the day after the employee ceases employment until the day that the dwelling unit is vacated at a rate equivalent to the rate charged for similarly situated residences in the area. This subsection shall not apply to an employee or a resident manager of an apartment house or an apartment complex when there is a written agreement to the contrary.
History.—s. 2, ch. 73-330; s. 2, ch. 81-190; s. 2, ch. 87-195; s. 2, ch. 90-133; s. 1, ch. 93-255.

83.47 Prohibited provisions in rental agreements.—
(1) A provision in a rental agreement is void and unenforceable to the extent that it:
(a) Purports to waive or preclude the rights, remedies, or requirements set forth in this part.
(b) Purports to limit or preclude any liability of the landlord to the tenant or of the tenant to the landlord, arising under law.
(2) If such a void and unenforceable provision is included in a rental agreement entered into, extended, or renewed after the effective date of this part and either party suffers actual damages as a result of the inclusion, the aggrieved party may recover those damages sustained after the effective date of this part.
History.—s. 2, ch. 73-330.

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83.48 Attorney fees.—In any civil action brought to enforce the provisions of the rental agreement or this part, the party in whose favor a judgment or decree has been rendered may recover reasonable attorney fees and court costs from the nonprevailing party. The right to attorney fees in this section may not be waived in a lease agreement. However, attorney fees may not be awarded under this section in a claim for personal injury damages based on a breach of duty under s. 83.51.
History.—s. 2, ch. 73-330; s. 4, ch. 83-151; s. 2, ch. 2013-136.

83.49 Deposit money or advance rent; duty of landlord and tenant.—
(1) Whenever money is deposited or advanced by a tenant on a rental agreement as security for performance of the rental agreement or as advance rent for other than the next immediate rental period, the landlord or the landlord's agent shall either:
(a) Hold the total amount of such money in a separate non-interest-bearing account in a Florida banking institution for the benefit of the tenant or tenants. The landlord shall not commingle such moneys with any other funds of the landlord or hypothecate, pledge, or in any other way make use of such moneys until such moneys are actually due the landlord;
(b) Hold the total amount of such money in a separate interest-bearing account in a Florida banking institution for the benefit of the tenant or tenants, in which case the tenant shall receive and collect interest in an amount of at least 75 percent of the annualized average interest rate payable on such account or interest at the rate of 5 percent per year, simple interest, whichever the landlord elects. The landlord shall not commingle such moneys with any other funds of the landlord or hypothecate, pledge, or in any other way make use of such moneys until such moneys are actually due the landlord; or
(c) Post a surety bond, executed by the landlord as principal and a surety company authorized and licensed to do business in the state as surety, with the clerk of the circuit court in the county in which the dwelling unit is located in the total amount of the security deposits and advance rent he or she holds on behalf of the tenants or $50,000, whichever is less. The bond shall be conditioned upon the faithful compliance of the landlord with the provisions of this section and shall run to the Governor for the benefit of any tenant injured by the landlord's violation of the provisions of this section. In addition to posting the surety bond, the landlord shall pay to the tenant interest at the rate of 5 percent per year, simple interest. A landlord, or the landlord's agent, engaged in the renting of dwelling units in five or more counties, who holds deposit moneys or advance rent and who is otherwise subject to the provisions of this section, may, in lieu of posting a surety bond in each county, elect to post a surety bond in the form and manner provided in this paragraph with the office of the Secretary of State. The bond shall be in the total amount of the security deposit or advance rent held on behalf of tenants or in the amount of $250,000, whichever is less. The bond shall be conditioned upon the faithful compliance of the landlord with the provisions of this section and shall run to the Governor for the benefit of any tenant injured by the landlord's violation of this section. In addition to posting a surety bond, the landlord shall pay to the tenant interest on the security deposit or advance rent held on behalf of that tenant at the rate of 5 percent per year simple interest.
(2) The landlord shall, in the lease agreement or within 30 days after receipt of advance rent or a security deposit, give written notice to the tenant which includes disclosure of the advance rent or security deposit. Subsequent to providing such written notice, if the landlord changes the manner or location in which he or she is holding the advance rent or security deposit, he or she must notify the tenant within 30 days after the change as provided in paragraphs (a)-(d). The landlord is not required to give new or additional notice solely because the depository has merged with another financial institution, changed its name, or transferred ownership to a different financial institution. This subsection does not apply to any landlord who rents fewer than five individual dwelling units. Failure to give this notice is not a defense to the payment of rent when due. The written notice must:
(a) Be given in person or by mail to the tenant.
(b) State the name and address of the depository where the advance rent or security deposit is being held or state that the landlord has posted a surety bond as provided by law.
(c) State whether the tenant is entitled to interest on the deposit.
(d) Contain the following disclosure:

YOUR LEASE REQUIRES PAYMENT OF CERTAIN DEPOSITS. THE LANDLORD MAY TRANSFER ADVANCE RENTS TO THE LANDLORD'S ACCOUNT AS THEY ARE DUE AND WITHOUT NOTICE. WHEN YOU MOVE OUT, YOU MUST GIVE THE LANDLORD YOUR NEW ADDRESS SO THAT THE LANDLORD CAN SEND YOU NOTICES REGARDING YOUR DEPOSIT. THE LANDLORD MUST MAIL YOU NOTICE, WITHIN 30 DAYS AFTER YOU MOVE OUT, OF THE LANDLORD'S INTENT TO IMPOSE A CLAIM AGAINST THE DEPOSIT. IF YOU DO NOT REPLY TO THE LANDLORD STATING YOUR OBJECTION TO THE CLAIM WITHIN 15 DAYS AFTER RECEIPT OF THE LANDLORD'S NOTICE, THE LANDLORD WILL COLLECT THE CLAIM AND MUST MAIL YOU THE REMAINING DEPOSIT, IF ANY.

IF THE LANDLORD FAILS TO TIMELY MAIL YOU NOTICE, THE LANDLORD MUST RETURN THE DEPOSIT BUT MAY LATER FILE A LAWSUIT AGAINST YOU FOR DAMAGES. IF YOU FAIL TO TIMELY OBJECT TO A CLAIM, THE LANDLORD MAY COLLECT FROM THE DEPOSIT, BUT YOU MAY LATER FILE A LAWSUIT CLAIMING A REFUND.

YOU SHOULD ATTEMPT TO INFORMALLY RESOLVE ANY DISPUTE BEFORE FILING A LAWSUIT. GENERALLY, THE PARTY IN WHOSE FAVOR A JUDGMENT IS RENDERED WILL BE AWARDED COSTS AND ATTORNEY FEES PAYABLE BY THE LOSING PARTY.

THIS DISCLOSURE IS BASIC. PLEASE REFER TO PART II OF CHAPTER 83, FLORIDA STATUTES, TO DETERMINE YOUR LEGAL RIGHTS AND OBLIGATIONS.

(3) The landlord or the landlord's agent may disburse advance rents from the deposit account to the landlord's benefit when the advance rental period commences and without notice to the tenant. For all other deposits:
(a) Upon the vacating of the premises for termination of the lease, if the landlord does not intend to impose a claim on the security deposit, the landlord shall have 15 days to return the security deposit together with interest if otherwise required, or the landlord shall have 30 days

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to give the tenant written notice by certified mail to the tenant's last known mailing address of his or her intention to impose a claim on the deposit and the reason for imposing the claim. The notice shall contain a statement in substantially the following form:

This is a notice of my intention to impose a claim for damages in the amount of _____ upon your security deposit, due to _____. It is sent to you as required by s. 83.49(3), Florida Statutes. You are hereby notified that you must object in writing to this deduction from your security deposit within 15 days from the time you receive this notice or I will be authorized to deduct my claim from your security deposit. Your objection must be sent to (landlord's address) .

If the landlord fails to give the required notice within the 30-day period, he or she forfeits the right to impose a claim upon the security deposit and may not seek a setoff against the deposit but may file an action for damages after return of the deposit.
(b) Unless the tenant objects to the imposition of the landlord's claim or the amount thereof within 15 days after receipt of the landlord's notice of intention to impose a claim, the landlord may then deduct the amount of his or her claim and shall remit the balance of the deposit to the tenant within 30 days after the date of the notice of intention to impose a claim for damages. The failure of the tenant to make a timely objection does not waive any rights of the tenant to seek damages in a separate action.
(c) If either party institutes an action in a court of competent jurisdiction to adjudicate the party's right to the security deposit, the prevailing party is entitled to receive his or her court costs plus a reasonable fee for his or her attorney. The court shall advance the cause on the calendar.
(d) Compliance with this section by an individual or business entity authorized to conduct business in this state, including Florida-licensed real estate brokers and sales associates, constitutes compliance with all other relevant Florida Statutes pertaining to security deposits held pursuant to a rental agreement or other landlord-tenant relationship. Enforcement personnel shall look solely to this section to determine compliance. This section prevails over any conflicting provisions in chapter 475 and in other sections of the Florida Statutes, and shall operate to permit licensed real estate brokers to disburse security deposits and deposit money without having to comply with the notice and settlement procedures contained in s. 475.25(1)(d).
(4) The provisions of this section do not apply to transient rentals by hotels or motels as defined in chapter 509; nor do they apply in those instances in which the amount of rent or deposit, or both, is regulated by law or by rules or regulations of a public body, including public housing authorities and federally administered or regulated housing programs including s. 202, s. 221(d)(3) and (4), s. 236, or s. 8 of the National Housing Act, as amended, other than for rent stabilization. With the exception of subsections (3), (5), and (6), this section is not applicable to housing authorities or public housing agencies created pursuant to chapter 421 or other statutes.
(5) Except when otherwise provided by the terms of a written lease, any tenant who vacates or abandons the premises prior to the expiration of the term specified in the written lease, or any tenant who vacates or abandons premises which are the subject of a tenancy from week to week, month to month, quarter to quarter, or year to year, shall give at least 7 days' written notice by certified mail or personal delivery to the landlord prior to vacating or abandoning the premises which notice shall include the address where the tenant may be reached. Failure to give such notice shall relieve the landlord of the notice requirement of paragraph (3)(a) but shall not waive any right the tenant may have to the security deposit or any part of it.
(6) For the purposes of this part, a renewal of an existing rental agreement shall be considered a new rental agreement, and any security deposit carried forward shall be considered a new security deposit.
(7) Upon the sale or transfer of title of the rental property from one owner to another, or upon a change in the designated rental agent, any and all security deposits or advance rents being held for the benefit of the tenants shall be transferred to the new owner or agent, together with any earned interest and with an accurate accounting showing the amounts to be credited to each tenant account. Upon the transfer of such funds and records to the new owner or agent, and upon transmittal of a written receipt therefor, the transferor is free from the obligation imposed in subsection (1) to hold such moneys on behalf of the tenant. There is a rebuttable presumption that any new owner or agent received the security deposit from the previous owner or agent; however, this presumption is limited to 1 month's rent. This subsection does not excuse the landlord or agent for a violation of other provisions of this section while in possession of such deposits.
(8) Any person licensed under the provisions of s. 509.241, unless excluded by the provisions of this part, who fails to comply with the provisions of this part shall be subject to a fine or to the suspension or revocation of his or her license by the Division of Hotels and Restaurants of the Department of Business and Professional Regulation in the manner provided in s. 509.261.
(9) In those cases in which interest is required to be paid to the tenant, the landlord shall pay directly to the tenant, or credit against the current month's rent, the interest due to the tenant at least once annually. However, no interest shall be due a tenant who wrongfully terminates his or her tenancy prior to the end of the rental term.
History.—s. 1, ch. 69-282; s. 3, ch. 70-360; s. 1, ch. 72-19; s. 1, ch. 72-43; s. 5, ch. 73-330; s. 1, ch. 74-93; s. 3, ch. 74-146; ss. 1, 2, ch. 75-133; s. 1, ch. 76-15; s. 1, ch. 77-445; s. 20, ch. 79-400; s. 21, ch. 82-66; s. 5, ch. 83-151; s. 13, ch. 83-217; s. 3, ch. 87-195; s. 1, ch. 87-369; s. 3, ch. 88-379; s. 2, ch. 93-255; s. 5, ch. 94-218; s. 1372, ch. 95-147; s. 1, ch. 96-146; s. 1, ch. 2001-179; s. 53, ch. 2003-164; s. 3, ch. 2013-136.
Note.—Former s. 83.261.

83.50 Disclosure of landlord's address.—In addition to any other disclosure required by law, the landlord, or a person authorized to enter into a rental agreement on the landlord's behalf, shall disclose in writing to the tenant, at or before the commencement of the tenancy, the name and address of the landlord or a person authorized to receive notices and demands in the landlord's behalf. The person so authorized to receive notices and demands retains authority until the tenant is notified otherwise. All notices of such names and addresses or changes thereto shall be delivered to the tenant's residence or, if specified in writing by the tenant, to any other address.
History.—s. 2, ch. 73-330; s. 443, ch. 95-147; s. 5, ch. 2013-136.

83.51 Landlord's obligation to maintain premises.—
(1) The landlord at all times during the tenancy shall:
(a) Comply with the requirements of applicable building, housing, and health codes; or
(b) Where there are no applicable building, housing, or health codes, maintain the roofs, windows, doors, floors, steps, porches, exterior walls, foundations, and all other structural components in good repair and capable of resisting normal forces and loads and the plumbing in

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reasonable working condition. The landlord, at commencement of the tenancy, must ensure that screens are installed in a reasonable condition. Thereafter, the landlord must repair damage to screens once annually, when necessary, until termination of the rental agreement.

The landlord is not required to maintain a mobile home or other structure owned by the tenant. The landlord's obligations under this subsection may be altered or modified in writing with respect to a single-family home or duplex.
(2)(a) Unless otherwise agreed in writing, in addition to the requirements of subsection (1), the landlord of a dwelling unit other than a single-family home or duplex shall, at all times during the tenancy, make reasonable provisions for:
1. The extermination of rats, mice, roaches, ants, wood-destroying organisms, and bedbugs. When vacation of the premises is required for such extermination, the landlord is not liable for damages but shall abate the rent. The tenant must temporarily vacate the premises for a period of time not to exceed 4 days, on 7 days' written notice, if necessary, for extermination pursuant to this subparagraph.
2. Locks and keys.
3. The clean and safe condition of common areas.
4. Garbage removal and outside receptacles therefor.
5. Functioning facilities for heat during winter, running water, and hot water.
(b) Unless otherwise agreed in writing, at the commencement of the tenancy of a single-family home or duplex, the landlord shall install working smoke detection devices. As used in this paragraph, the term "smoke detection device" means an electrical or battery-operated device which detects visible or invisible particles of combustion and which is listed by Underwriters Laboratories, Inc., Factory Mutual Laboratories, Inc., or any other nationally recognized testing laboratory using nationally accepted testing standards.
(c) Nothing in this part authorizes the tenant to raise a noncompliance by the landlord with this subsection as a defense to an action for possession under s. 83.59.
(d) This subsection shall not apply to a mobile home owned by a tenant.
(e) Nothing contained in this subsection prohibits the landlord from providing in the rental agreement that the tenant is obligated to pay costs or charges for garbage removal, water, fuel, or utilities.
(3) If the duty imposed by subsection (1) is the same or greater than any duty imposed by subsection (2), the landlord's duty is determined by subsection (1).
(4) The landlord is not responsible to the tenant under this section for conditions created or caused by the negligent or wrongful act or omission of the tenant, a member of the tenant's family, or other person on the premises with the tenant's consent.
History.—s. 2, ch. 73-330; s. 22, ch. 82-66; s. 4, ch. 87-195; s. 1, ch. 90-133; s. 3, ch. 93-255; s. 444, ch. 95-147; s. 8, ch. 97-95; s. 6, ch. 2013-136.

83.515 Background screening of apartment employees; employment disqualification.—

(1) The landlord of a public lodging establishment classified under s. 509.242(1)(d) or (e) as a nontransient apartment or transient apartment, respectively, must require that each employee of the establishment undergo a background screening as a condition of employment.

(2) The background screening required under subsection (1) must be performed by a consumer reporting agency in accordance with the federal Fair Credit Reporting Act, and must include a screening of criminal history records and sexual predator and sexual offender registries of all states and the District of Columbia.

(3) A landlord may disqualify a person from employment if the person has been convicted or found guilty of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, any of the following offenses:

(a) A criminal offense involving disregard for the safety of others which, if committed in this state, is a felony or a misdemeanor of the first degree or, if committed in another state, would be a felony or a misdemeanor of the first degree if committed in this state.

(b) A criminal offense committed in any jurisdiction which involves violence, including, but not limited to, murder, sexual battery, robbery, carjacking, home-invasion robbery, and stalking.

83.52 Tenant's obligation to maintain dwelling unit.—The tenant at all times during the tenancy shall:
(1) Comply with all obligations imposed upon tenants by applicable provisions of building, housing, and health codes.
(2) Keep that part of the premises which he or she occupies and uses clean and sanitary.
(3) Remove from the tenant's dwelling unit all garbage in a clean and sanitary manner.
(4) Keep all plumbing fixtures in the dwelling unit or used by the tenant clean and sanitary and in repair.
(5) Use and operate in a reasonable manner all electrical, plumbing, sanitary, heating, ventilating, air-conditioning and other facilities and appliances, including elevators.
(6) Not destroy, deface, damage, impair, or remove any part of the premises or property therein belonging to the landlord nor permit any person to do so.
(7) Conduct himself or herself, and require other persons on the premises with his or her consent to conduct themselves, in a manner that does not unreasonably disturb the tenant's neighbors or constitute a breach of the peace.
History.—s. 2, ch. 73-330; s. 445, ch. 95-147.

83.53 Landlord's access to dwelling unit.—
(1) The tenant shall not unreasonably withhold consent to the landlord to enter the dwelling unit from time to time in order to inspect the premises; make necessary or agreed repairs, decorations, alterations, or improvements; supply agreed services; or exhibit the dwelling unit to prospective or actual purchasers, mortgagees, tenants, workers, or contractors.

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(2) The landlord may enter the dwelling unit at any time for the protection or preservation of the premises. The landlord may enter the dwelling unit upon reasonable notice to the tenant and at a reasonable time for the purpose of repair of the premises. “Reasonable notice” for the purpose of repair is notice given at least 24 hours prior to the entry, and reasonable time for the purpose of repair shall be between the hours of 7:30 a.m. and 8:00 p.m. The landlord may enter the dwelling unit when necessary for the further purposes set forth in subsection (1) under any of the following circumstances:
(a) With the consent of the tenant;
(b) In case of emergency;
(c) When the tenant unreasonably withholds consent; or
(d) If the tenant is absent from the premises for a period of time equal to one-half the time for periodic rental payments. If the rent is current and the tenant notifies the landlord of an intended absence, then the landlord may enter only with the consent of the tenant or for the protection or preservation of the premises.
(3) The landlord shall not abuse the right of access nor use it to harass the tenant.
History.—s. 2, ch. 73-330; s. 5, ch. 87-195; s. 4, ch. 93-255; s. 446, ch. 95-147.
83.535 Flotation bedding system; restrictions on use.—No landlord may prohibit a tenant from using a flotation bedding system in a dwelling unit, provided the flotation bedding system does not violate applicable building codes. The tenant shall be required to carry in the tenant’s name flotation insurance as is standard in the industry in an amount deemed reasonable to protect the tenant and owner against personal injury and property damage to the dwelling units. In any case, the policy shall carry a loss payable clause to the owner of the building.
History.—s. 7, ch. 82-66; s. 5, ch. 93-255.

83.54 Enforcement of rights and duties; civil action; criminal offenses.—Any right or duty declared in this part is enforceable by civil action. A right or duty enforced by civil action under this section does not preclude prosecution for a criminal offense related to the lease or leased property.
History.—s. 2, ch. 73-330; s. 7, ch. 2013-136.

83.55 Right of action for damages.—If either the landlord or the tenant fails to comply with the requirements of the rental agreement or this part, the aggrieved party may recover the damages caused by the noncompliance.
History.—s. 2, ch. 73-330.

83.56 Termination of rental agreement.—
(1) If the landlord materially fails to comply with s. 83.51(1) or material provisions of the rental agreement within 7 days after delivery of written notice by the tenant specifying the noncompliance and indicating the intention of the tenant to terminate the rental agreement by reason thereof, the tenant may terminate the rental agreement. If the failure to comply with s. 83.51(1) or material provisions of the rental agreement is due to causes beyond the control of the landlord and the landlord has made and continues to make every reasonable effort to correct the failure to comply, the rental agreement may be terminated or altered by the parties, as follows:
(a) If the landlord’s failure to comply renders the dwelling unit untenantable and the tenant vacates, the tenant shall not be liable for rent during the period the dwelling unit remains uninhabitable.
(b) If the landlord’s failure to comply does not render the dwelling unit untenantable and the tenant remains in occupancy, the rent for the period of noncompliance shall be reduced by an amount in proportion to the loss of rental value caused by the noncompliance.
(2) If the tenant materially fails to comply with s. 83.52 or material provisions of the rental agreement, other than a failure to pay rent, or reasonable rules or regulations, the landlord may:
(a) If such noncompliance is of a nature that the tenant should not be given an opportunity to cure it or if the noncompliance constitutes a subsequent or continuing noncompliance within 12 months of a written warning by the landlord of a similar violation, deliver a written notice to the tenant specifying the noncompliance and the landlord’s intent to terminate the rental agreement by reason thereof. Examples of noncompliance which are of a nature that the tenant should not be given an opportunity to cure include, but are not limited to, destruction, damage, or misuse of the landlord’s or other tenants’ property by intentional act or a subsequent or continued unreasonable disturbance. In such event, the landlord may terminate the rental agreement, and the tenant shall have 7 days from the date that the notice is delivered to vacate the premises. The notice shall be in substantially the following form:

You are advised that your lease is terminated effective immediately. You shall have 7 days from the delivery of this letter to vacate the premises. This action is taken because (cite the noncompliance) .
(b) If such noncompliance is of a nature that the tenant should be given an opportunity to cure it, deliver a written notice to the tenant specifying the noncompliance, including a notice that, if the noncompliance is not corrected within 7 days from the date that the written notice is delivered, the landlord shall terminate the rental agreement by reason thereof. Examples of such noncompliance include, but are not limited to, activities in contravention of the lease or this part such as having or permitting unauthorized pets, guests, or vehicles; parking in an unauthorized manner or permitting such parking; or failing to keep the premises clean and sanitary. If such noncompliance recurs within 12 months after notice, an eviction action may commence without delivering a subsequent notice pursuant to paragraph (a) or this paragraph. The notice shall be in substantially the following form:

You are hereby notified that (cite the noncompliance) . Demand is hereby made that you remedy the noncompliance within 7 days of receipt of this notice or your lease shall be deemed terminated and you shall vacate the premises upon such termination. If this same conduct or conduct of a similar nature is repeated within 12 months, your tenancy is subject to termination without further warning and without your being given an opportunity to cure the noncompliance.
(3) If the tenant fails to pay rent when due and the default continues for 3 days, excluding Saturday, Sunday, and legal holidays, after delivery of written demand by the landlord for payment of the rent or possession of the premises, the landlord may terminate the rental agreement. Legal holidays for the purpose of this section shall be court-observed holidays only. The 3-day notice shall contain a statement in substantially the following form:

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You are hereby notified that you are indebted to me in the sum of _____ dollars for the rent and use of the premises (address of leased premises, including county) , Florida, now occupied by you and that I demand payment of the rent or possession of the premises within 3 days (excluding Saturday, Sunday, and legal holidays) from the date of delivery of this notice, to wit: on or before the day of , (year) .

