

June 25, 2026

USCIS
Asylum Vetting Center
P.O. Box 57100
Atlanta, GA 30308

RE: Submission of Evidence in Support of Asylum Application

Applicant: Kavya Morganna Soares Pinheiro

A-Number: 240379018

Derivative: Alessandro Cavalcanti Barros Junior

A-Number: 242422542

Dear Officer,

Please find enclosed a packet of supplemental evidence in support of the I-589 asylum application of the above-referenced applicant. This submission includes the following documents:

- G28 signed by Applicant and Derivatives;
- Amendment to the original Asylum Application, Form I-589;
- Personal Declaration by the Applicant
- Country Conditions Reports; and
- Additional supporting documentation evidencing persecution.

We respectfully request that these materials be added to the applicant's file for review.

Please do not hesitate to contact us should you require any additional information.

Thank you for your time and consideration.

Sincerely,



Otavio Haverroth Silva
otavio@yousalaw.com
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, disbaring, 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

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- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

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 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, see **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
➔
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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

- 1. a. Signature of Attorney or Accredited Representative
- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)





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**

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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, disbaring, 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.

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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).

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N/A



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 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

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

Options Regarding Receipt of USCIS Notices and Documents

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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.

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- 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
➔
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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

- 1. a. Signature of Attorney or Accredited Representative

- 1. b. Date of Signature (mm/dd/yyyy)

- 2. a. Signature of Law Student or Law Graduate

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





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Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
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- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

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- 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
➔
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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- 1. a. Signature of Attorney or Accredited Representative
- 1. b. Date of Signature (mm/dd/yyyy)
- 2. a. Signature of Law Student or Law Graduate
- 2. b. Date of Signature (mm/dd/yyyy)



Applicant: Kavya Morganna Soares Pinheiro
A-Number: A#240-379-018

**AMENDMENT TO THE I-589
APPLICATION FOR ASYLUM AND
FOR WITHHOLDING OF REMOVAL**



Application for Asylum and for Withholding of Removal

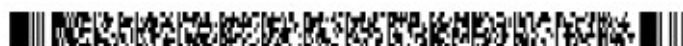
Department of Homeland Security
U.S. Citizenship and Immigration Services

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.

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) 240379018		2. U.S. Social Security Number (if any) 130-67-1272	
3. USCIS Online Account Number (if any) N/A			
4. Complete Last Name SOARES PINHEIRO		5. First Name Kavya Morganna	6. Middle Name N/A
7. What other names have you used (include maiden name and aliases)? N/A			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 981 Harness DR		Apt. Number 15	
City San Ramon	State CA	Zip Code 94583	Telephone Number (415) 9647147
(NOTE: You must be residing in the United States to submit this form.)			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): Otavio Haverroth Silva		Telephone Number (510) 2419336	
Street Number and Name PO BOX 90487		Apt. Number N/A	
City San Diego	State CA	Zip Code 92169	
10. Sex <input type="checkbox"/> Male <input checked="" 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) 06/17/1993	13. City and Country of Birth Paraiso do Tocantins, Brazil		
14. Present Nationality (Citizenship) Brazilian	15. Nationality at Birth Brazilian	16. Race, Ethnic, or Tribal Group Latina	17. Religion Catholic
18. Check the box, a through c, that applies: a. <input checked="" type="checkbox"/> I have never been in Immigration Court proceedings. b. <input type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) <u>03/19/2024</u> b. What is your current I-94 Number, if any? _____ 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>03/24/2024</u>	Place <u>Tecate CA</u>	Status <u>EWI</u>	Date Status Expires <u>N/A</u>
Date <u>02/07/2023</u>	Place <u>Houston TX</u>	Status <u>Expedited Removal</u>	
Date <u>04/23/2022</u>	Place <u>Miami FL</u>	Status <u>B-2</u>	
20. What country issued your last passport or travel document? Brazil		21. Passport Number <u>GG395266</u> Travel Document Number <u>N/A</u>	22. Expiration Date (mm/dd/yyyy) <u>03/08/2033</u>
23. What is your native language (include dialect, if applicable)? Portuguese		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? N/A



Part A.II. Information About Your Spouse and Children

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

1. Alien Registration Number (A-Number) (if any) 242422542	2. Passport/ID Card Number (if any) FX858524	3. Date of Birth (mm/dd/yyyy) 12/11/1997	4. U.S. Social Security Number (if any) 854360818
5. Complete Last Name CAVALCANTI BARROS JUNIOR	6. First Name Alexsandro	7. Middle Name N/A	8. Other names used (include maiden name and aliases) N/A
9. Date of Marriage (mm/dd/yyyy) 01/07/2025	10. Place of Marriage Martinez, CA	11. City and Country of Birth Dianopolis, Brazil	
12. Nationality (Citizenship) Brazilian		13. Race, Ethnic, or Tribal Group Latino	14. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S. Las Vegas NV	17. Date of last entry into the U.S. (mm/dd/yyyy) 07/19/2021	18. I-94 Number (if any) 632029247A2	19. Status when last admitted (Visa type, if any) B2
20. What is your spouse's current status? No Legal Status	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) 01/18/2022	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) N/A
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

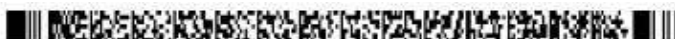
Your Children. List all of your children, regardless of age, location, or marital status.

