

**HS Law Corp.  
Otavio Haverroth Silva, SBN#343486  
P.O. Box 90487  
San Diego, CA 92169  
(510) 241-9336**

**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
900 Market Street, Suite 504  
Philadelphia, PA 19107**

---

**In the Matter of**

**Andrey Cabral de Lima**

**In Removal Proceedings**

---

)  
)  
)  
)  
)  
)  
)

**File No. A. 216-914-876**

**Immigration Judge:** Fox, Melissa

**Next Hearing Date:** September 8, 2026, 8:00 AM.

**RESPONDENT'S MOTION TO CONTINUE**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT**

900 Market Street, Suite 504  
Philadelphia, PA 19107

---

**In the Matter of**

**Andrey Cabral de Lima**

**In Removal Proceedings**

---

**File No. A. 216-914-876**

**RESPONDENT’S MOTION TO CONTINUE**

Undersigned counsel respectfully moves this Honorable Court, pursuant to 8 C.F.R. § 1003.29, to continue the Master Calendar Hearing currently scheduled for September 8, 2026, and, in support thereof, states as follows:

**STATEMENT OF FACTS**

1. Respondent is a native and citizen of Brazil.
2. Respondent entered the United States on June 21, 2021, near San Ysidro, California, without having been inspected and admitted or paroled. See Exhibit A-7, at 86.
3. Respondent was placed in removal proceedings following the issuance of a Notice to Appear on or about June 24, 2021.
4. Respondent is currently in removal proceedings before this Court, with a Master Calendar Hearing scheduled for September 8, 2026.

5. Respondent has been married to Sabrina Medina Carneiro, a United States citizen, since December 7, 2025. *See* Exhibit A-3, at 23–24.
6. Respondent is the beneficiary of a currently pending Form I-130, Petition for Alien Relative, filed by his U.S. citizen wife, Sabrina Medina Carneiro, and received by USCIS on April 16, 2026, as demonstrated by the Receipt Notice attached to this Motion. *See* Exhibits A and B.
7. Although Respondent’s I-130 petition has not yet been approved, there is no reason to expect that USCIS will deny it. Respondent and his U.S. citizen wife, Sabrina Medina Carneiro, have been married for more than eight months, and the bona fides of their marriage are amply demonstrated. The I-130 petition filed by Sabrina Medina Carneiro on Respondent’s behalf is therefore prima facie approvable.
8. As the spouse of a U.S. citizen, Respondent falls within the “Immediate Relative” visa category under INA § 201(b)(2)(A)(i), and, as such, an immigrant visa is “immediately available” to him.
9. Upon approval of the Form I-130, Respondent intends to pursue immigrant visa processing through consular processing and, when procedurally eligible, to seek before the appropriate authorities the necessary relief to facilitate that process, including, if applicable, a provisional unlawful presence waiver (Form I-601A).
10. Respondent has no criminal history, and there is no indication of any other known ground of inadmissibility that would prevent his intended immigrant visa processing. His U.S. citizen wife is a qualifying relative for purposes of an unlawful presence waiver under INA § 212(a)(9)(B)(v). Accordingly, he has a prima facie viable path to seek the waiver necessary for his consular processing.

#### **STATEMENT OF LAW**

Immigration Courts have broad discretion to grant continuances upon a showing of “good cause.” 8 C.F.R. § 1003.29.

In *Matter of L-A-B-R-*, 27 I&N Dec. 405 (A.G. 2018), the Attorney General established that, when a continuance is requested to await the resolution of a collateral matter before another authority, the Immigration Judge must weigh the factors relevant to the existence of good cause, focusing principally on two factors: “(1) the likelihood that the alien will receive the collateral relief, and (2) whether the relief will materially affect the outcome of the removal proceedings.” *Id.* at 413.

The analysis seeks to determine “whether the collateral matter will make a difference in the removal proceedings – that is, whether a continuance is likely to do any good.” *Id.*

Here, the pending I-130 petition is *prima facie* approvable, and its approval constitutes a necessary step for Respondent to proceed with his immigrant visa process through consular processing. Accordingly, both primary factors weigh in favor of granting a continuance.

The Court must also consider secondary factors, including Respondent’s diligence in pursuing the collateral relief, DHS’s position, administrative efficiency concerns, the length of the requested continuance, the number of hearings held and continuances previously granted, and the timing of the request. *L-A-B-R-*, 27 I&N Dec. at 415–17. As demonstrated below, these factors likewise favor the grant of a reasonable continuance in this case.

Thereafter, in *Matter of L-N-Y-*, 27 I&N Dec. 755, 758–59 (BIA 2020), the Board clarified that the two primary *L-A-B-R-* factors are not necessarily dispositive and must be weighed together with the relevant secondary factors, including any uncertainty regarding the amount of time necessary for adjudication of the collateral relief. Here, the collateral relief underlying this request is not a future possibility that has not yet been pursued: the I-130 has already been filed, accepted by USCIS, and remains pending adjudication. Moreover, Respondent seeks only a reasonable continuance, not an indefinite delay until the completion of his entire immigration process.

In the specific context of family-based petitions, *Matter of Hashmi*, 24 I&N Dec. 785 (BIA 2009), identified the following relevant factors: (1) DHS’s position on

the motion; (2) whether the underlying visa petition is prima facie approvable; (3) the respondent's statutory eligibility for adjustment of status; (4) whether the adjustment application merits a favorable exercise of discretion; and (5) the reason for the continuance and any other relevant procedural factors. *Id.* at 790.

Respondent acknowledges that *Hashmi* involved a circumstance in which approval of the I-130 would have allowed the respondent to pursue adjustment of status before the Immigration Judge, which is not the case here. Accordingly, the *Hashmi* factors specifically relating to eligibility for, and the discretionary grant of, adjustment of status do not directly apply to this case. Nevertheless, *Hashmi* remains relevant with respect to DHS's position, the prima facie approvability of the pending I-130, and other relevant procedural considerations, while *L-A-B-R-* provides the controlling framework for determining good cause when a continuance is requested based on collateral relief.

The Third Circuit has likewise emphasized that a request for a continuance must be evaluated based on the particular facts and circumstances of the case, rather than through a categorical approach or one focused solely on bringing the proceedings to a conclusion. *Hashmi v. Att'y Gen.*, 531 F.3d 256, 260–61 (3d Cir. 2008).

### **1. Respondent Is Likely to Receive the Collateral Relief**

As the spouse of a United States citizen, Respondent qualifies as an immediate relative under INA § 201(b)(2)(A)(i), meaning that an immigrant visa will be immediately available upon approval of the I-130, without any numerical limitation applicable to his immigrant visa category.

The Petitioner, Sabrina Medina Carneiro, is a United States citizen, as demonstrated by her birth certificate attached as Exhibit A-1, at 1. Respondent and Sabrina Medina Carneiro were married on December 7, 2025, in Philadelphia, Pennsylvania, as demonstrated by the marriage certificate attached as Exhibit A-3, at 23–24. The marriage is bona fide, and the qualifying family relationship satisfies all legal requirements for filing a visa petition on behalf of an immediate-relative spouse under 8 C.F.R. §§ 204.1–204.2. *See* Exhibits A-5 and A-6.

Although Respondent's I-130 petition has not yet been approved, there is no reason to expect that USCIS will deny it. Respondent and his U.S. citizen wife have been married for more than eight months, and the bona fides of the marriage are adequately documented. The I-130 petition filed by Sabrina Medina Carneiro on Respondent's behalf is therefore prima facie approvable.

In support of this showing, Respondent submits the complete I-130 petition package filed with USCIS as Exhibit A, together with the USCIS Receipt Notice as Exhibit B. These documents satisfy the evidentiary standard established by the Board in *Matter of Hashmi*, 24 I&N Dec. 785, 791–92 (BIA 2009) (“respondent's request for a continuance should be supported by particularized facts and evidence, including a copy of the I-130 visa petition packet that the respondent filed with the USCIS, along with the USCIS Notice of Action (Form I-797) showing the date of receipt”).

Similarly, *L-A-B-R-* emphasizes that, in determining whether collateral relief is merely speculative, the Immigration Judge should generally consider the documentation submitted by the respondent, including copies of relevant documents from the collateral proceeding, supporting declarations, and other pertinent evidence. 27 I&N Dec. at 418.

The present case is materially distinguishable from the circumstances presented in *L-A-B-R-*. There, the respondent had submitted to the Court only an incomplete visa petition that his wife intended to file – not a petition that had already been filed and was pending before USCIS. *Id.* at 409.

Here, by contrast, Respondent has already submitted a complete I-130 petition to USCIS, together with a Receipt Notice and documentary evidence of the bona fides of the marriage, thereby fully satisfying the documentation standard contemplated by *L-A-B-R-*.

Moreover, Respondent already has an I-130 that has been actually filed, accepted by USCIS, and remains pending adjudication. This circumstance therefore forecloses any characterization of the collateral relief as remote or speculative.

## **2. Granting the Collateral Relief Will Materially Affect the Outcome of the Proceedings**

Approval of the I-130 constitutes a necessary and substantial step in the immigrant visa process that Respondent intends to pursue.

Once approved, Respondent will no longer merely be the beneficiary of a pending family-based petition; rather, he will be the beneficiary of an approved immediate-relative petition, allowing his family-based immigration process to advance to the subsequent stages of immigrant visa processing.

Following approval of the I-130 and satisfaction of the applicable requirements, Respondent intends, when procedurally eligible and subject to the legal requirements then in effect, to seek a provisional unlawful presence waiver before appearing for his consular interview.

Respondent is not requesting time to prepare or adjudicate a future Form I-601A. The collateral matter currently pending before another agency is exclusively the I-130 petition that has already been filed and is presently under adjudication by USCIS.

Its approval, however, will have a concrete procedural consequence. An approved immigrant visa petition is a necessary step for Respondent to advance through the immigrant visa process and, subject to the other applicable requirements, to later seek a provisional unlawful presence waiver. For respondents in removal proceedings, the regulations expressly recognize, in the administrative-closure analysis, as a relevant factor “[a]ny requirement that a case be administratively closed in order for a petition, application, or other action to be filed with, or granted by, DHS.” 8 C.F.R. § 1003.18(c)(3)(i)(C). In addition, if USCIS subsequently grants a provisional unlawful presence waiver, the Immigration Judge has discretionary authority to terminate the proceedings. 8 C.F.R. § 1003.18(d)(1)(ii)(D).

If the I-130 is denied, that decision will likewise provide clarity to the Court, allowing the removal proceedings to move forward without any further need to await resolution of the collateral matter.

Accordingly, adjudication of the pending I-130 will materially affect the future course of these proceedings, satisfying the second primary factor identified in *L-A-B-R-*.

### **3. The Secondary Factors Favor a Continuance**

In *Matter of L-A-B-R-*, 27 I&N Dec. 405 (A.G. 2018), the Attorney General identified relevant secondary factors, including the respondent's diligence in pursuing collateral relief, administrative efficiency considerations, the number of continuances previously granted, and the timing of the motion. Each of these factors weighs in Respondent's favor.

This Motion is filed in good faith and solely for the purpose of allowing USCIS to complete adjudication of the pending I-130 petition.

#### **a. Respondent's Diligence**

The chronology of Respondent's actions demonstrates diligence. Respondent married his U.S. citizen wife on December 7, 2025, and the Form I-130 was filed with USCIS on April 16, 2026.

Respondent therefore did not wait until the eve of the hearing to initiate the collateral process, nor is he merely expressing an intention to seek relief at some future point. The petition has already been filed and remains under adjudication by the agency with jurisdiction over it.

Any remaining period of delay is attributable to USCIS's processing of the petition, not to any unjustified delay on Respondent's part.

#### **b. DHS's Position**

In *Matter of L-A-B-R-*, the Attorney General recognized that the position of the opposing party often assists the Immigration Judge in resolving motions for procedural relief and, specifically, that DHS's position on a motion for continuance may inform the good-cause analysis. 27 I&N Dec. 405, 416 (A.G. 2018) (citing *Matter of Hashmi*, 24 I&N Dec. 785, 791 (BIA 2009)).