Alejandro Cardona
(landlord's name, address and phone number)

(4) The delivery of the written notices required by subsections (1), (2), and (3) shall be by mailing or delivery of a true copy thereof or, if the tenant is absent from the premises, by leaving a copy thereof at the residence. The notice requirements of subsections (1), (2), and (3) may not be waived in the lease.

(5)(a) If the landlord accepts rent with actual knowledge of a noncompliance by the tenant or accepts performance by the tenant of any other provision of the rental agreement that is at variance with its provisions, or if the tenant pays rent with actual knowledge of a noncompliance by the landlord or accepts performance by the landlord of any other provision of the rental agreement that is at variance with its provisions, the landlord or tenant waives his or her right to terminate the rental agreement or to bring a civil action for that noncompliance, but not for any subsequent or continuing noncompliance. However, a landlord does not waive the right to terminate the rental agreement or to bring a civil action for that noncompliance by accepting partial rent for the period. If partial rent is accepted after posting the notice for nonpayment, the landlord must:

1. Provide the tenant with a receipt stating the date and amount received and the agreed upon date and balance of rent due before filing an action for possession;
2. Place the amount of partial rent accepted from the tenant in the registry of the court upon filing the action for possession; or
3. Post a new 3-day notice reflecting the new amount due.

(b) Any tenant who wishes to defend against an action by the landlord for possession of the unit for noncompliance of the rental agreement or of relevant statutes must comply with s. 83.60(2). The court may not set a date for mediation or trial unless the provisions of s. 83.60(2) have been met, but must enter a default judgment for removal of the tenant with a writ of possession to issue immediately if the tenant fails to comply with s. 83.60(2).

(c) This subsection does not apply to that portion of rent subsidies received from a local, state, or national government or an agency of local, state, or national government; however, waiver will occur if an action has not been instituted within 45 days after the landlord obtains actual knowledge of the noncompliance.

(6) If the rental agreement is terminated, the landlord shall comply with s. 83.49(3).

History.—s. 2, ch. 73-330; s. 23, ch. 82-66; s. 6, ch. 83-151; s. 14, ch. 83-217; s. 6, ch. 87-195; s. 6, ch. 93-255; s. 6, ch. 94-170; s. 1373, ch. 95-147; s. 5, ch. 99-6; s. 8, ch. 2013-136.

83.5615 Termination of rental agreement upon foreclosure.—

(1) If a tenant is occupying residential premises that are the subject of a foreclosure sale, upon issuance of a certificate of title following the sale, the purchaser named in the certificate of title takes title to the residential premises subject to the rights of the tenant under this section.

(a) The tenant may remain in possession of the premises for 30 days following the date of the purchaser's delivery of a written 30-day notice of termination.

(b) The tenant is entitled to the protections of s. 83.67.

(c) The 30-day notice of termination must be in substantially the following form:

NOTICE TO TENANT OF TERMINATION

You are hereby notified that your rental agreement is terminated on the date of delivery of this notice, that your occupancy is terminated 30 days following the date of the delivery of this notice, and that I demand possession of the premises on (date) . If you do not vacate the premises by that date, I will ask the court for an order allowing me to remove you and your belongings from the premises. You are obligated to pay rent during the 30-day period for any amount that might accrue during that period. Your rent must be delivered to (landlord's name and address) .

(d) The 30-day notice of termination shall be delivered in the same manner as provided in s. 83.56(4).

(2) The purchaser at the foreclosure sale may apply to the court for a writ of possession based upon a sworn affidavit that the 30-day notice of termination was delivered to the tenant and the tenant has failed to vacate the premises at the conclusion of the 30-day period. If the court awards a writ of possession, the writ must be served on the tenant. The writ of possession shall be governed by s. 83.62.

(3) This section does not apply if:

(a) The tenant is the mortgagor in the subject foreclosure or is the child, spouse, or parent of the mortgagor in the subject foreclosure.

(b) The tenant's rental agreement is not the result of an arm's length transaction.

(c) The tenant's rental agreement allows the tenant to pay rent that is substantially less than the fair market rent for the premises, unless the rent is reduced or subsidized due to a federal, state, or local subsidy.

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(4) A purchaser at a foreclosure sale of a residential premises occupied by a tenant does not assume the obligations of a landlord, except as provided in paragraph (1)(b), unless or until the purchaser assumes an existing rental agreement with the tenant that has not ended or enters into a new rental agreement with the tenant.

History.—s. 1, ch. 2015-96.

83.57 Termination of tenancy without specific term.—A tenancy without a specific duration, as defined in s. 83.46(2) or (3), may be terminated by either party giving written notice in the manner provided in s. 83.56(4), as follows:
(1) When the tenancy is from year to year, by giving not less than 60 days' notice prior to the end of any annual period;
(2) When the tenancy is from quarter to quarter, by giving not less than 30 days' notice prior to the end of any quarterly period;
(3) When the tenancy is from month to month, by giving not less than 15 days' notice prior to the end of any monthly period; and
(4) When the tenancy is from week to week, by giving not less than 7 days' notice prior to the end of any weekly period.
History.—s. 2, ch. 73-330; s. 3, ch. 81-190; s. 15, ch. 83-217.

83.575 Termination of tenancy with specific duration.—
(1) A rental agreement with a specific duration may contain a provision requiring the tenant to notify the landlord within a specified period before vacating the premises at the end of the rental agreement, if such provision requires the landlord to notify the tenant within such notice period if the rental agreement will not be renewed; however, a rental agreement may not require more than 60 days' notice from either the tenant or the landlord.
(2) A rental agreement with a specific duration may provide that if a tenant fails to give the required notice before vacating the premises at the end of the rental agreement, the tenant may be liable for liquidated damages as specified in the rental agreement if the landlord provides written notice to the tenant specifying the tenant's obligations under the notification provision contained in the lease and the date the rental agreement is terminated. The landlord must provide such written notice to the tenant within 15 days before the start of the notification period contained in the lease. The written notice shall list all fees, penalties, and other charges applicable to the tenant under this subsection.
(3) If the tenant remains on the premises with the permission of the landlord after the rental agreement has terminated and fails to give notice required under s. 83.57(3), the tenant is liable to the landlord for an additional 1 month's rent.
History.—s. 3, ch. 2003-30; s. 1, ch. 2004-375; s. 9, ch. 2013-136.

83.58 Remedies; tenant holding over.—If the tenant holds over and continues in possession of the dwelling unit or any part thereof after the expiration of the rental agreement without the permission of the landlord, the landlord may recover possession of the dwelling unit in the manner provided for in s. 83.59. The landlord may also recover double the amount of rent due on the dwelling unit, or any part thereof, for the period during which the tenant refuses to surrender possession.
History.—s. 2, ch. 73-330; s. 10, ch. 2013-136.

83.59 Right of action for possession.—
(1) If the rental agreement is terminated and the tenant does not vacate the premises, the landlord may recover possession of the dwelling unit as provided in this section.
(2) A landlord, the landlord's attorney, or the landlord's agent, applying for the removal of a tenant, shall file in the county court of the county where the premises are situated a complaint describing the dwelling unit and stating the facts that authorize its recovery. A landlord's agent is not permitted to take any action other than the initial filing of the complaint, unless the landlord's agent is an attorney. The landlord is entitled to the summary procedure provided in s. 51.011, and the court shall advance the cause on the calendar.
(3) The landlord shall not recover possession of a dwelling unit except:
(a) In an action for possession under subsection (2) or other civil action in which the issue of right of possession is determined;
(b) When the tenant has surrendered possession of the dwelling unit to the landlord;
(c) When the tenant has abandoned the dwelling unit. In the absence of actual knowledge of abandonment, it shall be presumed that the tenant has abandoned the dwelling unit if he or she is absent from the premises for a period of time equal to one-half the time for periodic rental payments. However, this presumption does not apply if the rent is current or the tenant has notified the landlord, in writing, of an intended absence; or
(d) When the last remaining tenant of a dwelling unit is deceased, personal property remains on the premises, rent is unpaid, at least 60 days have elapsed following the date of death, and the landlord has not been notified in writing of the existence of a probate estate or of the name and address of a personal representative. This paragraph does not apply to a dwelling unit used in connection with a federally administered or regulated housing program, including programs under s. 202, s. 221(d)(3) and (4), s. 236, or s. 8 of the National Housing Act, as amended.
(4) The prevailing party is entitled to have judgment for costs and execution therefor.
History.—s. 2, ch. 73-330; s. 1, ch. 74-146; s. 24, ch. 82-66; s. 1, ch. 92-36; s. 447, ch. 95-147; s. 1, ch. 2007-136; s. 11, ch. 2013-136.

83.595 Choice of remedies upon breach or early termination by tenant.—If the tenant breaches the rental agreement for the dwelling unit and the landlord has obtained a writ of possession, or the tenant has surrendered possession of the dwelling unit to the landlord, or the tenant has abandoned the dwelling unit, the landlord may:
(1) Treat the rental agreement as terminated and retake possession for his or her own account, thereby terminating any further liability of the tenant;
(2) Retake possession of the dwelling unit for the account of the tenant, holding the tenant liable for the difference between the rent stipulated to be paid under the rental agreement and what the landlord is able to recover from a reletting. If the landlord retakes possession, the landlord has a duty to exercise good faith in attempting to relet the premises, and any rent received by the landlord as a result of the reletting must be deducted from the balance of rent due from the tenant. For purposes of this subsection, the term "good faith in attempting to relet the premises" means that the landlord uses at least the same efforts to relet the premises as were used in the initial

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rental or at least the same efforts as the landlord uses in attempting to rent other similar rental units but does not require the landlord to give a preference in renting the premises over other vacant dwelling units that the landlord owns or has the responsibility to rent;
(3) Stand by and do nothing, holding the lessee liable for the rent as it comes due; or
(4) Charge liquidated damages, as provided in the rental agreement, or an early termination fee to the tenant if the landlord and tenant have agreed to liquidated damages or an early termination fee, if the amount does not exceed 2 months' rent, and if, in the case of an early termination fee, the tenant is required to give no more than 60 days' notice, as provided in the rental agreement, prior to the proposed date of early termination. This remedy is available only if the tenant and the landlord, at the time the rental agreement was made, indicated acceptance of liquidated damages or an early termination fee. The tenant must indicate acceptance of liquidated damages or an early termination fee by signing a separate addendum to the rental agreement containing a provision in substantially the following form:

☑ I agree, as provided in the rental agreement, to pay $ _____ (an amount that does not exceed 2 months' rent) as liquidated damages or an early termination fee if I elect to terminate the rental agreement, and the landlord waives the right to seek additional rent beyond the month in which the landlord retakes possession.

☐ I do not agree to liquidated damages or an early termination fee, and I acknowledge that the landlord may seek damages as provided by law.
(a) In addition to liquidated damages or an early termination fee, the landlord is entitled to the rent and other charges accrued through the end of the month in which the landlord retakes possession of the dwelling unit and charges for damages to the dwelling unit.
(b) This subsection does not apply if the breach is failure to give notice as provided in s. 83.575.
History.—s. 2, ch. 87-369; s. 4, ch. 88-379; s. 448, ch. 95-147; s. 2, ch. 2008-131.

83.60 Defenses to action for rent or possession; procedure.—
(1)(a) In an action by the landlord for possession of a dwelling unit based upon nonpayment of rent or in an action by the landlord under s. 83.55 seeking to recover unpaid rent, the tenant may defend upon the ground of a material noncompliance with s. 83.51(1), or may raise any other defense, whether legal or equitable, that he or she may have, including the defense of retaliatory conduct in accordance with s. 83.64. The landlord must be given an opportunity to cure a deficiency in a notice or in the pleadings before dismissal of the action.
(b) The defense of a material noncompliance with s. 83.51(1) may be raised by the tenant if 7 days have elapsed after the delivery of written notice by the tenant to the landlord, specifying the noncompliance and indicating the intention of the tenant not to pay rent by reason thereof. Such notice by the tenant may be given to the landlord, the landlord's representative as designated pursuant to s. 83.50, a resident manager, or the person or entity who collects the rent on behalf of the landlord. A material noncompliance with s. 83.51(1) by the landlord is a complete defense to an action for possession based upon nonpayment of rent, and, upon hearing, the court or the jury, as the case may be, shall determine the amount, if any, by which the rent is to be reduced to reflect the diminution in value of the dwelling unit during the period of noncompliance with s. 83.51(1). After consideration of all other relevant issues, the court shall enter appropriate judgment.
(2) In an action by the landlord for possession of a dwelling unit, if the tenant interposes any defense other than payment, including, but not limited to, the defense of a defective 3-day notice, the tenant shall pay into the registry of the court the accrued rent as alleged in the complaint or as determined by the court and the rent that accrues during the pendency of the proceeding, when due. The clerk shall notify the tenant of such requirement in the summons. Failure of the tenant to pay the rent into the registry of the court or to file a motion to determine the amount of rent to be paid into the registry within 5 days, excluding Saturdays, Sundays, and legal holidays, after the date of service of process constitutes an absolute waiver of the tenant's defenses other than payment, and the landlord is entitled to an immediate default judgment for removal of the tenant with a writ of possession to issue without further notice or hearing thereon. If a motion to determine rent is filed, documentation in support of the allegation that the rent as alleged in the complaint is in error is required. Public housing tenants or tenants receiving rent subsidies are required to deposit only that portion of the full rent for which they are responsible pursuant to the federal, state, or local program in which they are participating.
History.—s. 2, ch. 73-330; s. 7, ch. 83-151; s. 7, ch. 87-195; s. 7, ch. 93-255; s. 7, ch. 94-170; s. 1374, ch. 95-147; s. 12, ch. 2013-136.

83.61 Disbursement of funds in registry of court; prompt final hearing.—When the tenant has deposited funds into the registry of the court in accordance with the provisions of s. 83.60(2) and the landlord is in actual danger of loss of the premises or other personal hardship resulting from the loss of rental income from the premises, the landlord may apply to the court for disbursement of all or part of the funds or for prompt final hearing. The court shall advance the cause on the calendar. The court, after preliminary hearing, may award all or any portion of the funds on deposit to the landlord or may proceed immediately to a final resolution of the cause.
History.—s. 2, ch. 73-330; s. 2, ch. 74-146.

83.62 Restoration of possession to landlord.—
(1) In an action for possession, after entry of judgment in favor of the landlord, the clerk shall issue a writ to the sheriff describing the premises and commanding the sheriff to put the landlord in possession after 24 hours' notice conspicuously posted on the premises. Saturdays, Sundays, and legal holidays do not stay the 24-hour notice period.
(2) At the time the sheriff executes the writ of possession or at any time thereafter, the landlord or the landlord's agent may remove any personal property found on the premises to or near the property line. Subsequent to executing the writ of possession, the landlord may request the sheriff to stand by to keep the peace while the landlord changes the locks and removes the personal property from the premises. When such a request is made, the sheriff may charge a reasonable hourly rate, and the person requesting the sheriff to stand by to keep the peace shall be responsible for paying the reasonable hourly rate set by the sheriff. Neither the sheriff nor the landlord or the landlord's agent shall be liable to the tenant or any other party for the loss, destruction, or damage to the property after it has been removed.
History.—s. 2, ch. 73-330; s. 3, ch. 82-66; s. 5, ch. 88-379; s. 8, ch. 94-170; s. 1375, ch. 95-147; s. 2, ch. 96-146; s. 13, ch. 2013-136.

83.625 Power to award possession and enter money judgment.—In an action by the landlord for possession of a dwelling unit based upon nonpayment of rent, if the court finds the rent is due, owing, and unpaid and by reason thereof the landlord is entitled to possession of the premises, the court, in addition to awarding possession of the premises to the landlord, shall direct, in an amount which is within its

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jurisdictional limitations, the entry of a money judgment with costs in favor of the landlord and against the tenant for the amount of money found due, owing, and unpaid by the tenant to the landlord. However, no money judgment shall be entered unless service of process has been effected by personal service or, where authorized by law, by certified or registered mail, return receipt, or in any other manner prescribed by law or the rules of the court; and no money judgment may be entered except in compliance with the Florida Rules of Civil Procedure. The prevailing party in the action may also be awarded attorney's fees and costs.
History.—s. 1, ch. 75-147; s. 8, ch. 87-195; s. 6, ch. 88-379.

83.63 Casualty damage.—If the premises are damaged or destroyed other than by the wrongful or negligent acts of the tenant so that the enjoyment of the premises is substantially impaired, the tenant may terminate the rental agreement and immediately vacate the premises. The tenant may vacate the part of the premises rendered unusable by the casualty, in which case the tenant's liability for rent shall be reduced by the fair rental value of that part of the premises damaged or destroyed. If the rental agreement is terminated, the landlord shall comply with s. 83.49(3).
History.—s. 2, ch. 73-330; s. 449, ch. 95-147; s. 14, ch. 2013-136.

83.64 Retaliatory conduct.—
(1) It is unlawful for a landlord to discriminatorily increase a tenant's rent or decrease services to a tenant, or to bring or threaten to bring an action for possession or other civil action, primarily because the landlord is retaliating against the tenant. In order for the tenant to raise the defense of retaliatory conduct, the tenant must have acted in good faith. Examples of conduct for which the landlord may not retaliate include, but are not limited to, situations where:
(a) The tenant has complained to a governmental agency charged with responsibility for enforcement of a building, housing, or health code of a suspected violation applicable to the premises;
(b) The tenant has organized, encouraged, or participated in a tenant organization;
(c) The tenant has complained to the landlord pursuant to s. 83.56(1);
(d) The tenant is a servicemember who has terminated a rental agreement pursuant to s. 83.682;
(e) The tenant has paid rent to a condominium, cooperative, or homeowners' association after demand from the association in order to pay the landlord's obligation to the association; or
(f) The tenant has exercised his or her rights under local, state, or federal fair housing laws.
(2) Evidence of retaliatory conduct may be raised by the tenant as a defense in any action brought against him or her for possession.
(3) In any event, this section does not apply if the landlord proves that the eviction is for good cause. Examples of good cause include, but are not limited to, good faith actions for nonpayment of rent, violation of the rental agreement or of reasonable rules, or violation of the terms of this chapter.
(4) "Discrimination" under this section means that a tenant is being treated differently as to the rent charged, the services rendered, or the action being taken by the landlord, which shall be a prerequisite to a finding of retaliatory conduct.
History.—s. 8, ch. 83-151; s. 450, ch. 95-147; s. 3, ch. 2003-72; s. 15, ch. 2013-136.

83.67 Prohibited practices.—
(1) A landlord of any dwelling unit governed by this part shall not cause, directly or indirectly, the termination or interruption of any utility service furnished the tenant, including, but not limited to, water, heat, light, electricity, gas, elevator, garbage collection, or refrigeration, whether or not the utility service is under the control of, or payment is made by, the landlord.
(2) A landlord of any dwelling unit governed by this part shall not prevent the tenant from gaining reasonable access to the dwelling unit by any means, including, but not limited to, changing the locks or using any bootlock or similar device.
(3) A landlord of any dwelling unit governed by this part shall not discriminate against a servicemember in offering a dwelling unit for rent or in any of the terms of the rental agreement.
(4) A landlord shall not prohibit a tenant from displaying one portable, removable, cloth or plastic United States flag, not larger than 4 and 1/2 feet by 6 feet, in a respectful manner in or on the dwelling unit regardless of any provision in the rental agreement dealing with flags or decorations. The United States flag shall be displayed in accordance with s. 83.52(6). The landlord is not liable for damages caused by a United States flag displayed by a tenant. Any United States flag may not infringe upon the space rented by any other tenant.
(5) A landlord of any dwelling unit governed by this part shall not remove the outside doors, locks, roof, walls, or windows of the unit except for purposes of maintenance, repair, or replacement; and the landlord shall not remove the tenant's personal property from the dwelling unit unless such action is taken after surrender, abandonment, recovery of possession of the dwelling unit due to the death of the last remaining tenant in accordance with s. 83.59(3)(d), or a lawful eviction. If provided in the rental agreement or a written agreement separate from the rental agreement, upon surrender or abandonment by the tenant, the landlord is not required to comply with s. 715.104 and is not liable or responsible for storage or disposition of the tenant's personal property; if provided in the rental agreement, there must be printed or clearly stamped on such rental agreement a legend in substantially the following form:

BY SIGNING THIS RENTAL AGREEMENT, THE TENANT AGREES THAT UPON SURRENDER, ABANDONMENT, OR RECOVERY OF POSSESSION OF THE DWELLING UNIT DUE TO THE DEATH OF THE LAST REMAINING TENANT, AS PROVIDED BY CHAPTER 83, FLORIDA STATUTES, THE LANDLORD SHALL NOT BE LIABLE OR RESPONSIBLE FOR STORAGE OR DISPOSITION OF THE TENANT'S PERSONAL PROPERTY.

For the purposes of this section, abandonment shall be as set forth in s. 83.59(3)(c).
(6) A landlord who violates any provision of this section shall be liable to the tenant for actual and consequential damages or 3 months' rent, whichever is greater, and costs, including attorney's fees. Subsequent or repeated violations that are not contemporaneous with the initial violation shall be subject to separate awards of damages.
(7) A violation of this section constitutes irreparable harm for the purposes of injunctive relief.

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(8) The remedies provided by this section are not exclusive and do not preclude the tenant from pursuing any other remedy at law or equity that the tenant may have. The remedies provided by this section shall also apply to a servicemember who is a prospective tenant who has been discriminated against under subsection (3).
History.—s. 3, ch. 87-369; s. 7, ch. 88-379; s. 3, ch. 90-133; s. 3, ch. 96-146; s. 2, ch. 2001-179; s. 2, ch. 2003-30; s. 4, ch. 2003-72; s. 1, ch. 2004-236; s. 2, ch. 2007-136.

