HS Law Corp.
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DETAINED

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
880 Front Street, Suite 4240
San Diego, CA 92101

In the Matter of	)	
Isabelle Kauany Bueno Ferreira	)	**File No. A 246-934-756**
In Bond Proceedings	)	

Immigration Judge: **Penalosa, Jose L., JR.** Hearing Date: **October 7, 2026, 8:30 AM**

RESPONDENT'S ADDITIONAL EVIDENCE IN SUPPORT OF CUSTODY REDETERMINATION

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Proof of Pending Asylum Application	
Form I-589, Application for Asylum and for Withholding of Removal, filed with the Immigration Court	1-12

Exhibit 1 - Proof of Pending Asylum Application

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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)*
246934756	N/A	N/A

4. Complete Last Name	5. First Name	6. Middle Name
BUENO FERREIRA	Isabelle Kauany	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
22844 Virginia Blvd (California City Detention Center)	N/A

City	State	Zip Code	Telephone Number
California City	California	93505	(N/A) N/A

(**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	California	92169

10. Sex	11. Marital Status:
☐ Male ☒ Female	☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Date of Birth *(mm/dd/yyyy)*	13. City and Country of Birth
12/16/1997	Curitiba, 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)* 11/27/2018 **b.** What is your current I-94 Number, if any? 60110501056

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	Place	Status	Date Status Expires
11/28/2018	Houston TX	B2 Visa	05/27/2019
N/A	N/A	N/A	
N/A	N/A	N/A	

20. What country issued your last passport or travel document?	21. Passport Number / Travel Document Number	22. Expiration Date *(mm/dd/yyyy)*
Brazil	Passport Number FS950893 Travel Document Number FS950893	04/11/2027

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

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Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action: Interview Date, if applicable: _____ 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	587935292	07/22/1984	615-07-2952
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
DAVIS	Christopher	Jermaine	N/A
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
07/01/2024	Foster City, CA, United States	Oakland, United States	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Sex	
US Citizen	Black	☒ 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)*
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)*
US Citizen	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: _____.

(**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	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)*: _____

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

EOIR – 3 of 14

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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	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)*: _____

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)*
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)*: _____

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)*
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)*: _____

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

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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 Olimpio Cardoso 21	Colombo	Parana	Brazil	01/2015	11/2018
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)*
22844 Virginia Blvd	California City	California	United States	08/2026	PRESENT
1177 Market Street	San Francisco	California	United States	09/2023	08/2026
401 Middle Rd	Belmont	California	United States	09/2021	08/2023
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)*
College of San Mateo	Community college	1700 W Hillsdale Blvd, San Mateo, United States	07/2022	07/2023
Colegio Estadual Tancredo de Almeida Neves	High school	Rua da Tiriva 88, Colombo, Brazil	02/2012	12/2014
Colegio Estadual Helena Kolody	Elementary school	Rua Maria Isabel Tosin 181, Colombo, Brazil	02/2008	12/2011
Escola Municipal Antônio André Johnsson	Elementary school	R. Alexandre Andreta 116, Colombo, Brazil	02/2004	12/2007

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)*
A Fresh Start Cleaning Solutions LLC, 1177 Market Street, San Francisco, CA, USA	Owner	07/2024	08/2026
Self-employed - Various addresses, San Francisco, CA, USA	Cleaner	01/2019	07/2024
N/A	N/A	N/A	N/A

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 Silvana Bueno Jardim	Sao Joao do Ivai, Brazil	☐ Deceased Colombo, Brazil
Father Alexandre Ricardo Ferreira	Londrina, Brazil	☐ Deceased Apucarana, Brazil
Sibling Igor Bueno Ferreira	Curitiba, Brazil	☐ Deceased Sao Jose dos Pinhais, Brazil
Sibling Erick Henrique Bueno Freitas	Colombo, Brazil	☐ Deceased Colombo, Brazil
Sibling N/A	N/A	☐ Deceased N/A
Sibling N/A	N/A	☐ Deceased N/A

EOIR – 5 of 14

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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.

USCIS may adjudicate your application without conducting an interview and without issuing a request for evidence. Your application and any supporting evidence that you provide now may be your only opportunity to meet your burden of proof to establish eligibility for asylum before USCIS.

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 the victim of severe and repeated sexual abuse, rape, threats, psychological harm, and coercion by my stepfather, Edson de Paula Freitas, starting when I was 12 years old, after moving into a shared home with him, my mother, and my brothers. As a young female member of his household, I was targeted within a patriarchal domestic dynamic where he asserted total ownership and dominance over me. The abuse began with inappropriate touching while I was asleep and in the bathroom. Mr. Freitas threatened that my family would end up homeless and without financial support if I exposed him, using economic coercion and domestic authority to force my compliance. I actively resisted his control and explicitly opposed his authority by confronting him, repeatedly demanding that he stop and threatening to report him; however, my resistance to his domestic subjugation was met with targeted retaliation, intensifying his abuse and threats, in order to force my silence. When I turned 14 and began dating a boy from my school, his possessiveness and sense of entitlement over me grew even more extreme, and the abuse escalated to forced sexual relations, occurring approximately once a month until I fled the house at age 15 to live with my boyfriend. My mother, having suffered years of psychological, verbal, and economic abuse, remained trapped under his control until 2023, when my disclosure led her to leave him. In response, he escalated his violence against our family through repeated home invasions and threats. His actions reflect deeply ingrained patriarchal expectations of female submission and his perceived entitlement to exercise complete authority over the women in his household.

