

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

**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE**  
**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**  
**IMMIGRATION COURT**  
100 Montgomery St., Suite 800  
San Francisco, CA 94104

\_\_\_\_\_) )  
**In the Matter of** ) )  
 ) )  
**Denis Enrique Tapia Maltez** ) **File No. A. 240-744-477**  
 ) )  
**In Removal Proceedings** ) )  
 ) )  
\_\_\_\_\_) )

Immigration Judge: **Visiting Judge 13**

Next Hearing Date: **May 4, 2027 at 8:30 a.m.**

**RESPONDENT'S AMENDED APPLICATION FOR ASYLUM AND WITHHOLDING  
OF REMOVAL**



# Application for Asylum and for Withholding of Removal

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

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

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

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

Part A.I. Information About You				
1. Alien Registration Number(s) (A-Number) (if any) <b>240744477</b>		2. U.S. Social Security Number (if any) <b>137-53-6388</b>		3. USCIS Online Account Number (if any)
4. Complete Last Name <b>TAPIA MALTEZ</b>		5. First Name <b>DENIS</b>		6. Middle Name <b>ENRIQUE</b>
7. What other names have you used (include maiden name and aliases)? <b>N/A</b>				
8. Residence in the U.S. (where you physically reside)				
Street Number and Name <b>26409 Gading Road</b>			Apt. Number <b>6M</b>	
City <b>Hayward</b>	State <b>California</b>	Zip Code <b>94544</b>	Telephone Number ( <b>510</b> ) <b>9276570</b>	
<i>(NOTE: You must be residing in the United States to submit this form.)</i>				
9. Mailing Address in the U.S. (if different than the address in Item Number 8)				
In Care Of (if applicable): <b>Otavio Haverroth Silva</b>			Telephone Number ( <b>510</b> ) <b>2419336</b>	
Street Number and Name <b>PO Box 90487</b>			Apt. Number	
City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92169</b>		
10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy) <b>05/19/1982</b>		13. City and Country of Birth <b>Managua, Nicaragua</b>		
14. Present Nationality (Citizenship) <b>Nicaraguan</b>		15. Nationality at Birth <b>Nicaraguan</b>	16. Race, Ethnic, or Tribal Group <b>Latino</b>	17. Religion <b>Evangelical</b>
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.				
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) <u><b>05/30/2022</b></u> b. What is your current I-94 Number, if any? <b>N/A</b> c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.) Date <u><b>06/14/2022</b></u> Place <u><b>Calexito/CA</b></u> Status <u><b>EWI</b></u> Date Status Expires <u><b>N/A</b></u> Date <u><b>N/A</b></u> Place <u><b>N/A</b></u> Status <u><b>N/A</b></u> Date <u><b>N/A</b></u> Place <u><b>N/A</b></u> Status <u><b>N/A</b></u>				
20. What country issued your last passport or travel document? <b>Nicaragua</b>		21. Passport Number <b>C03266643</b> Travel Document Number <b>C03266643</b>		22. Expiration Date (mm/dd/yyyy) <b>02/15/2033</b>
23. What is your native language (include dialect, if applicable)? <b>Spanish</b>		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? <b>N/A</b>	



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

<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	<b>Action:</b> Interview Date: _____ Asylum Officer ID No.: _____	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
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**Your spouse**  I am not married. (Skip to **Your Children** below.)

<b>1. Alien Registration Number (A-Number) (if any)</b> N/A	<b>2. Passport/ID Card Number (if any)</b> CO3241510	<b>3. Date of Birth (mm/dd/yyyy)</b> 01/22/1981	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> HERNANDEZ CUBILLO	<b>6. First Name</b> KAREN	<b>7. Middle Name</b> JOHANNA	<b>8. Other names used (include maiden name and aliases)</b> N/A
<b>9. Date of Marriage (mm/dd/yyyy)</b> 01/05/2022	<b>10. Place of Marriage</b> Managua, Nicaragua	<b>11. City and Country of Birth</b> Managua, Nicaragua	
<b>12. Nationality (Citizenship)</b> Nicaraguan	<b>13. Race, Ethnic, or Tribal Group</b> Latin		<b>14. Sex</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
<b>15. Is this person in the U.S.?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): 26409 Gading Road, apt. 6M, Hayward, CA 94544			
<b>16. Place of last entry into the U.S.</b> Miami/Florida	<b>17. Date of last entry into the U.S. (mm/dd/yyyy)</b> 05/03/2023	<b>18. I-94 Number (if any)</b> 343038750A3	<b>19. Status when last admitted (Visa type, if any)</b> Parolee
<b>20. What is your spouse's current status?</b> No status	<b>21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> N/A	<b>22. Is your spouse in Immigration Court proceedings?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)</b> N/A
<b>24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

