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Non-Detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
130 Delaware Avenue, Suite 300
Buffalo, NY, 14202

In the Matter of	)	
Oscar Patricio Azogue Martinez	)	**File No. A 245-892-413**
In Removal Proceedings	)	

Immigration Judge: **N/A**

Next Hearing: **N/A**

RESPONDENT'S AMENDMENT 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)*
245892413	N/A	N/A

4. Complete Last Name	**5.** First Name	**6.** Middle Name
AZOGUE MARTINEZ	Oscar Patricio	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
5440 W Ridge Rd	N/A

City	State	Zip Code	Telephone Number
Spencerport	NY	14559	(585) 8029113

(**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
PR 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
01/02/1989	Guaranda, Ecuador

14. Present Nationality *(Citizenship)*	**15.** Nationality at Birth	**16.** Race, Ethnic, or Tribal Group	**17.** Religion
Ecuador	Ecuadorian	Hispanic / Latino	Evangelical 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)* 01/20/2024 **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	03/09/2024	Place	Lukeville AZ	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 N/A	**22.** Expiration Date *(mm/dd/yyyy)*
Ecuador	Travel Document Number N/A	N/A

23. What is your native language *(include dialect, if applicable)?*	**24.** Are you fluent in English?	**25.** What other languages do you speak fluently?
Spanish	☐ Yes ☒ No	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: _____

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	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
N/A	N/A	N/A	N/A
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
N/A	N/A	N/A	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Sex	
N/A	N/A	☐ Male ☐ Female	

15. Is this person in the U.S.?

☐ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location):* N/A

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)*
N/A	N/A	N/A	N/A
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)*
N/A	N/A	☐ 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	N/A	Single	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
AZOGUE PLAZA	Emily Aitana	N/A	11/14/2015
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
Ambato, Ecuador	Ecuadorian	Hispanic / Latina	☐ Male ☒ Female

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

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)*
AZOGUE ESPIN	Annett Sarahi		04/20/2018
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
Ambato, Ecuador	Ecuadorian	Hispanic / Latina	☐ Male ☒ Female

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

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

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)*	To *(Mo/Yr)*
Av. Machangara	Ambato	Tungurahua	Ecuador	01/2006	01/2024
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)*
5440 W Ridge Road	Spencerport	NY	United States	11/2025	PRESENT
800 Truxtun Ave. Suite 109	Bakersfield	CA	United States	08/2025	11/2025
245 South Main Street	Albion	NY	United States	01/2025	08/2025
464 Washington Street	Spencerport	NY	United States	03/2024	01/2025
Av. Machangara	Ambato	Tungurahua	Ecuador	01/2006	01/2024

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)*
San Francisco de Arrayan	Elementary School	Guaranda, Ecuador	09/1995	06/2001
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

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)*
Champions Roofing & Construction LLC, Albion, NY	Supervisor	11/2025	PRESENT
Champions Roofing & Construction LLC, Albion, NY	Construction helper	03/2024	08/2025
Self-employed, Ambato, Ecuador and surrounding areas	Civil construction site supervisor	02/2016	01/2024

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 Olga Ines Martinez	Guaranda, Ecuador	☐ Deceased Ambato, Ecuador
Father Francisco Azogue Chimborazo	Guaranda, Ecuador	☒ Deceased
Sibling Blanca Marlene Azogue Martinez	Guaranda, Ecuador	☐ Deceased Ambato, Ecuador
Sibling Cesar Augusto Azogue Martinez	Guaranda, Ecuador	☐ Deceased Ambato, Ecuador
Sibling Clara Celinda Azogue Martinez	Guaranda, Ecuador	☐ Deceased Ambato, Ecuador
Sibling Delia Matilde Azogue Martinez	Guaranda, Ecuador	☐ Deceased Ambato, Ecuador

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.

I was stalked, threatened, and beaten by members of Los Choneros, one of the largest criminal organizations in Ecuador, because I refused to comply with their demands and submit to their authority. Beginning around February 1, 2023, they demanded weekly payments in exchange for so-called "protection" and later demanded that I channel funds through my construction work for them. I refused every demand and never acted on their behalf. After my continued refusal to cooperate, the threats escalated from phone calls to in-person surveillance of my job sites, and in August 2023 three individuals connected to the organization confronted me directly at my worksite and threatened me for continuing to disobey them. On December 29, 2023, three masked men intercepted me on the street as I walked back to my apartment near the construction project, in the San Buenaventura parrish. They threw me to the ground, beat me, and struck my head with a weapon, causing a deep laceration, heavy bleeding, and loss of consciousness, while telling me this was a final warning and threatening to kill me if I continued to refuse them. The organization targeted me because of my opposition to their activities and express refusal to submit to their authority. I understood these threats to be credible because I knew that Los Choneros had the will and the means to locate and kill me for refusing to accept their power. I did not report the attack to the police because Los Choneros exercise significant influence in the region and have infiltrated Ecuadorian law enforcement agencies; seeking police protection would only have exposed me to further retaliation. Further details are set forth 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 fear that Los Choneros will locate, kidnap, physically assault, or kill me if I return to Ecuador. The group has already shown its ability and willingness to harm me: its members regularly monitored my worksites, made repeated threats against my life, and on December 29, 2023, intercepted me, beat me, and struck my head with a weapon, causing a deep laceration and loss of consciousness, telling me it was a final warning and that I would not live to tell the story if I continued challenging their power. I believe they would carry out this threat if I returned to Ecuador, because Los Choneros view me as disobedient for refusing to cooperate with their demand to use my work to move money on their behalf. By refusing to submit to their demands, I believe they perceive me as a direct challenge to their control and would seek to punish me for my disobedience. After I left the area, unknown individuals continued contacting my brother, showing that the group's interest in me persisted even after my departure. Moreover, relocating within Ecuador would not protect me. Los Choneros have a presence and operational reach across the country, allowing them to locate and target people who threaten their authority anywhere. They also operate with near-total impunity, as state agencies are often complicit in protecting the organization or unwilling to intervene against it. In the area where I lived, I knew that the local police were themselves infiltrated by the organization and had failed to act even in response to killings connected to the group. Thus, the Ecuadorian State is unable and unwilling to protect me from the group, and I fear being further persecuted if returned. Further details are set forth 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.