On September 3, 2026, Respondent's counsel contacted the Office of the Principal Legal Advisor ("OPLA") by email to advise it of the present Motion to

Continue and expressly request DHS's position on the requested continuance. As of the filing of this Motion, DHS had not responded to that request.

Nevertheless, *L-A-B-R-* makes clear that DHS's consent, opposition, or failure to take a position is not controlling. The good-cause requirement set forth in 8 C.F.R. § 1003.29 must be satisfied for each continuance requested, regardless of the position taken by DHS. *Id.* at 416.

Here, Respondent made a good-faith effort to obtain DHS's position before filing the present Motion. Regardless of the absence of a response, however, Respondent submits the facts and documentation necessary to satisfy his own burden of demonstrating good cause for a continuance.

**c. Procedural History and Length of the Requested Continuance**

A prior Motion to Continue was filed when Respondent's proceedings were still consolidated with those of his parents. At that time, the request was based on the recent retention of counsel and the need for additional time to prepare the case.

Before the Court ruled on that request on the merits, however, the hearing scheduled for May 5, 2026 had already been rescheduled. The Court therefore deemed the motion moot. This is Respondent's first request for a continuance based on the family-based petition currently pending before USCIS.

Moreover, the present request does not seek to keep the proceedings open indefinitely until completion of the entire consular processing process or adjudication of any eventual waiver. Respondent seeks a limited continuance to a future date selected by the Court, allowing additional time for USCIS to advance the adjudication of the I-130.

**d. Administrative Efficiency and Absence of Dilatory Purpose**

The requested continuance serves a limited purpose. Respondent does not seek merely to delay the ultimate resolution of the case, but rather to permit the agency with jurisdiction over a petition that has already been filed – and that may be relevant to the future disposition of these proceedings – to adjudicate that petition.

A reasonable rescheduling will allow the Court to evaluate the next procedural step with more complete information regarding the viability of

Respondent's immigrant visa process, without binding the Court to any future outcome or keeping the case indefinitely suspended.

Taken together, the primary and secondary factors identified in *L-A-B-R* establish good cause for the grant of a reasonable continuance.

WHEREFORE, Respondent respectfully requests that this Court grant his Motion to Continue the Master Calendar Hearing currently scheduled for September 8, 2026, at 8:00 A.M., and reschedule the matter to a reasonable future date in order to allow USCIS sufficient time to adjudicate the pending Form I-130.

Respectfully,



---

**Otavio Silva (Bar N. 343486)**

**Attorney at Law**

**P.O. Box 90487**

**San Diego, CA 92169**

*Counsel for Respondent*

# Exhibit list

Exhibits:

Pages:

## **Exhibit A - I-130 Petition for Alien Relative Packet**

Copy of Petition for Alien Relative filed with USCIS 1-126  
(Form I-130, along with supporting bona fide  
evidence)

---

## **Exhibit B - Proof of Pending Family-Based Visa Petition**

Receipt Notice for Form I-130 127

---

**Exhibit A - I-130  
Petition for Alien  
Relative Packet**



# Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

## How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

**NOTE:** Please see the USCIS Form G-1450 website for additional information.

**We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.**

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

| Applicant's/Petitioner's/Requester's Information (Full Legal Name)                    |                                                                                                                                                                          |                                                                                              |                                                |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------|
| Given Name (First Name)<br><b>Sabrina</b>                                             |                                                                                                                                                                          | Middle Name (if any)<br><b>Medina</b>                                                        | Family Name (Last Name)<br><b>CARNEIRO</b>     |
| Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card) |                                                                                                                                                                          |                                                                                              |                                                |
| Given Name (First Name)                                                               |                                                                                                                                                                          | Middle Name (if any)                                                                         | Family Name (Last Name)                        |
| Credit Card Holder's Billing Address:                                                 |                                                                                                                                                                          |                                                                                              |                                                |
| Street Number and Name                                                                |                                                                                                                                                                          | Apt. Ste. Flr.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Number                                         |
| City or Town                                                                          |                                                                                                                                                                          | State<br><input type="checkbox"/>                                                            | ZIP Code                                       |
| Credit Card Holder's Signature and Contact Information:                               |                                                                                                                                                                          |                                                                                              |                                                |
| Credit Card Holder's Signature                                                        |                                                                                                                                                                          |                                                                                              |                                                |
| Credit Card Holder's Daytime Telephone Number                                         |                                                                                                                                                                          | Credit Card Holder's Email Address                                                           |                                                |
| Credit Card Information                                                               |                                                                                                                                                                          |                                                                                              |                                                |
| Credit Card Number                                                                    | Credit Card Type: <input type="checkbox"/> Visa<br><input type="checkbox"/> MasterCard<br><input type="checkbox"/> American Express<br><input type="checkbox"/> Discover |                                                                                              | Authorized Payment Amount<br>\$ <b>675 .00</b> |
| Credit Card Expiration Date CVV Code<br>(mm/yyyy)                                     |                                                                                                                                                                          |                                                                                              |                                                |



USCIS  
Attn: I-130  
P.O. Box 4053  
Carol Stream, IL 60197-4053

**RE: Form I-130, Petition for Alien Relative**

**Petitioner: Sabrina Carneiro Medina; Beneficiary: Andrey Cabral de Lima  
(A216-914-876)**

Dear Sir or Madam,

Please find enclosed Form I-130, Petition for Alien Relative, along with all required supporting documentation, filed on behalf of Andrey Cabral de Lima.

- Form G-1450, Authorization for Credit Card Transactions

**Sabrina Carneiro Medina's Signed Forms:**

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative.

**Andrey Cabral de Lima's Signed Forms:**

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- I-130A Supplemental Information For Spouse Beneficiary.

**I. Sabrina Carneiro Medinas's Identification Documents:**

- Sabrina Carneiro Medina's Birth Certificate;
- Sabrina Carneiro Medina's Valid Passport.

**II. Andrey Cabral de Lima's Identification Documents:**

- Andrey Cabral Lima's Birth Certificate with English Translation;
- Andrey Cabral Lima's Valid Passport.

**III. Sabrina Carneiro Medina and Andrey Cabral de Lima's Proof of Marital Status**

- Sabrina Carneiro Medina and Andrey Cabral de Lima's Marriage Certificate;

**IV. Exhibit 4 - Sabrina Carneiro Medina and Andrey Cabral de Lima's Declarations**

- Sabrina Carneiro Medina's Declaration;
- Andrey Cabral de Lima's Declaration with English Translation.

**V. Exhibit 5 - Evidence of Bona Fide Marriage:**

- Proof of Joint Insurance;
- Proof of Joint Mobile Account;
- Proof of Joint Residence;
- Proof of Job and Emergency Contact listing Andrey on Sabrina's job;
- Proof of Joint Bank Account;
- Proof of Joint Trips;
- Sabrina Medina Carnero and Andrey Cabral de Lima's Instagram Profile;
- Joint Photos.

**VI. Exhibit 6 - Letters of Support**

- Letter of Support Provided by Liz Marie Velez Fernandez;
- Letter of Support Provided by Fernanda Sany Mota Marinho;
- Letter of Support Provided by Victoria Soares de Almeida.

**VII. Exhibit 7 – Notice to Appear Issued to Beneficiary**

- Andrey Cabral de Lima's Notice to Appear.

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



04/06/2026

\_\_\_\_\_  
Otavio Haverroth Silva (SBN: 343486)

Attorney at Law - 510-241-9336

# Sabrina Carneiro Medina's Signed Forms.



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name **PO Box 90487**

3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**  
(USPS ZIP Code Lookup)

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

6. Email Address (if any) **otavio@legalhs.com**

7. Fax Number (if any) **N/A**

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

**California**

1.b. Bar Number (if applicable)

**343486**

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

**HS Law Corp**

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

**N/A**

2.c. Date of Accreditation (mm/dd/yyyy)

**N/A**

3. ☐ I am associated with

**N/A**

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

**N/A**



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
**I-130, I-130A**
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.  
**N/A**
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.  
**N/A**
4. Receipt Number (if any)  
▶ **N/A**
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☒ Petitioner ☐ Requestor  
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **CARNEIRO**
- 6.b. Given Name (First Name) **Sabrina**
- 6.c. Middle Name **Medina**
- 7.a. Name of Entity (if applicable)  
**N/A**
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
**N/A**
8. Client's USCIS Online Account Number (if any)  
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)  
▶ A- **0 4 0 3 4 5 5 1 8**

### Client's Contact Information

10. Daytime Telephone Number  
**6103339286**
11. Mobile Telephone Number (if any)  
**6103339286**
12. Email Address (if any)  
**sabrimedina10@icloud.com**

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country  
**USA**

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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

***Options Regarding Receipt of USCIS Notices and Documents***

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

***Signature of Client or Authorized Signatory for an Entity***

2.a. Signature of Client or Authorized Signatory for an Entity

➔ Salsima Medina Cermeno

2.b. Date of Signature (mm/dd/yyyy) 03/24/2026

**Part 5. Signature of Attorney or Accredited Representative**

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

1. a. Signature of Attorney or Accredited Representative

[Signature]

1.b. Date of Signature (mm/dd/yyyy) 03/24/2026

2.a. Signature of Law Student or Law Graduate

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



## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

|     |                            |          |
|-----|----------------------------|----------|
| 1.a | Family Name<br>(Last Name) | CARNEIRO |
|-----|----------------------------|----------|

|                                 |         |
|---------------------------------|---------|
| 1.b. Given Name<br>(First Name) | Sabrina |
|---------------------------------|---------|

|                  |               |
|------------------|---------------|
| 1.c. Middle Name | <b>Medina</b> |
|------------------|---------------|

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| <b>2.a.</b> Page Number | <b>2.b.</b> Part Number | <b>2.c.</b> Item Number |
| N/A                     | N/A                     | N/A                     |

2.d. N/A

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| <b>3.a.</b> Page Number | <b>3.b.</b> Part Number | <b>3.c.</b> Item Number |
| N/A                     | N/A                     | N/A                     |

3.d. N/A

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| <b>4.a.</b> Page Number | <b>4.b.</b> Part Number | <b>4.c.</b> Item Number |
| N/A                     | N/A                     | N/A                     |

4.d. N/A

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| <b>5.a.</b> Page Number | <b>5.b.</b> Part Number | <b>5.c.</b> Item Number |
| N/A                     | N/A                     | N/A                     |

[illegible]

|                         |                         |                         |
|-------------------------|-------------------------|-------------------------|
| <b>6.a.</b> Page Number | <b>6.b.</b> Part Number | <b>6.c.</b> Item Number |
| N/A                     | N/A                     | N/A                     |

6.d. N/A





**Petition for Alien Relative**  
**Department of Homeland Security**  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-130**  
OMB No. 1615-0012  
Expires 02/28/2027

| For USCIS Use Only                                                                 |                                                                                                                                                             | Fee Stamp                                                                                                                                       | Action Stamp |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A-Number<br>A- <input type="text"/>                                                |                                                                                                                                                             |                                                                                                                                                 |              |
| Initial Receipt                                                                    |                                                                                                                                                             |                                                                                                                                                 |              |
| Resubmitted                                                                        |                                                                                                                                                             |                                                                                                                                                 |              |
| Relocated                                                                          | Section of Law/Visa Category                                                                                                                                |                                                                                                                                                 |              |
| Received                                                                           | <input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1 <input type="checkbox"/> 203(a)(2)(B) Unm. S/D - F2-4 |                                                                                                                                                 |              |
| Sent                                                                               | <input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married S/D - F3-1 |                                                                                                                                                 |              |
| Completed                                                                          | <input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1   |                                                                                                                                                 |              |
| Approved                                                                           | Petition was filed on (Priority Date mm/dd/yyyy):                                                                                                           | <input type="checkbox"/> Field Investigation <input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved         |              |
| Returned                                                                           | PDR request granted/denied - New priority date (mm/dd/yyyy):                                                                                                | <input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously |              |
|                                                                                    |                                                                                                                                                             | <input type="checkbox"/> 203(g) Resolved <input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved                 |              |
| Remarks                                                                            |                                                                                                                                                             |                                                                                                                                                 |              |
| At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____ |                                                                                                                                                             |                                                                                                                                                 |              |

| To be completed by an attorney or accredited representative (if any).         |                                                           |                                                                                  |                                                                                                                         |
|-------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. | Volag Number (if any)<br><input type="text" value="N/A"/> | Attorney State Bar Number (if applicable)<br><input type="text" value="343486"/> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><input type="text" value="007492625438"/> |