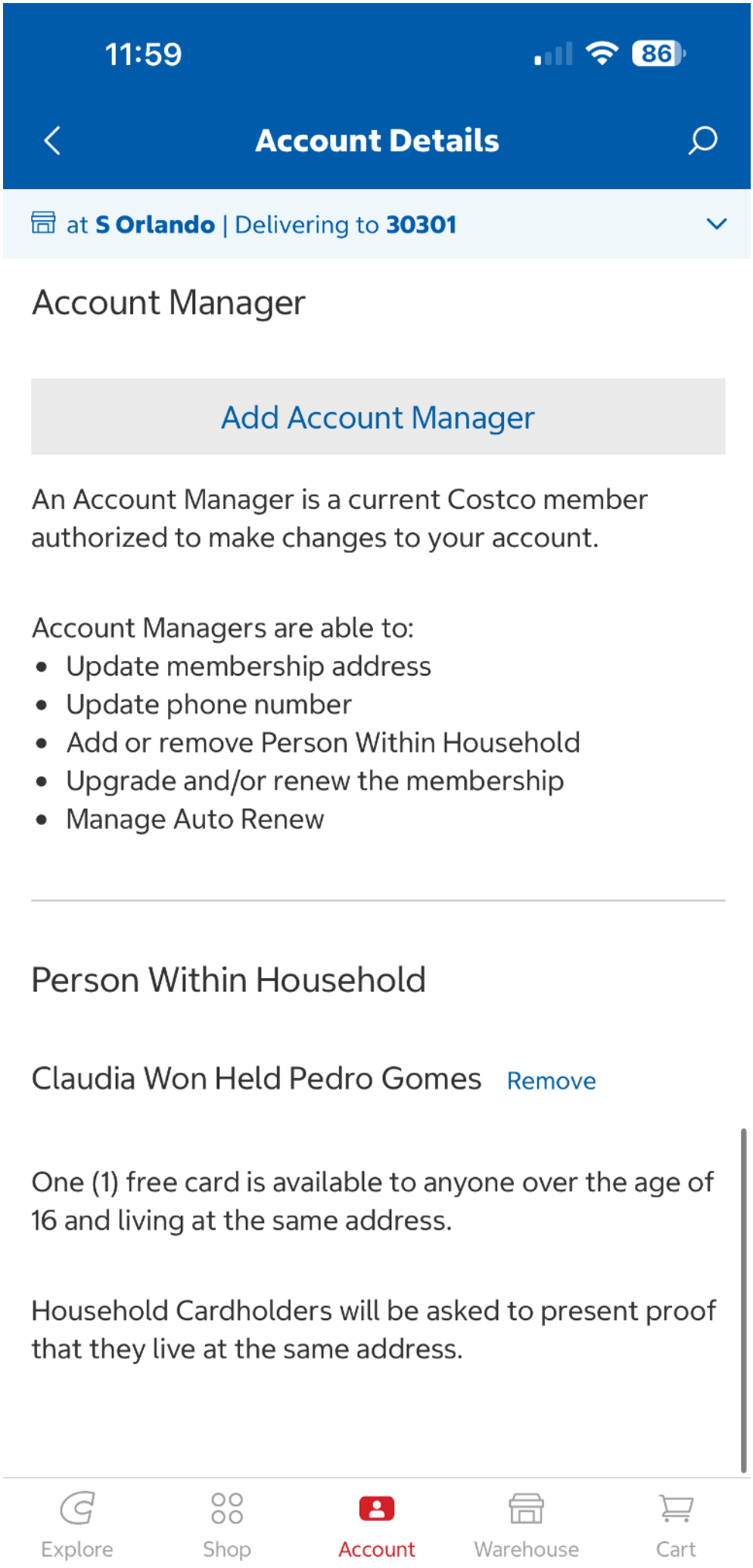
83.681 Orders to enjoin violations of this part.—
(1) A landlord who gives notice to a tenant of the landlord's intent to terminate the tenant's lease pursuant to s. 83.56(2)(a), due to the tenant's intentional destruction, damage, or misuse of the landlord's property may petition the county or circuit court for an injunction prohibiting the tenant from continuing to violate any of the provisions of that part.
(2) The court shall grant the relief requested pursuant to subsection (1) in conformity with the principles that govern the granting of injunctive relief from threatened loss or damage in other civil cases.
(3) Evidence of a tenant's intentional destruction, damage, or misuse of the landlord's property in an amount greater than twice the value of money deposited with the landlord pursuant to s. 83.49 or $300, whichever is greater, shall constitute irreparable harm for the purposes of injunctive relief.
History.—s. 8, ch. 93-255; s. 451, ch. 95-147.

83.682 Termination of rental agreement by a servicemember.—
(1) Any servicemember may terminate his or her rental agreement by providing the landlord with a written notice of termination to be effective on the date stated in the notice that is at least 30 days after the landlord's receipt of the notice if any of the following criteria are met:
(a) The servicemember is required, pursuant to a permanent change of station orders, to move 35 miles or more from the location of the rental premises;
(b) The servicemember is prematurely or involuntarily discharged or released from active duty or state active duty;
(c) The servicemember is released from active duty or state active duty after having leased the rental premises while on active duty or state active duty status and the rental premises is 35 miles or more from the servicemember's home of record prior to entering active duty or state active duty;
(d) After entering into a rental agreement, the servicemember receives military orders requiring him or her to move into government quarters or the servicemember becomes eligible to live in and opts to move into government quarters;
(e) The servicemember receives temporary duty orders, temporary change of station orders, or state active duty orders to an area 35 miles or more from the location of the rental premises, provided such orders are for a period exceeding 60 days; or
(f) The servicemember has leased the property, but prior to taking possession of the rental premises, receives a change of orders to an area that is 35 miles or more from the location of the rental premises.
(2) The notice to the landlord must be accompanied by either a copy of the official military orders or a written verification signed by the servicemember's commanding officer.
(3) In the event a servicemember dies during active duty, an adult member of his or her immediate family may terminate the servicemember's rental agreement by providing the landlord with a written notice of termination to be effective on the date stated in the notice that is at least 30 days after the landlord's receipt of the notice. The notice to the landlord must be accompanied by either a copy of the official military orders showing the servicemember was on active duty or a written verification signed by the servicemember's commanding officer and a copy of the servicemember's death certificate.
(4) Upon termination of a rental agreement under this section, the tenant is liable for the rent due under the rental agreement prorated to the effective date of the termination payable at such time as would have otherwise been required by the terms of the rental agreement. The tenant is not liable for any other rent or damages due to the early termination of the tenancy as provided for in this section. Notwithstanding any provision of this section to the contrary, if a tenant terminates the rental agreement pursuant to this section 14 or more days prior to occupancy, no damages or penalties of any kind will be assessable.
(5) The provisions of this section may not be waived or modified by the agreement of the parties under any circumstances.
History.—s. 6, ch. 2001-179; s. 1, ch. 2002-4; s. 1, ch. 2003-30; s. 5, ch. 2003-72.

83.683 Rental application by a servicemember. –
(1) If a landlord requires a prospective tenant to complete a rental application before residing in a rental unit, the landlord must complete processing of a rental application submitted by a prospective tenant who is a servicemember, as defined in s. 250.01, within 7 days after submission and must, within that 7-day period, notify the servicemember in writing of an application approval or denial and, if denied, the reason for denial. Absent a timely denial of the rental application, the landlord must lease the rental unit to the servicemember if all other terms of the application and lease are complied with.
(2) If a condominium association, as defined in chapter 718, a cooperative association, as defined in chapter 719, or a homeowners' association, as defined in chapter 720, requires a prospective tenant of a condominium unit, cooperative unit, or parcel within the association's control to complete a rental application before residing in a rental unit or parcel, the association must complete processing of a rental application submitted by a prospective tenant who is a servicemember, as defined in s. 250.01, within 7 days after submission and must, within that 7-day period, notify the servicemember in writing of an application approval or denial and, if denied, the reason for the denial. Absent timely denial of the rental application, the association must allow the unit or parcel owner to lease the rental unit or parcel to the servicemember and the landlord must lease the unit or parcel to the servicemember if all other terms of the application and lease are complied with.
(3) The provisions of this section may not be waived or modified by the agreement of the parties under any circumstances.

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11:59
86
Account Details
at S Orlando | Delivering to 30301
Account Manager
Add Account Manager
An Account Manager is a current Costco member authorized to make changes to your account.
Account Managers are able to:
• Update membership address
• Update phone number
• Add or remove Person Within Household
• Upgrade and/or renew the membership
• Manage Auto Renew
Person Within Household
Claudia Won Held Pedro Gomes Remove
One (1) free card is available to anyone over the age of 16 and living at the same address.
Household Cardholders will be asked to present proof that they live at the same address.
Explore
Shop
Account
Warehouse
Cart

11:59

87

Account

Gold Star Member

Since 2000



Tap to Enlarge

Roger Clark

Membership #835724055010

Costco Wallet

Auto-Apply **off**

Shop Card
$0.00 available

Add Shop Card

VISA No card saved

Add Visa Card

Access your Digital Membership Card from your lock screen

Set Up Now



Orders and Purchases

View Order Status & Manage Orders and Returns

Inbox 95 New

View Messages

Explore Shop Account Warehouse Cart

Membership Details

Manage Memberships and EZ Renewal

Primary Member

ROGER CLARK
Membership # : 18341584378

BJ's One+™ Mastercard ®
Expires : 01/31/2027

Connect a different Membership Number to your existing online account. Link Your Membership

Contact Information Edit

232 RESERVE DR DAVENPORT FL 33896
Mobile : 9167613069
Phone : 9167613069

BJ's EASY RENEWAL® Manage

Same-Day Deliveries

(FREE Same-Day Delivery Benefit)

Same-Day Deliveries
(FREE Same-Day Delivery Benefit)

Deliveries Remaining: 2

Expires: 01/31/2027

Household Member

CLAUDIA CLARK
#18343401343

Edit

Household Members cannot be updated or changed online. This can only be done In-Club at the Member Services Desk.

Paid Supplemental Members

Add New

You may purchase up to three (3) additional supplemental memberships for $35.00 each.

(Plus state and local taxes where applicable or required by law)

UMR A UnitedHealthcare Company

ONTERRIS, INC.

Onterris™

Issuer (80840) 911-39026-02

Member ID: 48947693

Group Number: 76-413772

Member:
ROGER CLARK 00 MED

Dependents:
CLAUDIA W GOMES 01 MED

PROACT PHARMACY BENEFIT MANAGEMENT

RxBIN: 017366
RxPCN: 9999
RxGrp: MEG

COPAY:TIER 1 /2 /3
$10 /$30 /$70

Copay: OFFICE/SPEC/ER/Urg
$25/$40/$250/$40

UnitedHealthcare
Select Plus

0730

Self-funded plan administered by UMR

This card must be presented each time services are requested.

Printed: 06-01-2026

Medical:	In Net	Out of Net
Ded:	$1,500/$3,000	$3,000/$5,000
OOPM:	$5,000/$10,000*	$11,000/$22,000

*includes pharmacy

Call CARE Clinical at 866-494-4502 for plan required prior authorization.
FAILURE TO CALL FOR PRIOR AUTHORIZATION MAY REDUCE BENEFITS.

For Members:	www.umr.com	800-826-9781
Nurseline:		877-950-5083
Teladoc:	www.teladochealth.com	800-835-2362
For Providers:	www.umr.com	877-233-1800

Claims: EDI # 39026, UMR, PO Box 211762, Eagan, MN 55121

First Health
(800) 780-6465
*Excludes surprise bills

Pharmacists & Members: 877-635-9545 www.proactrx.com

Exhibit 6 - Evidence of Bona Fide Marriage: Letters of Support

AFFIDAVIT OF SUPPORT IN SUPPORT OF THE MARRIAGE OF ROGER WILLIAM CLARK AND CLAUDIA WON HELD PEDRO GOMES

To Whom It May Concern,

My name is Fernanda Jinkings Segovia do Couto, and I am 28 years old. I reside at 8955 Majesty Palm Road, Kissimmee, Florida 34747. My phone number is (786) 537-9599, and my email address is fernandasegoviax@gmail.com

I am writing this affidavit in support of the marriage between Roger William Clark and Claudia Won Held Pedro Gomes.

I have known Claudia for several years. She initially became friends with my mother, and over time she also became a close friend of mine. One of the experiences that strengthened our friendship was a trip we took together to Colorado, where I had the opportunity to get to know her more personally. Claudia has always been charismatic, positive, and caring. She has a warm personality that naturally makes people feel comfortable around her.

I first met Roger through Claudia at my father's hangar. At the time, he appeared somewhat shy and reserved, but he was consistently polite and respectful. As I spent more time around them, I was able to get to know him better and observe how deeply he cares for Claudia.

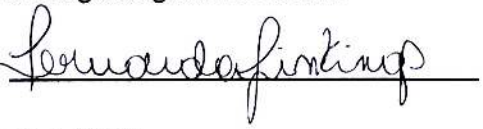
Although Claudia and Roger have different personalities, Claudia being more outgoing and Roger being more reserved, they complement each other very well. In my observation, they bring out the best in one another. They consistently demonstrate mutual support, kindness, and respect, and they have made a genuine effort to build a happy life together. Their relationship has always appeared loving, stable, and sincere.

Based on my personal knowledge and observations, I believe that their marriage is genuine and was entered into in good faith. I have no doubt that they are committed to one another and to building a future together as husband and wife.

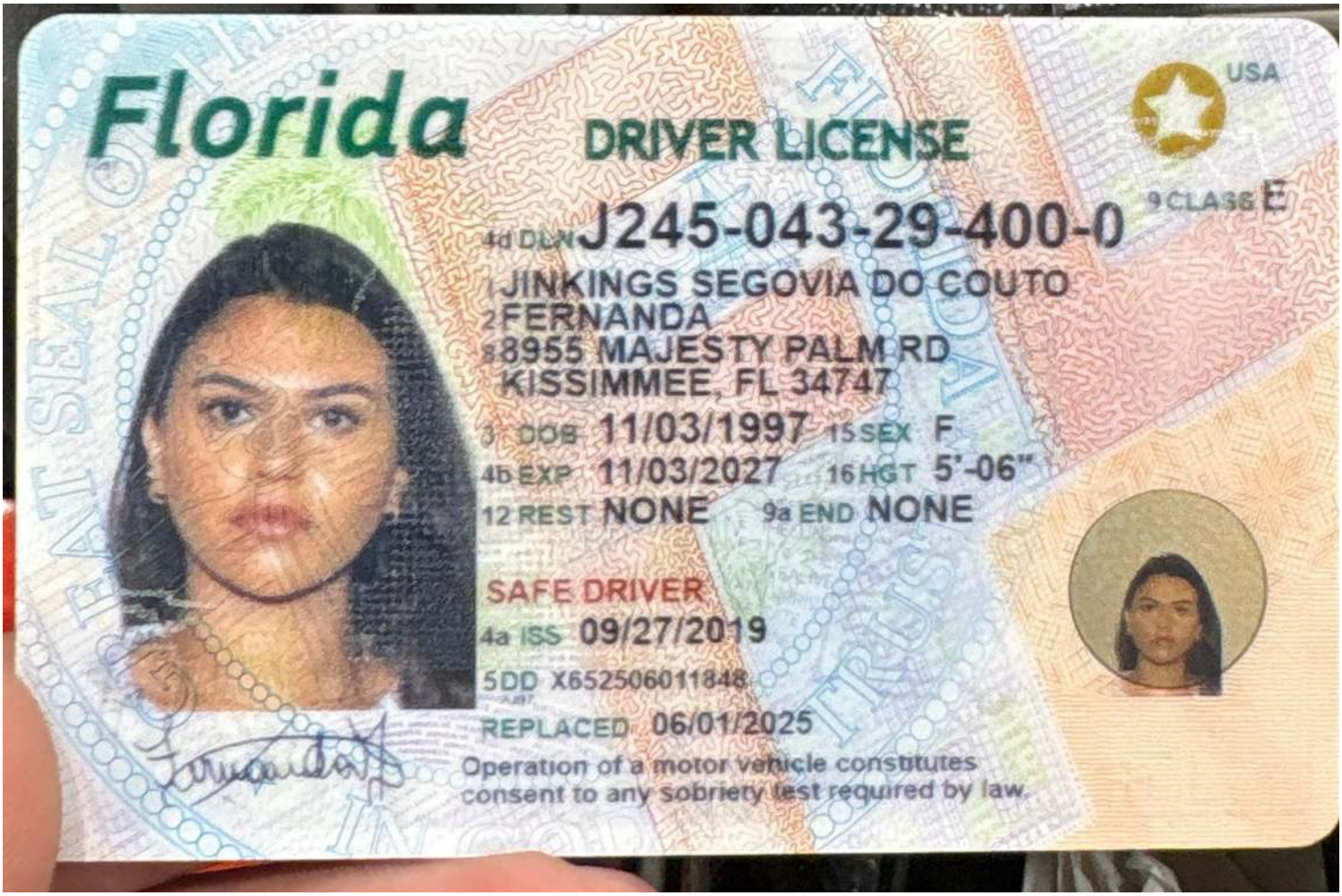
I am happy to provide this affidavit in support of their immigration application. Should any additional information be required, I would be willing to provide further details.

Sincerely,

Fernanda Jinkings Segovia do Couto

Signature: 

Date: August 7, 2026


Florida
DRIVER LICENSE
USA
4d DLN J245-043-29-400-0
9 CLASS E
1 JINKINGS SEGOVIA DO COUTO
2 FERNANDA
8 8955 MAJESTY PALM RD
KISSIMMEE, FL 34747
3 DOB 11/03/1997
15 SEX F
4b EXP 11/03/2027
16 HGT 5'-06"
12 REST NONE
9a END NONE
SAFE DRIVER
4a ISS 09/27/2019
5 DD X652506011848
REPLACED 06/01/2025
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

19 August 2026

To Whom this concerns:

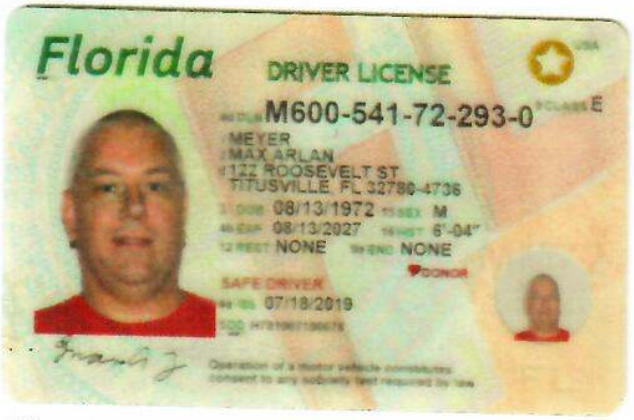
Support Letter for the Application/Petition of Claudia Gomes,

I have been good friends with Roger Clark since September 2012, when we met while working at Universal Orlando. He told me last year that he had met a new girlfriend named Claudia and that he really liked her and sent me a photo of her. After talking on the phone many times, I suggested that he bring her over to my house so we could meet, after visiting and getting to know each other, and we could watch a SpaceX rocket launch since this would be her first up-close launch. Before and after the launch, we sat in my living room and talked about all kinds of things, she was very nice and friendly. I had a good feeling about Claudia, that she was a person of good moral character and integrity. I told Roger that he had found a good one, and to not let her get away. The visit was in the evening on November 14, 2025. Since then, I have talked with Roger on the phone many times and Claudia was also on speaker phone and we would also chat. Roger's Mom was very ill, and Roger and Claudia were getting very serious and wanted to get married, so they went to Tallahassee to get married at the hospital so his mom could be a part of their wedding ceremony on May 9, 2026. I couldn't attend due to my erratic work schedule. But I was happy they were able to include his mom, since she passed away shortly after they were married. Roger and Claudia have a few fur babies together and have been living in their new place a few months now. They are talking about having kids in the near future, and I am supportive of their decision. Roger recently had a medical issue arise and a small surgery, Claudia was there for him in supportive after care. She is very sweet person, always making sure he has lunch for his work, and taking care of the house and him. They really are in love and care very much about each other. Claudia also has a network of friends here in Central Florida that her and Roger interact with regularly. I am so very Happy that Roger met Claudia, as they are very happy together.

I declare under penalty of perjury that the statements in this letter are true.



My name is Max Meyer, 122 Roosevelt St, Titusville, Florida 32780. I was born in Celina Ohio on August 13, 1972; cell 407-756-4567, pilotmax72@yahoo.com.


Florida
DRIVER LICENSE
M600-541-72-293-0
CLASS E
MEYER
MAX ARLAN
122 ROOSEVELT ST
TITUSVILLE FL 32780-4736
08/13/1972 M
08/13/2027 6'-04"
NONE NONE
DONOR
SAFE DRIVER
07/18/2019


The State of Florida retains all property rights herein.
081372
Rev. 05/01/2019
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

Support Letter for the Application of
Claudia Won Held Pedro

Zumiko Medina
02/20/1992
California , USA
843-368-7879
Zumikomedina@aol.com
October 8, 2026

I am writing this letter to formally support the application of Claudia. I first met Claudia through my close friend, Roger, a year ago. Over time, I have had the pleasure of watching their relationship evolve from friendship into a strong, committed marriage. Having spent time with them both, I have witnessed firsthand the genuine bond they share and the supportive environment they have built together.
In my observations, Claudia is a pillar of strength for Roger. Their marriage is characterized by a deep sense of mutual happiness and respect. I have frequently seen how they navigate life's challenges as a team, with Claudia consistently offering encouragement and stability. For example, during times when Roger faced personal and professional hurdles, Claudia's unwavering support was instrumental in helping him maintain his focus and optimism. Their home is a welcoming space defined by kindness, and it is clear to anyone who spends time with them that they prioritize each other's well-being above all else.
Regarding Claudia's character, I have found her to be a person of immense integrity and honesty. She consistently demonstrates respect in her interactions with others and acts with genuine consideration for those around her. She has always proven to be reliable and responsible in every situation I have witnessed. Her commitment to her marriage and her community reflects a high level of moral character, and she consistently acts with the kind of maturity and grace that makes her a valued member of our social circle.I declare under penalty of perjury that the statements in this letter are true.

Sincerely, Zumiko E. Medina



SC USA

South Carolina

DRIVER'S LICENSE

DL

NOT FOR FEDERAL IDENTIFICATION



02/20/1992

4d DL#: 101817395

1 MEDINA

2 ZUMIKO ELICELIA

8 50 PEBBLE BEACH CV APT B214
BLUFFTON SC 299106175

3 DOB: 02/20/1992

4a Issued: 02/18/2021

4b Expires: 02/18/2029



15 Sex: F 16 Hgt: 5'-07"

17 Wgt: 160 lb 18 Eyes: BRO

9 Class: D 9a End: None

12 Restrictions: None

5 DD 07005801022945458 97

Governor

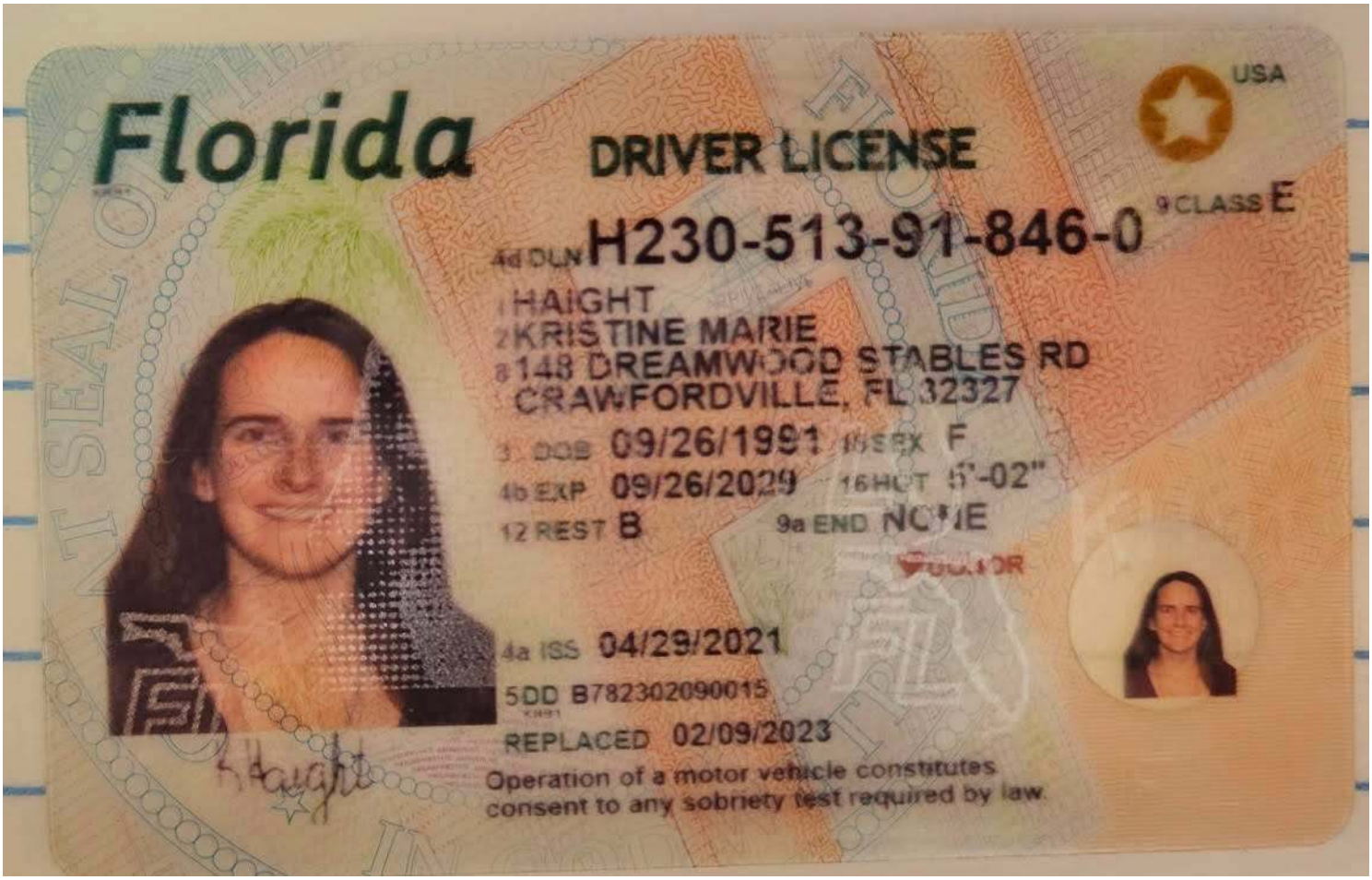
To whome it may concern,

I have known Roger for 9, almost 10, years and am married to his cousin Matthew. Roughly a year ago he let me know he was seeing someone seriously and that her name is Claudia. As we do not live close to eachother, we talk often and he would always mention how things were going in their relationship. I did not get the opprotunity to meet Claudia until May 2026. It was such a nice meeting and my kids also enjoyed getting to meet her. It was amazing to see the love and support they have for eachother. They have a beautiful little place and several animals together. Even though we were unable to be there for the wedding due to schedules, Roger sent us photos of the beautiful ceremony. Claudia has been a rock and support to Roger as he navigates grieving and all that comes with tragedy. Since we have met, Claudia and I have spoken often and will keep speeking. I am very thankful Roger met Claudia and can't wait to see how much more their relationship will bloom over the years.