I have children. Total number of children: 1

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

<b>1. Alien Registration Number (A-Number) (if any)</b> N/A	<b>2. Passport/ID Card Number (if any)</b> N/A	<b>3. Marital Status (Married, Single, Divorced, Widowed)</b> Single	<b>4. U.S. Social Security Number (if any)</b> N/A
<b>5. Complete Last Name</b> TAPIA SANCHEZ	<b>6. First Name</b> GABRIEL	<b>7. Middle Name</b> ENRIQUE	<b>8. Date of Birth (mm/dd/yyyy)</b> 06/01/2007
<b>9. City and Country of Birth</b> Managua, Nicaragua	<b>10. Nationality (Citizenship)</b> Nicaraguan	<b>11. Race, Ethnic, or Tribal Group</b> Latino	<b>12. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>13. Is this child in the U.S.?</b> <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input checked="" type="checkbox"/> No (Specify location): Managua, Nicaragua			
<b>14. Place of last entry into the U.S.</b> N/A	<b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b> N/A	<b>16. I-94 Number (If any)</b> N/A	<b>17. Status when last admitted (Visa type, if any)</b> N/A
<b>18. What is your child's current status?</b> N/A	<b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> N/A	<b>20. Is your child in Immigration Court proceedings?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			



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

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

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

14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. (mm/dd/yyyy) <b>N/A</b>	16. I-94 Number (If any) <b>N/A</b>	17. Status when last admitted (Visa type, if any) <b>N/A</b>
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18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes  
 No

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

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

14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. (mm/dd/yyyy) <b>N/A</b>	16. I-94 Number (If any) <b>N/A</b>	17. Status when last admitted (Visa type, if any) <b>N/A</b>
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18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes  
 No

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

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

14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. (mm/dd/yyyy) <b>N/A</b>	16. I-94 Number (If any) <b>N/A</b>	17. Status when last admitted (Visa type, if any) <b>N/A</b>
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18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)  
 Yes  
 No



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

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

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
4 blocks north of Pulpería El Chaparral, 1 block west, ½ block north, Barrio German Pomares	Managua	N/A	Nicaragua	01/2021	06/2022
N/A	N/A	N/A	N/A	N/A	N/A

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

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
26409 Gading Road	Hayward	California	USA	03/2024	PRESENT
983 Delano Street	San Lorenzo	California	USA	07/2022	02/2024
4 blocks north of Pulpería El Chaparral, 1 block west, ½ block north, Barrio German Pomares	Managua	N/A	Nicaragua	01/2021	06/2022
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. Provide the following information about your education, beginning with the most recent school that you attended.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Universidad Centroamericana	University	Managua, Nicaragua	01/2005	12/2006
Universidad de Managua	University	Reparto Belmonte, Managua, Nicaragua	01/2000	12/2005
Instituto Elvis Diaz Romero	High School	4PJW+M55, 23 Calle Sureste, Managua, Nicaragua	01/1998	12/1999
Centro Escolar Enrique de Osso	Kindergarten, elementary and middle school	4Q3F+QHV, Camino La Mocliana, Managua, Nicaragua	01/1988	12/1997

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

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Amazon, 44109 Pacific Commons Blvd, Fremont CA 94538	Stower/picker	11/2024	PRESENT
Quanta, 5567 Cushing Pkwy, Fremont CA 94538	Operator	09/2024	04/2025
Tropigas, Km 9.5 de la Carretera a la Refinería, Managua, Nicaragua	Maintenance Manager	02/2020	11/2021

