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Non-Detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
915 2nd Avenue, Suite 613
Seattle, WA 98174

In the Matter of	)	
Rayane Cristina Gonsaga Guimaraes	)	**File No. A. 249-261-932**
In Removal Proceedings	)	

Immigration Judge: **Tisocco, Michael** Next Hearing Date: **August 21, 2026 at 1:00 PM**

RESPONDENT'S AMENDMENTMENT OF FORM I-589

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)*	**2.** U.S. Social Security Number *(if any)*	**3.** USCIS Online Account Number *(if any)*
249261932		N/A

4. Complete Last Name	**5.** First Name	**6.** Middle Name
Gonsaga Guimaraes	Rayane Cristina	N/A

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

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

Street Number and Name	Apt. Number
16520 North Rd	G102

City	State	Zip Code	Telephone Number
Bothell	WA	98012	(425) 2860619

(**NOTE:** *You must be residing in the United States to submit this form.*)

9. Mailing Address in the U.S. *(if different than the address in Item Number 8)*

In Care Of *(if applicable)*:	Telephone Number
Otavio Haverroth Silva	(510) 2419336

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

City	State	Zip Code
San Diego	CA	92169

10. Sex ☐ Male ☒ Female

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

12. Date of Birth *(mm/dd/yyyy)*	**13.** City and Country of Birth
04/06/1988	Castanhal, Brazil

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

18. *Check the box, a through c, that applies:* **a.** ☐ I have never been in Immigration Court proceedings.
b. ☒ I am now in Immigration Court proceedings. **c.** ☐ I am **not** now in Immigration Court proceedings, but I have been in the past.

19. *Complete 19 a through c.*

a. When did you last leave your country? *(mm/dd/yyyy)* 04/18/2024 **b.** What is your current I-94 Number, if any? N/A

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

Date	04/29/2024	Place	Unknown Location	Status	EWI	Date Status Expires	N/A
Date	N/A	Place	N/A	Status	N/A		
Date	N/A	Place	N/A	Status	N/A		

20. What country issued your last passport or travel document?	**21.** Passport Number FT372296	**22.** Expiration Date *(mm/dd/yyyy)*
Brazil	Travel Document Number FT372296	06/07/2027

23. What is your native language *(include dialect, if applicable)?*	**24.** Are you fluent in English?	**25.** What other languages do you speak fluently?
Brazilian Portuguese	☐ Yes ☒ No	None

Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action:	Decision:
		Interview Date:	Approval Date:
		Asylum Officer ID No.:	Denial Date:
			Referral Date:

Your spouse ☐ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Date of Birth *(mm/dd/yyyy)*	4. U.S. Social Security Number *(if any)*
N/A	F0787123	07/19/1984	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
Alves Correia	Fernando	N/A	N/A
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
06/20/2026	Snohomish, WA	Campinorte, Brazil	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Sex	
Brazilian	Latino	☒ Male ☐ Female	

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

16. Place of last entry into the U.S.	17. Date of last entry into the U.S. *(mm/dd/yyyy)*	18. I-94 Number *(if any)*	19. Status when last admitted *(Visa type, if any)*
Orlando FL	12/05/2018	N/A	B2
20. What is your spouse's current status?	**21.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**22.** Is your spouse in Immigration Court proceedings?	**23.** If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*
No status	06/04/2019	☐ Yes ☒ No	N/A

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

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

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

☒ I have children. Total number of children: 2

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

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	GI586321	Single	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
Guimaraes Guaracy	Gustavo	N/A	06/28/2010
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
Senador Canedo, Brazil	Brazilian	Latino	☒ Male ☐ Female

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
N/A	N/A	N/A	N/A
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings?	
N/A	N/A	☐ Yes ☒ No	

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

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

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	Single	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
Guimaraes	Miguel Alves	N/A	05/19/2026
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
Edmonds, United States	American	Latino	☒ Male ☐ Female

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
N/A	N/A	N/A	N/A

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
U.S. Citizen	N/A	☐ Yes ☒ No