I Declare Under Penalty of Perjury that the Statements in this Letter Are True.

K Haight

My name is Kristine Haight, 148 Dreamwood Stables Rd, Crawfordville, FL 32327. I was born in SHAPE, Belgium on September, 26, 1991; cell # 850-556-4214 and email haightk0926@yahoo


Florida
DRIVER LICENSE
USA
4d DLN H230-513-91-846-0
9 CLASS E
1 HAIGHT
2 KRISTINE MARIE
8 148 DREAMWOOD STABLES RD
CRAWFORDVILLE, FL 32327
3 DOB 09/26/1991
15 SEX F
4b EXP 09/26/2029
16 HGT 5'-02"
12 REST B
9a END NONE
4a ISS 04/29/2021
5 DD B782302090015
REPLACED 02/09/2023
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

Fernanda Cardoso dos Reis
Address: 3500 SW 85th St
34476 Ocala, Florida,USA.
Phone number:8137606595.
Fedosreis5@gmail.com
October 6, 2026.

Statement of Support for Family-Based Petition

To whom it may concern:

I'm a personal friend of Claudia's, and I've known her for three years.
I met Roger at a New Year's party in January 2026.
Since then, whenever I host get-togethers at my house – such as lunches, barbecues, and gatherings with friends – I always welcome Claudia and Roger as a couple.

Roger was the best thing that ever happened to Claudia; he brought peace and love into her life.

Claudia was the best thing that ever happened to Roger. His happiness is evident, and he has become more outgoing among us.
I had the joy of attending Claudia and Roger's wedding in May of this year. It was one of the most moving moments of my life: they held the ceremony at the hospital because Roger's mom was ill, and in that moment I truly witnessed that love goes far beyond words – it is demonstrated through actions.

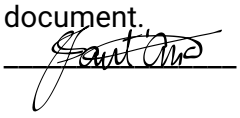
Today, Claudia and Roger enjoy a beautiful, cozy home, lovely, cheerful pets, and a life that inspires us to make fresh starts every day. I hope that every day brings them fulfillment and that they are very happy here on earth.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if you need any further information.

Sincerely,
---/ signature /---
Fernanda Cardoso dos Reis.

I, INGRID SANT'ANA, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese 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 19, 2026.

Fernanda Cardoso dos Reis
Endereço: 3500 SW 85Th St
34476 Ocala, Florida, EUA.
Telefone: 8137606595.
Fedosreis5@gmail.com
Dia 06 de outubro de 2026.

Declaração de apoio para petição baseada em família

A quem possa interessar:

Sou amiga pessoal da Claudia e a conheço há três anos.
Conheci o Roger em uma festa de ano novo em janeiro de 2026.
Após isto em todos os eventos em minha casa como almoço, churrasco, confraternização de amigos sempre recebo o casal Claudia e Roger.

O Roger foi a melhor coisa que aconteceu para a vida da Claudia ele trouxe paz e amor.

A Claudia foi a melhor coisa que aconteceu na vida do Roger é nítido a felicidade e ele ficou mais extrovertido em nosso meio.
Tive a alegria de estar presente no casamento de Claudia e Roger em maio deste ano, foi um dos momentos mais emocionantes da minha vida pois eles casaram no hospital tendo em vista que a mãe do Roger estava doente e ali eu pude contemplar que o amor é mais do que palavras é atitude.

Hoje Claudia e Roger desfrutam de uma casa linda e aconchegante, de animais lindos e alegres, e de uma vida que nos inspira a novos recomeços todos os dias e espero que todos os dias eles se completem e sejam muito felizes nesta terra.

Declaro sob pena de perjúrio que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Fernanda Cardoso dos Reis.

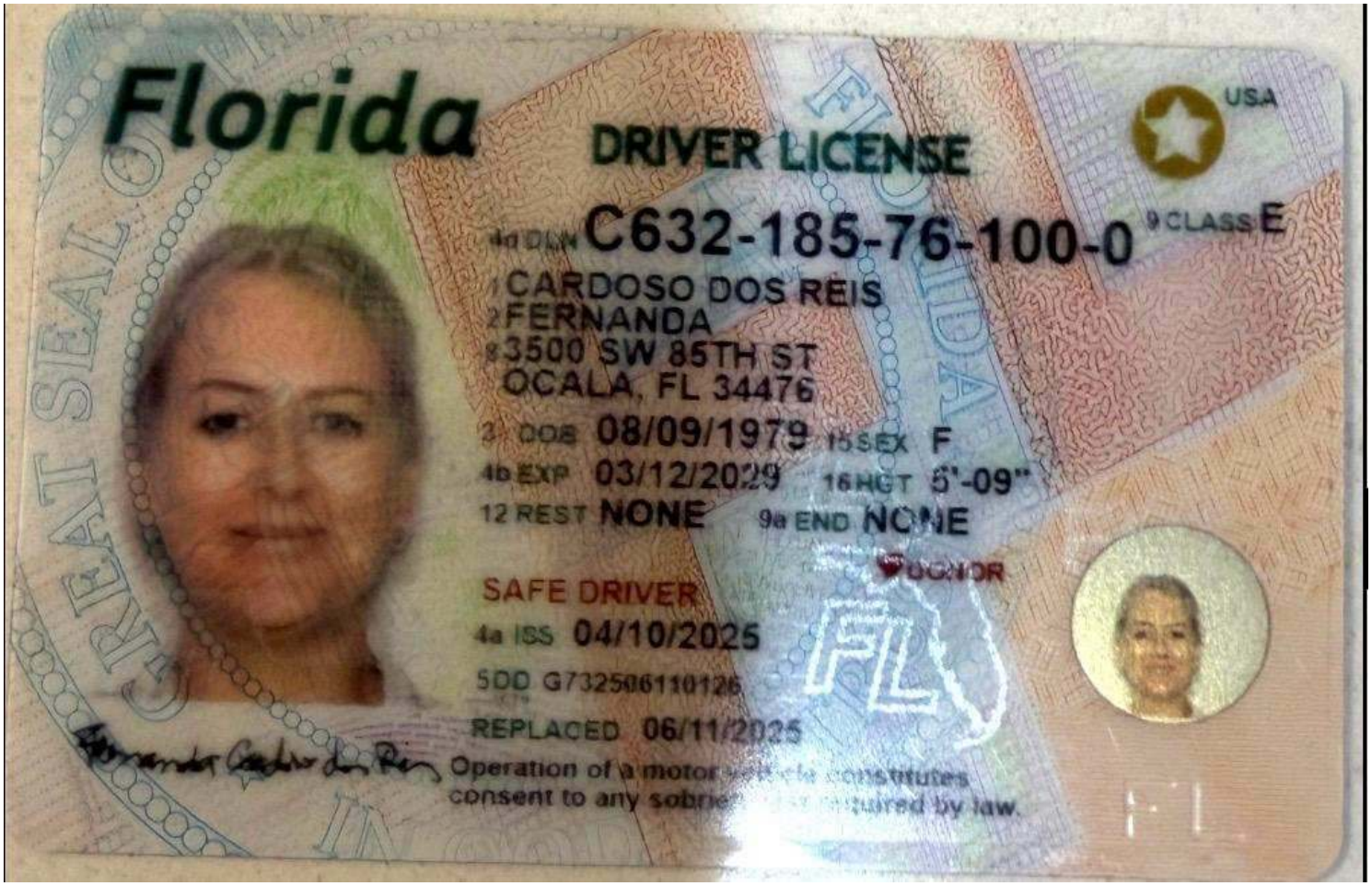

Florida
DRIVER LICENSE
USA
4d DLN C632-185-76-100-0
9 CLASS E
1 CARDOSO DOS REIS
2 FERNANDA
8 3500 SW 85TH ST
OCALA, FL 34476
3 DOB 08/09/1979
15 SEX F
4b EXP 03/12/2029
16 HGT 5'-09"
12 REST NONE
9a END NONE
DONOR
SAFE DRIVER
4a ISS 04/10/2025
5DD G7325061101260
REPLACED 06/11/2025
Operation of a motor
consent to any sobri
required by law.

Exhibit 7 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Roger Willian Clark and Claudia Won Held Photographic Evidence of Relationship

Before Roger’s surgery - July 9, 2026, Winter Garden, FL, USA



Dinner at Miller’s Ale House - July 4 2026, Winter Garden, FL USA



Enjoying a Frozen Banana at the Westgate Pier – June 25 2026, Cocoa Beach, FL USA



Preparation for the wedding with dogs Lolita and Mushu – May 9 , 2026, Tallahassee, FL, USA



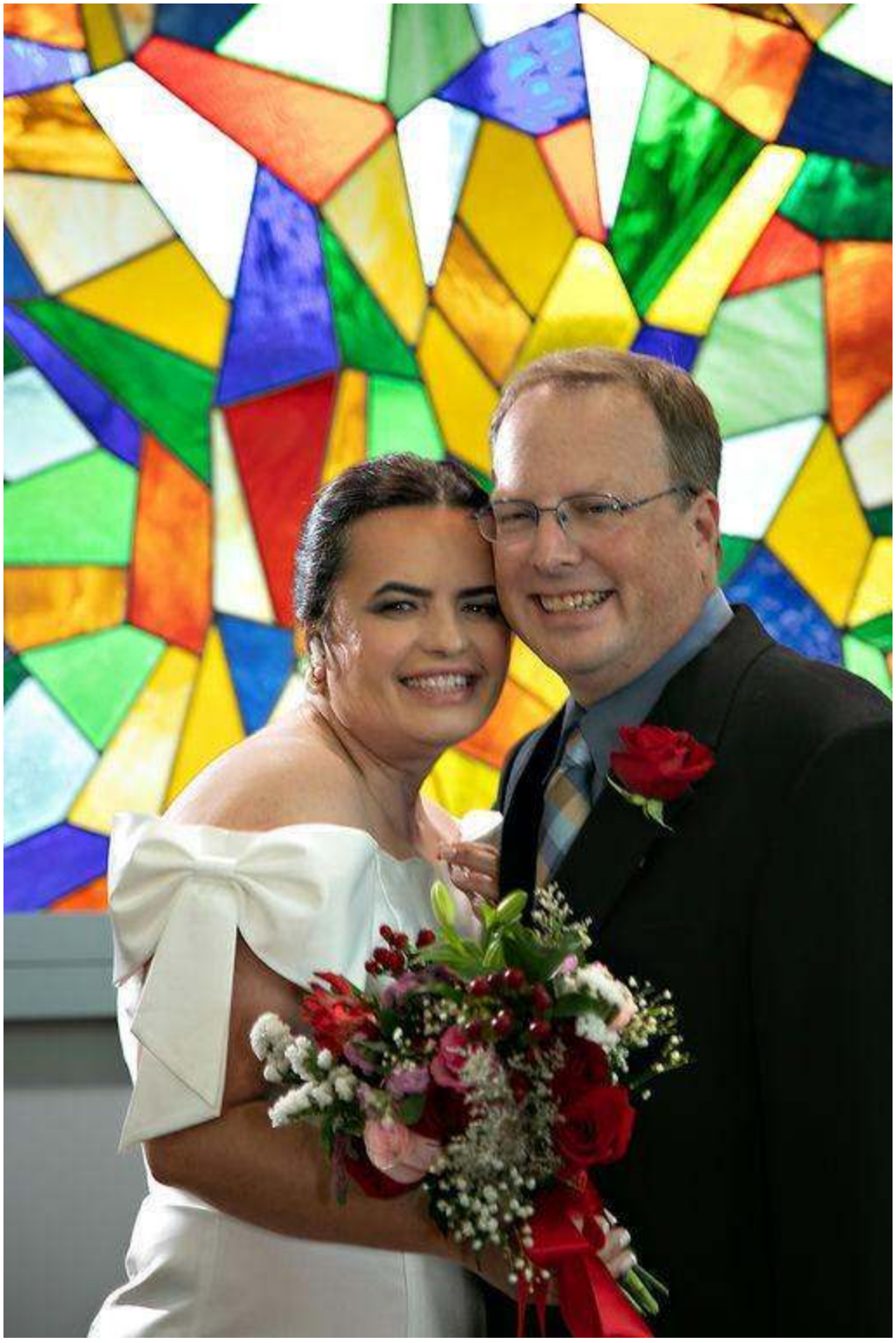
Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



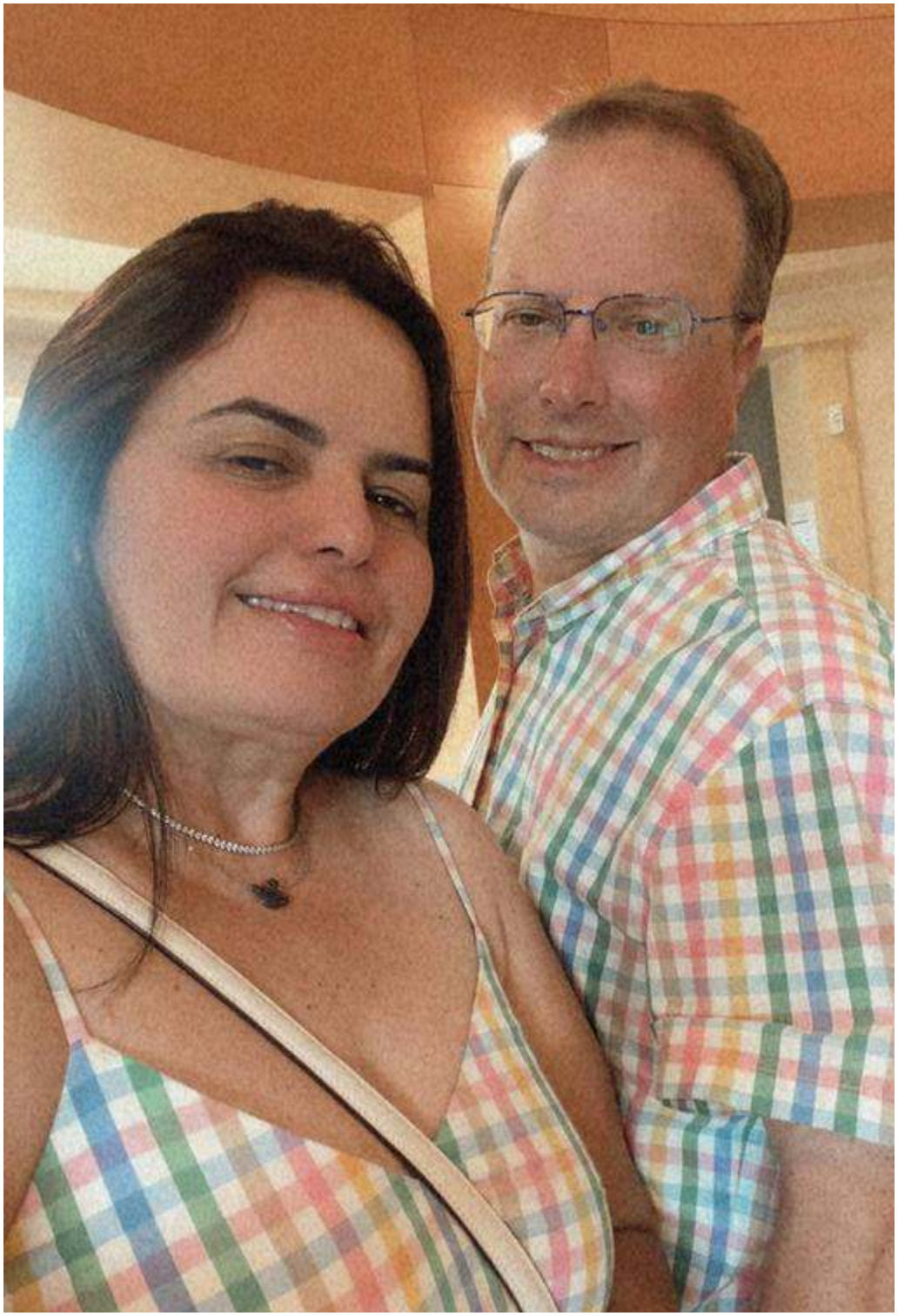
Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



Wedding Photos – May 9, 2026 – Tallahassee, Florida, USA.



Dressed in matching outfits for church - May 10, 2026, Tallahassee, FL USA



Dinner with Roger’s mother, brother, and sister in law - April 26, 2026, Tallahassee, FL USA



Vulcan Statue - April 25, 2026 Birmingham, AL USA



Enjoying the Birmingham Museum of Art on Roger’s Birthday trip - April 24, 2026, Birmingham, AL US



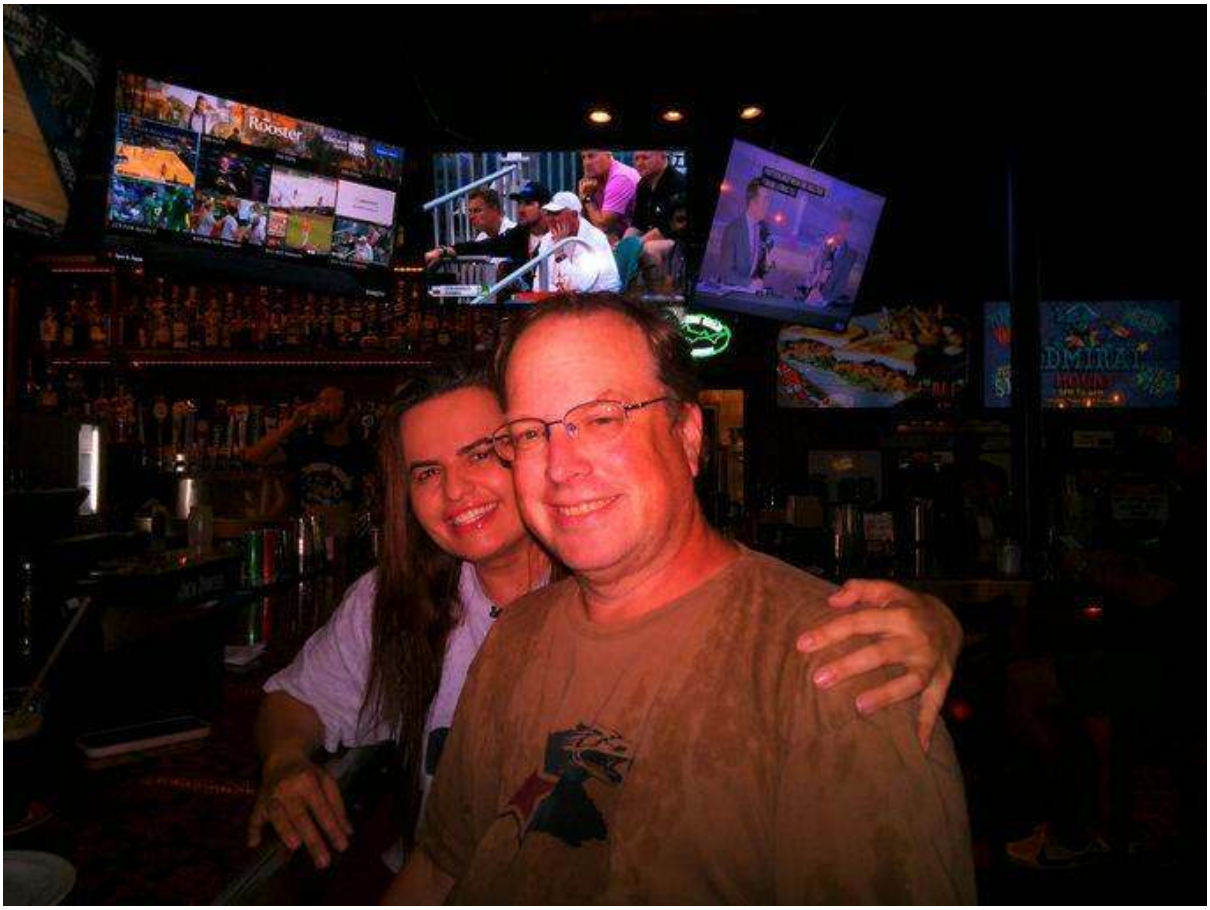
View from Vulcan Park– April 24 2026, Birmingham, AL USA



Montgomery Biscuits Baseball Game – April 23 2026, Montgomery, AL USA



Dinner at Cooper Rocket Pub– March 28, 2026, Maitland, FL USA



Dinner at Columbia Restaurant - March 14, 2026, Ybor City, Tampa, FL US



Visiting Universal Orlando Resort – March 8, 2026, Orlando, FL USA



In Savannah for Valentine’s Day – February 14, 2026, Savannah, GA USA



Valentines Day in Orleans Square, Savannah, GA February 14, 2026



Valentines Day in Savannah – February 14, 2026 Savannah, GA



Fountain at Forsyth Park – February 14, 2025, Savannah, GA USA



In Savannah for Valentine’s Day – February 14, 2026, Savannah, GA USA



Dinner at Starland Yard - February 13, 2026, Savannah, GA USA



Having Osso Buco in Miller’s Ale House – February 7, 2026 Davenport, FL USA



Busch Gardens flamingos – January 10, 2026, Tampa, FL USA



Party at Fernando and Fernanda’s house with our dog Lolita - January 3, 2026, Ocala, FL USA



Staycation at the Grand Bohemian Orlando – December 20, 2025, Orlando, FL USA



Date at SeaWorld Orlando - December 17, 2025, Orlando, FL USA



At Erica’s Birthday party – November 16, Kissimmee, FL, USA



Exhibit 8 -Petitioner's Financial Information

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
Roger	Clark	558 45 0530
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐
1070 Forrest Dr		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	**Presidential Election Campaign**
Bartow	FL	338303272	Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

Check only one box.