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

I have children. Total number of children: 1

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

1. Alien Registration Number (A-Number) (if any) 245928989	2. Passport/ID Card Number (if any) GD238158	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name PINHEIRO COELHO	6. First Name Luis Otavio	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) 01/30/2011
9. City and Country of Birth Palmas, Brazil	10. Nationality (Citizenship) Brazilian	11. Race, Ethnic, or Tribal Group Latino	12. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S. Tecate CA	15. Date of last entry into the U.S. (mm/dd/yyyy) 03/24/2024	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) E.W.I
18. What is your child's current status? No legal status	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



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

1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	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. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
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18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	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) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	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. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
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18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	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

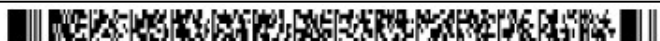
1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth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

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



Part A.III. Information About Your Background

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

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
406 Norte, Alameda 10, Lt 2	Palmas	Tocantins	Brazil	10/2022	03/2024
N/A	N/A	N/A	N/A	N/A	N/A

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

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
981 Harness DR, apt 15	San Ramon	California	United States	10/2025	PRESENT
355 Serrano Dr, Apt. 3B	San Francisco	California	United States	03/2024	10/2025
406 Norte Alameda 10, Lt 2	Palmas	Tocantins	Brazil	10/2022	03/2024
1070 Carolan Ave, apt 207	Burlingame	California	United States	04/2022	10/2022
405 Sul, L09, apt 903B	Palmas	Tocantins	Brazil	01/2019	04/2022

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.)

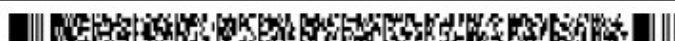
Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
SESC/TO	Technical Course	Quadra 201 Norte, AV. LO-04 Conjunto 3, Lotes, Palmas Brazil	08/2023	03/2024
UFT/Universidade Federal do Tocantins	Higher Education	Avenida NS-15, Quadra 109 - Alcno 14 Norte, S/N, Bloco D, Palmas, Brazil	08/2018	12/2022
IFTO/Instituto Federal do Tocantins	Technical Course	Av Joaqui Teotonio Segurado, Qd 202 Sul, Cj1, Lote 8, Palmas, Brazil	08/2016	07/2018
CEM - Rui Brasil Cavalcante	High School	Av Castelo Branco, 1914, Miranorte Brazil	01/2008	12/2010

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)
Cleaner - Self Employed - Various locations, California, United States	House Cleaner	03/2024	PRESENT
Espaço Gylmaria Cavalcanti. Q. 105 Norte Alameda das Aroeiras, QC, 02 - Lote 1-A, Palmas, Brazil	Hairdresser	05/2023	02/2024
Self Employed - Various locations, California, United States	Nail Technician / House Cleaner	04/2022	10/2022

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 Imer Angela Soares	Patos de Minas, Brazil	<input type="checkbox"/> Deceased Arraias, Brazil
Father José Carlos Pinheiro Farias	Miracema do Tocantins, Brazil	<input checked="" type="checkbox"/> Deceased N/A
Sibling Brunna Tayna Soares Pinheiro	Miranorte, Brazil	<input type="checkbox"/> Deceased San Ramon, United States
Sibling Osvaldo Nascimento Soares Neto	Natividade, Brazil	<input checked="" type="checkbox"/> Deceased N/A
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A



Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

- | | |
|--------------------------------------|---|
| <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.

My family has been targeted by a powerful criminal organization, believed to be either the Comando Vermelho or the Primeiro Comando da Capital, two of the largest and most violent criminal organizations in Brazil. The persecution began directed at my father, José Carlos Pinheiro Farias, a military police officer in Tocantins, who also held political views in open opposition to the local government in Tocantins. His professional role and his political stance both made him a target, and our entire family has suffered the consequences. On October 29, 2015, he was murdered by the faction, because they held him responsible for the death of one of their members. The group then threatened to kill every man in our family. The persecution was immediate and sustained. Members of the organization surveilled our home, followed us in vehicles, and made repeated threatening phone calls, forcing us to move constantly searching for protection. Despite our efforts, we were unable to escape their reach. On March 23, 2020, my brother, Osvaldo Nascimento Soares Neto, was abducted by the organization; he has never been found and is presumed dead. When we reported this to police, they told us to stop searching because it was too dangerous and that they could not protect us. My father was murdered and my brother was taken and presumed killed – two men in my family eliminated by the same criminal organization that had explicitly threatened to come for our family. I knew my son and I could be the next targets. We were personally surveilled, followed, and forced to flee repeatedly. I was targeted because I am the daughter of Jose Carlos Pinheiro Farias and the mother of Luis Otavio Pinheiro Coelho, the last surviving male member of the family. I made several attempts to seek help from law enforcement and report the surveillance and threats, but they were futile, proving the government is unable and unwilling to protect me. My son and I cannot safely return to any part of Brazil. Both the Comando Vermelho and the Primeiro Comando da Capital are nationwide criminal organizations with documented operations throughout the country. There is no safe place for us within the country. More details are provided in my personal declaration submitted with this application.