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.  
**Complete and submit as many copies of Part 9., as necessary, with your petition.**

**Part 1. Relationship** (You are the Petitioner. Your relative is the Beneficiary)

- I am filing this petition for my (Select **only one** box):  
☒ Spouse   ☐ Parent   ☐ Brother/Sister   ☐ Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):  
☐ Child was born to parents who were married to each other at the time of the child's birth  
☐ Stepchild/Stepparent  
☐ Child was born to parents who were not married to each other at the time of the child's birth  
☐ Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption?   ☐ Yes   ☐ No
- Did you gain lawful permanent resident status or citizenship through adoption?   ☐ Yes   ☒ No

**Part 2. Information About You** (Petitioner)

- Alien Registration Number (A-Number) (if any)  
► A-  /
- USCIS Online Account Number (if any)  
►
- U.S. Social Security Number (if any)  
►

**Your Full Name**

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name



## Part 2. Information About You (Petitioner) (continued)

### Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

### Other Information

6. City/Town/Village of Birth

7. Country of Birth

8. Date of Birth (mm/dd/yyyy)

9. Sex ☐ Male ☒ Female

### Mailing Address

[\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name

10.b. Street Number and Name

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town

10.e. State  10.f. ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

### Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

#### Physical Address 1

12.a. Street Number and Name

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. State  12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy)

#### Physical Address 2

14.a. Street Number and Name

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town

14.d. State  14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

### Your Marital Information

16. How many times have you been married?

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled



**Part 2. Information About You (Petitioner)**  
(continued)

18. Date of Current Marriage (if currently married)  
(mm/dd/yyyy) **12/07/2025**

**Place of Your Current Marriage (if married)**

19.a. City or Town **Philadelphia**

19.b. State **PA**

19.c. Province **N/A**

19.d. Country

**USA**

**Names of All Your Spouses (if any)**

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

**Spouse 1**

20.a. Family Name (Last Name) **CABRAL DE LIMA**

20.b. Given Name (First Name) **Andrey**

20.c. Middle Name **N/A**

21. Date Marriage Ended (mm/dd/yyyy) **Current**

**Spouse 2**

22.a. Family Name (Last Name) **N/A**

22.b. Given Name (First Name) **N/A**

22.c. Middle Name **N/A**

23. Date Marriage Ended (mm/dd/yyyy) **N/A**

**Information About Your Parents**

**Parent 1's Information**

Full Name of Parent 1

24.a. Family Name (Last Name) **NORBERTO MEDINA**

24.b. Given Name (First Name) **Pit**

24.c. Middle Name **N/A**

25. Date of Birth (mm/dd/yyyy) **01/06/1979**

26. Sex ☒ Male ☐ Female

27. Country of Birth

**Uruguai**

28. City/Town/Village of Residence

**Brasilia**

29. Country of Residence

**Brazil**

**Parent 2's Information**

Full Name of Parent 2

30.a. Family Name (Last Name) **CARNEIRO DE OLIVEIRA**

30.b. Given Name (First Name) **Karina**

30.c. Middle Name **N/A**

31. Date of Birth (mm/dd/yyyy) **09/23/1978**

32. Sex ☐ Male ☒ Female

33. Country of Birth

**Brazil**

34. City/Town/Village of Residence

**Brasilia**

35. Country of Residence

**Brazil**

**Additional Information About You (Petitioner)**

36. I am a (Select **only one** box):

☒ U.S. Citizen ☐ Lawful Permanent Resident

**If you are a U.S. citizen, complete Item Number 37.**

37. My citizenship was acquired through (Select **only one** box):

☒ Birth in the United States

☐ Naturalization

☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number

**N/A**

39.b. Place of Issuance

**N/A**

39.c. Date of Issuance (mm/dd/yyyy)

**N/A**



## Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy)

N/A

Place of Admission

40.c. City or Town

N/A

40.d. State

N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

## Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

### Employer 1

42. Name of Employer/Company

Metro By Tmobile

43.a. Street Number and Name

33 E Gay St

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

43.c. City or Town

West Chester

43.d. State

PA

43.e. ZIP Code

19380

43.f. Province

N/A

43.g. Postal Code

N/A

43.h. Country

USA

44. Your Occupation

Rental Sales Manager

45.a. Date From (mm/dd/yyyy)

05/27/2024

45.b. Date To (mm/dd/yyyy)

PRESENT

### Employer 2

46. Name of Employer/Company

Self Employed

47.a. Street Number and Name

N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

47.c. City or Town

N/A

47.d. State

N/A

47.e. ZIP Code

N/A

47.f. Province

N/A

47.g. Postal Code

N/A

47.h. Country

USA

48. Your Occupation

Customer Service

49.a. Date From (mm/dd/yyyy)

01/24/2024

49.b. Date To (mm/dd/yyyy)

05/26/2024

## Part 3. Biographic Information

**NOTE:** Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino

☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White

☐ Asian

☐ Black or African American

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

1

4. Weight

Pounds

1

3

7

5. Eye Color (Select **only one** box)

☐ Black

☐ Blue

☒ Brown

☐ Gray

☐ Green

☐ Hazel

☐ Maroon

☐ Pink

☐ Unknown/Other



**Part 3. Biographic Information (continued)****6. Hair Color (Select only one box)**

- |                                           |                                |                                        |
|-------------------------------------------|--------------------------------|----------------------------------------|
| <input type="checkbox"/> Bald (No hair)   | <input type="checkbox"/> Black | <input type="checkbox"/> Blond         |
| <input checked="" type="checkbox"/> Brown | <input type="checkbox"/> Gray  | <input type="checkbox"/> Red           |
| <input type="checkbox"/> Sandy            | <input type="checkbox"/> White | <input type="checkbox"/> Unknown/Other |

**Part 4. Information About Beneficiary****1. Alien Registration Number (A-Number) (if any)**

▶ A- 2 1 6 9 1 4 8 7 6

**2. USCIS Online Account Number (if any)**

▶ N/A

**3. U.S. Social Security Number (if any)**

▶ N/A

**Beneficiary's Full Name****4.a. Family Name (Last Name)** CABRAL DE LIMA**4.b. Given Name (First Name)** Andrey**4.c. Middle Name** N/A**Other Names Used (if any)**

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

**5.a. Family Name (Last Name)** N/A**5.b. Given Name (First Name)** N/A**5.c. Middle Name** N/A**Other Information About Beneficiary****6. City/Town/Village of Birth**

Palmeiras dos Indios

**7. Country of Birth**

Brazil

**8. Date of Birth (mm/dd/yyyy)**

11/25/2004

**9. Sex** ☒ Male ☐ Female**10. Has anyone else ever filed a petition for the beneficiary?**☐ Yes ☒ No ☐ Unknown**NOTE:** Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.**Beneficiary's Physical Address**If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.**11.a. Street Number and Name** 3225 Unruh Ave**11.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A**11.c. City or Town** Philadelphia**11.d. State** PA **11.e. ZIP Code** 19149**11.f. Province** N/A**11.g. Postal Code** N/A**11.h. Country**

USA

**Other Address and Contact Information**Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.****12.a. Street Number and Name** SAME**12.b.** ☐ Apt. ☐ Ste. ☐ Flr. SAME**12.c. City or Town** SAME**12.d. State** **12.e. ZIP Code** SAMEProvide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.****13.a. Street Number and Name** N/A**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A**13.c. City or Town** N/A**13.d. Province** N/A**13.e. Postal Code** N/A**13.f. Country**

N/A

**14. Daytime Telephone Number (if any)**

8564951707



**Part 4. Information About Beneficiary**  
(continued)

15. Mobile Telephone Number (if any)

8564951707

16. Email Address (if any)

guilherme987lucas@gmail.com

**Beneficiary's Marital Information**

17. How many times has the beneficiary been married?

1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)  
(mm/dd/yyyy)

12/07/2025

**Place of Beneficiary's Current Marriage**  
(if married)

20.a. City or Town Philadelphia

20.b. State PA

20.c. Province N/A

20.d. Country

USA

**Names of Beneficiary's Spouses (if any)**

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

**Spouse 1**

21.a. Family Name (Last Name) CARNEIRO

21.b. Given Name (First Name) Sabrina

21.c. Middle Name Medina

22. Date Marriage Ended (mm/dd/yyyy) Current

**Spouse 2**

23.a. Family Name (Last Name) N/A

23.b. Given Name (First Name) N/A

23.c. Middle Name N/A

24. Date Marriage Ended (mm/dd/yyyy) N/A

**Information About Beneficiary's Family**

Provide information about the beneficiary's spouse and children.

**Person 1**

25.a. Family Name (Last Name) CARNEIRO

25.b. Given Name (First Name) Sabrina

25.c. Middle Name Medina

26. Relationship Spouse

27. Date of Birth (mm/dd/yyyy) 03/10/2004

28. Country of Birth

USA

**Person 2**

29.a. Family Name (Last Name) N/A

29.b. Given Name (First Name) N/A

29.c. Middle Name N/A

30. Relationship N/A

31. Date of Birth (mm/dd/yyyy) N/A

32. Country of Birth

N/A

**Person 3**

33.a. Family Name (Last Name) N/A

33.b. Given Name (First Name) N/A

33.c. Middle Name N/A

34. Relationship N/A

35. Date of Birth (mm/dd/yyyy) N/A

36. Country of Birth

N/A



**Part 4. Information About Beneficiary**  
(continued)

**Person 4**

|                                |     |
|--------------------------------|-----|
| 37.a. Family Name (Last Name)  | N/A |
| 37.b. Given Name (First Name)  | N/A |
| 37.c. Middle Name              | N/A |
| 38. Relationship               | N/A |
| 39. Date of Birth (mm/dd/yyyy) | N/A |
| 40. Country of Birth           | N/A |

**Person 5**

|                                |     |
|--------------------------------|-----|
| 41.a. Family Name (Last Name)  | N/A |
| 41.b. Given Name (First Name)  | N/A |
| 41.c. Middle Name              | N/A |
| 42. Relationship               | N/A |
| 43. Date of Birth (mm/dd/yyyy) | N/A |
| 44. Country of Birth           | N/A |

**Beneficiary's Entry Information**

45. Was the beneficiary **EVER** in the United States?  
☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

|                                                                                                                                                   |            |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| 46.a. He or she arrived as a (Class of Admission):                                                                                                | EWI        |
| 46.b. Form I-94 Arrival-Departure Record Number                                                                                                   | N/A        |
| 46.c. Date of Arrival (mm/dd/yyyy)                                                                                                                | 06/21/2021 |
| 46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status | N/A        |
| 47. Passport Number                                                                                                                               | GC372731   |

|                                                                  |            |
|------------------------------------------------------------------|------------|
| 48. Travel Document Number                                       | N/A        |
| 49. Country of Issuance for Passport or Travel Document          | Brazil     |
| 50. Expiration Date for Passport or Travel Document (mm/dd/yyyy) | 03/17/2026 |