☒ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☐ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ **Yes** ☒ **No**

Dependents

(see instructions)

If more than four dependents, see instructions and check here . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.	**(a)** ☐ Yes **(b)** ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	50,267.
b	Household employee wages not reported on Form(s) W-2			**1b**	
c	Tip income not reported on line 1a (see instructions)			**1c**	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			**1d**	
e	Taxable dependent care benefits from Form 2441, line 26			**1e**	
f	Employer-provided adoption benefits from Form 8839, line 31			**1f**	
g	Wages from Form 8919, line 6			**1g**	
h	Other earned income (see instructions). Enter type and amount:			**1h**	0.
i	Nontaxable combat pay election (see instructions)	**1i**			
z	Add lines 1a through 1h			**1z**	50,267.
2a	Tax-exempt interest	**2a**	**b** Taxable interest	**2b**	266.
3a	Qualified dividends	**3a**	**b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a		**2** ☐ Line 3b		
4a	IRA distributions	**4a**	**b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ QCD **3** ☐		
5a	Pensions and annuities	**5a**	**b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ PSO **3** ☐		
6a	Social security benefits	**6a**	**b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			**7a**	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			**8**	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			**9**	50,533.
10	Adjustments to income from Schedule 1, line 26			**10**	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			**11a**	50,533.

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	50,533.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15,750.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	15,750.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	34,783.
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	3,935.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,935.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,935.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	3,935.

Payments and Refundable Credits

	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	5,938.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c			25d 5,938.
	26	2025 estimated tax payments and amount applied from 2024 return			26
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
	27a	Earned income credit (EIC)	27a		
	b	Clergy filing Schedule SE (see instructions) ☐			
	c	If you do not want to claim the EIC, check here ☐			
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Refundable adoption credit from Form 8839, line 13	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32
	33	Add lines 25d, 26, and 32. These are your **total payments**			33 5,938.

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	2,003.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	2,003.
Direct deposit? See instructions.	b	Routing number 322274242 **c** Type: ☐ Checking ☒ Savings		
	d	Account number 101000288630 5		
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Amount You Owe

	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation: Geologist	If the IRS sent you an Identity Protection PIN, enter it here (see inst.): 321651
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (916)761-3069	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Roger W	Clark	558 45 0530
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
106 Trellis Way	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Savannah	GA	314198819

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	45,779.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	45,779.
2a	Tax-exempt interest	2a		b Taxable interest	2b	7,353.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	53,132.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	53,132.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	38,532.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	4,391.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,391.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,391.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	4,391.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5,048.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	5,048.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5,048.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	657.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	657.
Direct deposit? See instructions.	b	Routing number 322274242 c Type: ☐ Checking ☒ Savings		
	d	Account number 101000288630 5		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Geologist	481660
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (916)761-3069 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **08**

Name(s) shown on return: Roger W Clark

Your social security number: 558-45-0530

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: PARTNERS FEDERAL CREDIT UNION Securian Life Insurance Company	1	3,390.30 3,962.47
2	Add the amounts on line 1	2	7,352.77
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	7,352.77

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (**a**) had over $1,500 of taxable interest or ordinary dividends; (**b**) had a foreign account; or (**c**) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2024, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2024, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

PLEASE DO NOT MAIL!

ERO MUST RETAIN THIS FORM.
DO NOT SUBMIT THIS FORM TO GEORGIA DEPARTMENT OF REVENUE UNLESS REQUESTED TO DO SO.

GA-8453
2024

IRS DCN OR SUBMISSION ID

GEORGIA INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING
SUMMARY OF AGREEMENT BETWEEN TAXPAYER AND ERO OR PAID PREPARER

☐ Amended Return

First Name and Initial	Last Name	Social Security Number
ROGER W	CLARK	558-45-0530
If Joint Return, Spouse's First Name and Initial	Spouse's Last Name	Spouse's Social Security Number

Home Address (number and street)	Apt Number	Daytime Telephone Number
106 TRELLIS WAY		916-761-3069
City, Town or Post Office	**State**	**Zip Code**
SAVANNAH	GA	31419-8819

PART I TAX RETURN INFORMATION

1. Federal Adjusted Gross Income (Form 500 or Form 500X, Line 8; Form 500EZ, Line 1)	1.	53132
2. Georgia Taxable Income (Form 500 or Form 500X, Line 15c; Form 500EZ, Line 3)	2.	40402
3. Net Georgia Tax (Form 500 or Form 500X, Line 23; Form 500EZ, Line 6)	3.	2178
4. Balance Due (Form 500, Line 45; Form 500X, Line 38; Form 500EZ, Line 23)	4.	68
5. Refund (Form 500, Line 46; Form 500X, Line 39; Form 500EZ, Line 24)	5.	

PART II DECLARATION OF TAXPAYER(S)

Under penalties of perjury, I declare that the information I have provided to my Electronic Return Originator (ERO) and/or Online Service Provider and/or Transmitter and the amounts shown in Part I agree with the amounts shown on the corresponding lines of the electronic portion of my 2024 Georgia Income Tax Return. I declare that I have examined my tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, my return is true, correct and complete. I consent that the electronic portion of my return may be sent by my ERO/Online Service Provider/Transmitter.

SIGN HERE

TAXPAYER'S SIGNATURE _____ Date _____ **SPOUSE'S SIGNATURE** (if joint return, both must sign) _____ Date _____

PRINT NAME _____ **EMAIL ADDRESS** _____

PART III DECLARATION OF ELECTRONIC RETURNS ORIGINATOR AND PAID PREPARER

I DECLARE THAT I HAVE REVIEWED THE ABOVE TAXPAYER'S RETURN AND THAT THE ENTRIES ON THE GA-8453 ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

ERO's Use Only

ERO's Signature _____ Date _____
Firm's Name _____ Check also if paid preparer ☐
Address _____ FEIN/PTIN _____
City, State, & Zip Code _____ SSN/TIN _____

IF PREPARED BYANY PERSON OTHER THAN THE TAXPAYER, THIS DECLARATION IS BASED ON ALL INFORMATION OF WHICH THE PREPARER HAS ANY KNOWLEDGE.

Paid Preparer's Use Only

Paid Preparer's Signature SELF PREPARED Date _____
Firm's Name _____ FID/TIN _____
Address _____ SSN/TIN _____
City, State, & Zip Code _____

GA-8453 (REV 07/11/24)

KEEP A COPY WITH YOUR RECORDS

REV 01/10/25 INTUIT.CG.CFP.SP

2500411516

Georgia Form 500 (Rev. 08/01/24)
Individual Income Tax Return
Georgia Department of Revenue
2024 (Approved software version)

Page 1

Fiscal Year Beginning

Fiscal Year Ending

STATE ISSUED GA

YOUR DRIVER'S LICENSE/STATE ID 071808292

1. YOUR FIRST NAME: ROGER
MI: W
YOUR SOCIAL SECURITY NUMBER: 558-45-0530

LAST NAME (For Name Change See IT-511 Tax Booklet): CLARK
SUFFIX:

SPOUSE'S FIRST NAME:
MI:
SPOUSE'S SOCIAL SECURITY NUMBER:

LAST NAME:
SUFFIX:

DEPARTMENT USE ONLY

2. ADDRESS (NUMBER AND STREET or P.O. BOX) (Use 2nd address line for Apt, Suite or Building Number): 106 TRELLIS WAY
CHECK IF ADDRESS HAS CHANGED

3. CITY (Please insert a space if the city has multiple names): SAVANNAH
STATE: GA
ZIP CODE: 314198819

(COUNTRY IF FOREIGN)

4. Enter your Residency Status with the appropriate number ..... Residency Status 4. 2

1. FULL- YEAR RESIDENT 2. PART- YEAR RESIDENT 02/06/2024 TO 12/31/2024 3. NONRESIDENT

Omit Lines 9 thru 14 and use Form 500 Schedule 3 if you are a part-year or nonresident filer.

5. Enter Filing Status with appropriate letter (See IT-511 Tax Booklet)..... Filing Status 5. A

A. Single
B. Married filing jointly
C. Married filing separately (Spouse's social security number must be entered above)
D. Head of household or Qualifying surviving spouse

6a. Your Date of Birth 04/23/1974

6b. Spouse's Date of Birth

7a. Number of Qualified Dependents*

7b. Number of Unborn Dependents

7c. Total Number of Dependents

*Enter details on Line 7d., and DO NOT include yourself, spouse and/or your unborn dependents. See IT-511 Tax Booklet.

All Pages (1-5) are required for processing

2500411526

YOUR SOCIAL SECURITY NUMBER
558-45-0530

7d. Qualified Dependents. (If you have more than 4 dependents, attach a list of additional dependents).

First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You
First Name, MI.	Last Name
Social Security Number	Relationship to You

INCOME COMPUTATIONS

If amount on line 8, 9, 10, 13 or 15 is negative, use the minus sign (-). Example -3456.

8. Federal adjusted gross income (From Federal Form 1040)..... 8. 53132
(Do not use FEDERAL TAXABLE INCOME) If the amount on Line 8 is $40,000 or more, or your gross income is less than your W-2s you must include a copy of your Federal Form 1040 Pages 1, 2, and Schedule 1.

9. Adjustments from Form 500 Schedule 1 (See IT-511 Tax Booklet) ..... 9.

10. Georgia adjusted gross income (Net total of Line 8 and Line 9)..... 10.

11. Standard Deduction (Do not use FEDERAL STANDARD DEDUCTION)..... 11.
(See IT-511 Tax Booklet)

Enter $12,000 if the filing status from Line 5 is A, C, or D. If the filing status is B, enter $24,000.

Use EITHER Line 11 OR Line 12c. (Do not write on both lines).

12. Total Itemized Deductions used in computing Federal Taxable Income. If you use itemized deductions, **you must include Federal Schedule A.**

a. Federal Itemized Deductions (Schedule A- Form 1040)..... 12a.

b. Less adjustments: (See IT-511 Tax Booklet)..... 12b.

c. Georgia Total Itemized Deductions..... 12c.

13. Subtract either Line 11 or Line 12c from Line 10; enter balance..... 13.

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024

2500411536

YOUR SOCIAL SECURITY NUMBER
558-45-0530

14.	Enter the number from Line 7c. Multiply by $4,000.....	14.	
15a.	Income before GA NOL (Line 13 less Line 14 or Schedule 3, Line 14).....	15a.	40402
15b.	Georgia NOL utilized (Cannot exceed Line 15a or the amount after applying the 80% limitation, see IT-511 Tax Booklet for more information)...	15b.	
15c.	Georgia Taxable Income (Subtract Line 15b from Line 15a).....	15c.	40402
16.	Tax (Multiply Line 15c by 5.39%. Round to the nearest dollar)	16.	2178
17.	Low Income Credit 17a. 17b.	17c.	
18.	Other State(s) Tax Credit (Include a copy of the other state(s) return)	18.	
19.	Georgia Resident Itemizer Tax Credit **(See IT-511 Tax Booklet)**.....	19.	
20.	Credits used from IND-CR Summary Worksheet	20.	
21.	**Total Credits Used from Schedule 2 Georgia Tax Credits (must be filed electronically)**	21.	
22.	Total Credits Used (sum of Lines 17-21) cannot exceed Line 16	22.	0
23.	Balance (Subtract Line 22 from Line 16) if zero or less than zero, enter zero....	23.	2178

INCOME STATEMENT DETAILS Only enter income on which Georgia tax was withheld. Enter income from W-2s, 1099s, and G2-As on Line 4 GA Wages/Income. For other income statements complete Line 4 using the income reported from **Form G2-RP Line 12** or **13**; **Form G2-LP Line 11**, or for **Form G2-FL enter zero**.

(INCOME STATEMENT A)

1. **WITHHOLDING TYPE:** ☒ W-2 G2-A G2-LP 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** ☒ **SSN**: 852501777
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**: 34374120B
4. **GA WAGES / INCOME**: 44837
5. **GA TAX WITHHELD**: 2110

(INCOME STATEMENT B)

1. **WITHHOLDING TYPE:** W-2 G2-A G2-LP 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT C)

1. **WITHHOLDING TYPE:** W-2 G2-A G2-LP 1099 G2-FL G2-RP
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN) SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

PLEASE COMPLETE INCOME STATEMENT DETAILS ON PAGE 4.

All Pages (1-5) are required for processing

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024

2500411546

YOUR SOCIAL SECURITY NUMBER
558-45-0530

Page 4

(INCOME STATEMENT D)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT E)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

(INCOME STATEMENT F)

1. **WITHHOLDING TYPE:**
   W-2 **G2-A** **G2-LP**
   1099 **G2-FL** **G2-RP**
2. **EMPLOYER/PAYER FEDERAL ID NUMBER (FEIN)** **SSN**
3. **EMPLOYER/PAYER STATE WITHHOLDING ID**
4. **GA WAGES / INCOME**
5. **GA TAX WITHHELD**

24. **Georgia Income Tax Withheld on Wages and 1099s** (Enter Tax Withheld Only and include W-2s and/or 1099s)	24.	2110
25. **Other Georgia Income Tax Withheld** (Must include G2-A, G2-FL, G2-LP and/or G2-RP)	25.	
26. Estimated Tax paid for 2024 and Form IT-560	26.	
27. Schedule 2B Refundable Tax Credits (Cannot be claimed unless filed electronically)	27.	
28. Total prepayment credits (Add Lines 24, 25, 26 and 27)	28.	2110
29. If Line 23 exceeds Line 28, subtract Line 28 from Line 23 and enter balance due	29.	68
30. If Line 28 exceeds Line 23, subtract Line 23 from Line 28 and enter overpayment	30.	
31. **Amount to be credited to 2025 ESTIMATED TAX**	31.	
32. Georgia Wildlife Conservation Fund **(No gift of less than $1.00)**	32.	
33. Georgia Fund for Children and Elderly **(No gift of less than $1.00)**	33.	
34. Georgia Cancer Research Fund **(No gift of less than $1.00)**	34.	
35. Georgia Land Conservation Program **(No gift of less than $1.00)**	35.	
36. Georgia National Guard Foundation **(No gift of less than $1.00)**	36.	
37. Dog & Cat Sterilization Fund **(No gift of less than $1.00)**	37.	
38. Saving the Cure Fund **(No gift of less than $1.00)**	38.	
39. Realizing Educational Achievement Can Happen (REACH) Program **(No gift of less than $1.00)**	39.	

All Pages (1-5) are required for processing

Georgia Form 500
Individual Income Tax Return
Georgia Department of Revenue
2024 Page 5

2500411556

YOUR SOCIAL SECURITY NUMBER
558-45-0530

40. Public Safety Memorial Grant **(No gift of less than $1.00)**..... 40.

41. Disabled Veterans' Scholarship Fund **(No gift of less than $1.00)**..... 41.

42. Form 500 UET **(Estimated tax penalty)** 500 UET exception attached..... 42.

43. Penalty: Late Payment and/or Late Filing..... 43.

44. Interest ..... 44.

45. **(If you owe)** Add Lines 29, 32 through 44 ..... 45. 68
MAKE CHECK PAYABLE TO GEORGIA DEPARTMENT OF REVENUE,
Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740399 ATLANTA, GA 30374-0399

46. **(If you are due a refund)** Subtract the sum of Lines 31 thru 44 from Line 30
THIS IS YOUR REFUND..... 46.
Refund Due Mail To: GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER,
PO BOX 740392 ATLANTA, GA 30374-0392

If you do not enter Direct Deposit information or if you are a first time filer you will be issued a paper check.

46a. **Direct Deposit** (U.S. Accounts Only) **Type: Checking** **Savings**

Routing Number **Account Number**

Mail pages 1-5 and any applicable schedules, forms, documentation. DO NOT staple pages.

I/We declare under the penalties of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer(s), this declaration is based on all information of which the preparer has knowledge.

Taxpayer's Signature (Check box if deceased)

Spouse's Signature (Check box if deceased)

Taxpayer's Date of Death

Spouse's Date of Death

Taxpayer's Signature Date

Taxpayer's Phone Number
916-761-3069

Spouse's Signature Date

By providing my e-mail address I am authorizing the Georgia Department of Revenue to electronically notify me at the below e-mail address regarding any updates to my account(s).

Taxpayer's E-mail Address

I authorize DOR to discuss this return with the named preparer.

Preparer's Phone Number

Signature of Preparer

Name of Preparer Other Than Taxpayer
SELF-PREPARED

Preparer's FEIN

Preparer's Firm Name

Preparer's SSN/PTIN/SIDN

All Pages (1-5) are required for processing

Georgia Form 500
(Rev. 08/01/24)
Schedule 3
Part-Year Nonresident

2024 (Approved software version)

2507411516

Schedule 3
Page 1

YOUR SOCIAL SECURITY NUMBER
558-45-0530

DO NOT USE LINES 9 THRU 14 OF PAGES 2 AND 3 FORM 500 or 500X

SCHEDULE 3 COMPUTATION OF GEORGIA TAXABLE INCOME FOR ONLY PART-YEAR RESIDENTS AND NONRESIDENTS.
Column A must equal Column B plus Column C. See IT-511 Tax Booklet for other state(s) tax credits.

	FEDERAL INCOME AFTER GEORGIA ADJUSTMENT (COLUMN A)	INCOME NOT TAXABLE TO GEORGIA (COLUMN B)	GEORGIA INCOME (COLUMN C)
1.	WAGES, SALARIES, TIPS, etc 45779	942	44837
2.	INTEREST AND DIVIDENDS 7353	0	7353
3.	BUSINESS INCOME OR (LOSS)		
4.	OTHER INCOME OR (LOSS)	0	0
5.	TOTAL INCOME: TOTAL LINES 1 THRU 4 53132	942	52190
6.	TOTAL ADJUSTMENTS FROM FORM 1040		
7.	TOTAL ADJUSTMENTS FROM FORM 500, SCHEDULE 1		
8.	ADJUSTED GROSS INCOME: LINE 5 PLUS OR MINUS LINES 6 AND 7 53132	942	52190

9. RATIO: Divide Line 8, Column C by Line 8, Column A enter percentage or check the box for Time Ratio. (% cannot be negative and cannot exceed 100%) 9. 98.23 %

(See IT-511 Tax Booklet)

10. Standard Deduction × Itemized Georgia Itemized 10. 12000

(For Standard Deduction - Enter $12,000 if the filing status is Single, Married filing separately, Head of household or Qualifying surviving spouse. If filing status is Married filing jointly, enter $24,000)

11. Enter the number on Line 7c from Form 500 or Form 500X multiply by $4,000 ..... 11.

12. Total Deductions and Exemptions: Add Lines 10 and 11 ..... 12. 12000

13. *Multiply Line 12 by Ratio on Line 9 and enter result..... 13. 11788

14. Income before GA NOL: Subtract Line 13 from Line 8, Column C
Enter here and on Line 15a, Page 3 of Form 500 or Form 500X..... 14. 40402

*If Georgia itemized deductions are claimed, multiply Line 11 by Ratio on Line 9 and add Line 10. Enter result on Line 13.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Roger W	Clark	558 45 0530
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
106 Trellis Way	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Savannah	GA	314198819

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	45,779.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	45,779.
2a	Tax-exempt interest	2a		b Taxable interest	2b	7,353.
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	53,132.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	53,132.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	38,532.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	4,391.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4,391.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	4,391.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	4,391.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5,048.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	5,048.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5,048.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	657.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	657.
Direct deposit? See instructions.	b	Routing number 322274242 c Type: ☐ Checking ☒ Savings		
	d	Account number 101000288630 5		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Geologist	481660
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Phone no. (916)761-3069 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN

DECEASED Shauna H Clark 10/28/2023

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** 2023 OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Roger W	Clark	558 45 0530
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Shauna H	Clark	627 01 4309

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
106 Trellis Way

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Savannah GA 314198819

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	52,081.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	52,081.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	52,081.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	52,081.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	24,381.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	2,485.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	2,485.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	157.
	21	Add lines 19 and 20		21	157.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	2,328.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	2,328.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 4,668.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	4,668.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	4,668.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	2,340.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	2,340.
Direct deposit? See instructions.	b	Routing number 322274242	c Type: ☐ Checking ☒ Savings		
	d	Account number 002138988 6			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Geologist	
Spouse's signature. If a joint return, both must sign.	**Date**	**Spouse's occupation**	**If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)**
Filing as surviving spouse		Event Manager	

Joint return? See instructions. Keep a copy for your records.

Phone no. (916)761-3069 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared Phone no.

Firm's address Firm's EIN

SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
Roger W & Shauna H Clark

Your social security number
558-45-0530

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			**1**	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			**2**	
3	Education credits from Form 8863, line 19			**3**	
4	Retirement savings contributions credit. Attach Form 8880			**4**	157.
5a	Residential clean energy credit from Form 5695, line 15			**5a**	
b	Energy efficient home improvement credit from Form 5695, line 32			**5b**	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	**6a**			
b	Credit for prior year minimum tax. Attach Form 8801	**6b**			
c	Adoption credit. Attach Form 8839	**6c**			
d	Credit for the elderly or disabled. Attach Schedule R	**6d**			
e	Reserved for future use	**6e**			
f	Clean vehicle credit. Attach Form 8936	**6f**			
g	Mortgage interest credit. Attach Form 8396	**6g**			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	**6h**			
i	Qualified electric vehicle credit. Attach Form 8834	**6i**			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	**6j**			
k	Credit to holders of tax credit bonds. Attach Form 8912	**6k**			
l	Amount on Form 8978, line 14. See instructions	**6l**			
m	Credit for previously owned clean vehicles. Attach Form 8936	**6m**			
z	Other nonrefundable credits. List type and amount: _____	**6z**			
7	Total other nonrefundable credits. Add lines 6a through 6z			**7**	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			**8**	157.

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount: _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	

Form **8880**

Department of the Treasury
Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8880* for the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **54**

Name(s) shown on return: Roger W & Shauna H Clark

Your social security number: 558-45-0530

*You **cannot** take this credit if **either** of the following applies.*

CAUTION

- *The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $36,500 ($54,750 if head of household; $73,000 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral (**a**) was born after January 1, 2006; (**b**) is claimed as a dependent on someone else's 2023 tax return; or (**c**) was a **student** (see instructions).*

			(a) You	(b) Your spouse
1	Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions	1		
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)	2		1,570.
3	Add lines 1 and 2	3		1,570.
4	Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5		1,570.
6	In each column, enter the **smaller** of line 5 or $2,000	6		1,570.
7	Add the amounts on line 6. If zero, **stop**; you can't take this credit		7	1,570.
8	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	8	52,081.	
9	Enter the applicable decimal amount from the table below.			

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
		Enter on line 9—		
---	$21,750	0.5	0.5	0.5
$21,750	$23,750	0.5	0.5	0.2
$23,750	$32,625	0.5	0.5	0.1
$32,625	$35,625	0.5	0.2	0.1
$35,625	$36,500	0.5	0.1	0.1
$36,500	$43,500	0.5	0.1	0.0
$43,500	$47,500	0.2	0.1	0.0
$47,500	$54,750	0.1	0.1	0.0
$54,750	$73,000	0.1	0.0	0.0
$73,000	---	0.0	0.0	0.0

	Note: If line 9 is zero, **stop**; you can't take this credit.	9	x .1
10	Multiply line 7 by line 9	10	157.
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	2,485.
12	**Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	157.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

SCHEDULE LEP (Form 1040)

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service

Request for Change in Language Preference

Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/ScheduleLEP* for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **77A**

Name of person making request (as shown on tax return)	**Social security number of person making request**
Roger W Clark	558-45-0530

1 I would prefer to receive written communications (See instructions) from the IRS in the following language. Check only one.

