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**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE**
**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**
**IMMIGRATION COURT**
1855 Gateway Boulevard, Suite 850,
Concord, CA 94520

| | | |
|---|---|---|
| **In the Matter of** | ) | |
| **Jose Carlos Pereira dos Santos** | ) | **File No. A 240-169-089** |
| **Jaqueline das Neves Dantas Maia** | ) | **File No. A 240-169-090** |
| **Jose Carlos Pereira dos Santos Junior** | ) | **File No. A 240-169-091** |
| **In Removal Proceedings** | ) | |

Immigration Judge: **Espana, Patrick A.** Next Hearing: **October 27, 2026 at 1:00 PM.**

**RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND WITHHOLDING OF REMOVAL**

# Exhibit list

| Exhibits: | Pages: |
| --- | --- |
| **Exhibit 1 - Evidence of Psychological Harm** | |
| Jose Carlos Pereira dos Santos' Psychological Evaluation | 1-10 |

# Exhibit 1 - Evidence of Psychological Harm

**Union Street Therapy**
**1173 Union Street**
**San Francisco, CA 94109**
**Augusta C. Del Zotto**
**(Cal State BBS# 112129)**

*The following report may contain sensitive information subject to misinterpretation by untrained individuals. Non-consensual re- disclosure by individuals not associated with the legally responsible party is prohibited by section 5328, California Welfare, and Institutions Code. Specific consent of the examinee (or his/her legal representative) is needed to release this report.*

Name of Subject: Jose Carlos Pereira Dos Santos

Gender: Male

DOB: 12/13/1974

## Introduction

A 7-phase psychological evaluation was given to Jose Carlos on 06/23/26. Duration of evaluation was 4.0 hours, which included 3 breaks. Jose Carlos presented as open and forthcoming. No indicators for malingering were present as per protocols set forth by the Hall and Hall inventory for malingering (Hall and Hall, United States Justice Department, 2026). Jose Carlos survived persecution in his native country by political actors. The nature of his emotional/physical abuse is detailed in his psychosocial history. Jose Carlos's objective multi-phase psychometric analyses (quantitative and qualitative) indicate clinically significant conditions in the depression and anxiety domains of the DSMV criteria for these conditions (American Psychiatric Association, 2026). Clinical findings are described in his report.

## A general multi-phase evaluation involved the following:

Medical history as conveyed by client
Psychiatric history as conveyed by client
Psycho-social history as conveyed by client
Behavioral observations as observed by therapist Millon Clinical Inventory
Beck Depression Inventory
State Trait Anxiety Inventory
Multi-Axial Inventory (DSMV Multi-Axial Diagnosis)

## 1. General Observations

Jose Carlos came to his evaluation in a relaxed state and was ready for his evaluation. Jose Carlos had no indication of psychotic features. There were no signs of intoxication. Jose Carlos was a victim of ongoing persecution by political actors targeting him as a member of their opposing party. Please note that I am a clinician and not a country conditions expert. My goal is to assess for any clinical issues that a patient may have experienced as the result of political abuse. More nuanced or complex information regarding this patient's political activism/affiliations should be better described in his legal records and by country conditions information furnished by his council.

### Protocol

Jose Carlos was administered an objective series of psychometric inventories based on the American Psychiatric Association's DSMV criteria (APA, 2026). As per our therapy team's protocol, we do not observe declarations, legal reports, etc. until after the objective psychometric inventories are taken. We were not made aware of his history until all clinical findings were determined. This procedure allows evaluators to maintain objectivity. Jose Carlos's responses to clinical and, later, life event questions, appeared truthful and plausible. There were no obvious signs of malingering or attempts to manipulate the evaluation process as per the criteria set forth by the Hall and Hall inventory for malingering (Hall and Hall, United States Department of Justice, 2026).

Jose Carlos met the criteria for Post Traumatic Stress disorder as per criteria specified by the DSM five of the American Psychological Association (APA). An analysis of behaviors that indicate conditions of PTAD appears in the psychiatric portion of this report. Anhedonia (i.e., chronic, low-grade depression) appears to be co-morbid to his condition of PTSD. Anhedonia presents without self-harming presentations or ideation. Jose Carlos's conditions may be addressed through referrals to a doctor for a medication review and the possible use of mild psychotropics for a short period of time. Jose Carlos may also benefit from Specific psychotherapy modalities that are suggested later in this report.