**Beneficiary's Employment Information**

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

|                                                                                                 |               |
|-------------------------------------------------------------------------------------------------|---------------|
| 51.a. Name of Current Employer (if applicable)                                                  | Self Employed |
| 51.b. Street Number and Name                                                                    | N/A           |
| 51.c. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. | N/A           |
| 51.d. City or Town                                                                              | N/A           |
| 51.e. State                                                                                     | N/A           |
| 51.f. ZIP Code                                                                                  | N/A           |
| 51.g. Province                                                                                  | N/A           |
| 51.h. Postal Code                                                                               | N/A           |
| 51.i. Country                                                                                   | USA           |
| 52. Date Employment Began (mm/dd/yyyy)                                                          | 07/01/2021    |

**Additional Information About Beneficiary**

|                                                                                                                 |                                                                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 53. Was the beneficiary <b>EVER</b> in immigration proceedings?                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                   |
| 54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings. | <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Exclusion/Deportation<br><input type="checkbox"/> Rescission <input type="checkbox"/> Other Judicial Proceedings |
| 55.a. City or Town                                                                                              | Philadelphia                                                                                                                                                                          |
| 55.b. State                                                                                                     | PA                                                                                                                                                                                    |
| 56. Date (mm/dd/yyyy)                                                                                           | 05/11/2022                                                                                                                                                                            |



#### Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

|                                                                                                 |     |
|-------------------------------------------------------------------------------------------------|-----|
| 57.a. Family Name (Last Name)                                                                   | N/A |
| 57.b. Given Name (First Name)                                                                   | N/A |
| 57.c. Middle Name                                                                               | N/A |
| 58.a. Street Number and Name                                                                    | N/A |
| 58.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. | N/A |
| 58.c. City or Town                                                                              | N/A |
| 58.d. Province                                                                                  | N/A |
| 58.e. Postal Code                                                                               | N/A |
| 58.f. Country                                                                                   | N/A |

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

|                                                                                                 |                |
|-------------------------------------------------------------------------------------------------|----------------|
| 59.a. Street Number and Name                                                                    | 3225 Unruh Ave |
| 59.b. <input type="checkbox"/> Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. | N/A            |
| 59.c. City or Town                                                                              | Philadelphia   |
| 59.d. State                                                                                     | PA             |
| 59.e. ZIP Code                                                                                  | 19149          |
| 59.f. Province                                                                                  | N/A            |
| 59.g. Postal Code                                                                               | N/A            |
| 59.h. Country                                                                                   | USA            |
| 60.a. Date From (mm/dd/yyyy)                                                                    | 06/18/2025     |
| 60.b. Date To (mm/dd/yyyy)                                                                      | Present        |

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

|                    |     |
|--------------------|-----|
| 61.a. City or Town | N/A |
| 61.b. State        | N/A |

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

|                    |                |
|--------------------|----------------|
| 62.a. City or Town | Rio de Janeiro |
| 62.b. Province     | Rio de Janeiro |
| 62.c. Country      | Brazil         |

**NOTE:** Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

#### Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

|                                                      |     |
|------------------------------------------------------|-----|
| 2.a. Family Name (Last Name)                         | N/A |
| 2.b. Given Name (First Name)                         | N/A |
| 2.c. Middle Name                                     | N/A |
| 3.a. City or Town                                    | N/A |
| 3.b. State                                           | N/A |
| 4. Date Filed (mm/dd/yyyy)                           | N/A |
| 5. Result (for example, approved, denied, withdrawn) | N/A |

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

##### Relative 1

|                              |     |
|------------------------------|-----|
| 6.a. Family Name (Last Name) | N/A |
| 6.b. Given Name (First Name) | N/A |
| 6.c. Middle Name             | N/A |
| 7. Relationship              | N/A |



**Part 5. Other Information (continued)****Relative 2**

|                              |     |
|------------------------------|-----|
| 8.a. Family Name (Last Name) | N/A |
| 8.b. Given Name (First Name) | N/A |
| 8.c. Middle Name             | N/A |
| 9. Relationship              | N/A |

**WARNING:** USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

**PENALTIES:** By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

**Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-130 Instructions before completing this part.

**Petitioner's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in  
a language in which I am fluent. I understood all of this information as interpreted.
2. ☒ At my request, the preparer named in **Part 8.**,  

Otavio Haverroth Silva

prepared this petition for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

3. Petitioner's Daytime Telephone Number  

6103339286
4. Petitioner's Mobile Telephone Number (if any)  

6103339286
5. Petitioner's Email Address (if any)  

sabrinedina10@icloud.com

**Petitioner's Declaration and Certification**

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

**Petitioner's Signature**

- 6.a. Petitioner's Signature (sign in ink)  
➡ 

Sabrina Medina Casimiro
- 6.b. Date of Signature (mm/dd/yyyy) 

03/24/2026

**NOTE TO ALL PETITIONERS:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.



### Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

#### Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

#### Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

#### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

N/A

which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

### Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

N/A

7.b. Date of Signature (mm/dd/yyyy)

N/A

### Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

#### Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

#### Preparer's Mailing Address

3.a. Street Number and Name

PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

San Diego

3.d. State

CA

3.e. ZIP Code

92169

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

USA



---

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)**

***Preparer's Contact Information***

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

***Preparer's Signature***

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy)

03/24/2026



## Part 9. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **CARNEIRO**

1.b. Given Name (First Name) **Sabrina**

1.c. Middle Name **Medina**

2. A-Number (if any) ▶ A- **N/A**

3.a. Page Number **2** 3.b. Part Number **2** 3.c. Item Number **14**

3.d. Other Addresses:  
3 - 1070 W Bridge St, Phoenixville, PA  
19460 USA - From: 01/31/2024 To: 10/28/2024  
4 - 2401 Birney Ave, Scranton, PA - 18505 USA  
From: 04/09/2023 To: 01/30/2024  
5 - Qs 14 Conjunto 8b Casa 12, Brasília, DF  
Brazil - Frin: 01/10/2020 To: 04/08/2023.

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**

7.a. Page Number **N/A** 7.b. Part Number **N/A** 7.c. Item Number **N/A**

7.d. **N/A**



# Andrey Cabral de Lima's Signed Forms.



**Notice of Entry of Appearance  
as Attorney or Accredited Representative**  
Department of Homeland Security

**DHS**  
**Form G-28**  
OMB No. 1615-0105  
Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name **PO Box 90487**

3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**  
(USPS ZIP Code Lookup)

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country

**USA**

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

**5102419336**

5. Mobile Telephone Number (if any)

**5102419336**

6. Email Address (if any)

**otavio@legalhs.com**

7. Fax Number (if any)

**N/A**

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select **all applicable** items.

- 1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

**California**

1.b. Bar Number (if applicable)

**343486**

- 1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

**HS Law Corp**

- 2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

**N/A**

2.c. Date of Accreditation (mm/dd/yyyy)

**N/A**

3. ☐ I am associated with

**N/A**

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

- 4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

**N/A**



### Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
**I-130A**
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.  
**N/A**
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.  
**N/A**
4. Receipt Number (if any)  
▶ **N/A**
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
☐ Applicant ☐ Petitioner ☐ Requestor  
☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **CABRAL DE LIMA**
- 6.b. Given Name (First Name) **Andrey**
- 6.c. Middle Name **N/A**
- 7.a. Name of Entity (if applicable)  
**N/A**
- 7.b. Title of Authorized Signatory for Entity (if applicable)  
**N/A**
8. Client's USCIS Online Account Number (if any)  
▶ **N / A**
9. Client's Alien Registration Number (A-Number) (if any)  
▶ **A- 2 1 6 9 1 4 8 7 6**

### Client's Contact Information

10. Daytime Telephone Number  
**8564951707**
11. Mobile Telephone Number (if any)  
**8564951707**
12. Email Address (if any)  
**guilherme987lucas@gmail.com**

### Mailing Address of Client

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country  
**USA**

### Part 4. Client's Consent to Representation and Signature

#### Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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

***Options Regarding Receipt of USCIS Notices and Documents***

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

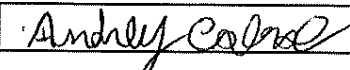
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

***Signature of Client or Authorized Signatory for an Entity***

2.a. Signature of Client or Authorized Signatory for an Entity

➔ 

2.b. Date of Signature (mm/dd/yyyy) 03/24/2026

**Part 5. Signature of Attorney or Accredited Representative**

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

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) 03/24/2026

2.a. Signature of Law Student or Law Graduate

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



## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name) **CABRAL DE LIMA**

1.b. Given Name (First Name) **Andrey**

1.c. Middle Name **N/A**

2.a. Page Number **N/A** 2.b. Part Number **N/A** 2.c. Item Number **N/A**

2.d. **N/A**

3.a. Page Number **N/A** 3.b. Part Number **N/A** 3.c. Item Number **N/A**

3.d. **N/A**

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**





## Supplemental Information for Spouse Beneficiary

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

USCIS  
Form I-130A  
OMB No. 1615-0012  
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).

|                                                                               |                                        |                                                               |                                                                                                              |
|-------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. | <b>Volag Number</b><br>(if any)<br>N/A | <b>Attorney State Bar Number</b><br>(if applicable)<br>343486 | <b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any)<br>0 0 7 4 9 2 6 2 5 4 3 8 |
|-------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

▶ **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

### Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)

▶ A- 2 1 6 9 1 4 8 7 6

2. USCIS Online Account Number (if any)

▶ N/A

### Your Full Name

3.a. Family Name (Last Name) CABRAL DE LIMA

3.b. Given Name (First Name) Andrey

3.c. Middle Name N/A

### Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

#### Physical Address 1

4.a. Street Number and Name 3225 Unruh Ave

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town Philadelphia

4.d. State PA 4.e. ZIP Code 19149

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country

USA

5.a. Date From (mm/dd/yyyy)

10/26/2021

5.b. Date To (mm/dd/yyyy)

PRESENT

#### Physical Address 2

6.a. Street Number and Name 51 Sandstone Ln

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town Willingboro

6.d. State NJ 6.e. ZIP Code 08046

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country

USA

7.a. Date From (mm/dd/yyyy)

06/21/2021

7.b. Date To (mm/dd/yyyy)

10/25/2021

#### Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name Rua Geraldo Vieira

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town Sao Geraldo Do Baixo

8.d. Province N/A

8.e. Postal Code 35258-000

8.f. Country

Brazil



**Part 1. Information About You (The Spouse Beneficiary)**9.a. Date From (mm/dd/yyyy) **11/25/2004**9.b. Date To (mm/dd/yyyy) **06/20/2021****Information About Parent 1**

Full Name of Parent 1

10.a. Family Name (Maiden Name) **PAIXAO DE LIMA**10.b. Given Name (First Name) **Jose**10.c. Middle Name **N/A**11. Date of Birth (mm/dd/yyyy) **08/06/1974**12. Sex ☒ Male ☐ Female13. City/Town/Village of Birth  
**Palmeira dos Índios**14. Country of Birth  
**Brazil**15. City/Town/Village of Residence  
**Philadelphia**16. Country of Residence  
**USA****Information About Parent 2**

Full Name of Parent 2

17.a. Family Name (Last Name) **CABRAL TEIXEIRA**17.b. Given Name (First Name) **Arlete**17.c. Middle Name **N/A**18. Date of Birth (mm/dd/yyyy) **03/16/1982**19. Sex ☐ Male ☒ Female20. City/Town/Village of Birth  
**Ouro Branco**21. Country of Birth  
**Brazi**22. City/Town/Village of Residence  
**Philadelphia**23. Country of Residence  
**USA****Part 2. Information About Your Employment**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

**Employment History****Employer 1**

1. Name of Employer/Company

**Self Employed**2.a. Street Number and Name **N/A**2.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**2.c. City or Town **N/A**2.d. State **N/A** 2.e. ZIP Code **N/A**2.f. Province **N/A**2.g. Postal Code **N/A**2.h. Country  
**USA**3. Your Occupation  
**Construction**4.a. Date From (mm/dd/yyyy) **07/01/2021**4.b. Date To (mm/dd/yyyy) **PRESENT****Employer 2**

5. Name of Employer/Company

**N/A**6.a. Street Number and Name **N/A**6.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**6.c. City or Town **N/A**6.d. State **N/A** 6.e. ZIP Code **N/A**6.f. Province **N/A**6.g. Postal Code **N/A**6.h. Country  
**N/A**

## Part 2. Information About Your Employment (continued)

7. Your Occupation

N/A

8.a. Date From (mm/dd/yyyy)

N/A

8.b. Date To (mm/dd/yyyy)

N/A

## Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in Part 7. Additional Information.