- ☒ 000 English
- ☐ 001 Spanish (Español)
- ☐ 002 Korean (한국어)
- ☐ 003 Vietnamese (Tiếng Việt)
- ☐ 004 Russian (Русский)
- ☐ 005 Arabic (العربية)
- ☐ 006 Haitian Creole (Kreyòl Ayisyen)
- ☐ 007 Tagalog (Tagalog)
- ☐ 008 Portuguese (Português)
- ☐ 009 Polish (Polski)
- ☐ 010 Farsi (فارسی)
- ☐ 011 French (Français)
- ☐ 012 Japanese (日本語)
- ☐ 013 Gujarati (ગુજરાતી)
- ☐ 014 Punjabi (ਪੰਜਾਬੀ)
- ☐ 015 Khmer (ខ្មែរ)
- ☐ 016 Urdu (اردو)
- ☐ 017 Bengali (বাংলা)
- ☐ 018 Italian (Italiano)
- ☐ 019 Chinese (Traditional) 中文(繁體)
- ☐ 020 Chinese (Simplified) 中文(简体)

SCHEDULE LEP (Form 1040)

(Rev. December 2023)

Department of the Treasury
Internal Revenue Service

Request for Change in Language Preference

Attach to Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/ScheduleLEP* for the latest information.

OMB No. 1545-0074

Attachment Sequence No. **77A**

Name of person making request (as shown on tax return)	**Social security number of person making request**
Shauna H Clark	627-01-4309

1 I would prefer to receive written communications (See instructions) from the IRS in the following language. Check only one.

- ☒ 000 English
- ☐ 001 Spanish (Español)
- ☐ 002 Korean (한국어)
- ☐ 003 Vietnamese (Tiếng Việt)
- ☐ 004 Russian (Русский)
- ☐ 005 Arabic (العربية)
- ☐ 006 Haitian Creole (Kreyòl Ayisyen)
- ☐ 007 Tagalog (Tagalog)
- ☐ 008 Portuguese (Português)
- ☐ 009 Polish (Polski)
- ☐ 010 Farsi (فارسی)
- ☐ 011 French (Français)
- ☐ 012 Japanese (日本語)
- ☐ 013 Gujarati (ગુજરાતી)
- ☐ 014 Punjabi (ਪੰਜਾਬੀ)
- ☐ 015 Khmer (ខ្មែរ)
- ☐ 016 Urdu (اردو)
- ☐ 017 Bengali (বাংলা)
- ☐ 018 Italian (Italiano)
- ☐ 019 Chinese (Traditional) 中文(繁體)
- ☐ 020 Chinese (Simplified) 中文(简体)

Onterris

Montrose Services, LLC 4 PARK PLAZA SUITE 790 IRVINE, CA 92614 +1 (949) 9883500 x10078

Roger Clark 1070 Forrest Drive Bartow, FL 33830-3272

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Roger Clark	Montrose Services, LLC	108931	02/16/2026	02/28/2026	03/10/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	86.67	3,958.34	673.25	636.40	94.72	2,593.97
YTD	433.35	19,791.70	3,366.25	3,181.96	473.60	12,889.89

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Mobile Phone Allow	02/16/2026 - 02/28/2026	0	0	40.00	0	120.00
Salary Pay	02/16/2026 - 02/28/2026	86.67	0	3,958.34	433.35	19,791.70
Salary Pay	02/01/2026 - 02/15/2026	0	0	0.00		
Earnings				3,998.34		19,911.70

Employee Taxes

Description	Amount	YTD
OASDI	228.22	1,141.09
Medicare	53.38	266.87
Federal Withholding	354.80	1,774.00
Employee Taxes	636.40	3,181.96

Employee Pre-Tax Deductions

Description	Amount	YTD
401(k) Pre-Tax	395.84	1,979.20
Dental Pre-tax	6.95	34.75
Healthcare FSA	141.67	708.35
Medical Pre-tax	127.89	639.45
Vision Pre-tax	0.90	4.50
Employee Pre-Tax Deductions	673.25	3,366.25

Employee Post Tax Deductions

Description	Amount	YTD
Accident Insurance	7.86	39.30
Critical Illness Insurance	44.25	221.25
Voluntary Life Employee	11.50	57.50
Vol Long Term Disability	31.11	155.55
Employee Post Tax Deductions	94.72	473.60

Employer Paid Benefits

Description	Amount	YTD
ER - 401(k) Employer Match	158.33	791.65
ER - AD&D	0.38	1.90
ER - Basic Life	2.13	10.65
ER - Dental	12.41	62.05
ER - Medical	258.93	1,294.65
ER - Short Term Disability	6.58	32.90
ER - Vision	2.03	10.15
Employer Paid Benefits	440.79	2,203.95

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,680.93	18,404.65
Medicare - Taxable Wages	3,680.93	18,404.65
Federal Withholding - Taxable Wages	3,285.09	16,425.45

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Partners FCU	Partners Checking	******6305		2,204.87	USD
Partners FCU	Partners Savings	******9886		389.10	USD

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Montrose Services, LLC 4 PARK PLAZA SUITE 790 IRVINE, CA 92614 +1 (949) 9883500 x10078

Roger Clark 1070 Forrest Drive Bartow, FL 33830-3272

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Roger Clark	Montrose Services, LLC	108931	02/01/2026	02/15/2026	02/25/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	86.67	3,958.34	673.25	636.39	94.72	2,553.98
YTD	346.68	15,833.36	2,693.00	2,545.56	378.88	10,295.92

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Mobile Phone Allow			0		0	80.00
Salary Pay	02/01/2026 - 02/15/2026	86.67	0	3,958.34	346.68	15,833.36
Earnings				3,958.34		15,913.36

Employee Taxes

Description	Amount	YTD
OASDI	228.22	912.87
Medicare	53.37	213.49
Federal Withholding	354.80	1,419.20
Employee Taxes	636.39	2,545.56

Employee Pre-Tax Deductions

Description	Amount	YTD
401(k) Pre-Tax	395.84	1,583.36
Dental Pre-tax	6.95	27.80
Healthcare FSA	141.67	566.68
Medical Pre-tax	127.89	511.56
Vision Pre-tax	0.90	3.60
Employee Pre-Tax Deductions	673.25	2,693.00

Employee Post Tax Deductions

Description	Amount	YTD
Accident Insurance	7.86	31.44
Critical Illness Insurance	44.25	177.00
Voluntary Life Employee	11.50	46.00
Vol Long Term Disability	31.11	124.44
Employee Post Tax Deductions	94.72	378.88

Employer Paid Benefits

Description	Amount	YTD
ER - 401(k) Employer Match	158.33	633.32
ER - AD&D	0.38	1.52
ER - Basic Life	2.13	8.52
ER - Dental	12.41	49.64
ER - Medical	258.93	1,035.72
ER - Short Term Disability	6.58	26.32
ER - Vision	2.03	8.12
Employer Paid Benefits	440.79	1,763.16

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,680.93	14,723.72
Medicare - Taxable Wages	3,680.93	14,723.72
Federal Withholding - Taxable Wages	3,285.09	13,140.36

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Partners FCU	Partners Checking	******6305		2,170.88	USD
Partners FCU	Partners Savings	******9886		383.10	USD

Onterris

Montrose Services, LLC 4 PARK PLAZA SUITE 790 IRVINE, CA 92614 +1 (949) 9883500 x10078

Roger Clark 1070 Forrest Drive Bartow, FL 33830-3272

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Roger Clark	Montrose Services, LLC	108931	01/16/2026	01/31/2026	02/10/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	86.67	3,958.34	673.25	636.38	94.72	2,593.99
YTD	260.01	11,875.02	2,019.75	1,909.17	284.16	7,741.94

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Mobile Phone Allow	01/16/2026 - 01/31/2026	0	0	40.00	0	80.00
Salary Pay	01/16/2026 - 01/31/2026	86.67	0	3,958.34	260.01	11,875.02
Earnings				3,998.34		11,955.02

Employee Taxes

Description	Amount	YTD
OASDI	228.21	684.65
Medicare	53.37	160.12
Federal Withholding	354.80	1,064.40
Employee Taxes	636.38	1,909.17

Employee Pre-Tax Deductions

Description	Amount	YTD
401(k) Pre-Tax	395.84	1,187.52
Dental Pre-tax	6.95	20.85
Healthcare FSA	141.67	425.01
Medical Pre-tax	127.89	383.67
Vision Pre-tax	0.90	2.70
Employee Pre-Tax Deductions	673.25	2,019.75

Employee Post Tax Deductions

Description	Amount	YTD
Accident Insurance	7.86	23.58
Critical Illness Insurance	44.25	132.75
Voluntary Life Employee	11.50	34.50
Vol Long Term Disability	31.11	93.33
Employee Post Tax Deductions	94.72	284.16

Employer Paid Benefits

Description	Amount	YTD
ER - 401(k) Employer Match	158.33	474.99
ER - AD&D	0.38	1.14
ER - Basic Life	2.13	6.39
ER - Dental	12.41	37.23
ER - Medical	258.93	776.79
ER - Short Term Disability	6.58	19.74
ER - Vision	2.03	6.09
Employer Paid Benefits	440.79	1,322.37

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,680.93	11,042.79
Medicare - Taxable Wages	3,680.93	11,042.79
Federal Withholding - Taxable Wages	3,285.09	9,855.27

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Partners FCU	Partners Checking	******6305		2,204.89	USD
Partners FCU	Partners Savings	******9886		389.10	USD

Onterris

Montrose Services, LLC 4 PARK PLAZA SUITE 790 IRVINE, CA 92614 +1 (949) 9883500 x10078

Roger Clark 1070 Forrest Drive Bartow, FL 33830-3272

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Roger Clark	Montrose Services, LLC	108931	01/01/2026	01/15/2026	01/23/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	86.67	3,958.34	673.25	636.40	94.72	2,553.97
YTD	173.34	7,916.68	1,346.50	1,272.79	189.44	5,147.95

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Mobile Phone Allow			0		0	40.00
Salary Pay	01/01/2026 - 01/15/2026	86.67	0	3,958.34	173.34	7,916.68
Earnings				3,958.34		7,956.68

Employee Taxes

Description	Amount	YTD
OASDI	228.22	456.44
Medicare	53.38	106.75
Federal Withholding	354.80	709.60
Employee Taxes	636.40	1,272.79

Employee Pre-Tax Deductions

Description	Amount	YTD
401(k) Pre-Tax	395.84	791.68
Dental Pre-tax	6.95	13.90
Healthcare FSA	141.67	283.34
Medical Pre-tax	127.89	255.78
Vision Pre-tax	0.90	1.80
Employee Pre-Tax Deductions	673.25	1,346.50

Employee Post Tax Deductions

Description	Amount	YTD
Accident Insurance	7.86	15.72
Critical Illness Insurance	44.25	88.50
Voluntary Life Employee	11.50	23.00
Vol Long Term Disability	31.11	62.22
Employee Post Tax Deductions	94.72	189.44

Employer Paid Benefits

Description	Amount	YTD
ER - 401(k) Employer Match	158.33	316.66
ER - AD&D	0.38	0.76
ER - Basic Life	2.13	4.26
ER - Dental	12.41	24.82
ER - Medical	258.93	517.86
ER - Short Term Disability	6.58	13.16
ER - Vision	2.03	4.06
Employer Paid Benefits	440.79	881.58

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,680.93	7,361.86
Medicare - Taxable Wages	3,680.93	7,361.86
Federal Withholding - Taxable Wages	3,285.09	6,570.18

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Partners FCU	Partners Checking	******6305		2,170.87	USD
Partners FCU	Partners Savings	******9886		383.10	USD

Onterris

Montrose Services, LLC 4 PARK PLAZA SUITE 790 IRVINE, CA 92614 +1 (949) 9883500 x10078

Roger Clark 1070 Forrest Drive Bartow, FL 33830-3272

Name	Company	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Roger Clark	Montrose Services, LLC	108931	12/16/2025	12/31/2025	01/09/2026	

	Hours Worked	Gross Pay	Employee Pre-Tax Deductions	Employee Taxes	Employee Post Tax Deductions	Net Pay
Current	86.67	3,958.34	673.25	636.39	94.72	2,593.98
YTD	86.67	3,958.34	673.25	636.39	94.72	2,593.98

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Mobile Phone Allow	12/16/2025 - 12/31/2025	0	0	40.00	0	40.00
Salary Pay	12/16/2025 - 12/31/2025	86.67	0	3,958.34	86.67	3,958.34
Earnings				3,998.34		3,998.34

Employee Taxes

Description	Amount	YTD
OASDI	228.22	228.22
Medicare	53.37	53.37
Federal Withholding	354.80	354.80
Employee Taxes	636.39	636.39

Employee Pre-Tax Deductions

Description	Amount	YTD
401(k) Pre-Tax	395.84	395.84
Dental Pre-tax	6.95	6.95
Healthcare FSA	141.67	141.67
Medical Pre-tax	127.89	127.89
Vision Pre-tax	0.90	0.90
Employee Pre-Tax Deductions	673.25	673.25

Employee Post Tax Deductions

Description	Amount	YTD
Accident Insurance	7.86	7.86
Critical Illness Insurance	44.25	44.25
Voluntary Life Employee	11.50	11.50
Vol Long Term Disability	31.11	31.11
Employee Post Tax Deductions	94.72	94.72

Employer Paid Benefits

Description	Amount	YTD
ER - 401(k) Employer Match	158.33	158.33
ER - AD&D	0.38	0.38
ER - Basic Life	2.13	2.13
ER - Dental	12.41	12.41
ER - Medical	258.93	258.93
ER - Short Term Disability	6.58	6.58
ER - Vision	2.03	2.03
Employer Paid Benefits	440.79	440.79

Taxable Wages

Description	Amount	YTD
OASDI - Taxable Wages	3,680.93	3,680.93
Medicare - Taxable Wages	3,680.93	3,680.93
Federal Withholding - Taxable Wages	3,285.09	3,285.09

	Federal	State
Marital Status	Single or Married filing separately	
Allowances	0	0
Total Dependent Amount	0	
Additional Withholding	0	

Payment Information

Bank	Account Name	Account Number	USD Amount	Amount	
Partners FCU	Partners Checking	******6305		2,204.88	USD
Partners FCU	Partners Savings	******9886		389.10	USD

Exhibit 9: Claudia Won Held Pedro's Evidence of Dissolution of Prior Marriage

Judiciary - TJERJ
(Court of Justice of the State of Rio de Janeiro)
Judicial Administrative Department
Electronic Inspection Seal
EFCP-86670 MJP
Check the seal validity at:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo

CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF THE 3RD DISTRICT of São João De Miriti RJ

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

NAMES	CPF
ANDERSON LUIS DA SILVA GOMES	088.446.577-24
CLAUDIA WON HELD PEDRO GOMES	044.148.367-43

REGISTRATION

091256 01 55 2006 2 00093 214 0020989 71

1st Spouse

ANDERSON LUIS DA SILVA GOMES — Date of Birth: 22 03 1980

Nationality: Brazilian | Marital Status: Single | City of Birth: Rio de Janeiro | State: RJ

Filiation: José Carlos Gomes; Sueli Oliveira da Silva

Name adopted: ANDERSON LUIS DA SILVA GOMES

2nd Spouse

CLAUDIA WON HELD PEDRO — Date of Birth: 02 09 1976

Nationality: Brazilian | Marital Status: Single | City of Birth: São João de Meriti | State: RJ

Filiation: Claudionor Pedro; Maria Santissima Won Held Pedro

Name adopted: CLAUDIA WON HELD PEDRO GOMES

Date of marriage celebration or, in the case of conversion to common-law marriage, date of registration.
November tenth, two thousand six — Day: 10 | Month: 11 | Year: 2006

Marriage Property System
Partial Community of Property.

Date of marriage registration
November tenth, two thousand six — Day: 10 | Month: 11 | Year: 2006

Notes/Annotations

Officiant: Justice of the Peace Luiz Carlos Dias da Silva. Divorce Annotation on 04/07/2026: The annotation of the ex-couple's Divorce is recorded on the margin of the certificate, pursuant to the deed drawn up at the 6th Office of the Judicial District of Duque de Caxias - Rio de Janeiro, Book 132, Pages 023/024, Act 007 on 03/30/2026, which is filed today. The parties declare that there is no real estate property and that the personal property has been amicably divided. The wife will return to using her maiden name: CLAUDIA WON HELD PEDRO. Record made in Book B-00093, Page 214, Entry 20989.

Voluntary registration notes
1st Spouse: ID: 11579229-3 (IFP).; 2nd Spouse: ID: 10590418-9 (IFP).

(CNS: 91256) Civil Registry of Natural Persons of the 3rd District of São João de Meriti - São João de Meriti/Rio de Janeiro
Júlio Soares Neto - Registrar of the Civil Registry of Natural Persons of the 3rd District of São João de Meriti
Avenida Automóvel Clube 2497 - Vilar Dos Teles
(21) 2751-6655

The content of this certificate is true. I certify.
São João de Meriti, April 7, 2026

MAURO CARNEIRO FARIAS
DEPUTY

Mauro Carneiro Farias
Second Deputy
No. 14.148 Series 161

Fees: Table 18, 8a = 122.87 + ISS (Service Tax) = 6.14 + 20% TJ (Court Fund) + 8.5% FUNDPERJ (Public Defense Fund) + 8.5% FUNPERJ (State Procuracy Fund) + 6% FUNARPEN (Natural Persons Registry Support Fund) + 1% FUNPGALERJ (State Assembly Procuracy Fund) + 1% FUNPGT (Court of Accounts Procuracy Fund) + 1% FUNDAC PGUERJ (State University Procuracy Fund) + Stamp = 3.27. TOTAL: R$188.76

Indústria Gráfica Brasileira Ltda

IA 021137892

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese 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: September 22, 2026.

Poder Judiciário - TJERJ
Corregedoria Geral de Justiça
Selo de Fiscalização Eletrônico
EFCP-86670 MJP
Consulte a validade do selo em:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

NOMES	CPF
ANDERSON LUIS DA SILVA GOMES	088.446.577-24
CLAUDIA WON HELD PEDRO GOMES	044.148.367-43

MATRÍCULA
091256 01 55 2006 2 00093 214 0020989 71

1º Cônjuge

ANDERSON LUIS DA SILVA GOMES

Data do Nascimento: 22 / 03 / 1980

Nacionalidade: Brasileira | Estado Civil: Solteiro | Municipio da Naturalidade: Rio de Janeiro | UF: RJ

Genitor(es): José Carlos Gomes; Sueli Oliveira da Silva

Nome que passou a utilizar: ANDERSON LUIS DA SILVA GOMES

2º Cônjuge

CLAUDIA WON HELD PEDRO

Data do Nascimento: 02 / 09 / 1976

Nacionalidade: Brasileira | Estado Civil: Solteira | Municipio da Naturalidade: São João de Meriti | UF: RJ

Genitor(es): Claudionor Pedro; Maria Santissima Won Held Pedro

Nome que passou a utilizar: CLAUDIA WON HELD PEDRO GOMES

Data da celebração do casamento ou, se for o caso de conversão da união estável, data do registro.
Dez de novembro de dois mil e seis — Dia: 10 | Mês: 11 | Ano: 2006

Regime de Bens
Comunhão Parcial de Bens.

Data de registro do casamento
Dez de novembro de dois mil e seis — Dia: 10 | Mês: 11 | Ano: 2006

Anotações/Averbações
Celebrante: Juiz de Paz Luiz Carlos Dias da Silva. Averbação de Divórcio em 07/04/2026: À margem do termo consta à averbação do Divórcio do ex-casal, conforme escritura lavrada no Cartório do 6º Ofício de Notas da Comarca de Duque de Caxias - RJ, Livro 132, Fls. 023/024, Ato 007 em 30/03/2026 hoje arquivada. As partes declaram que não existem bens imóveis e que os bens móveis foram amigavelmente partilhados. O cônjuge virago voltará a usar o nome de solteira: CLAUDIA WON HELD PEDRO. Registro feito no Livro B-00093, Folha 214, Termo 20989.

Anotações voluntárias de cadastro
1º Cônjuge: RG: 11579229-3 (IFP).; 2º Cônjuge: RG: 10590418-9 (IFP).

(CNS: 91256) RCPN do 3º Distrito de São João de Meriti - São João de Meriti/RJ
Júlio Soares Neto - Oficial do RCPN do 3º distrito de São João de Meriti
Av Automóvel Clube 2497 - Vilar Dos Teles
(21) 2751-6655

Emolumentos: Tab 18,8a=122,87 + ISS=6,14 + 20% TJ + 8,5% FUNDPERJ + 8,5% FUNPERJ + 6% FUNARPEN + 1% FUNPGALERJ + 1% FUNPGT + 1% FUNDAC_PGUERJ + Selo=3,27. TOTAL: R$ 188,76

O conteúdo da certidão é verdadeiro. Dou fé.
São João de Meriti, 07 de abril de 2026

MAURO CARNEIRO FARIAS
SUBSTITUTO

Mauro Carneiro Farias
Segundo Substituto
Nº 14.148 Série 161

IA 021137892

Industria Gráfica Brasileira Ltda

Exhibit 10: Roger William Clark’s Prior Marriage - Death Certificate of Prior Spouse

STATE OF FLORIDA

THIS DOCUMENT HAS A LIGHT BACKGROUND ON TRUE WATERMARKED PAPER. HOLD TO LIGHT TO VERIFY FLORIDA WATERMARK.

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2023190951

DATE ISSUED: NOVEMBER 3, 2023

DATE FILED: NOVEMBER 3, 2023

DECEDENT INFORMATION

NAME: **SHAUNA HATHAWAY CLARK**

DATE OF DEATH: **OCTOBER 28, 2023**
SEX: **FEMALE**
AGE: **046 YEARS**
DATE OF BIRTH: **APRIL 3, 1977**
SSN: ***-**-4309
BIRTHPLACE: **BRYAN, TEXAS, UNITED STATES**
PLACE WHERE DEATH OCCURRED: **EMERGENCY ROOM/OUTPATIENT**
FACILITY NAME OR STREET ADDRESS: **DR P PHILLIPS HOSPITAL**
LOCATION OF DEATH: **ORLANDO, ORANGE COUNTY, 32819**
RESIDENCE: **4432 MIDDLEBROOK ROAD, ORLANDO, FLORIDA 32811, UNITED STATES**
COUNTY: **ORANGE**
OCCUPATION, INDUSTRY: **EVENT MANAGER, HOSPITALITY**
EDUCATION: **BACHELORS DEGREE**
EVER IN U.S. ARMED FORCES? **NO**
HISPANIC OR HAITIAN ORIGIN? **NO, NOT OF HISPANIC/HAITIAN ORIGIN**
RACE: **WHITE**

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: **MARRIED**
SURVIVING SPOUSE NAME: **ROGER WILLIAM CLARK**
FATHER'S/PARENT'S NAME: **ALBERT HATHAWAY**
MOTHER'S/PARENT'S NAME: **DOROTHY BRAKE**

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: **ROGER WILLIAM CLARK**
RELATIONSHIP TO DECEDENT: **HUSBAND**
INFORMANT'S ADDRESS: **4432 MIDDLEBROOK ROAD, ORLANDO, FLORIDA 32811, UNITED STATES**
FUNERAL DIRECTOR/LICENSE NUMBER: **KELLEY A. PULDA, F083924**
FUNERAL FACILITY: **CAREY HAND COLONIAL FUNERAL HOME F079241**
2811 CURRY FORD RD, ORLANDO, FLORIDA 32806
METHOD OF DISPOSITION: **CREMATION**
PLACE OF DISPOSITION: **METRO CREMATORY**
OCOEE, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: **CERTIFYING PHYSICIAN**
MEDICAL EXAMINER CASE NUMBER: **NOT APPLICABLE**
TIME OF DEATH (24 HOUR): **0116**
DATE CERTIFIED: **NOVEMBER 1, 2023**
CERTIFIER'S NAME: **RICA ZANTUA JESTER**
CERTIFIER'S LICENSE NUMBER: **ME135630**
NAME OF ATTENDING PRACTITIONER (IF OTHER THAN CERTIFIER): **NOT ENTERED**

The first five digits of the decedent's Social Security Number have been redacted pursuant to §119.071(5), Florida Statutes.