As per the California Board of Behavioral Sciences, the licensing board and licensing law supports the fact that LMFT may not only treat but may also assess and diagnose mental health disorders. It is further clear than when doing so one is working within his or her scope of practice (sections 4980.36, 4980.37 and 4980.41, BBS California State).

## 2. Medical Profile of Client

Jose Carlos presents with good general health. At the same time, he suffers from severe sleep disorders. This includes severe insomnia which is often accompanied by non-psychotic intrusive thoughts that are difficult for him to control. He may often pace in his home at odd hours and may not be able to sleep for an entire evening. His objective psychosocial history indicates that he started living with this condition beginning at the time when he was abused by members of an opposing political group. The event was life-threatening and highlighted in his psychosocial history. In Brazil, Jose Carlos was in a hyper alert state for a prolonged period and without any respite. Such exposure to prolonged adversity and unpredictability will often contribute to reflexive behaviors that may continue for years after the person is no longer exposed to adverse situations. In certain ways, extreme exposure “trains “the brain, both emotionally and neurologically, to be in a hyper alert state on more days than not regardless of an absence of adverse external stimuli (Nadine Burke Harris, MD, Department of Psychiatry, University of California at San Francisco, 2025).

Jose Carlos also lived with episodes of night terror about every third night. It appears that he continued to live with this condition. However, nightmare episodes appeared to be more intermittent in nature.

Violence may be categorized as a *health issue* as suggested by the American Psychological Association as well as the United States Centers for Disease Control. Jose Carlos experienced life-threatening violence when he was attacked by members of a political group. He shared that approximately 2 perpetrators on motorcycle shot at him and yelled insults regarding Jose Carlos’s political party and shouted that people from his party should die.

## 3. Mental Health Profile

### Post-Traumatic Stress Disorder

Jose Carlos met the criteria for post-traumatic stress disorder within the mild to moderate range. Social avoidance and a feeling of being overwhelmed and disoriented around many people may often affect Jose Carlos. While Jose Carlos is a very hard worker and enjoys his job, each day is stressful for him. This is because of the trauma conditions that come up unexpectedly , especially at night and/or when exposed to empty spaces where he may feel vulnerable.

An objective inventory of his daily functioning using the Beck and Burns scales indicates that Jose Carlos will often dissociate when under stress and/or when experiencing distressing memories of adverse events. This condition is related to clinical trauma and

ought not be confused with “split personality”, psychosis, or related. Dissociating is the experience of detaching from reality. Dissociation encompasses the feeling of daydreaming or being intensely distracted, as well as the distressing experience of being disconnected from reality. In this state, consciousness, identity, memory, and perception are no longer naturally integrated. Dissociation often occurs as a result of stress or trauma, and it may be indicative of a dissociative disorder or other mental health condition. Dissociation can be terrifying for Jose Carlos. He has also had such experience with excessive auditory and visual stimulation are present.

**Understanding the Neurological Reasons Behind PTSD**

While PTSD is certainly an emotional condition, there are interesting and relevant neurological responses that occur in traumatized people not only at the time of trauma but long after the traumatic event has occurred. Dr. Nadine Burke- Harris, MD, at University of California San Francisco (UCSF), an expert on how executive function is impaired during trauma offers a comprehensive model for lay people to understand what is happening neurologically to the victim. Dr. Burke-Harris describes several neurological conditions that occur when the brain experiences trauma. She explains the Hypothalamic-Pituitary-Adrenal axis. In a distressing situation, a neurological chain reaction occurs. The hypothalamus sends signals to the pituitary gland, affecting the adrenal glands and these neurologic interactions lead to releasing excessive stress hormones. Many important aspects of the brain are affected such as deficits in complex reasoning and decision making, being overwhelmed by emotions through excessive release of stress hormones even at the aftermath of violent events and such hormones may release spontaneously in a traumatized person, especially when anxiety is present. Noninvasive therapies involving move bonification techniques and neuroplasticity maybe useful in controlling this neurological condition related to trauma.