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

☐ Yes

☒ No

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

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
N/A	N/A	N/A	N/A

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
N/A	N/A	☐ Yes ☐ No

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

☐ Yes

☐ No

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

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
N/A	N/A	N/A	N/A

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
N/A	N/A	☐ Yes ☐ No

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

☐ Yes

☐ No

Part A.III. Information About Your Background

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

Number and Street *(Provide if available)*	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
Rua 5, Qd.Q, Lote 2/82, Casa 1	Senador Canedo	Goias	Brazil	06/2012	04/2024
N/A	N/A	N/A	N/A	N/A	N/A

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

Number and Street	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
16520 North Road, apt. G102	Bothell	Washington	United States	08/2025	PRESENT
16520 North Rd, Apt. B208	Bothell	Washington	United States	06/2024	08/2025
Rua 5, Qd.Q, Lote 2/82, Casa 1	Senador Canedo	Goias	Brazil	06/2012	04/2024
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)*	Attended To *(Mo/Yr)*
Centro Universitario Leonardo da Vinci	University	Av. Dom Emanuel, 37, Lote 1, Senador Canedo, Brazil	03/2018	05/2022
EEEM Lameira Bittencourt	High School	Travessa Conego Leitao, 2953, Castanhal, Brazil	08/2007	12/2007
EEEFM Conego Leitao	High School	Av. Barao do Rio Branco, 2208, Castanhal, Brazil	02/2005	07/2007
EEEFM Conego Leitao	Elementary Schoo	Av. Barao do Rio Branco, 2208, Castanhal, Brazil	02/2001	12/2004

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

Name and Address of Employer	Your Occupation	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
Self-Employed - Various addresses, Bothell, WA	Massage Therapist	03/2025	04/2025
Quest Clean - Various addresses, Seattle, WA	Cleaner	07/2024	02/2025
Senador Canedo's City Hall - GO-403, Km 9, Senador Canedo, Brazil	Educational agent	09/2023	04/2024

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 Elenice Gonsaga Guimaraes	Castanhal, Brazil	☒ Deceased
Father Osmar Lopes Guimaraes	Castanhal, Brazil	☒ Deceased
Sibling Evanilson Gonsaga Guimaraes	Castanhal, Brazil	☐ Deceased Castanhal, Brazil
Sibling Antonio Gonsaga Guimaraes	Castanhal, Brazil	☒ Deceased
Sibling Paulo Sergio Gonsaga Guimaraes	Castanhal, Brazil	☒ Deceased
Sibling Marilene Gonsaga Guimaraes	Castanhal, Brazil	☐ Deceased Castanhal, Brazil

Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

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

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

☐ No ☒ Yes

If "Yes," explain in detail:

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

From a young age, I was sexually, physically and psychologically abused by men who used their positions of power to subjugate me. I also suffered severe persecution from my ex-husband, Edivan Silva Ferreira, because I refused to accept the domestic violence he subjected me to. Edivan is a retired military officer and a personal security guard for the mayor of our city. In his hands, I endured countless physical abuses, such as hair pulling and beatings, as well as psychological, verbal and sexual violence. In early 2024, he forced me into a car, locked me inside, and struck me on the head with a gun, leaving my face covered in cuts. I called the police and requested a restraining order, but that only angered him more. He began stalking me and making threats, demanding that I drop the charges. He used his military status to conform me to the relationship and to subjugate me to his authority. Shortly after that, he broke into my house, stepped on my neck, and raped me. He then inserted his gun into my vagina and said that if I did not withdraw the charges I had filed against him, he would kill both me and my son. Unfortunately, Brazil is incapable of protecting me because its laws are ineffective at safeguarding women. Further details are included in my declaration.

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

☐ No ☒ Yes

If "Yes," explain in detail:

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

I am afraid that if I return to my home country, Edivan Silva Ferreira will seriously harm, torture, or kill me. He was extremely coercive and often threatened me because I opposed the domestic violence he inflicted on me. He is a retired military officer with strong connections to local authorities, which makes him capable of finding and harming me anywhere in Brazil. Regrettably, the legal system in Brazil has proven insufficient in protecting me. Despite seeking the law enforcement authorities and receiving a restraining order, he continued to stalk, threaten and harm me. Furthermore, Brazil's high rates of femicide and ineffective enforcement of protective laws left me in constant fear for my life. 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 am afraid of being subjected to torture in my home country. My ex-husband, Edivan Silva Ferreira, was extremely abusive and violent and would do anything to harm or even kill me. If I were to return to Brazil, he would undoubtedly fulfill his threats and injure, rape or kill me in retaliation for standing up against his actions. The lack of protection in Brazil for women in abusive domestic relationships, cumulated with Edivan's status as a military officer with political influence, leaves me completely exposed and vulnerable, making it highly likely that I would be subjected to physical or psychological harm if I returned. 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.