Ken Jones , STATE REGISTRAR

REQ: **2025856599**

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH WATERMARKS OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARKS. THE DOCUMENT FACE CONTAINS A MULTICOLORED BACKGROUND, GOLD EMBOSSED SEAL, AND THERMOCHROMIC FL. THE BACK CONTAINS SPECIAL LINES WITH TEXT. THE DOCUMENT WILL NOT PRODUCE A COLOR COPY.

* 4 7 5 4 3 8 8 5 *

DH FORM 1946 (08/01/2022)

CERTIFICATION OF VITAL RECORD

Florida HEALTH

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Exhibit 11 - Claudia Won Held Pedro’s Previous Immigration Documents

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0032530413

SURNAME/PRIMARY NAME Won Held Pedro Gomes	**GIVEN NAME** Claudia	**Class of Admission** **F-2**
PREFERRED NAME Claudia Won Held Pedro Gomes	**PASSPORT NAME** Won Held Pedro Gomes Claudia	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH Sao Joao De Meriti/RJ	**DATE OF BIRTH** 02 SEPTEMBER 1976	**DEPENDENT**
RELATIONSHIP TO STUDENT SPOUSE	**ADMISSION NUMBER**	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Da Silva Gomes	**STUDENT'S GIVEN NAME** Anderson Luis
STUDENT'S COUNTRY OF BIRTH BRAZIL	**STUDENT'S DATE OF BIRTH** 22 MARCH 1980
STUDENT'S COUNTRY OF CITIZENSHIP BRAZIL	**STUDENT'S ADMISSION NUMBER**
STUDENT'S SEVIS ID: N0030971057	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Las Vegas International Academy of English International Academy of English	**SCHOOL CODE AND APPROVAL DATE** PHO214F12028001 21 NOVEMBER 2002

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** English language instruction will be given at this School.	**EARLIEST ADMISSION DATE**
START OF CLASSES 16 OCTOBER 2023	**PROGRAM START/END DATE** 16 OCTOBER 2023 - 17 OCTOBER 2024	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 5,400	Personal Funds	$ 0
Living Expenses	$ 8,600	Funds From This School	$
Expenses of Dependents (1)	$ 5,200	Student is sponsored by his wife Ms. C	$ 60,225
Other	$	On-Campus Employment	$
TOTAL	$ 19,200	TOTAL	$ 60,225

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X _____	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Daniela Campo Luna, Administrative Assistant	14 February 2024	TAMPA, FL

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X _____		_____	
SIGNATURE OF: Anderson Luis Da Silva Gomes		**DATE**	
_____	X _____	_____	_____
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0032530413 (F-2)

NAME: Claudia Won Held Pedro Gomes

REMARKS FOR STUDENT

The student is enrolled in a Full Course of Study of 18 clock-hours per week and in-person five levels in the Intensive English Program.

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
05 FEBRUARY 2024	04 APRIL 2024

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the dependent after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

SEVIS ID: N0030971057 (F-1)

NAME: Anderson Luis Da Silva Gomes

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
15 NOVEMBER 2021	15 DECEMBER 2021

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
LIN2290083357		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 12/20/2021	**Priority Date**	**Applicant** WON HELD PEDRO GOMES, CLAUDIA
Notice Date 05/11/2023	**Page** 1 of 1	**Beneficiary** WON HELD PEDRO GOMES, CLAUDIA

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE FL 34747

Notice Type: Approval Notice
Class: F2
Valid from 05/11/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. An updated Form I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take the lower portion of this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

In a small number of cases, a visa is not required of nationals of certain countries. These applicants should present the lower portion of this notice at the port-of-entry with any other documentation necessary to show admissibility.

If the applicant has any questions about the new status that has been granted, he or she should call the local USCIS office.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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.

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2290083357
I-94# 564160915 A2
NAME WON HELD PEDRO GOMES, CLAUDIA
CLASS F2
VALID FROM 05/11/2023 **UNTIL** Duration of Status (DS)

APPLICANT
WON HELD PEDRO GOMES, CLAUDIA
8415 TITKOS DRIVE APT 301
KISSIMMEE FL 34747

564160915 A2
Receipt Number LIN2290083357
US Citizenship and Immigration Services

I94 Departure Record
Applicant: WON HELD PEDRO GOMES, CLAUDIA

14. Family Name		
WON HELD PEDRO GOMES		
15. First (Given) Name CLAUDIA		**16. Date of Birth** 09/02/1976
17. Country of Citizenship BRAZIL		

March 7, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
P.O. Box 82521
Lincoln, NE 68501-2521

U.S. Citizenship and Immigration Services

IOE0918889078

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE, FL 34747

RE: I-290B, Notice of Appeal or Motion

DECISION

On January 5, 2023, you filed a Form I-290B, Notice of Appeal or Motion, as a motion to reopen and/or reconsider the decision on your I-539, Application to Extend/Change Nonimmigrant Status. U.S. Citizenship and Immigration Services (USCIS) denied your I-539 on December 1, 2022.

Title 8 Code of Federal Regulations (8 CFR), section 103.5(a) states, in pertinent part, that:

> (2) *Requirements for motion to reopen.* A motion to reopen must state the new facts to be provided in the reopened proceeding and be supported by affidavits or the other documentary evidence. A motion to reopen an application or petition denied due to abandonment must be filed with evidence that the decision was in error because:
>
> > (i) The requested evidence was not material to the issue of eligibility;
> >
> > (ii) The required initial evidence was submitted with the application or petition, or the request for initial evidence or additional information or appearance was complied with during the allotted period; or
> >
> > (iii) The request for additional information or appearance was sent to an address other than that on the application, petition, or notice of representation, or that the applicant or petitioner advised the Service, in writing, of a change of address or change of representation subsequent to filing and before the Service's request was sent, and the request did not go to the new address.
>
> (3) …A motion to reconsider must state the reasons for reconsideration and be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or Service policy. A motion to reconsider a decision on an application or petition must, when filed, also establish that the decision was incorrect based on the evidence of record at the time of the initial decision.

USCIS may grant a motion that satisfies these requirements.

After a thorough review, USCIS finds that the motion satisfies the regulatory requirements for filing a motion to reopen and/or reconsider at 8 C.F.R. §§ 103.5(a)(2), and 103.5(a)(3).

Therefore, USCIS grants the motion to reopen and/or reconsider the Form I-539 of denied case LIN2290083357.

USCIS will inform you of the final decision letter on your case under separate cover.

Sincerely,

L. Miller
Director
Officer: EX0285

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
LIN2290083357		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 12/20/2021	**Priority Date**	**Applicant** WON HELD PEDRO GOMES, CLAUDIA
Notice Date 03/02/2023	**Page** 1 of 1	**Beneficiary** WON HELD PEDRO GOMES, CLAUDIA

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE FL 34747

Notice Type: Reopen Notice

We have reviewed the application or petition ("your case") listed above. We are treating the appeal filed for your case listed above as a USCIS motion to reopen or USCIS motion to reconsider. We will notify you in writing when we make a decision on your case or if we need additional information.

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.

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

December 6, 2022

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
P.O. Box 82521
Lincoln, NE 68501-2521

U.S. Citizenship and Immigration Services

LIN2290083357

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE, FL 34747

RE: I-539N, Application to Extend/Change Nonimmigrant Status

DECISION

On December 20, 2021, you filed a Form I-539, Application to Extend/Change Nonimmigrant Status with U.S. Citizenship and Immigration Services (USCIS).

After careful review and consideration of the entire record, your Form I-539 is denied for the reason(s) discussed below.

You were admitted to the United States as a B2 nonimmigrant on December 27, 2020, and were granted an authorized period of stay until December 26, 2021.

Under Title 8, Code of Federal Regulations (CFR), section 103.2(b)(13)(ii), if USCIS requires an individual to submit biometrics, attend an interview, or other required in-person process, and that individual does not comply, the application or petition shall be considered abandoned and denied, unless USCIS has received a change of address or rescheduling request by the appointment time that the agency concludes warrants excusing the failure to appear.

USCIS directed you to submit biometrics at an Application Support Center (ASC) on March 16, 2022.

You failed to appear for the scheduled biometric services appointment. Additionally, there is no evidence in the record to indicate that, prior to the appointment time, USCIS received a change of address or rescheduling request justifying your failure to appear.

Therefore, your application is considered abandoned and USCIS denies your request.

A denial due to abandonment may not be appealed. However, there are limited motion rights. You may file a motion to reopen a petition or application denied due to abandonment with evidence that the decision was in error because:

1. The requested evidence was not material to the issue of eligibility;
2. The required initial evidence was submitted with the application or petition, or the request for initial evidence or additional information or appearance was complied with during the allotted period; or
3. The request for additional information or appearance was sent to an address other than that on the application, petition, or notice of representation, or you advised USCIS, in writing, of a change of address or change of representation subsequent to filing and before USCIS' request was sent, and the request did not go to the new address.

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.

If you believe this decision to be in error, you may file a motion to reopen on Form I-290B, Notice of Appeal or Motion within 33 days of this notice. It must be filed with supporting documentation and the appropriate filing fee to:

USCIS 290B
PO Box 21100
Phoenix, AZ 85036

To obtain the Form 1-290B, visit www.uscis.gov/forms. For the latest information on filing location, fee, and other requirements, refer to the Form I-290B instructions; review 8 CFR 103.3 and/or 103.5; call our USCIS Contact Center at 1-800-375-5283; or visit your local USCIS office.

WARNING CONCERNING UNLAWFUL PRESENCE

Please be aware that, under section 212(a)(9)(B) of the Immigration and Nationality Act (INA), an alien who accrues more than 180 days of unlawful presence in the United States, and then departs, is inadmissible to the United States for a period of either three years or ten years.

You may remain in your current nonimmigrant status until the expiration date indicated on your Form I-94, Arrival-Departure Record. However, if the date listed on your Form I-94 has already passed, this Notice of Decision may leave you without lawful immigration status and you may be present in the United States in violation of the law.

Sincerely,

L. Miller
Director
Officer: EX0285

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

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.

NOTICE TYPE		NOTICE DATE
Receipt		November 29, 2022
CASE TYPE		USCIS ALIEN NUMBER
I-140, Immigrant Petition for Alien Worker		
RECEIPT NUMBER	RECEIVED DATE	PAGE
SRC2390030560	November 28, 2022	1 of 1
PRIORITY DATE	PREFERENCE CLASSIFICATION	DATE OF BIRTH
November 28, 2022	203 B2 NATL INTEREST WAIVER	September 02, 1976

CLAUDIA WON HELD PEDRO GOMES
C/O CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE, FL 34747

1 00000162

PAYMENT INFORMATION:

Application/Petition Fee:	$700.00
Total Amount Received:	$700.00
Total Balance Due:	$0.00

APPLICANT/PETITIONER NAME AND MAILING ADDRESS

We have received your form and are currently processing the above case for the following beneficiaries:

Name	Date of Birth	Country of Birth	Class (If Applicable)
WON HELD PEDRO GOMES, CLAUDIA	9/2/1976	BRAZIL	

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

USCIS Office Address:
USCIS
Texas Service Center
6046 N. Beltline Rd STE. 110
Irving, TX 75038

USCIS Contact Center Number:
(800)375-5283
APPLICANT COPY

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
LIN2190409626		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 06/24/2021	**Priority Date**	**Applicant** WON HELD PEDRO GOMES, CLAUDIA
Notice Date 11/15/2022	**Page** 1 of 1	**Beneficiary** WON HELD PEDRO GOMES, CLAUDIA

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DR APT 301
KISSIMMEE FL 34747

Notice Type: Approval Notice
Class: B2
Valid from 06/27/2021 to 12/26/2021

The above application for extension of temporary stay is approved. The temporary stay of the named applicant(s) is authorized to the date indicated above. An updated Form I-94 is attached.

If the applicant has an authorized representative, this notice has also been mailed to the representative.

Please read the back of this form carefully for more information.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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.

Nebraska Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# LIN2190409626
I-94# 564160915 A2
NAME WON HELD PEDRO GOMES, CLAUDIA
CLASS B2
VALID FROM 06/27/2021 **UNTIL** 12/26/2021

APPLICANT
WON HELD PEDRO GOMES, CLAUDIA
8415 TITKOS DR APT 301
KISSIMMEE FL 34747

564160915 A2
Receipt Number LIN2190409626
US Citizenship and Immigration Services

I94 Departure Record
Applicant: WON HELD PEDRO GOMES, CLAUDIA

14. Family Name		
WON HELD PEDRO GOMES		
15. First (Given) Name CLAUDIA		**16. Date of Birth** 09/02/1976
17. Country of Citizenship BRAZIL		

ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

If this is an approval notice for Form I-102, Application For Initial/ Replacement I-94, save the upper portion of this I-797A, Notice of Action, for your records. If this is an approval notice for Form I-129, Petition for a Nonimmigrant Worker, the petitioner should keep the upper part of this I-797A.

Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other application or petition you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to https://egov.uscis.gov/casestatus to check your case status online.
- Call the USCIS Contact Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD) 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at https://infopass.uscis.gov.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about the decision or status of your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process. For more information about USCIS processing after a petition is approved, see the instructions on the form you filed.

FORM I-94 ATTACHMENT

You can find your replacement Form I-94 (Arrival/Departure Record) in the lower portion on the front side of this notice. Keep the right half of your replacement Form I-94 with your passport, along with a copy of your original I-94 if you have it. Keep the left half of your replacement Form I-94 in a safe place with your personal records. Submit a copy of your replacement Form I-94 with any future application or petition.

When you leave the United States, you must turn in the right half of your I-94 (kept in your passport) to the officials at the airport, border or seaport. If you do not do so, it may delay your entry into the United States in the future. You may stay in the United States only until the date indicated on this form. If you want to remain in the United States past this date, you will need further authorization from USCIS.

If you are a student planning to reenter the United States within 30 days to return to the same school, review the "Instructions to Students" on Page 3 of Form I-20 before surrendering your replacement I-94.

If you lose the right half of your replacement Form I-94 (kept in your passport), submit a copy of the left half of the Form I-94 (that you keep with your personal records), along with a new Form I-102, to apply for a new replacement I-94.

Warning: If you accept employment without our authorization, you may be subject to removal or deportation.

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
LIN2190409626		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date	**Priority Date**	**Applicant**
06/24/2021		WON HELD PEDRO GOMES, CLAUDIA
Notice Date	**Page**	**Beneficiary**
11/15/2022	1 of 1	WON HELD PEDRO GOMES, CLAUDIA

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DR APT 301
KISSIMMEE FL 34747

Notice Type: Reopen Notice

We have reviewed the application or petition ("your case") listed above. We have reopened your case, or reconsidered the decision previously issued on your case. We will notify you in writing when we make a decision on your case or if we need additional information.

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.

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

November 9, 2022

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
P.O. Box 82521
Lincoln, NE 68501-2521

U.S. Citizenship and Immigration Services

LIN2190409626

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DR APT 301
KISSIMMEE, FL 34747

RE: I-539N, Application to Extend/Change Nonimmigrant Status

DECISION

On June 24, 2021, you filed a Form I-539, Application to Extend/Change Nonimmigrant Status with U.S. Citizenship and Immigration Services (USCIS).

After careful review and consideration of the entire record, your Form I-539 is denied for the reason(s) discussed below.

Title 8, Code of Federal Regulations (8 CFR) § 214.1(c)(4) states, in part:

> Timely filing and maintenance of status. An extension of stay may not be approved for an applicant who failed to maintain the previously accorded status or where such status expired before the application or petition was filed...

You requested an extension of your B2 nonimmigrant status. USCIS has reviewed the evidence of record and found that ANDERSON LUIS DA SILVA GOMES filed a Form I-539 with USCIS receipt number LIN1990685356 before the filing of the current application. Records show that LIN1990685356 was approved on April 15, 2021. Accordingly, your status was changed to F2 on April 15, 2021. Because you are now an F2, your application to extend your B2 may not be approved. Your application is therefore denied. Please note that this denial will not affect your current F2 status.

Therefore, your application is denied. This decision is without prejudice to consideration of subsequent applications to extend/change nonimmigrant status filed with USCIS.

This decision may not be appealed. However, if you disagree with this decision, or if you have additional evidence that shows this decision is incorrect, you may submit a motion to reopen or a motion to reconsider by completing a Form I-290B, Notice of Appeal or Motion. A motion to reopen must state the new facts to be considered and must be supported by affidavits or other new documentary evidence. A motion to reconsider must show that the decision was legally incorrect according to statute, regulation, and/or precedent decision.

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.

The motion must be filed within 33 days from the date of this notice. You must send your completed Form I-290B and supporting documentation with the appropriate filing fee to:

USCIS 290B
PO Box 21100
Phoenix, AZ 85036

To obtain the Form I-290B, visit www.uscis.gov/forms. For the latest information on filing location, fee, and other requirements, refer to the Form I-290B instructions; review 8 CFR 103.3 and/or 103.5; call our USCIS Contact Center at 1-800-375-5283; or visit your local USCIS office.

WARNING CONCERNING UNLAWFUL PRESENCE

Please be aware that, under section 212(a)(9)(B) of the Immigration and Nationality Act (INA), an alien who accrues more than 180 days of unlawful presence in the United States, and then departs, is inadmissible to the United States for a period of either three years or ten years.

You may remain in your current nonimmigrant status until the expiration date indicated on your Form I-94, Arrival-Departure Record. However, if the date listed on your Form I-94 has already passed, this Notice of Decision may leave you without lawful immigration status and you may be present in the United States in violation of the law.

Sincerely,

L. Miller
Director
Officer: EX0285

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.

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.

ASC Appointment Notice	CASE TYPE I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS		NOTICE DATE 02/19/2022
APPLICATION/PETITION/REQUEST NUMBER LIN2290083357		USCIS A#	CODE 3
ACCOUNT NUMBER	TCR	SERVICE CENTER NSC	PAGE 1 of 2

CLAUDIA WON HELD PEDRO GOMES
c/o CLAUDIA WON HELD PEDRO GOMES
8415 TITKOS DRIVE APT 301
KISSIMMEE FL 34747

PLEASE READ THIS ENTIRE NOTICE CAREFULLY. To process your application, petition, or request, U.S. Citizenship and Immigration Services (USCIS) must collect your biometrics. Please appear at the below Application Support Center (ASC) at the date and time specified.

IF YOU FAIL TO APPEAR AS SCHEDULED, YOUR APPOINTMENT MAY NOT BE RESCHEDULED. TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF USCIS DOES NOT RESCHEDULE YOUR APPOINTMENT, YOUR APPLICATION, PETITION, OR REQUEST WILL BE CONSIDERED ABANDONED AND DENIED.

APPLICATION SUPPORT CENTER
USCIS ORLANDO
5828 S Semoran Blvd
Orlando FL 32822

DATE AND TIME OF APPOINTMENT
03/16/2022
01:00PM

WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBMISSION, YOU MUST BRING:

1. **THIS APPOINTMENT NOTICE.** If you received multiple ASC notices, bring **all** notices to your first appointment, and
2. **PHOTO IDENTIFICATION.** Your biometrics will not be collected without identification. You must bring a valid government-issued photo identification document. If the name on your identification is different than the name on your ASC notice, bring supporting documentation. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (Form I-90), you must bring your Permanent Resident Card (also known as a Green Card).

Only those necessary to assist you with transportation or completion of the biometrics worksheet should accompany you to your ASC appointment. If you have open wounds, bandages, or casts when you appear for biometrics submission, USCIS may reschedule your appointment if we determine your injuries may interfere with biometrics submission. Please do not visit a USCIS office if you are sick or feel any symptoms of being sick. Follow the instructions on this notice to reschedule your appointment.

You may bring cell phones or electronic devices, but they must be turned off during biometrics collection. No one may photograph or record at an ASC.

For more information regarding your ASC appointment, visit https://www.uscis.gov/forms/forms-information/preparing-your-biometric-services-appointment. If you have questions regarding this notice, please call the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833).

NOTE: If an ASC closes due to inclement weather or unforeseen circumstances, USCIS will automatically reschedule your appointment for the next available date and time. For the latest information on the status of an office, visit https://www.uscis.gov/about-us/uscis-office-closings. Please check this page on the day of your appointment. If USCIS reschedules your appointment for any reason, you will receive a new ASC appointment notice.

To ensure you receive all correspondence from USCIS, you must update your address if you move. For instructions, visit https://www.uscis.gov/addresschange.

USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or any purpose authorized by the Immigration and Nationality Act. You may obtain a copy of your own FBI record using the procedures outlined within Title 28 C.F.R., Section 16.32. For information, please visit https://www.fbi.gov/services/cjis/identity-history-summary-checks. For Privacy Act information, please visit https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement.

REQUESTS TO RESCHEDULE/SPECIAL HANDLING

If you are unable to attend your scheduled ASC appointment, you may request that USCIS reschedule your appointment by calling the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833). **Your request to reschedule must: 1) be made before the date and time of the original appointment and 2) establish good cause for rescheduling.** If you fail to make a request before your scheduled appointment or fail to establish good cause, USCIS may not reschedule your ASC appointment. If USCIS does not reschedule your appointment, your application, petition, or request will be considered abandoned and denied.

If you have a serious ongoing medical condition and you cannot leave your home/hospital, you may request a mobile biometrics/homebound appointment by following the instructions on the back in the Notice for People with Disabilities or by visiting uscis.gov/accommodations.

APPLICATION NUMBER
I539- LIN2290083357

If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for People with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) for help in English or Spanish. Asylum and NACARA 203 applicants must call to make their request.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

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.

Important Changes to Biometrics Services Appointments Related to COVID-19

USCIS Application Support Centers (ASC) are open with additional precautions to prevent the spread of the coronavirus disease (COVID-19). For the most updated visitor guidance and facility entrance requirements, on the day of your appointment please visit: www.uscis.gov/about-us/uscis-response-to-covid-19.

Appointments

- You must have a scheduled appointment before arriving at a USCIS office. Only appear on your scheduled date and time at the designated location.
- Do not arrive more than 15 minutes before your appointment. Only military members may appear without an appointment.
- Do not bring additional individuals or family members with you to your appointment. Only interpreters, attorneys or those providing needed assistance if you are disabled will bepermitted to accompany you.
- Fill out the Applicant Information Worksheet below and bring it to your appointment to complete the biometric collection process.
- If you are ill, you should reschedule your appointment. Please call the USCIS Contact Center at 800-375-5283 (TTY 800-767-1833) to reschedule.
- On the day of your appointment, please check for office closures or other important information here: www.uscis.gov/about-us/uscis-office-closings.

Entrance to USCIS Facilities (Application Support Centers)

You may not enter a USCIS facility if you have:

- COVID-19 or any symptoms of COVID-19 (according to the CDC) including, but not limited to, recently developed cough, fever, difficulty breathing, new loss of smell or taste, fatigue, muscle aches, headache, congestion, sore throat, or vomiting;
- Been in close contact (within 6 feet for a total of 15 minutes or more) with anyone known to have COVID-19 in the past 14 days (unless you are fully vaccinated or you are a health careworker and consistently wear an N-95 respirator and proper personal protective equipment (PPE) or equivalent when in contact with COVID-19 positive individuals);
- Returned from domestic air, international air, or cruise ship travel in the past 10 days (unless you are fully vaccinated);
- Been instructed by a health care provider, public health authority, or government entity to self-isolate or self-quarantine in the past 14 days;
- You may also have to answer health screening questions before entering a facility;
- For more information for visiting USCIS facilities, please visit: www.uscis.gov/about-us/uscis-visitor-policy.