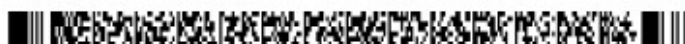
- B. Do you fear harm or mistreatment if you return to your home country?

- No Yes

If "Yes," explain in detail:

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

I fear being harmed, tortured, or even killed by a criminal organization, believed to be either the Comando Vermelho or the Primeiro Comando da Capital, if I return to Brazil. This organization murdered my father and abducted my brother, who has never been found and is presumed dead, and explicitly threatened to kill every man in our family. Even as a woman, I am not safe: I was personally surveilled, followed, and forced to flee my home multiple times. I am the daughter of José Carlos Pinheiro Farias and the mother of Luis Otavio Pinheiro Coelho, the last surviving male member of the family, and because of these family ties, I am a direct target of the faction's harm. I also fear for my son, whose life is directly threatened. The threats against him are threats against me as his mother and sole caretaker. Returning would place me and my son directly back in their reach. We would be harmed because my family is held responsible for the death of one of their members, a consequence of my father's work as a law enforcement officer and his political opposition to those in power. I am part of this family; I cannot change that. The Brazilian authorities are unable and unwilling to protect us and have repeatedly proven so in the past. After my brother's abduction, police told us to stop searching because it was too dangerous and that they could not help. On several instances, they refused to report the threats I received and expressly told me they could not protect us. Both organizations operate nationwide, and internal relocation has already failed us. There is no safe place for us in Brazil. More details are provided in my personal declaration submitted with this application.



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.

N/A

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.

Yes, my father was a military police officer for many years until he was killed by our persecutors. He joined the Military Police of the State of Goias in 1985 and was transferred to the Military Police of the State of Tocantins in 1989. Within the corporation, he held the ranks of private corporal, sergent, warrant officer, second lieutenant and was promoted to the rank of first lieutenant in 2015, the same year he passed away.

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.

My father is no longer a member of the Military Force, since he was killed in the line of duty on October 29, 2015.

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

No Yes

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

I am afraid of being subjected to torture if I am returned to Brazil. A powerful and violent criminal organization has been targeting my family for years. They murdered my father, José Carlos Pinheiro Farias, a military police officer, later abducted my brother, Osvaldo Nascimento Soares Neto, who was never found and is presumed dead, and threatened to kill every man in my family. When my family sought help from the police, we were told they could not protect us and that it was too dangerous to even search for my brother. I fear that this criminal organization would find me and subject me to extreme physical, sexual and psychological harm or even death because of my family ties. I also fear that I could be targeted, kidnapped, or tortured as a means of locating or luring my son, who is the next male in our family and a direct target of their threats. Using family members as leverage is a known tactic of this organizations, as demonstrated by what they did to my brother. Their history of sustained violence against my family makes clear that these are not empty threats. The Brazilian government and police have already shown they are unable to stop them or protect us. More details are provided in my personal declaration submitted with this application.



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 sister, Brunna Tayna Soares Pinheiro (A-Number 242-220-650), also applied for asylum based on the same circumstances that motivate my request, as the persecution was directed at the entire family. Her application is currently pending with the San Francisco Asylum Office, and she has not yet received a decision on her case. My son, Luis Otavio Pinheiro Coelho (A-Number 245-928-989), also filed an application for asylum and for withholding of removal with the Concord Immigration Court on April 20, 2026, based on the same facts and circumstances described in this application. His application is currently pending adjudication and no final decision has been made on the merits of the case.

- 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.

My son and I traveled through Mexico before entering the United States. We departed Brazil on March 19, 2024, arrived in Mexico, and crossed into the United States on foot through Tecate, California on March 24, 2024. Our stay in Mexico lasted approximately five days and was solely for transit purposes. We did not apply for asylum in Mexico for the following reasons: First, Mexico was not a safe country for us, as the Comando Vermelho and the PCC maintain ties with criminal organizations operating throughout Mexico, and we feared we could be located and harmed there. Second, Mexico's government has been unable to effectively protect foreign nationals from organized crime. We entered Mexico on tourist visas, did not establish any residence or ties there, and are not entitled to return for lawful residence purposes. For these reasons, we continued to the United States, the only country where we believed we could find genuine and effective protection. More details are provided in my personal declaration submitted with this application.