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.

N/A

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.

N/A

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 believe that if I return to Ecuador, members of Los Choneros would subject me to torture. On December 29, 2023, three masked members of the group intercepted me on the street, threw me to the ground, beat me, and struck my head with a weapon, causing a deep laceration, heavy bleeding, and loss of consciousness. I required medical treatment, including sutures to the head wound and treatment of additional injuries to my body. I believe Los Choneros would inflict this type of severe physical violence on me again because I refused to submit to their control over my work and challenged their power. The group has already used severe beatings and explicit death threats against me and my family, and I believe they would kidnap, torture, and ultimately kill me in order to enforce their authority. Ecuadorian authorities are unable and unwilling to protect me. Los Choneros operate with significant territorial control in the region, effectively functioning as a parallel authority that dictates who may work and under what conditions, and the police is deeply infiltrated by the organization. Despite ongoing efforts by the national government to confront the group, including the extradition of one of its leaders to the United States, Los Choneros continues to operate with widespread impunity. For these reasons, I fear that returning to Ecuador would expose me to torture, including severe beatings, kidnapping, and death. Further details are set forth 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.

N/A

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.

Before entering the United States on or about March 9, 2024, I traveled through Colombia, Panama, Costa Rica, Nicaragua, Honduras, Guatemala, and Mexico, spending anywhere from a few days to about a week in each country along the route, including about two days crossing the Darién jungle between Colombia and Panama and approximately one week in Mexico, for a total journey of approximately seven weeks from the time I left Ecuador on January 20, 2024. I left Ecuador because I feared for my life after Los Choneros beat me and threatened to kill me and my family if I continued to refuse them. I did not apply for asylum or refugee status while in these countries because none of them offered me sufficient protection. I was fleeing threats and violence from Los Choneros, a powerful criminal organization with significant regional influence, and I feared that members of the group or affiliated criminal networks could locate me along the route, since Los Choneros has ties beyond Ecuador and every one of these countries also suffers from organized crime and criminal networks of its own. I had no family, ties, or means of support in any of these countries and was traveling solely to reach the United States. I did not hold lawful status in any of these countries and am not entitled to return for lawful residence purposes in any of them. Further details are set forth 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.

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).)

N/A

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.

Upon entering the United States near Lukeville, Arizona, on or about March 9, 2024, I was detained by immigration authorities for approximately three days, before being released. I was charged as inadmissible under section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the United States without being admitted or paroled, or who arrived at any time or place other than as designated by the Attorney General.
On August 7, 2025, I was re-arrested by immigration officers in Albion, New York, while on my way to work, and was subsequently held in immigration detention facilities in Batavia, New York; Louisiana; Arizona; and finally at the Mesa Verde ICE Processing Center in Bakersfield, California. I remained in Immigration and Customs Enforcement custody until I was released on my own recognizance on November 7, 2025, following a court order on a habeas corpus petition filed on my behalf.

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.
Oscar Patricio Azogue Martinez	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	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.)*

➡ [_____] 07/15/2026

Sign your name so it all appears within the brackets — Date (mm/dd/yyyy)

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

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

Signature of Preparer	Print Complete Name of Preparer
	Otavio Haverroth Silva

Daytime Telephone Number	Address of Preparer: Street Number and Name
(510) 2419336	PO 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
245892413	07/15/2026
Applicant's Name	Applicant's Signature
OSCAR PATRICIO AZOGUE MARTINEZ	

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)*
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

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
245892413	07/15/2026
Applicant's Name Oscar Patricio AZOGUE MARTINEZ	Applicant's Signature

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

Part A.III.

Question 5

Holguer Alvino Azogue Martínez was born in Guaranda, Ecuador - Current Location: Ambato, Ecuador

Luiz Roberto Azogue Martínez was born in Guaranda, Ecuador - Deceased

Luz Esmeralda Azogue Martínez was born in Guaranda, Ecuador - Current Location: Ambato, Ecuador

Oswaldo Antonio Azogue Martínez was born in Guaranda, Ecuador - Current Location: Ambato, Ecuador

Rosa Elsira Azogue Martínez was born in Guaranda, Ecuador - Current Location: Guaranda, Ecuador

Oscar Patricio Azogue Martinez **File No. A. 245-892-413**

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 250 Delaware Avenue, Suite 773 Buffalo, NY 14202	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Chief Counsel 250 Delaware Avenue, Suite 773 Buffalo, NY 14202

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