Face coverings and Social Distancing:

- In all areas of the country, all USCIS employees, on-site contractors, and visitors, regardless of vaccination status or level of COVID-19 transmission in your local area, are required to wear a mask inside all DHS and USCIS workspaces and federal buildings. USCIS may deny entry to individuals who do not wear a face covering.
- In DHS-controlled spaces, this guidance supersedes state, local, tribal, or territorial rules and regulations regarding face coverings.
- All federal employees, on-site contractors, and visitors must follow local USCIS guidance on physical distancing (such as sitting and standing apart from others) and workplace protection guidance consistent with Centers for Disease Control and Prevention (CDC) and agency guidance.

APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME: _____ (FIRST) _____ (MIDDLE) _____ (LAST)

LIST ANY OTHER NAMES USED (MAIDEN NAME, PREVIOUS MARRIAGE, ALIAS, ETC.):

1) _____ (FIRST) _____ (MIDDLE) _____ (LAST)

2) _____ (FIRST) _____ (MIDDLE) _____ (LAST)

DATE OF BIRTH: _____ (MONTH) _____ (DAY) _____ (YEAR)

COUNTRY OF BIRTH: _____ **COUNTRY OF CITIZENSHIP:** _____

GENDER: (CHECK ONE)
- ☐ MALE
- ☐ FEMALE
- ☐ OTHER

RACE: (CHECK ONE)
- ☐ ASIAN
- ☐ BLACK
- ☐ CAUCASIAN/LATINO
- ☐ NATIVE AMERICAN
- ☐ UNKNOWN

EYE COLOR: (CHECK ONE)
- ☐ BLACK
- ☐ BLUE
- ☐ BROWN
- ☐ GRAY
- ☐ GREEN
- ☐ HAZEL
- ☐ MAROON
- ☐ MULTICOLOR
- ☐ PINK
- ☐ UNKNOWN

HAIR COLOR: (CHECK ONE)
- ☐ BALD
- ☐ BLACK
- ☐ BLOND OR STRAWBERRY
- ☐ BLUE
- ☐ BROWN
- ☐ GRAY
- ☐ GREEN
- ☐ ORANGE
- ☐ PINK
- ☐ PURPLE
- ☐ RED OR AUBURN
- ☐ SANDY
- ☐ WHITE
- ☐ UNKNOWN

HEIGHT: _____ (FEET/INCHES) **OR** _____ (CENTIMETERS) **WEIGHT:** _____ (POUNDS) **OR** _____ (KILOGRAMS)

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

- *application, petition, or request that I submitted;*
- *application, petition, or request that I provided on behalf of my derivative beneficiary;*
- *application, petition, or request that was submitted on my behalf; and*
- *supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.*

RETURN "AIW" TO APPLICANT

AIW: REVISED 28 JULY 2021

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

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If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

If this is an approval notice for Form I-102, Application For Initial/ Replacement I-94, save the upper portion of this I-797A, Notice of Action, for your records. If this is an approval notice for Form I-129, Petition for a Nonimmigrant Worker, the petitioner should keep the upper part of this I-797A.

Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other application or petition you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to https://egov.uscis.gov/casestatus to check your case status online.
- Call the USCIS Contact Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD) 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at https://infopass.uscis.gov.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about the decision or status of your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process. For more information about USCIS processing after a petition is approved, see the instructions on the form you filed.

FORM I-94 ATTACHMENT

You can find your replacement Form I-94 (Arrival/Departure Record) in the lower portion on the front side of this notice. Keep the right half of your replacement Form I-94 with your passport, along with a copy of your original I-94 if you have it. Keep the left half of your replacement Form I-94 in a safe place with your personal records. Submit a copy of your replacement Form I-94 with any future application or petition.

When you leave the United States, you must turn in the right half of your I-94 (kept in your passport) to the officials at the airport, border or seaport. If you do not do so, it may delay your entry into the United States in the future. You may stay in the United States only until the date indicated on this form. If you want to remain in the United States past this date, you will need further authorization from USCIS.

If you are a student planning to reenter the United States within 30 days to return to the same school, review the "Instructions to Students" on Page 3 of Form I-20 before surrendering your replacement I-94.

If you lose the right half of your replacement Form I-94 (kept in your passport), submit a copy of the left half of the Form I-94 (that you keep with your personal records), along with a new Form I-102, to apply for a new replacement I-94.

Warning: If you accept employment without our authorization, you may be subject to removal or deportation.

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0030971057

SURNAME/PRIMARY NAME Da Silva Gomes	**GIVEN NAME** Anderson Luis	**Class of Admission** **F-1**
PREFERRED NAME Anderson Luis Da Silva Gomes	**PASSPORT NAME** Da Silva Gomes Anderson Luis	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH	**DATE OF BIRTH** 22 MARCH 1980	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CONTINUED ATTENDANCE	**ADMISSION NUMBER**	

SCHOOL INFORMATION

SCHOOL NAME Uceda UCEDA SCHOOL of Kirkman/Conroy	**SCHOOL ADDRESS** 12934 DEERTRACE AVE STE B, ORLANDO, FL 32837
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Taina Barros Rein School Advisor/DSO	**SCHOOL CODE AND APPROVAL DATE** MIA214F51426004 26 JULY 2013

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** The English Language is the main course of study.	**EARLIEST ADMISSION DATE** 24 APRIL 2021
START OF CLASSES 24 MAY 2021	**PROGRAM START/END DATE** 24 MAY 2021 - 24 MAY 2022	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 5,750	Personal Funds	$ 0
Living Expenses	$ 6,000	Funds From This School	$
Expenses of Dependents (1)	$ 3,000	Sponsor Family funds.	$ 56,288
Books, Materials and fees	$ 580	On-Campus Employment	$
TOTAL	$ 15,330	TOTAL	$ 56,288

REMARKS

Student requested the addition of F2; student was made aware not valid I-94 was presented.
Attorney is ready to file COS under previous extension filing.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by [illegible] officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received by the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X **SIGNATURE OF:** Taina Barros Rein, School Advisor/DSO	**DATE ISSUED** 18 November 202	**PLACE ISSUED** ORLANDO, FL

UCEDA SCHOOL OF KIRKMAN CERTIFICATE SEAL 2019 FLORIDA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X **SIGNATURE OF:** Anderson Luis Da Silva Gomes		**DATE**	
NAME OF PARENT OR GUARDIAN	**X** **SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

Exhibit 12: Claudia Won Held Pedro’s FBI Identity History Summary

CLAUDIA WON HELD PEDRO GOMES 25003801
C/O: CLAUDIA WON HELD PEDRO GOMES
232 RESERVE DR
DAVEPORT, FL 33896

1-787a (Rev. 08-10-2016)

U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

CLAUDIA WON HELD PEDRO GOMES 25003801
C/O: CLAUDIA WON HELD PEDRO GOMES
232 RESERVE DR
DAVEPORT, FL 33896

Date: 08-25-2026

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

CLAUDIA WON HELD PEDRO GOMES

Search Completed Result 08-25-2026 E2026237000000328753

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 09/02/1976

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026237000000328753
TCN WVFBIJM0Z-20260825160106-EDO-0000-59337

THE ENCLOSED RECORD, DATED 2026/08/25, WITH THE FBI UCN JDJXP6LN2 AND NGI CONTROL NUMBER (NCN) E2026237000000328753 IS BEING PROVIDED AS THE RESULT OF CIVIL RETURN IDENT TEN-PRINT SUBMISSION.
THE TENPRINT BIOGRAPHICS AS SUBMITTED IN THE ORIGINAL TRANSACTION ARE:
NAME: WON HELD PEDRO GOMES,CLAUDIA DOB 1976/09/02

DATA RELATED TO THIS RECORD WAS REQUESTED FROM THE FOLLOWING:

FLORIDA - STATE ID/FL98781177
FBI - FBI/JDJXP6LN2

SINCE THIS RESPONSE CONTAINS NATIONAL FINGERPRINT FILE (NFF) AND/OR III PARTICIPANT STATE(S) REGULATED DATA, THE RESPONSE MAY NOT BE COMPLETE. HOWEVER THE FBI MAINTAINED DATA FROM THE NON-RESPONDING III PARTICIPANT STATE(S) IS INCLUDED IN THE RESPONSE.

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG,WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20260825160106-EDO-0000-59337
AGENCY CASE D64349926233

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME WON HELD PEDRO GOMES,CLAUDIA

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1976/09/02	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	BRAZIL

CITIZENSHIP
BRAZIL

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026237000000328753

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
WON HELD PEDRO GOMES,CLAUDIA	JDJXP6LN2	2026/08/25

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1976/09/02	503	143	BRO	BRO

BIRTH PLACE
BRAZIL

PATTERN CLASS	CITIZENSHIP
RS RS RS RS RS LS LS WU LS LS	BRAZIL

RECORD UPDATED 2026/08/25

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

********** CRIMINAL HISTORY RECORD **********

********** Introduction **********

This rap sheet was produced in response to the following request:

State Id Number	FL98781177 (FL)
Purpose Code	R
Attention	E2026237000000328753;T

The information in this rap sheet is subject to the following caveats:

This record contains Florida information only. When explanation of a charge or disposition is needed, communicate directly with the agency that contributed the record information.

The use of this record is controlled by federal regulations. It is provided for the purpose of personal review and may only be used for the purpose requested. This record may only be used for review and challenge as defined by the code of federal regulations.

** Sealed pursuant to Florida Statute(s) 943.0595 **

********** IDENTIFICATION **********

Subject Name(s)

GOMES, CLAUDIA
WONHELDPEDROGOMES, CLAUDIA (AKA)

Subject Description

State Id Number
FL98781177 (FL)

Sex	Race	
Female	White	
Height	Weight	Date of Birth
5'03"	165	1976-09-02
	140	
Hair Color	Eye Color	
Black	Brown	

Place of Birth
Brazil

********** CRIMINAL HISTORY **********

========== Cycle 001 ==========

Cycle Caveat	** Sealed pursuant to Florida Statute(s) 943.0595 ** 2026-08-25

Cycle Caveat	If further information is desired please contact FL03701C1 via Administrative Message or call 1-850-410-7870 between the hours of 0800-1700 M-F. 2026-08-25
Tracking Number	4802295628
Earliest Event Date	2025-02-09 Incident Date 2025-02-08

Arrest Date	2025-02-09
Arresting Agency	FL0480000 Orange County Sheriffs Office
Subject's Name	GOMES, CLAUDIA
Charge	001
Charge Literal	Battery
Charge Description	TOUCH OR STRIKE
Charge Description	Domestic Violence Flag:true
Statute	Touch Or Strike ( )
State Offense Code	784.03.1a1
Counts	1
Severity	Misdemeanor 1st Degree
Charging Agency	FL0480000 Orange County Sheriffs Office

Prosecutor Disposition	(Cycle 001)
Prosecutor Case Number	482025MM400988000AOX
Prosecutor Agency	FL048093J Orange County Clerk of Court
Subject's Name	GOMES, CLAUDIA
Charge	1
Charge Tracking Number	1
Charge Literal	Battery
Charge Description	BATTERY DOMESTIC VIOLENCE
Charge Description	Offense Activity - Domestic Violence
Charge Description	Counsel Type - Public Defender
Statute	Touch Or Strike ( )
State Offense Code	784.03.1a1
Counts	1
Severity	Misdemeanor 1st Degree
Disposition	Dropped/Abandoned(2025-03-23; Same As Above)
Prosecution Comment	Arrest Charge Status - Charge Resulted From Arrest

========== Cycle 002 ==========

Cycle Caveat	** Sealed pursuant to Florida Statute(s) 943.0595 ** 2026-08-25
Cycle Caveat	If further information is desired please contact FL03701C1 via Administrative Message or call 1-850-410-7870 between the hours of 0800-1700 M-F. 2026-08-25
Tracking Number	4802299166
Earliest Event Date	2025-04-12 Incident Date 2025-04-12

Arrest Date	2025-04-12
Arresting Agency	FL0480000 Orange County Sheriffs Office
Subject's Name	WONHELDPEDROGOMES, CLAUDIA
Charge	001
Charge Literal	Trespassing
Charge Description	TRESPASS FAIL TO LEAVE PROP ON ORDER OF OWNER
Statute	TRESPASS FAIL TO LEAVE PROP ON ORDER OF OWNER ( )
NCIC Offense Code	5707
NCIC Offense Text	Trespassing
State Offense Code	810.09.2a

Counts	1
Severity	Misdemeanor 1st Degree
Charging Agency	FL0480000 Orange County Sheriffs Office

Prosecutor Disposition	(Cycle 002)
Prosecutor Case Number	482025MM402620000AOX
Prosecutor Agency	FL048093J Orange County Clerk of Court
Subject's Name	WONHELDPEDROGOMES, CLAUDIA
Charge	1
Charge Tracking Number	1
Charge Literal	Trespassing
Charge Description	TRESPASSING TRESPASS FAIL TO LEAVE PROP ON ORD
Charge Description	Counsel Type - Public Defender
Statute	Trespassing ( )
NCIC Offense Code	5707
NCIC Offense Text	Trespassing
State Offense Code	810.09.2a
Counts	1
Severity	Misdemeanor 1st Degree
Disposition	Dropped/Abandoned(2025-05-16; Same As Above)
Prosecution Comment	Arrest Charge Status - Charge Resulted From Arrest

********** INDEX OF AGENCIES **********

Agency	Orange County Clerk of Court; FL048093J;

Agency	Orange County Sheriffs Office; FL0480000;

* * * END OF RECORD * * *

Exhibit 13 - Claudia Won Held Pedro's Traffic Tickets

#S261202386

AMVNMME

FLORIDA UNIFORM TRAFFIC CITATION

COUNTY OF: 05 POLK

CITY (IF APPLICABLE): 44 FORT MEADE

(1) F.H.P. ☐ (2) P.D. ☑ (3) S.O. ☐ (4) OTHER

AGENCY NAME: POLK COUNTY SHERIFFS OFF

AGENCY #: 0544

IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON

SUMMONS (AND APPEARANCE)

DAY OF WEEK	MONTH	DAY	YEAR	
THU	4	30	2026	6:23 PM

NAME (PRINT) FIRST: CLAUDIA MIDDLE: LAST: GOMES

IF DIFFERENT THAN ONE ON DRIVER LICENSE "X" HERE ☐

STREET: 8415 MEER WAY APT 402

CITY: KISSIMMEE STATE: FL ZIP CODE: 34747

TELEPHONE NUMBER	DATE OF BIRTH MO	DAY	YEAR	RACE	SEX	HGT
	9	2	1976	H	F	5' 03"

DRIVER LICENSE NUMBER: W 6 1 0 5 7 2 3 4 1 0 0 0

STATE	CLASS	CDL LICENSE	YR LICENSE EXP	COMMERCIAL VEHICLE
FL	E	YES ☐ NO ☑	2028	YES ☐ NO ☑

YR VEHICLE	MAKE	STYLE	COLOR	PLACARDED HAZ. MATERIAL
2023	HYUN	UT	WHI	YES ☐ NO ☑

VEHICLE LICENSE NO.	TRAILER TAG NO.	STATE	YEAR TAG EXPIRES	16 PASSENGERS
F H K V 9 9		FL	2027	YES ☐ NO ☑

UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY

BARTOW RD, 982 FEET N FROM COLBERT RD
27.977356 -81.886133- TRAVELING N

MOTORCYCLE: YES ☐ NO ☑

COMPANION CITATION(S): YES ☐ NO ☑

FT 982 MILES ☐ N ☐ S ☐ E ☐ W OF NODE

DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE. CHECK ONLY ONE OFFENSE EACH CITATION

☐ UNLAWFUL SPEED ____ MPH SPEED APPLICABLE ____ MPH

(☐ INTERSTATE ☐ SCHOOL ZONE ☐ CONSTRUCTION WORKERS PRESENT)

SPEED MEASUREMENT DEVICE:

☐ CARELESS DRIVING
☐ VIOLATION OF TRAFFIC CONTROL DEVICE
☐ FAILURE TO STOP AT A TRAFFIC COURSE
☐ NO PROOF OF INSURANCE
☐ VIOLATION OF RIGHT-OF-WAY
☐ CHILD RESTRAINT
☐ SAFETY BELT VIOLATION
☐ IMPROPER OR UNSAFE MOTORCYCLE
☐ EXPIRED TAG MORE THAN SIX (6) MONTHS
☐ IMPROPER PASSING
☐ EXPIRED DRIVER LICENSE SIX (6) MONTHS OR LESS
☐ EXPIRED DRIVER LICENSE MORE THAN SIX (6) MONTHS
☐ NO VALID DRIVER LICENSE
☐ DRIVING UNDER THE INFLUENCE
☐ Passenger Under 18 Yrs
BAL ____

OTHER VIOLATIONS OR COMMENTS PERTAINING TO OFFENSE:
WIRELESS COMM. DEVICE/HANDHELD WHILE DRIVING - FIRST OFFENSE

RE-EXAM: YES ☐ NO ☑

DL SEIZED: YES ☐ NO ☑

AGGRESSIVE DRIVING	IN VIOLATION OF STATE STATUTE	SECTION	SUB-SECTION
☐		316.305	(3)(a)

CRASH	PROPERTY DAMAGE	INJURY TO ANOTHER	SERIOUS BODILY INJURY TO ANOTHER	FATAL
YES ☐ NO ☑	YES $ ____ NO ☑	YES ☐ NO ☑	YES ☐ NO ☑	YES ☐ NO ☑

☐ CRIMINAL VIOLATION: COURT APPEARANCE REQUIRED, AS INDICATED BELOW
☐ INFRACTION: COURT APPEARANCE REQUIRED, AS INDICATED BELOW
☑ INFRACTION WHICH DOES NOT REQUIRE APPEARANCE IN COURT

AMVNMME

CIVIL PENALTY IS $ $114.00

COURT INFORMATION DATE ____ TIME ____

POLK COUNTY COURTHOUSE
255 NORTH BROADWAY AVENUE
COURT: BARTOW FL
LOCATION:
33830 (863) 534-4000 WWW.POLKCOUNTYCLERK.NET

Additional Comments:
DRIVER USING PHONE WHILE DRIVING, PHONE WAS HELD UP IN FRONT OF DRIVERS FACE

ARREST DELIVERED TO ____ DATE ____

I AGREE AND PROMISE TO COMPLY AND ANSWER TO THE CHARGES AND INSTRUCTIONS SPECIFIED IN THIS CITATION. WILLFUL REFUSAL TO ACCEPT AND SIGN THE CITATION MAY RESULT IN ARREST. I UNDERSTAND MY SIGNATURE IS NOT AN ADMISSION OF GUILT OR WAIVER OF RIGHTS. IF YOU NEED REASONABLE ACCESS, ACCOMMODATIONS TO COMPLY WITH THIS CITATION, CONTACT THE CLERK OF THE COURT.

2) SIGNATURE OF VIOLATOR (SIGNATURE IS REQUIRED IF INFRACTION REQUIRES APPEARANCE IN COURT)

murdock	DEP. T	MURDOCK	9708	9708	FORT MEADE
Rank - Name Of Officer			Badge No.	ID No.	Troop/Unit

☑ I CERTIFY THIS CITATION WAS DELIVERED TO THE PERSON CITED ABOVE AND CERTIFY THE CHARGE ABOVE

Additional Officer

Rank - Name Of Officer Badge No. ID No. Troop/Unit

HSMV 75501 (REV. 05/2025)

IMPORTANT INSTRUCTIONS REGARDING A NON-CRIMINAL TRAFFIC INFRACTION NOT REQUIRING A COURT APPEARANCE

you were charged with a civil infraction, you must complete one of the llowing options **within 30 calendar days** of the date of this citation. If you il to comply **within 30 calendar days,** your driving privilege will be spended until you comply. You will then be subject to additional penalties. lease see the front of the citation for the contact information for the Clerk of ourt in the county where this violation occurred.

Option 1: You may pay the civil penalty listed on the front of the citation to the lerk of Court or establish a payment plan pursuant to s. 28.246(4), F.S. You must nclose this citation if you mail payment, which may be a money order or a ashier's check. The clerk _____does _____does not accept personal checks. ou may pay this citation on-line at **www.payflclerk.com**. Payment of the civil enalty is considered a conviction and points will be assessed if applicable. Proof f compliance in the form of a driver license or registration certificate, whichever s applicable, is required in addition to payment if you were cited for driver license xpired less than six months, expired tag less than six months, failure to display a alid driver license or failure to display a valid registration. You will be required to omplete a driver improvement course if you are convicted of running a red light r passing a school bus. Your driving privilege will be suspended if you are onvicted of not providing proof of insurance. Accumulation of points may ncrease the cost of your insurance.

Option 2: If you were cited for expired driver license, failure to display a valid river license, expired tag, failure to possess a valid registration, or no proof of nsurance, you may show proof to the Clerk of Court that you had a valid driver cense, tag/registration, or insurance, whichever is applicable, at the time of the ffense. The charge will be dismissed upon payment of a dismissal fee.

Option 3: If you **do not** hold a commercial driver license and you were cited for driver license expired 6 months or less, expired tag 6 months or less, failure to display a valid driver license, failure to possess a valid registration, no proof of nsurance, or driving while license suspended [see s. 322.34(10)(a), F.S.], you may elect to show proof of compliance to the Clerk of Court in the form of a valid driver license, registration or proof of insurance, whichever is applicable. You may only make one such election per 12 month period and no more than three elections in your lifetime. You must pay court costs and adjudication will be withheld.

Option 4: If you **do not** hold a commercial driver license, you may be eligible to elect to complete a Florida driver improvement course. You must contact the Clerk of Court to make this election. You may make only one such election per 12 month period and not more than 8 elections in your lifetime. Please visit: **www.flhsmv.gov** for a list of approved courses and to determine your eligibility for this election. Adjudication will be withheld and points will not be assessed. You must pay a civil penalty and court costs. This option is not available for certain traffic offenses, including driver license, tag, and registration violations. Completion of a driver improvement course is required if you are cited for running a red light/traffic control device, even if you do not make this election.

Option 5: You may elect a court hearing by contacting the Clerk of Court. If you request a hearing and the County Judge/Magistrate/Hearing Officer determines that you have committed the offense, the County Judge /Magistrate/Hearing Officer may impose a penalty of up to $500 (or $1,000 if a fatality occurred) and/or require completion of a driver improvement course. Points may be assessed. If it is determined that no infraction has been committed, no cost or penalties shall be imposed.

Option 6: If you were cited with a non-criminal violation of operating a motor vehicle in an unsafe condition (s. 316.610 F.S.) or not properly equipped (s. 316.610, F.S. or s. 316.2935, F.S.), you may have the defect corrected, then contact your local county or city law enforcement agency to have the correction certified below. You must pay the local law enforcement agency [$_____] for this service. You may then mail or present this affidavit of compliance along with [$_____] to the Clerk of Court within 30 calendar days of the date of this citation. No points will be assessed. This option does not apply to a commercial motor vehicle or a transit bus owned by a governmental entity.

FAULTY EQUIPMENT AFFIDAVIT OF COMPLIANCE

(Law Enforcement Use Only)

I certify that the defective equipment described herein has been corrected and complies with the requirements of the Florida traffic laws.

DATE: _____ ASSIGNED DHSMV AGENCY #: _____

Signed: _____

(Name, Title, ID#)

Case #: 53-2026-TR-038573-A000-BA

Last Name: WON HELD PEDRO GOMES

First Name: CLAUDIA

Middle:

AKA:

Name Suffix:

Citation #: AMVNMME

Division: M0

Status: Disposed

Fee Balance: $0.00

Sex: F

Race: H

Address 2:

File Date: 05/01/2026

Offense Date: 04/30/2026

Arrest Date:

Case Type:

Party Type: Defendant

Court Type: TR