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.

N/A



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).)

After leaving Brazil due to fear of persecution, I returned on two occasions. First, in October 2022, I returned to Brazil after a six-month stay in the United States. I had traveled alone to the United States in April 2022 on a tourist visa to plan a permanent relocation for myself and my son. I returned to Brazil in October 2022 because I could not remain in the United States indefinitely without my son, and I needed to organize his travel documents and prepare for our permanent departure. I remained in Brazil from October 2022 until February 2023. Second, in February 2023, I attempted to re-enter the United States at George Bush Intercontinental Airport in Houston, Texas, but upon inspection, I was not admitted and removed from the country and sent back to Brazil on the same day. I remained in Brazil from February 2023 until March 19, 2024, when I departed permanently. On both occasions, I returned to Brazil out of necessity, not because I felt safe. The persecution and threats from the criminal faction that killed my father and kidnapped my brother continued throughout both periods. I was never free from fear during the time I remained in Brazil. I departed permanently in March 2024 when I concluded that remaining any longer would cost me and my son our lives. More details are provided in my personal declaration submitted with this application.

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.

N/A

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.

On February 7, 2023, I attempted to enter the United States at George Bush Intercontinental Airport in Houston, Texas, after a previous violation of the conditions of my nonimmigrant status, and was determined inadmissible and charged as subject to removal pursuant to INA Section 212(a)(7)(A)(i)(I). I was consequently placed in expedited removal proceedings under INA Section 235(b)(1), issued a Notice to Alien Ordered Removed (Form I-296) with a five-year bar to reentry, and removed to Brazil the same day.

Given I could not remain any longer in my home country under an explicit and imminent threat to the lives of myself and my family, I fled Brazil and re-entered the United States with my son on March 24, 2024, through Tecate, CA, and we were apprehended by immigration officers at the border. My son and I were detained for solely a few hours and soon released. At this occasion, we were charged as subject to removal pursuant to INA Section 212(a)(6)(A)(i), as aliens present without being admitted or paroled. At both instances, the sole reason for my entering was to seek safety and protection from the persecution I faced in Brazil. Apart from these immigration violations, neither I nor my son have ever violated U.S. laws or engaged in conduct that could be considered criminal. Further details are provided in my personal declaration submitted with this application.



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. Kavya Morganna Soares Pinheiro	Write your name in your native alphabet. N/A
---	---

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

N/A (Name)	N/A (Relationship)	N/A (Name)	N/A (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.)

→ [Kavya Morganna Soares Pinheiro]
Sign your name so it all appears within the brackets

06/24/2026
Date (mm/dd/yyyy)

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

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

Signature of Preparer		Print Complete Name of Preparer Otavio Haverroth Silva	
Daytime Telephone Number (510) 2419336		Address of Preparer: Street Number and Name P.O. BOX 90487	
Apt. Number N/A	City San Diego	State CA	Zip Code 92169
To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8



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

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

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

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

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

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

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

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

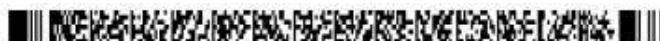
Signed and sworn to before me by the above named applicant on:

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge





Application for Asylum and for Withholding of Removal Supplement A

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

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

A-Number (If available) 240379018	Date 06/24/2026
Applicant's Name Kavya Morganna Soares Pinheiro	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)

1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <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) 240379018	Date 06/24/2026
Applicant's Name Kavya Morganna Soares Pinheiro	Applicant's Signature <i>Kavya Morganna Soares Pinheiro</i>

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

Part A.III

Question 3

Colegio Estadual Nossa Senhora da Providencia - Elementary School - R. 11, 635, Miranorte, Brazil (07/2006 - 12/2007);
Escola Estadual Antonio Goncalves - Elementary School - Q. 1103 Sul Alameda 14, 66-204, Palmas, Brazil (01/2005 - 06/2006)
Escola Estadual Sao Jose - Elementary School - Q. 1106 Sul Alameda 25, 0, Palmas, Brazil (01/2001 - 12/2004);
Escola Estadual Madre Belem - Elementary School - Q. 604 Sul Alameda 6, S/N, Palmas, Brazil (01/1998-12/2000).





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) 240379018	Date 06/24/2026
Applicant's Name Kavya Morganna Soares Pinheiro	Applicant's Signature <i>Kavya Morganna Soares Pinheiro</i>

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

Part A.III

Question 4

Buffalo Gastrobar - Av LO , Q. 108, Palmas, Brazil - Owner/Partner - From 11/2022 to 01/2023