1. Name of Employer/Company

N/A

2.a. Street Number  
and Name

N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town

N/A

2.d. State



2.e. ZIP Code

N/A

2.f. Province

N/A

2.g. Postal Code

N/A

2.h. Country

N/A

3. Your Occupation

N/A

4.a. Date From (mm/dd/yyyy)

N/A

4.b. Date To (mm/dd/yyyy)

N/A

## Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-130 and Form I-130A Instructions before completing this part.

### Spouse Beneficiary's Statement

NOTE: Select the box for either Item Number 1.a. or 1.b. If applicable, select the box for Item Number 2.

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

- 1.b. ☒ The interpreter named in Part 5, read to me every question and instruction on this form and my answer to every question in

Portuguese

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in Part 6.,

Otavio Haverroth Silva

prepared this form for me based only upon information I provided or authorized.

### Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number

8564951707

4. Spouse Beneficiary's Mobile Telephone Number (if any)

8564951707

5. Spouse Beneficiary's Email Address (if any)

guilherme987lucas@gmail.com

### Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

### Spouse Beneficiary's Signature

- 6.a. Spouse Beneficiary's Signature (sign in ink)



Andreia Carvalho

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

03/24/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

### Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

#### Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

#### Interpreter's Mailing Address

3.a. Street Number and Name

PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town

San Diego

3.d. State

CA

3.e. ZIP Code

92169

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

USA

#### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

4154252508

5. Interpreter's Mobile Telephone Number (if any)

4154252508

6. Interpreter's Email Address (if any)

andre@yousalaw.com

#### Interpreter's Certification

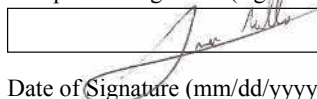
I certify, under penalty of perjury, that:

I am fluent in English and **portuguese**,

which is the same language provided in **Part 4., Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

#### Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)



7.b. Date of Signature (mm/dd/yyyy)

03/24/2026

### Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

#### Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

#### Preparer's Mailing Address

3.a. Street Number and Name

PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town

San Diego

3.d. State

CA

3.e. ZIP Code

92169

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

USA



**Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)**

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

**Preparer's Statement**

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

**Preparer's Signature**

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy)

03/24/2026



## Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) **CABRAL DE LIMA**  
1.b. Given Name (First Name) **Andrey**  
1.c. Middle Name **N/A**

2. A-Number (if any) ► A- **2 1 6 9 1 4 8 7 6**

3.a. Page Number **1** 3.b. Part Number **1** 3.c. Item Number **4.a**

3.d. Street: **Rua Geraldo Vieira**

City: **Sao Geraldo do Baixo**

Postal Code: **35258-000**

Country: **Brazil**

Date from: **25/11/2004**

Date to: **06/20/2021**

4.a. Page Number **3** 4.b. Part Number **3** 4.c. Item Number **1**

4.d. **I have never worked outside the USA.**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**

7.a. Page Number **N/A** 7.b. Part Number **N/A** 7.c. Item Number **N/A**

7.d. **N/A**



# Exhibit list

Exhibits:

Pages:

---

## **Exhibit 1 - Sabrina Carneiro Medina's Identification Documents**

|                                              |   |
|----------------------------------------------|---|
| Sabrina Carneiro Medina's Birth Certificate; | 1 |
| Sabrina Carneiro Medina's Valid Passport.    | 2 |

---

## **Exhibit 2 - Andrey Cabral de Lima's Identification Documents**

|                                                                  |      |
|------------------------------------------------------------------|------|
| Andrey Cabral Lima's Birth Certificate with English Translation; | 3-5  |
| Andrey Cabral Lima's Valid Passport.                             | 6-22 |

---

## **Exhibit 3 - Sabrina Carneiro Medina and Andrey Cabral de Lima's Proof of Marital Status**

|                                                                           |       |
|---------------------------------------------------------------------------|-------|
| Sabrina Carneiro Medina and Andrey Cabral de Lima's Marriage Certificate; | 23-24 |
|---------------------------------------------------------------------------|-------|

---

## **Exhibit 4 - Sabrina Carneiro Medina and Andrey Cabral de Lima's Declarations**

|                                                               |       |
|---------------------------------------------------------------|-------|
| Sabrina Carneiro Medina's Declaration;                        | 25-27 |
| Andrey Cabral de Lima's Declaration with English Translation. | 28-30 |

---

## **Exhibit 5 - Evidence of Bona Fide Marriage**

|                                                                     |       |
|---------------------------------------------------------------------|-------|
| Proof of Joint Insurance;                                           | 31-32 |
| Proof of Joint Mobile Account;                                      | 33    |
| Proof of Joint Residence;                                           | 34-38 |
| Proof of Job and Emergency Contact listing Andrey on Sabrina's job; | 39    |
| Proof of Joint Bank Account;                                        | 40    |

|                                                                       |       |
|-----------------------------------------------------------------------|-------|
| Proof of Joint Trips;                                                 | 41-45 |
| Sabrina Medina Carnero and Andrey Cabral de Lima's Instagram Profile; | 46-47 |
| Joint Photos.                                                         | 48-77 |

---

#### **Exhibit 6 - Letters of Support**

|                                                           |       |
|-----------------------------------------------------------|-------|
| Letter of Support Provided by Liz Marie Velez Fernandez;  | 78-80 |
| Letter of Support Provided by Fernanda Sany Mota Marinho; | 81-83 |
| Letter of Support Provided by Victoria Soares de Almeida. | 84-85 |

---

#### **Exhibit 7 - Notice to Appear Issued to Beneficiary**

|                                           |    |
|-------------------------------------------|----|
| Andrey Cabral de Lima's Notice to Appear. | 86 |
|-------------------------------------------|----|

---

# **Exhibit 1 - Sabrina Carneiro Medina's Identification Documents**

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH  
VITAL RECORDS

*Certification of Birth*

DATE OF  
BIRTH

03-10-2004

FILE  
NO.

0343070-2004

DATE  
FILED

04-10-2004

COUNTY OF  
BIRTH

LACKAWANNA

DATE  
ISSUED

03-29-2005

NAME

SABRINA MEDINA CARNEIRO

SEX

FEMALE

FATHER'S NAME

PIT NORBERTO MEDINA

MOTHER'S MAIDEN NAME

KARINA CARNEIRO MENDONCA

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health,  
in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

*Calvin B. Johnson*

Calvin B. Johnson, M.D., M.P.H.  
Secretary of Health

*Charles Hardester*

Charles Hardester  
State Registrar



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

LPN

12853503

Sabrina Medina Carrasco

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

THE UNITED STATES OF AMERICA

UVA



Nationality/Nationalité/Nacionalidad  
**UNITED STATES OF AMERICA**  
 Date of birth/Date de naissance/Fecha de nacimiento  
**10 MAR 2004**  
 Sex/Sexe/Sexo  
**F**  
 Place of birth/Lieu de naissance/Lugar de nacimiento  
**PENNSYLVANIA, U.S.A.**  
 Date of issue/Date de délivrance/Fecha de expedición  
**25 OCT 2022**  
 Date of expiration/Date d'expiration/Fecha de caducidad  
**24 OCT 2032**  
 Authority/Autorité/Autoridad  
**UNITED STATES DEPARTMENT OF STATE**

P<USACARNEIRO<<SABRINA<MEDINA<<<<<<<<<<<<<  
A040345518USA0403106F3210248717931579<931750

# **Exhibit 2 - Andrey Cabral de Lima's Identification Documents**

Document digitally  
signed in accordance with  
Provisional Measure  
No. 2200-2/2001  
which established the  
Brazilian Public  
Key Infrastructure (ICP-BRASIL)



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

# BIRTH CERTIFICATE

NAME

**ANDRÊY CABRAL DE LIMA**

CPF

**022.945.176-44**

REGISTRATION

**003715 01 55 2005 1 00023 097 0019412 69**

DATE OF BIRTH (IN FULL)

**NOVEMBER TWENTY-FIFTH, TWO THOUSAND FOUR**

DAY

**25**

MONTH

**11**

YEAR

**2004**

TIME OF BIRTH

**12:15 PM**

CITY OF BIRTH

**PALMEIRA DOS ÍNDIOS/ALAGOAS**

CITY OF REGISTRATION AND STATE

**OURO BRANCO / ALAGOAS**

PLACE, CITY OF BIRTH AND STATE

**SANTA OLIMPIA MATERNITY, PALMEIRA  
DOS ÍNDIOS/ ALAGOAS**

SEX

**MALE**

FILIATION

**JOSÉ PAIXÃO DE LIMA AND ARLETE CABRAL TEIXEIRA**

GRANDPARENT'S

**DORALICE IZIDORO DE LIMA (PATERNAL) AND ENEIAS SOARES TEIXEIRA AND MARIA OUNICE  
CABRAL (MATERNAL)**

TWIN

NAME AND REGISTRATION OF THE TWINS

**NO**

DATE OF REGISTRATION (IN FULL)

**FEBRUARY TENTH, TWO THOUSAND FIVE**

LIVE BIRTH REGISTRATION NUMBER

**NO RECORD**

ANNOTATIONS / NOTES TO BE ADDED

**ACT RECORDED IN BOOK A-23, ON PAGE 97V, UNDER No. 19412. NO ANNOTATIONS APPEAR IN THE  
MARGIN OF THE ENTRY.**

REGISTRATION NOTES

**NO RECORD.**

Certificate issued by Manoel Marcos Carvalho Amorim - Civil Registry Office of Natural Persons of Ouro Branco, who electronically signed it on May 2, 2024, in accordance with Provision No. 46/2015 of the National Council of Justice.

The content of this certificate is true. I certify.

This is an electronic public document, issued in accordance with Provisional Measure 2200-2, of 08/24/2001, valid only in digital format, and its reproduction is prohibited.

Civil Registry Officer of Natural Persons  
Ouro Branco - Alagoas  
Manoel Marcos Carvalho Amorim - Registrar  
Praça Antonio Xavier de Carvalho, 73 - Center -  
ZIP Code: 57525-000  
Email: cartorioalamorim@outlook.com or  
mmcamorim@gmail.com  
Phone: (82) 98805-807

Validation of the digital signature attribute  
[www.registrocivil.org.br/validacao](http://www.registrocivil.org.br/validacao)  
Hash Code: 5543856FEDC363048981F47DDA10DEEA  
Civil Registry Information Center - CRC -  
National



Judiciary of the State of Alagoas  
Digital Seal  
12905

Verify the act's details at  
<https://selo.tjal.jus.br>

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



\_\_\_\_\_  
Date: February 26, 2026.