**Clinical Anxiety Presentation**

GAD is diagnosed when a person finds it difficult to control worry on more days than not for at least six months and has three or more symptoms. Perseverating racing thoughts on more days than not, psycho-motor agitation and impaired concentration appear as Jose Carlos’s cluster of symptoms for GAD. The therapy team suggested that Jose Carlos would benefit from a course of NLP therapy to stop the worry cycle and feel more in control with his day-to-day life. This treatment modality was discussed with him.

Jose Carlos currently experiences a need to numb his responses to either negative or positive stimuli, as excessive stimuli in general will make him “high strung” with

excessive nervousness, psycho-motor agitation, and uncharacteristic irritability. Jose Carlos shared that he has usually been an “easy going” person and that he is concerned about his anxiety. Jose Carlos shared that he is often distressed by these behaviors because he has had a history of effective interpersonal skills prior to facing adverse events in his country. He may often find himself having to “censor” his feelings, not wanting to negatively affect loved ones.

Psychomotor retardation that includes lethargy, psychic numbness, and slow responses to social stimuli (along with avoidance of pleasant activities) are present daily. Feeling “high strung” will often make Jose Carlos feel overwhelmed and detached.

Emotional conditions in Jose Carlos included excessive worries, such as worrying about possible violent death of remaining family members (extended) and friends in his native country. These conditions appear to have affected Jose Carlos’s quality of life in that he appears to have trouble concentrating, relaxing, and completing projects. His presentation may reflect a lowered sense of self-esteem and he was encouraged to be more caring toward himself. He consulted with a male member of the therapy team who spoke about the importance of self-care and how talking more freely to his loved ones would be beneficial for Jose Carlos. Jose Carlos shared that his adverse feelings are “weak and bad” to him, and he expressed a certain degree of embarrassment about his adverse conditions. He also felt that he should be “strong” and not succumb to emotional, psychiatric challenges. He was educated about the benefits of mental health counseling. Jose Carlos would benefit from such services.

**Low Grade Depression (Anhedonia)**

Jose Carlos’s primary depressive presentation involves the loss of the capacity to experience pleasure or the inability to gain pleasure from normally pleasurable experiences. Anhedonia is a core clinical feature in all forms of depression. Other areas of clinical depression such as self-neglect and self-harm were ruled out. However, crying in private may be present. His condition of anhedonia depression appears to negatively impact his quality of life. Jose Carlos rarely socializes and focuses mainly on work. This contrasts with his life in Brazil, prior to political harm, where he was highly social and enjoyed many types of activities.

While Jose Carlos’s overall health is good, he was educated about the common medical effects of clinical depression may cause when left untreated. In a major medical study, depression caused significant problems in the functioning (morbidity) of those affected including cardiac issues (Leo Pozuelo, MD, Cleveland Clinic, Department of Psychiatry, 2024).

**4. Psychotic Features – Ruled Out**

Jose Carlos has never been hospitalized for psychiatric issues and it was noted that he does not present with any affect or features that may indicate any form of psychiatric challenges warranting hospitalization such as: Schizophrenia, Bi-Polar I and II or other related psychotic features, not otherwise specified, according to DSMV. These conditions, if present, would have indicated a potential risk to self and others. These conditions have been ruled out in Jose Carlos's case.

**5.Psychosocial History**

Jose Carlos was born in Brazil. His objective child development history indicates that he was raised in a caring and loving home environment and does not have any history of childhood abuse. Jose Carlos has been married to his wife Jacqueline since 1997. He shared that he and his wife are devout Christians and enjoy their family life with their children, Emmily and Jose Carlos junior.

He shared that things were unsafe when he and his young family lived in Brazil. This includes his daughter being held up at gunpoint when she was a young child. He shared there was always a great deal of crime and tragedy where he lived and throughout Brazil.

**Political Persecution History**

**Analysis**: Please note that as my curriculum vitae indicates, this therapist has a background in political psychology as well as in individual and family system psychology. I was trained under Dr. Margaret Hermann, PhD, former coordinator of Psychological Operations with the Central Intelligence Agency of the United States. Part of political psychology involves understanding why a person may be committed to a certain political party or belief system. It was evident that Jose Carlos became associated with a party belonging to a major candidate named Bolsonaro. Jose Carlos shared that Bolsonaro's strong views around law enforcement improvement and the protection of citizens were appealing to him. This information was shared with me by Jose Carlos during his assessment.