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother Sandra Francisca Maltez	Managua, Nicaragua	<input checked="" type="checkbox"/> Deceased Deceased in 2012
Father Justo Pastor Tapia Zambrana	Managua, Nicaragua	<input type="checkbox"/> Deceased Managua, Nicaragua
Sibling Jennifer Elizabeth Tapia Maltez	Managua, Nicaragua	<input checked="" type="checkbox"/> Deceased Deceased in 2020
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased
Sibling		<input type="checkbox"/> Deceased



## Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

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

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

- No  Yes

If "Yes," explain in detail:

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

I was repeatedly targeted because of my political opinion and my refusal to support the Ortega-Murillo regime in Nicaragua. Starting in 2018, members of the CPC (Councils of Citizen Power), a pro-government organization, began visiting my home weekly to demand that my wife and I attend government marches and political meetings. They threatened to shut down my wife's small business and to loot it if we did not comply. We never participated. In July 2018, I was confined to my workplace for approximately two weeks, since the area was a constant place of violent conflict between government forces and opposition groups. In 2020, accessories from my work vehicle were stolen while it was parked outside my home. The person responsible later admitted he had been paid to do it. As a result, I received an administrative sanction from my employer. Also in 2020, while walking home from work after receiving my paycheck, I was stopped by CPC members conducting a political gathering in my path. When I refused to join and attempted to walk away, they physically grabbed me and stabbed me in the arm with a knife. While I was bleeding, they stole my wallet, identity documents, and salary. I went to the hospital, but was refused medical treatment because of my known political opposition to the government. I then reported the attack to the police and identified the attacker, but they refused to take my report, claiming I had no witnesses or proof, despite my visible injury. See Additional Information.

- B. Do you fear harm or mistreatment if you return to your home country?

- No  Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

If I return to Nicaragua, I fear imprisonment, physical harm or death at the hands of the Ortega-Murillo government and its affiliated groups, particularly the CPC (Councils of Citizen Power). I believe I would be targeted by government agents, CPC members, and pro-government individuals acting under state direction or with state acquiescence. I believe I remain at risk because the persecution I suffered did not end when I left the country. In 2024, the government attempted to confiscate my home under a law specifically targeting Nicaraguans living abroad, demonstrating that I am still on their radar. Returning would make me an even higher-profile target. I fear harm because of my political opinion and my refusal to support the Ortega-Murillo government, the same reason I was persecuted before I left. Further details are included in my declaration.



**Part B. Information About Your Application (continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

No  Yes

If "Yes," explain the circumstances and reasons for the action.

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No  Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

No  Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No  Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

**I fear being subjected to torture if returned to Nicaragua. The Ortega-Murillo government and its affiliated groups, particularly the CPC (Councils of Citizen Power), have already subjected me to physical violence. In early 2020, CPC members stabbed me in the arm with a knife when I refused to participate in a government-mandated political gathering. If returned, I fear that the same actors (government agents and CPC members operating with state support) would subject me to further and more severe torture, such as physical harm or even death. Further details are included in my declaration.**



## Part C. Additional Information About Your Application

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

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

No  Yes

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

**My spouse, Karen Johanna Hernandez Cubillo, has a pending application for asylum before USCIS. No decision was issued on her case yet.**

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No  Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

**After leaving Nicaragua in June 2022, I traveled by land through Honduras, Guatemala, and Mexico before entering the United States. I did not hold any legal status in these countries, and I am not entitled to return for lawful residence purposes. In Honduras, I stayed only briefly in transit, no more than a few days, while arranging continued travel. I did not apply for asylum or refugee status there, as I did not consider Honduras a safe country given its proximity to Nicaragua and the lack of effective protection for Nicaraguan dissidents. In Guatemala, I was also in transit for a short period. In Mexico, I stayed briefly while traveling toward the U.S. border. During this time, I was robbed by the smuggler who had been hired to assist with my transit, leaving me without documents, money, or means of communication. I did not apply for asylum in Mexico because I feared I would not receive adequate protection. From there, I crossed the border into Calexico, California, on June 14, 2022, where I immediately turned myself in to U.S. Border Patrol and was detained for a few days. I never applied for asylum or legal status in any of the countries I passed through because I did not feel safe and feared that my information could be shared with the Nicaraguan government. Further details are included in my declaration.**

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No  Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.