Documento assinado digitalmente conforme MP nº 2200-2/2001 que instituiu a Infraestrutura de Chaves Públicas Brasileira (ICP-BRASIL)



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

## CERTIDÃO DE NASCIMENTO

NOME

**ANDRÊY CABRAL DE LIMA**

CPF

**022.945.176-44**

MATRÍCULA

**003715 01 55 2005 1 00023 097 0019412 69**

DATA DE NASCIMENTO (POR EXTENSO)

**VINTE E CINCO DE NOVEMBRO DE DOIS MIL E QUATRO**

DIA

**25**

MÊS

**11**

ANO

**2004**

HORA DE NASCIMENTO

**12H15MIN**

NATURALIDADE

**PALMEIRA DOS ÍNDIOS/AL**

MUNICÍPIO DE REGISTRO E UNIDADE DA

FEDERAÇÃO

**OURO BRANCO / AL**

LOCAL: MUNICÍPIO DE NASCIMENTO E UF

**MATERNIDADE SANTA OLÍMPIA, PALMEIRA DOS ÍNDIOS/AL**

SEXO

**MASCULINO**

FILIAÇÃO

**JOSÉ PAIXÃO DE LIMA E ARLETE CABRAL TEIXEIRA**

AVÓS

**DORALICE IZIDORO DE LIMA (PATERNO) E ENEIAS SOARES TEIXEIRA E MARIA OUNICE CABRAL (MATERNOS)**

GÊMEOS

**NÃO**

NOME E MATRÍCULA DOS GÊMEOS

DATA DO REGISTRO (POR EXTENSO)

**DEZ DE FEVEREIRO DE DOIS MIL E CINCO**

NÚMERO DA DNV/DECLARAÇÃO DE NASCIDO VIVO

**NÃO INFORMADO**

AVERBAÇÕES / ANOTAÇÕES A ACRESCER

**ATO REGISTRADO NO LIVRO A-23, À FOLHA 97V SOB O Nº 19412. NÃO CONSTAM AVERBAÇÕES À MARGEM DO TERMO.**

ANOTAÇÕES DE CADASTRO

**SEM INFORMAÇÕES.**

Certidão lavrada por Manoel Marcos Carvalho Amorim - Oficial do Registro Civil das Pessoas Naturais de Ouro Branco, o(a) qual assinou eletronicamente aos 02 de Maio de 2024, nos termos do Provimento nº 46/2015 do Conselho Nacional de Justiça

O conteúdo da certidão é verdadeiro. Dou fé

Certidão emitida em 02 de Maio de 2024

Este é um documento público eletrônico, emitido nos termos da Medida Provisória 2200-2, de 24/08/2001, só tendo validade em formato digital, vedada a sua reprodução.

Oficial de Registro Civil das Pessoas Naturais  
Ouro Branco - AL

Manoel Marcos Carvalho Amorim - Oficial  
Praça Antono Xavier de Carvalho, 73 - Centro -  
CEP: 57525-000

E-mail: cartorioalamorim@outlook.com ou  
mmcamorim@gmail.com

Tel: (82) 98805807

Validação do atributo da assinatura digital  
[www.registrocivil.org.br/validacao](http://www.registrocivil.org.br/validacao)

Cod. Hash: 5543856FEDC363048981F47DDA10DEEA

Central de Informações do Registro Civil - CRC-  
Nacional



Poder Judiciário Estado de Alagoas  
Selo Digital  
12905

Confira os dados do ato em  
<https://selo.tjal.jus.br>

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este passaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.



Este documento pertence à

Ce document appartient à la

This document is the property of the

Este documento pertence a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE

PASSEPORT

PASSPORT

PASAPORTE



Assinatura do titular / Signature du titulaire  
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,  
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed,  
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,  
salvo en caso de incapacidad.

PASSAPORTE  
PASSPORT



TIPO / TYPE

PAIS EMISSOR / ISSUING COUNTRY

P

**BRA**

SOBRENOME / SURNAME

**CABRAL DE LIMA**

NAME/ GIVEN NAMES

ANDREY

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE  
25 NOV 2004

SEXO / SEX

NATURALIDADE / PLACE OF BIRTH



NATURALIDADE / PLACE OF BIRTH  
**PALMEIRA DOS INDIOS/AL**

FILIACÃO / FILIATION

FILIAÇÃO / FILIATION  
**JOSE PAIXAO DE LIMA**

ARLETE CABRAL TEIXEIRA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNU 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE

DATA DE EXPEDIÇÃO / DATE OF ISSUE  
**18 MAR/MAR 2021**

VALIDO ATE / DATE OF EXPIRY

17 MAR/MAR 2026

PASSAPORTE Nº / PASSPORT No

GC372731

IDENTIDADE Nº / PERSONAL Nº

AUTORIDADE / AUTHORITY  
DPF/CIT/ES

P<BRACABRAL<DE<LIMA<<ANDREY<<<<<<<<<<<<<<<<<<<<<  
GC372731<7BRA0411251M2603173<<<<<<<<<<<<<<<<08

## INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e

qualquer tentativa de adulteração o tornará inválido.

O extravio — perda, roubo ou destruição — do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, o recomendase que o titular copie as informações da página 2 do Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

E recomendável que o brasileiro residente no exterior, ou no Consulado do Brasil mais próximo, impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas controladas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranqüilidade ao viajante e a seus familiares.

E responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consul  
www.portalconsular.mre.gov.br ou www.pf.gov.br



Para uso das autoridades brasileiras  
Reservé aux autorités brésiliennes  
For the use of Brazilian authorities  
Para uso de las autoridades brasileñas











VISTOS 13 VISAS

VISTOS 12 VISAS



















Os campos abaixo devem ser preenchidos pelo titular.  
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE  
BEARER'S ADDRESS / DIRECCION DEL TITULAR

|                     |       |
|---------------------|-------|
| Endereço / Address: | _____ |
| Cidade / City:      | _____ |
| Estado / State:     | _____ |
| País / Country:     | _____ |
| Telefone / Phone:   | _____ |

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

|                     |       |
|---------------------|-------|
| Nome / Name:        | _____ |
| Endereço / Address: | _____ |
| Cidade / City:      | _____ |
| Estado / State:     | _____ |
| País / Country:     | _____ |
| Telefone / Phone:   | _____ |



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

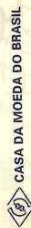
NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do  
Passaporte Eletrônico



CASA DA MOEDA DO BRASIL

**Exhibit 3 - Sabrina  
Carneiro Medina and  
Andrey Cabral de  
Lima's Proof of  
Marital Status**

No. 280393

**DUPLICATE**

We hereby certify, that on the December day of 07th two thousand and twenty five we united ourselves in marriage, at Philadelphia, in the County of Philadelphia, having first obtained from the Clerk of the Orphans' Court Division of the Court of Common Pleas of said County a declaration that he was satisfied that there was no existing legal impediment to our so doing.

Andrey Cabral de Lima  
ANDREY CABRAL DE LIMA

Sabrina Medina Carneiro  
SABRINA MEDINA CARNEIRO

We, the undersigned, were present at the solemnization of the marriage of  
ANDREY CABRAL DE LIMA and SABRINA MEDINA CARNEIRO  
as set forth in the foregoing certificate.

Address: 3225 unruh ave Signature: ARETE LABAAL  
Philadelphia, PA 19149 Witness-Print: ARETE LABAAL TEIXEIRA

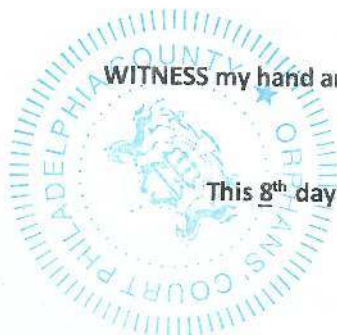
Address: 3225 unruh ave Signature: Marcelo Cabral  
Philadelphia, PA 19149 Witness-Print: MARCELO CABRAL DE LIMA

Commonwealth of Pennsylvania :

County of Philadelphia



I, Shameira Gissendanner hereby certify the foregoing to be true and accurate copy of  
the Application for Marriage and Certificate Numbered 280393 as the same  
appears of record in the office of the Clerk of the Orphan's Court Division of the  
Court of Commons Pleas of Philadelphia County.



WITNESS my hand and seal of the said Court

This 8th day of December A.D., 2025

S. Gissendanner

Assistant Clerk of Orphan's Court Division

## MARRIAGE RECORD

| APPLICANT                                                                                                                                                    |                                                          |                                            |                             | APPLICANT                                                                                                                                                    |                                                          |                                            |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|-----------------------------|
| 5a. NAME (First, Middle, Last)                                                                                                                               |                                                          | 5c.                                        |                             | 5b. NAME (First, Middle, Last)                                                                                                                               |                                                          | 5c. MAIDEN SURNAME (If different)          |                             |
| ANDREY CABRAL DE LIMA                                                                                                                                        |                                                          |                                            |                             | SABRINA MEDINA CARNEIRO                                                                                                                                      |                                                          | CARNEIRO                                   |                             |
| 6a. RESIDENCE (Address)                                                                                                                                      |                                                          | 6b. CITY                                   | 6c. STATE                   | 6d. RESIDENCE (Address)                                                                                                                                      |                                                          | 6e. CITY                                   | 6f. STATE                   |
| 3225 UNRUH AVE - 19149                                                                                                                                       |                                                          | PHILADELPHIA                               | PA                          | 3225 UNRUH AVE - 19149                                                                                                                                       |                                                          | PHILADELPHIA                               | PA                          |
| 7a. BIRTHPLACE (State or Foreign Country)                                                                                                                    | 7b. DATE OF BIRTH (Month, Date, Year)                    | 7c. AGE LAST BIRTHDAY                      |                             | 7d. BIRTHPLACE (State or Foreign Country)                                                                                                                    | 7e. DATE OF BIRTH (Month, Date, Year)                    | 7f. AGE LAST BIRTHDAY                      |                             |
| BRAZIL                                                                                                                                                       | 11/25/2004                                               | 20                                         |                             | PA                                                                                                                                                           | 03/10/2004                                               | 21                                         |                             |
| 8a. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)                                                                                                    | 8b. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED (Specify) |                                            | 8c. DATE (Month, day, year) | 8d. NUMBER OF THIS MARRIAGE First, Second, etc. (Specify)                                                                                                    | 8e. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED (Specify) |                                            | 8f. DATE (Month, day, year) |
| 1st                                                                                                                                                          |                                                          |                                            |                             | 1st                                                                                                                                                          |                                                          |                                            |                             |
| 9a. TRANSMISSIBLE DISEASE                                                                                                                                    | 9b. EDUCATION (Specify only highest grade completed)     |                                            |                             | 9c. TRANSMISSIBLE DISEASE                                                                                                                                    | 9d. EDUCATION (Specify only highest grade completed)     |                                            |                             |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                          | Elementary/Secondary (0-12) College (1-4 or 5+)          |                                            |                             | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO                                                                                          | Elementary/Secondary (0-12) College (1-4 or 5+)          |                                            |                             |
|                                                                                                                                                              | 10                                                       |                                            | 0                           |                                                                                                                                                              | 12                                                       |                                            | 0                           |
| 10a. USUAL OCCUPATION                                                                                                                                        |                                                          |                                            |                             | 10b. USUAL OCCUPATION                                                                                                                                        |                                                          |                                            |                             |
| CARPENTER                                                                                                                                                    |                                                          |                                            |                             | CUSTOMER SERVICE                                                                                                                                             |                                                          |                                            |                             |
| 11a. FATHER'S NAME (First, Middle, Last)                                                                                                                     |                                                          | 11b. BIRTHPLACE (State or Foreign Country) |                             | 11c. FATHER'S NAME (First, Middle, Last)                                                                                                                     |                                                          | 11d. BIRTHPLACE (State or Foreign Country) |                             |
| JOSE PAIXAO DE LIMA                                                                                                                                          |                                                          | BRAZIL                                     |                             | PIT NORBERTO MEDINA                                                                                                                                          |                                                          | URUGUAY                                    |                             |
| 12a. MOTHER'S NAME (First, Middle, Last)                                                                                                                     |                                                          |                                            |                             | 12b. MOTHER'S NAME (First, Middle, Last)                                                                                                                     |                                                          |                                            |                             |
| ARLETE CABRAL TEIXEIRA                                                                                                                                       |                                                          |                                            |                             | KARINA CARNEIRO DE OLIVEIRA                                                                                                                                  |                                                          |                                            |                             |
| 12c. MAIDEN SURNAME                                                                                                                                          |                                                          | 12d. BIRTHPLACE (State or Foreign Country) |                             | 12e. MAIDEN SURNAME                                                                                                                                          |                                                          | 12f. BIRTHPLACE (State or Foreign Country) |                             |
| CABRAL TEIXEIRA                                                                                                                                              |                                                          | BRAZIL                                     |                             | DE OLIVEIRA                                                                                                                                                  |                                                          | BRAZIL                                     |                             |
| 13a. FATHER'S RESIDENCE                                                                                                                                      |                                                          |                                            |                             | 13b. FATHER'S RESIDENCE                                                                                                                                      |                                                          |                                            |                             |
| PA                                                                                                                                                           |                                                          |                                            |                             | BRAZIL                                                                                                                                                       |                                                          |                                            |                             |
| 14a. FATHER'S USUAL OCCUPATION                                                                                                                               |                                                          |                                            |                             | 14b. FATHER'S USUAL OCCUPATION                                                                                                                               |                                                          |                                            |                             |
| CARPENTER                                                                                                                                                    |                                                          |                                            |                             | PAINTER                                                                                                                                                      |                                                          |                                            |                             |
| 15a. MOTHER'S RESIDENCE                                                                                                                                      |                                                          |                                            |                             | 15b. MOTHER'S RESIDENCE                                                                                                                                      |                                                          |                                            |                             |
| PA                                                                                                                                                           |                                                          |                                            |                             | BRAZIL                                                                                                                                                       |                                                          |                                            |                             |
| 16a. MOTHER'S USUAL OCCUPATION                                                                                                                               |                                                          |                                            |                             | 16b. MOTHER'S USUAL OCCUPATION                                                                                                                               |                                                          |                                            |                             |
| HOUSECLEANER                                                                                                                                                 |                                                          |                                            |                             | TEACHER                                                                                                                                                      |                                                          |                                            |                             |
| DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA'S MARRIAGE LAW? (SEE REVERSE SIDE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                          |                                            |                             | DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA'S MARRIAGE LAW? (SEE REVERSE SIDE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                                                          |                                            |                             |