In cases of asylum, I subtly look for evidence of genuine knowledge or concern over a party or religious group that the client purports to be associated with that led to persecution. Lack of depth is a cause for concern. For example stating " I like my party" without any additional information, examples of involvement or evidence of authentic emotional connection is often a "red flag". In contrast, Jose Carlos expressed a depth of knowledge of his party and with a sense of enthusiasm. This included talking at

length about his party's link to his own conservative and faith-based views and values, He gave concrete examples of why he admires his favorite candidate and so forth. These observations are important in that it demonstrates that Jose Carlos was truly involved in his party of choice which led to him being persecuted.

Jose Carlos shared that he was very involved with his party at the community level. He often participated in rallies and encouraged friends and neighbors. to understand the value of his candidate of choice and vote for him. His enthusiasm was sometimes met with adversity in that some of his neighbors that supported an opposing candidate (i.e. PT Party) would have heated arguments with him which sometimes were concerning for Jose Carlos.

He shared that around the winter of 2022, he began receiving anonymous and disturbing phone calls related to his political involvement. This included threats of harm or even threats of death if he did not stop engaging in his local community activism. He shared that at the time he could not change his phone number because it was linked to his job/business which was linked to all types of advertisement to promote the business. This included the number displayed on the side of his work vehicle and so forth. He shared that, in this way, strangers had access to this number. He was not able to change his number until he came to the United States.

Jose Carlos shared that there came a time when he was driving late at night from work. He was followed vehicularly by two men on a motorcycle. They made political insults against him, calling him a "Bolsonaista" and stating that he had to die.

Analysis: From a clinical perspective, having. bullets shot around a person or a vehicle that a person is driving has devastating psychological as well as neurological effects. As a therapist, I have worked with many victims of crime in the United States that were shot at in this manner, and this includes children riding in vehicles with their parents. A careful and objective behavioral analysis of Jose Carlos' patterns of behavior during the time of this event indicate behaviors that are commonly commensurate with people that have been shot at. This includes the following: A profound sense of disorientation, as if the person feels that he will be collapsing or fainting, a sense that everything is "unreal", which is indicative of dissociation. Please note that he has episodes of dissociation even in the present, and this would be a common condition in victims of these types of crimes. A neurological as well of psychological explanation for this appeared in the mental health portion of his report.

**Aftermath of Violent Event**

Jose Carlos shared that after this life-threatening event, he felt as if he was being surveilled. There was a period of time that he was agoraphobic. This was determined through his behavioral analysis by this therapist, which is clinically informed by the

DSMV of the American Psychological Association. Please note that Jose Carlos does not live with agoraphobic conditions at this time but did live with these conditions for prolonged period of time following his life-threatening incident.

Jose Carlos shared that, while still in Brazil, he found the courage to reach out to law enforcement. He shared that a formal report, along with registration number, was furnished to his legal counsel who is conducting his asylum case.

By all accounts, it did not seem that the police took his report seriously. Jose Carlos also shared that there was a time when he and his wife faced a home burglary and were also Ignored by the police. Due to these experiences, he felt that he and his family were no longer safe and made the decision to leave the country in order to seek safety. He shared that even after he entered the United States, people in his life that he knows in Brazil shared that his home was shot at and that also his home was spray painted with graffiti. The graffiti indicated the “PT Party”, which, according to Jose Carlos, is the party opposing Jose Carlos's own party of choice.

**Behavior Analysis**

It was objectively noted that Jose Carlos lived with the constant state of fear throughout the remainder of the time he stayed in his country. He tried to put on a “brave face” to protect his loved ones. Please note that, from a clinical perspective, self-censorship and living in a chronic hyper-alert state is a common behavioral pattern in victims of persecution and torture (World Health Organization, 2025). The culmination of multiple forms of abuse and threats took a toll on Jose Carlos’s mental well-being. An objective behavioral inventory of his thoughts and feelings and behaviors at that time indicated that he fell into a deep depression. There were times that he could not care for himself and preferred to spend significant amounts of time in bed without the help of his loved ones. He could not eat or sleep and it appears that he suffered from nervous exhaustion. Nervous exhaustion was expressed through frequent mood swings, dizziness, heart palpitations and digestive problems. Agoraphobic conditions were also present.