**Part C. Additional Information About Your Application (continued)**

4. After you left the country where you were harmed or fear harm, did you return to that country?

No  Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

5. Are you filing this application more than 1 year after your last arrival in the United States?

No  Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

**I arrived in the United States in June, 2022, and I was not aware of the one-year filing deadline for asylum applications. After enduring years of political persecution, physical violence, and a traumatic journey through four countries, which I was stabbed, robbed multiple times, and abandoned in the desert, I arrived in the United States in a state of severe emotional and psychological distress. I had no legal counsel and no knowledge of filing deadlines. As soon as I became aware of the requirement, I completed the I-589 form and mailed it to the Immigration Court within the one-year deadline. However, the mailed submission was not successfully received by the court. Upon learning that the application had not been delivered, I immediately traveled in person to the San Francisco Immigration Court to file the application directly. By the time the form was officially accepted at the court, only a few days had passed beyond the one-year deadline, solely due to the failed mail delivery. This current filing is an amendment and supplement to that initial application, prepared with the assistance of legal counsel, to provide additional details and supporting documentation.**

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

No  Yes

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

**When I entered the United States through Calexico, California, on June 14, 2022, I was detained by U.S. immigration authorities. I remained in immigration detention for a few days, for processing purposes. After that date, I was released and allowed to continue my asylum process. I want to clarify that I have never been accused, charged, arrested, detained, or imprisoned in Nicaragua or in any other country besides this immigration-related detention in the United States. My family members have also never been arrested or imprisoned. Further details are included in my declaration.**



**Part D. Your Signature**

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

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

Print your complete name. <b>Denis Enrique Tapia Maltez</b>	Write your name in your native alphabet. <b>N/A</b>
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Did your spouse, parent, or child(ren) assist you in completing this application?  No  Yes (If "Yes," list the name and relationship.)

<b>N/A</b> (Name)	<b>N/A</b> (Relationship)	<b>N/A</b> (Name)	<b>N/A</b> (Relationship)
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Did someone other than your spouse, parent, or child(ren) prepare this application?  No  Yes (If "Yes," complete Part E.)

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

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

➔ [ \_\_\_\_\_ ] 06/02/2026  
 Sign your name so it all appears within the brackets Date (mm/dd/yyyy)

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

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

Signature of Preparer		Print Complete Name of Preparer <b>Otavio Haverroth Silva</b>	
Daytime Telephone Number ( 510 ) 2419336		Address of Preparer: Street Number and Name <b>PO Box 90487</b>	
Apt. Number <b>N/A</b>	City <b>San Diego</b>	State <b>CA</b>	Zip Code <b>92169</b>
To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) _____	Attorney or Accredited Representative USCIS Online Account Number (if any) _____



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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge





# Application for Asylum and for Withholding of Removal Supplement A

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

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

A-Number (If available) <b>240744477</b>	Date <b>06/02/2026</b>
Applicant's Name <b>DENIS ENRIQUE TAPIA MALTEZ</b>	Applicant's Signature

**List All of Your Children, Regardless of Age or Marital Status**  
 (NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

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

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





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

A-Number (if available) <b>240744477</b>	Date <b>06/02/2026</b>
Applicant's Name <b>DENIS ENRIQUE TAPIA MALTEZ</b>	Applicant's Signature

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

Part   **B**  

Question   **1.A.**  

In approximately October 2021, CPC members conducted a door-to-door "electoral census", asking residents whether they would vote for the government. My wife and I did not answer. That same afternoon, they returned and threatened to shut down my wife's business if we did not vote for the ruling party. My wife was also continuously threatened and harassed during the time we lived together in Nicaragua. All of the above occurred because of my political opinion and my persistent refusal to support or participate in the activities of the Ortega-Murillo government. Further details are included in my declaration.



**Proof of Service**

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

**RESPONDENT'S AMENDED APPLICATION FOR ASYLUM AND WITHHOLDING OF  
REMOVAL**

To the following:

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

by:

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



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