We, the undersigned, in accordance with the statements hereinabove contained, the facts set forth wherein we and each of us do solemnly swear are true and correct to the best of our knowledge, information, and belief, do hereby make application to the Clerk of Orphans' Court Division of Court of Common Pleas of Philadelphia County, Pennsylvania, for a license to marry.

Print Name: ANDREY CABRAL DE LIMA

Print Name: SABRINA MEDINA CARNEIRO

Andrey Cabral

Sabrina

SIGNATURE OF APPLICANT

SIGNATURE OF APPLICANT

Sworn and Subscribed to before me this 10th day of NOVEMBER A.D. 20 25

PREMARITAL FORMS FILED:

Janice Youngblood

ASSISTANT CLERK

John P. Sabatone Esq.

CLERK OF ORPHANS' COURT

# **Exhibit 4 - Sabrina Carneiro Medina and Andrey Cabral de Lima's Declarations**

## **Statement in support of my husband's family-based petition**

My name is Sabrina Medina Carneiro, I was born on March 10, 2004, and through this letter I come to report in a completely true and detailed manner my relationship with my husband Andrey Cabral de Lima.

On April 2, 2025, I went to my friend Fernanda's house, as usual since I am a client of her mother's and get eyelash extensions with her. On that specific day, we were talking about relationships, family, and the future, and I ended up mentioning my desire to meet someone calm and perhaps start a relationship. In the middle of the conversation, Fernanda told me she had a friend to introduce to me, showed me his Instagram profile, and told me he was single. Visually, I liked him right away and sent a friend request at that same moment; he accepted me and we started talking from then on.

We spent the whole week talking, discussing our families, work, and mutual friends. Already in that first week, he asked me to go out together on Saturday to get to know each other better, and I undoubtedly accepted.

So, on April 5, 2025, we went out for the first time. We went to a Brazilian pizzeria called Bizza Pizza in Philadelphia. He picked me up at home, and I can remember exactly how nervous I was. As soon as he arrived, we headed to our destination, and from that moment on, we never stopped keeping in touch.

The following month, I had a trip scheduled to Brazil. We talked about it and decided to take things slowly and see what would happen. My trip was on May 8, 2025, he drove me to the airport, and throughout the entire trip we talked every day, we made video calls, and he even got to meet my family members. By the end of the trip, I knew exactly what I felt for him and was very hopeful that he would ask me to be his girlfriend, and, to my surprise, when he picked me up at the airport, he was waiting for me with a huge bouquet of roses and finally asked me to be his girlfriend.

As time went by, we were already talking about living together. At the time, I was renting a room in a friend's house in Phoenixville, and where I lived was a one-hour drive to Andrey's house; as soon as I returned from Brazil, I stayed at his house every week, so he asked me if I wanted to live with him and his family, and I accepted, I knew I wanted what was best for my relationship.

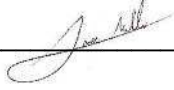
So, on June 18, 2025, I officially moved in.

He and I enjoyed the summer a lot, with outings and trips, and one of our destinations was Atlantic City. We booked an Airbnb for two nights, and on August 24, 2025, he surprised me once again with a marriage proposal on the beach, with the most beautiful ring in the world, I felt like the luckiest and most loved woman in the world, it was a dream come true and one of the best days of my life.

We immediately began the wedding preparations, and the first step was to go to the registry office and obtain the necessary documents and information to schedule the civil wedding. We reached an agreement and decided to hold our religious ceremony in Brazil, since my family lives there, and here we would hold an intimate ceremony only with friends and some of Andrey's family members. Our celebration took place on December 20, 2025, at a Brazilian restaurant called Charkoal's Brazilian Steakhouse, and for our honeymoon, we went to the Kalahari hotel in the Poconos. I declare under penalty of perjury that the foregoing is true and correct.

----//signature//----

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: March 2, 2026.**

## Declaração em apoio pedido de Family based do meu marido

Me chamo Sabrina Medina Carneiro, nasci no dia 10 de março de 2004, e por meio desta carta venho relatar de forma totalmente verdadeira e detalhada o meu relacionamento com o meu marido Andrey Cabral de Lima.

No dia 2 de abril de 2025 fui até a casa da minha amiga Fernanda, já como de costume pois cliente da mãe dela e realizo extensão de cílios com ela. Nesse dia específico estávamos falando sobre relacionamento, família e futuro, e eu acabei relatando o meu desejo de conhecer alguém tranquilo e talvez iniciar um relacionamento, no meio da conversa a Fernanda me disse q tinha um amigo para me apresentar, me mostrou o perfil dele no Instagram e me disse q estava solteiro, visualmente eu gostei dele de primeira e na mesma hora enviei uma solicitação de amizade, ele me aceitou e já daí começamos a conversar.

Ficamos a semana toda conversando, falamos sobre nossas famílias, trabalho e amigos incomum. Já nessa primeira semana ele me chamou para sairmos juntos no sábado para nos conhecermos melhor, e eu sem dúvidas aceitei.

Então, no dia 5 de abril de 2025 saímos a primeira vez, fomos a uma pizzaria brasileira chamada Bizza Pizza, na Philadelphia. Ele me buscou em casa e eu consigo me lembrar exatamente o quão nervosa eu estava, assim q ele chegou fomos para o destino e deste então, nunca mais cortamos contato.

No mês seguinte eu tinha uma viagem agendada para a o Brasil, nós dois conversamos sobre isso e decidimos ir com calma e ver no q aconteceria, minha viagem foi no dia 8 de maio de 2025, ele me levou até o aeroporto e durante toda a viagem nós falamos todos os dias, fizemos chamadas de vídeo e ele até chegou a conhecer meus familiares. Já no final da viagem sabia exatamente o que sentia por ele já estava muito esperançosa de acontecer o pedido de namoro, e , para a minha surpresa quando ele foi me buscar no aeroporto estava me esperando com um buquê de rosas enorme e com ele finalmente o pedido de namoro.

Com o passar do tempo já estávamos falando sobre morar juntos, na época eu alugava um quarto na casa de uma amiga em Phoenixville e onde eu morava era um percurso de 1 hora até a casa do Andrey, assim q voltei do Brasil ficava toda a semana na casa dele então, ele me perguntou se eu não queria morar com ele e a família dele, e eu aceitei, sabia q queria melhor para o meu relacionamento. Então no dia 18 de junho de 2025 me mudei oficialmente.

Eu e ele aproveitamos bastante o verão, com passeios, viagens e um dos nossos destinos foi Atlantic City, reservamos um Airbnb por 2 noites e no dia 24 de agosto de 2025 ele me surpreende mais uma vez com um pedido de casamento, na beira da praia, com o anel mais lindo do mundo, eu me sentir a mulher mais sortuda e amada do mundo, foi a realização de um sonho e um dos melhores dias da minha vida.

Já logo começamos os preparativos para o casamento, a primeira etapa foi ir até o cartório e obter os documentos e informações necessárias para agendar o casamento no civil. Entramos em um acordo e decidimos realizar nossa cerimônia religiosa no Brasil, já que minha família reside lá, e aqui realizar uma cerimônia intimista somente com amigos e alguns familiares dos Andrey. Nossa celebração se realizou no dia 20 de dezembro de 2025 em um restaurante brasileiro chamado Charkoal's Brazilian Steakhouse, e para nossa lua de mel, fomos até o Kalarari hotel, em Poconos.

Declaro, sob pena de perjúrio, que tudo acima é verdadeiro e correto.

*Sabrina Medina Carneiro*

## RELATIONSHIP STATEMENT

I met my wife through a mutual friend named Fernanda. She had gone to get her eyelashes done at Fernanda's mother's house, and then she introduced us over the internet. She started following me on Instagram on the night of April 2, 2025, and we began talking the following morning through Instagram itself.

I invited her to go out on April 5, 2025. I picked her up at her house in Phoenixville, Pennsylvania, which is about an hour from my residence. We went to a pizzeria in Philadelphia called Biza Pizza. Since that day, we never stopped keeping in touch, and she began staying at my house on weekends.

On May 8, 2025, she traveled to Brazil to visit her family, and during that entire period we continued communicating daily. When she returned to the United States, I picked her up at the airport on June 9, 2025, at which time I asked her to be my girlfriend.

As time went by, we began talking about her moving in with me, since she lived a bit far away and was renting a room in a friend's house. She moved into my house on June 18, 2025.

We took some trips together. On one of those trips to Atlantic City, New Jersey, I proposed to her on August 24, 2025, and she accepted.

We then began preparing for the wedding. We went to the city hall on November 3, 2025, to obtain the necessary documents. We decided to hold a small ceremony just for family and friends, which took place at Charkoal's Brazilian Steakhouse restaurant, located in King of Prussia, on December 20, 2025.

We intend to hold our wedding reception in Brazil, as we wish to gather all our family at this special moment, and my wife's family lives in Brazil.

I declare that the information above is true and correct to the best of my knowledge.

----//signature//----

02/25/2026

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

\_\_\_\_\_ 

**Date: March 2, 2026.**

## DECLARAÇÃO DE RELACIONAMENTO

Conheci minha esposa através de uma amiga em comum chamada Fernanda. Ela havia ido fazer cílios na casa da mãe da Fernanda, e então ela nos apresentou pela internet. Ela começou a me seguir no Instagram no dia 2 de abril de 2025, à noite, e começamos a conversar no dia seguinte pela manhã pelo próprio Instagram.

Convidei-a para sair no dia 5 de abril de 2025. Fui buscá-la em sua casa, em Phoenixville, Pensilvânia, que fica a cerca de uma hora da minha residência. Fomos a uma pizzaria na Philadelphia chamada Biza Pizza. Desde esse dia, não paramos mais de manter contato, e ela passou a ficar na minha casa aos fins de semana.

No dia 8 de maio de 2025, ela viajou para o Brasil para visitar sua família, e durante todo esse período continuamos nos comunicando diariamente. Quando ela retornou aos Estados Unidos, fui buscá-la no aeroporto no dia 9 de junho de 2025, ocasião em que a pedi em namoro.

Com o passar do tempo, começamos a conversar sobre ela vir morar comigo, já que ela morava um pouco distante e alugava um quarto na casa de uma amiga. Ela se mudou para minha casa no dia 18 de junho de 2025.

Fizemos algumas viagens juntos. Em uma dessas viagens para Atlantic City, Nova Jersey, eu a pedi em casamento no dia 24 de agosto de 2025, e ela aceitou.