From a clinical perspective, the numerous adverse events that Jose Carlos faced have resulted in Jose Carlos living with clinical conditions related to trauma, anxiety and clinical depression. These clinical conditions were verified through psychometric tools that are both qualitative and quantitative in nature and that are standard to the mental health profession. Jose Carlos’s psychometrics appear to be commensurate with mental health conditions commonly found in people that have lived in severe conditions of adversity. This may include prolonged exposure to mental cruelty (i.e. threats, etc) and violations to the patient’s physical integrity.

It is suggested that Jose Carlos consider a one-year course of treatment with a therapist specializing in post-traumatic stress disorder. An appropriate and adjunct treatment modality for Jose Carlos could also include Neurolinguistic Programing. This is a brief form of active therapy in which a patient learns to overcome adverse thoughts and feelings through structured suggestion and visualization. NLP is related to hypnotherapy and many mental health professionals are certified in this modality. As Jose Carlos is hesitant to express adverse thoughts and feelings in a standard talk therapy setting, NLP provides a more detached but still effective way of addressing anxious and traumatic issues. NLP should not be a replacement for long term trauma-based therapy. It is suggested here in that it can provide Jose Carlos with temporary relief from adverse behaviors as he moves forward in his more in-depth type of trauma therapy.

Therapeutic Summary: Rogerian Therapy for PTSD Support (one year); NLP (one – two times per month to modify PTSD behaviors); Psychotropic consideration with MD such as mild mood stabilizers.

**7**. **Millon Clinical and Multi-Axial Inventories (DSM V Diagnosis)**

*The Millon DSMIV Inventory is usually applied to an individual's current presentation. It is not typically used to denote previous diagnosis. The specifiers Mild, Moderate and Severe should be used only when criteria for any condition are currently met.*

Millon a) Beck Depression Inventory: 60 out of 75 – Clinically Significant Requiring Professional Intervention

Millon c) Burns Anxiety Inventory 30 out of 30 – Clinically Significant, Requiring Immediate. Intervention.

Millon d) Post Traumatic Stress Index – 70 out of 100 – Clinically Significant; Requiring Immediate. Intervention.

Millon e) Multi-Axial

**Axis I Clinical Disorders and Other Conditions That May Be a Focus of Clinical Attention**

R45.84 Anhedonia
F411.00 Generalized Anxiety Disorder
F42.10 Post Traumatic Stress Disorder

**Axis II: Personality Disorders, Mental Retardation and Learning Challenges**
None

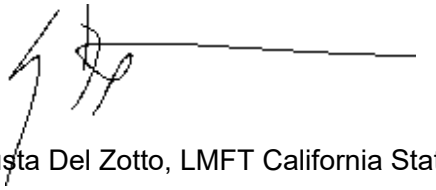
**Axis III: General Medical Conditions (Related to Psychological Evaluation)**

F51.01 Primary Insomnia

**Axis IV Psycho-Social Environmental Problems**
V62.2 Relational Problem – Family Safety Concerns
V65.4 Victim of Violence/Persecution- Political Related
Z60.5 Member of Discriminated Group (Political)

**Axis V Global Assessment of Functioning**
50. Management of Daily Life and Self-Care Not at Optimum Level Based on Adverse Conditions.

Report Date: 07/08/26



Augusta Del Zotto, LMFT California State 112129

**Jose Carlos Pereira dos Santos** — **File No. A 240-169-089**
**Jaqueline das Neves Dantas Maia** — **File No. A 240-169-090**
**Jose Carlos Pereira dos Santos Junior** — **File No. A 240-169-091**

**PROOF OF SERVICE**

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

**RESPONDENTS' ADDITIONAL DOCUMENTS IN SUPPORT OF ASYLUM AND WITHHOLDING OF REMOVAL**

To the following:

| **Office Location:** | **Mailing Address:** |
|---|---|
| Office ofthe ChiefCounsel<br>Department of Homeland Security<br>100 Montgomery Street, Suite 200<br>San Francisco, CA 94104 | US Immigration and Customs Enforcement<br>US Department of Homeland Security<br>Office of the Chief Counsel<br>P.O. Box 26449<br>San Francisco, CA 94126 -6449 |

by:

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

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