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 severe physical harm, death threats, rape and other forms of sexual violence, and targeted retaliation by my former stepfather, Edson de Paula Freitas. My fear stems from his history of severe abuse and his systemic need to assert dominance. After I disclosed his abuse, my fear evolved: I face not only risk of sexual abuse, but physical violence and death threats against my family and me, because he perceived my disclosure as a direct challenge to his patriarchal authority, control, and sense of ownership over me. This challenge disrupted his domestic hegemony, leading to his exclusion from the household, social isolation, and a restraining order. Because he views women who reject or oppose his authority as threats to his control, he will continue to pursue and target me regardless of whether he cohabits with our family, or maintains any formal relationship with my mother. His threat is exacerbated by his history of unmanaged psychotic episodes, severe possessiveness, and knowledge of my family's location. Furthermore, the Brazilian government is both unable and unwilling to effectively protect women like myself. When Mr. Freitas retaliated against my mother through repeated home invasions, stalking, and violent threats, she secured a judicial protective order. Yet, such orders are inherently insufficient in Brazil, as the state lacks the capacity to monitor persecutors, and no further action was taken to prosecute Mr. Freitas. Relocating within Brazil would not mitigate the risk, as I believe he would track me down and Brazilian authorities consistently fail to enforce protective measures or safeguard women. My fear is not limited solely to him, but extends to the pervasive culture of violence and femicide in Brazil, where patriarchal norms allow abusers to act with near-total impunity.

EOIR – 6 of 14

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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 by Mr. Freitas, such as severe physical violence, rape, and intentional psychological harm, if forced to return to Brazil. This fear is grounded in my lived experience: having already subjected me to years of severe sexual torture, he has demonstrated both the capacity and the intent to inflict severe harm. He targets me because I broke the silence, took a firm stance against his abusive behavior and openly opposed his coercive control and perceived entitlement over me. Because I challenged his dominance, he views my resistance as a threat to his authority, creating a persistent retaliatory motive to inflict severe physical and mental suffering upon me. Brazil is unable and unwilling to effectively protect women like me. Instead, systemic institutional neglect often protects perpetrators like him and reinforces their abusive behavior. Given his unhinged state, his history of severe sexual abuse toward me, and the failure of Brazilian authorities to intervene or offer effective protection, I would be exposed to severe intentional physical, sexual and psychological suffering amounting to torture.

EOIR – 7 of 14

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Part C. Additional Information About Your Application

You should ensure that your explanations are complete and detailed. An asylum officer may adjudicate your application without conducting an interview or requesting additional evidence.

(**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.

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.

EOIR – 8 of 14

Uploaded on: 10/05/2026 at 02:56:44 PM (Pacific Daylight Time) Base City: SND

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. Your written explanation may be your only opportunity to have an asylum officer consider your reason(s). If you are scheduled for an asylum interview or a hearing with an immigration judge, you must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1. Filing Instructions, Section V. Completing the Form, Part C.

I arrived in the United States on November 18, 2018, on a B2 visa. I did not file within my first year due to severe trauma, shame, guilt, and deep psychological distress stemming from years of childhood sexual abuse. I was psychologically unable to disclose or speak about the abuse to anyone until I began therapy years later. It was only between 2022 and 2023 that I found the strength to disclose the abuse to my mother, which subsequently triggered a series of new retaliatory events and escalation by my abuser in Brazil (home invasions, harassment, and my mother having to secure a protective court order in 2023). Furthermore, upon learning about the horrific abuse I suffered, my mother experienced severe psychological distress and expressed threats of self-harm and suicide. Knowing the immense trauma this caused her, I hesitated and delayed pursuing my asylum application because I knew that doing so would require demanding painful details, information, and supporting documentation from her, which I deeply feared would trigger her self-harm threats or further jeopardize her mental health and life. These extraordinary circumstances relating to my severe trauma, my mother's critical psychological state, and the changed conditions regarding active threats to my family constitute valid grounds for my delayed filing. Therefore, I kindly request that this application be accepted and considered on its merits under the extraordinary and changed circumstances exceptions to the one-year filing deadline.

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.

I was apprehended by U.S. Immigration and Customs Enforcement on August 28, 2026, at the San Francisco International Airport, solely for an immigration law violation after remaining in the United States past my authorized period of stay, and I remain detained to this present date. I entered the United States lawfully on November 28, 2018, as a nonimmigrant under a B2 visa. Following my arrest, I was issued a Notice to Appear charging me under Section 237(a)(1)(B) of the Immigration and Nationality Act (INA), for having remained in the United States for a time longer than permitted. I am currently detained at the California City Detention Facility, California. This arrest and detention occurred solely in connection with my immigration status. I have never committed any crime in the United States, nor have I ever been arrested, charged, or convicted of any criminal offense.

EOIR – 9 of 14

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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, and even if USCIS does not conduct an interview on the application. 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.
Isabelle Kauany Bueno Ferreira	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.)*

➡ [Isabelle Kauany]

Sign your name so it all appears within the brackets

09/28/2026

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	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

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

NOTE: You will be asked to complete this part if 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

EOIR – 11 of 14

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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
246-934-756	09/28/2026
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	Isabelle Kauany

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			

EOIR – 12 of 14

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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
246-934-756	09/28/2026
Applicant's Name	Applicant's Signature
Isabelle Kauany Bueno Ferreira	Isabelle Kauany

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

Part _____

Question _____

EOIR – 13 of 14

Isabelle Kauany Bueno Ferreira **File No. A 246-934-756**

Proof of Service

On October 5, 2026, I, Otavio Haverroth Silva, served a copy of the following documents:

RESPONDENT'S ADDITIONAL EVIDENCE IN SUPPORT OF CUSTODY REDETERMINATION

To the Department of Homeland Security, Office of the Principal Legal Advisor, 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 Haverroth Silva (Bar N. 343486)
Attorney at Law
P.O. Box 90487
San Diego, CA 92169
Counsel for Respondent