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.

Yes, I traveled through Costa Rica, El Salvador, Guatemala, and Mexico before coming to the United States on April 29, 2024. I remained in each country for only a few days, under extremely precarious conditions and in imminent danger to my life. I did not hold any legal status in any of these countries, nor am I entitled to return for lawful residence purposes. I did not apply for asylum in these countries because it was not safe for me there, and the protection offered was insufficient. I sought asylum in the United States to escape ongoing persecution and to find a place where I could live without fear for my safety and well-being. 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.

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 on April 29, 2024, I was detained at the border by immigration officers and remained in custody for around 38 days. I was granted parole and released after my positive credible fear interview. I was charged as subject to removal from the United States pursuant to Sections 212(a)(7)(A)(i)(I) and 212(a)(6)(A)(i) of the INA. This action was driven by the urgent need to seek safety and refuge. The arrest occurred as part of the immigration process, and I did not commit any crimes in the United States. My sole purpose in seeking entry was to escape from the severe threats and persecution in my home country, and I hope for understanding and compassion in my pursuit of asylum and safety. 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.	Write your name in your native alphabet.
Rayane Cristina Gonsaga Guimaraes	N/A Rayane Cristina Gonsaga Guimarães

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

N/A	N/A	N/A	N/A
(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☒ Yes *(If "Yes," complete Part E.)*

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

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

➡ [Rayane Cristina G. Guimarães]

Sign your name so it all appears within the brackets

07/21/2026

Date (mm/dd/yyyy)

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

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

Signature of Preparer	Print Complete Name of Preparer
	Otavio Haverroth Silva

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

Apt. Number	City	State	Zip Code
N/A	San Diego	CA	92169

To be completed by an attorney or accredited representative (if any).	☐ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

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

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

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

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

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

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

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

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

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

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

Application for Asylum and for Withholding of Removal Supplement A

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

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

A-Number *(If available)*	Date
249261932	07/21/2026
Applicant's Name	**Applicant's Signature**
Rayane Cristina Gonsaga Guimaraes	Rayane Cristina G. Guimarães

List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

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

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

Application for Asylum and for Withholding of Removal Supplement B

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

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

Additional Information About Your Claim to Asylum

A-Number *(if available)*	Date
249261932	07/21/2026
Applicant's Name	**Applicant's Signature**
Rayane Cristina Gonsaga Guimaraes	Rayane Cristina G. Guimarães

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

Part A.III.

Question 3

EMEF Jos6 Monteiro Maia - Elementary School - Rua Nazare, 56, Castanhal, Brazil - (02/1997 - 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)*	Date
249261932	07/21/2026
Applicant's Name	Applicant's Signature
Rayane Cristina Gonsaga Guimaraes	Rayane Cristina G Guimaraes

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

Part A.III.

Question 4

Self-employed - Rua 5, Qd. Q, Lote 2/82, Casa 1, Senador Canedo, Brazil - Massage therapist - (12/2023 - 04/2024)

Colegio Interativa - R. Santos Dommont, Qd. 6A, Lote 6/10, Senador Canedo, Brazil - Assistant to coordinator - (03/2021 - 08/2022)

Rayane Cristina Gonsaga Guimarães **File No. A 249-261-932**

Proof of Service

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

RESPONDENT'S AMENDMENT OF FORM I-589

To the following:

Office Location:	**Mailing Address:**
Office of the Principal Legal Advisor Department of Homeland Security 915 Second Avenue, Suite 708 Seattle, WA 98174	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor Department of Homeland Security 915 Second Avenue, Suite 708 Seattle, WA 98174

by:

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

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