Passamos então a nos preparar para o casamento. Fomos à prefeitura no dia 3 de novembro de 2025 para obter os documentos necessários. Decidimos realizar uma pequena cerimônia apenas para familiares e amigos, que aconteceu no restaurante Charkoal's Brazilian Steakhouse, localizado em King of Prussia, no dia 20 de dezembro de 2025.

Pretendemos realizar nossa festa de casamento no Brasil, pois desejamos reunir toda a nossa família nesse momento especial, e a família da minha esposa mora no Brasil.

Declaro que as informações acima são verdadeiras e corretas, conforme meu melhor conhecimento.



02/25/2026

# **Exhibit 5 - Evidence of Bona Fide Marriage**

Sabrina Carneiro - Benefits as of 02/06/2026

| Plan                                                                                                                                | Effective Date | Coverage                                            | Your Cost |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------|-----------|
|  Medical                                           |                |                                                     | \$50.31   |
|  BCBS: Metro MVP PPO                               | 07/01/2025     | You                                                 |           |
|  Dental                                            |                |                                                     | \$9.72    |
|  BCBS: Metro -BCBS High, Biweekly                  | 07/01/2025     | You                                                 |           |
|  Employee Life                                     |                |                                                     |           |
|  BCBS: Employer Paid Basic Life & AD&D \$10,000.00 | 07/01/2025     | Primary Beneficiary<br>andrey cabral de lima (100%) |           |
| Cost per paycheck                                                                                                                   |                |                                                     | \$60.03   |

## Waived Plans

|                        |                                         |
|------------------------|-----------------------------------------|
| Health Savings Account | Waive Reason: Do not want to be Insured |
| Critical Illness       | Waive Reason: Do not want to be Insured |
| Child Life             | Waive Reason: Do not want to be Insured |
| Spouse Life            | Waive Reason: Do not want to be Insured |
| Vision                 | Waive Reason: Do not want to be Insured |
| Group Accident         | Waive Reason: Do not want to be Insured |

 Review your customer's account to help with future access and recovery: Suggest that Gov't ID matches account, a valid email is attached to the account, and that the customer knows their PIN and Security Question/Answer.

 1 of 1 

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>Sabrina Carneiro</div> <div>Account: 569973711    Verified</div> <div>Account Activated 12/10/2024</div> <div>Status: Open</div> <div>Account type: Retail</div> <div>Check SmartCredit</div>                                                                                                                                                                                                                                                                                          | <div>Payment </div> <div><div>78.00</div><div>Amount Due</div></div> <div><div>\$0.00</div><div>Due Immediately</div></div> <div><div>Due By: 03/09/2026</div><div>Cycle Day: 10</div></div>                                                                                                                                                                                 | <div>Quick Actions</div> <div><div> Create Memo</div><div> Financial Overview</div><div> View Memos</div><div> Device History</div><div> Usage Details</div></div> |
| <div>Subscribers (2)</div> <div>Customer Journey</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <div><div> Add a new line</div><div> Launch MBE </div><div>Phone Number </div></div>                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <div> ANDREY DELIMA</div> <div>(856) 495-1707</div> <div>Market: Philadelphia</div> <div>Status:  Active    Unverified</div> <div>Active Since 11/25/2025</div> <div> Usage Details   Top Up</div>                               | <div> BYODIPHONE</div> <div> Not eligible for device upgrade in Ship-To Transactions</div> <div>Device Activation: 11/25/2025</div> <div>IMEI 356764178912276   356764178986593</div> <div>History</div> <div>SIM 8901260330971195323 (eSIM)</div> <div>History   Reset   Details</div> | <div> Recurring: \$30.00</div> <div>NWBOD30   \$30.00   Details</div> <div> Eligible for discount </div> <div>View Gismo Promotions</div>                                                                                                                                                                                          |
| <div> SABRINA MEDINA</div> <div>(610) 333-9286</div> <div>Market: Philadelphia</div> <div>Status:  Active    Verified</div> <div>Active Since 12/10/2024</div> <div>Auto Payer: Details</div> <div> Usage Details   Top Up</div> | <div> BYODIPHONE</div> <div> Eligible for device upgrade in Ship-To Transactions</div> <div>Device Activation: 10/10/2025</div> <div>IMEI 352591616522142   352591616265932</div> <div>History</div> <div>SIM 8901260320926052406 (eSIM)</div> <div>History   Reset   Details</div>     | <div> Recurring: \$48.00</div> <div>MVP48   \$48.00   Details</div> <div> Ineligible for discount </div>                                                                                                                                                                                                                           |



Apply now for your



Platinum Mastercard Card

PT3 20 495

Sabrina Carneiro  
3225 Unruh Ave  
Philadelphia PA 19149-2626



# PRE-APPROVED<sup>1</sup>

See below for details.

**Congratulations, Sabrina Carneiro:**

**Your credit history has allowed us to Pre-Approve<sup>1</sup> you for a**

**PREMIER Bankcard® Platinum Mastercard®.**

What does that mean? It means your credit history met our basic approval standards — increasing the chance of your application being approved.

Your credit limit will be assigned based on your creditworthiness at the time of application. Please see the Terms and Conditions insert as you may need to pay a Program Fee<sup>2</sup>. We'll report monthly to the Consumer Reporting Agencies to help you build<sup>3</sup> credit.

We have a long history of giving people a second chance at accessing credit. PREMIER Bankcard helps those with less-than-perfect credit who may have been rejected by others.

## Why PREMIER Bankcard:

- **24/7 account access** — with our user-friendly mobile app and full-service website.
- **Complimentary Mastercard Identity Theft Resolution Services** (subject to Mastercard guidelines).
- **Credit Limit Increase Eligible** after 12 months of consistent responsible account management.
- **We're on your side** with best-in-class service, and no overlimit fees or penalty APRs.

**Credit limit:**

**Up to \$700.00<sup>2</sup>**

## Your Offer is Waiting!

Scan:



Visit: **PREMIERCreditCard.com**

Call: **1-800-603-8585**

Confirmation Number:  
**644 652 034 2KQG**

Offer not available to residents of NY and WI

## RESPONSE TIME

**60 Seconds or less**

## STATUS

**Pre-Approved<sup>1</sup>**

## RESPOND BY

**12/8/2025**

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-567-8688. See **PRESCREEN & OPT-OUT NOTICE** on the Terms and Conditions insert for more information about prescreened offers.

**Questions? Just call 1-800-603-8585**

Please see reverse for important information about the USA PATRIOT Act Customer Identification Program.

<sup>1</sup> Pre-Approved means that you have met our initial criteria for this credit card offer. See the Terms and Conditions insert for our Eligibility Criteria, which includes a minimum income requirement of \$10,000. This offer is not available to active duty military personnel and their dependents who are covered borrowers (as defined in 32 C.F.R. 232.3) under the Military Lending Act.

<sup>2</sup> In addition to a Program Fee ranging from \$0 to \$95, you will be billed an Annual Fee of \$25 to \$99 and a Monthly Fee of \$0 to \$10 after the account is opened. The amount of the Annual Fee and Monthly Fee will depend on the credit limit assigned upon approval. The Annual Fee and Monthly Fee will reduce the amount of credit you initially have available. If approved, the credit limit will be \$300 to \$700. Based on your credit limit, the initial available credit will range from \$225 to \$613. The Annual Fee and Monthly Fee may change in the second year. See the Terms and Conditions Insert for information about rates, fees and important disclosures.

<sup>3</sup> Build credit by keeping your balances low and paying all your bills on time every month.

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION  
BUREAU OF MOTOR VEHICLES  
PO BOX 68674  
HARRISBURG, PA 17106-8674  
www.dmv.pa.gov

WID# 253389999031366 001  
TITLE# 89161280  
PROCESSING DATE 251204  
TRANSACTION CODE 00030

SABRINA MEDINA CARNEIRO  
3225 UNRUH AVE  
PHILADELPHIA, PA 19149

MAIL DATE: December 04, 2025

Dear Customer:

The Department of Transportation recently received information from your insurance company regarding a cancellation of your automobile insurance. PennDOT realizes that you may have only changed companies; however, insurance companies are only required to notify us of a cancellation of insurance but not when they add you as a customer. Therefore, we need to verify your new coverage with this letter. **Please take the time to read this letter carefully and provide PennDOT with necessary documentation.** As a reminder, automobile insurance is required to maintain valid vehicle registration.

The insurance company that notified us of the cancellation and the vehicle affected are listed below. **THE INSURANCE CANCELLATION DATE IS 12/02/25.**

| Insurance Information                                                                                         | Vehicle Information                                                                                                             |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| INSURANCE CO:<br>PROGRESSIVE SPECIALTY COMPANY<br>POLICY NUMBER:<br>DATE INSURANCE<br>WAS CANCELLED: 12/02/25 | MAKE: HOND YEAR: 2026<br>BODY TYPE: STATION WAGON<br>LICENSE PLATE NUMBER: NBF8348<br>TITLE: 89161280<br>VIN: 2HKRS4H4XTH431131 |

Below is a list of nine scenarios and the documentation PennDOT will require:

- 1) If you obtained insurance with a new insurance company and canceled with your previous insurance company without a lapse in coverage; please send PennDOT proof of new insurance. A listing of acceptable proof of insurance is located on the second page.
- 2) If you obtained valid insurance within 30 days from when your previous insurance was cancelled; please send PennDOT your current proof of insurance with the new effective date. If you did not operate the vehicle referenced above, please complete the enclosed Statement of Non-Operation of Vehicle. **Note: If you operated the vehicle during the lapse, the vehicle registration will be suspended for three months. You will receive an official notice of suspension letter in the mail. Credit towards serving a three month registration suspension will not begin until PennDOT receives the registration plate and card.**
- 3) If your insurance policy was reinstated with the same company and there was no lapse of coverage; please send PennDOT a signed letter from the insurance company's headquarters. This letter must be on the company's letterhead stating the date the policy resumed active coverage, policy number, policy effective and expiration dates, NAIC number and VIN.
- 4) If you cancelled your insurance and you are not going to obtain valid insurance on your vehicle listed above; the registration plate and card must be returned to PennDOT within 30 days from the insurance cancellation date. **NOTE: If you do not send PennDOT your registration plate and card within 30 days of the insurance cancellation date, the vehicle registration will be suspended for three months. You will receive an official notice of suspension letter in the mail. Credit towards serving a three month registration suspension will not begin until PennDOT receives the registration plate and card.**

# Wells Fargo Clear Access Banking<sup>SM</sup>

October 31, 2025 ■ Page 1 of 5

WELLS  
FARGO

013830 1 AV 0.593 253219



ANDREY CABRAL DE LIMA  
3225 UNRUH AVE  
PHILADELPHIA PA 19149-2626

## Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

**1-800-TO-WELLS** (1-800-869-3557)

En español: 1-877-727-2932

Online: [wellsfargo.com](https://wellsfargo.com)

Write: Wells Fargo Bank, N.A. (345)

P.O. Box 6995

Portland, OR 97228-6995

## You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

## Other Wells Fargo Benefits

### It's Cybersecurity Awareness Month.

In today's digital world, scammers are using advanced tools like AI to make impersonation scams harder to detect. Caller ID can be spoofed, emails can be faked, voices can be cloned, and images can be altered.

#### Imposters may contact you with messages that:

- Are unexpected.
- Appear to be from a legitimate source but could be spoofed.
- Claim to be urgent, asking you to act right away, without thinking.
- Use language that manipulates your emotions.
- Request payment through unusually specific methods like gift cards, cryptocurrency or payment apps.

If you have any doubts about a message, call the company or government agency directly to find out if there really is a problem.

And if they're impersonating Wells Fargo, don't engage. Instead, call us right away or you can always check your account in the Wells Fargo Mobile® app\* or in online banking.

DCDP11UTF3 013830 NNNNNNNNNN NNN NYN 001 003 345 085633 20825688.2

## Customer 1 Information

|                                           |                                                       |                                             |                                                                                                      |
|-------------------------------------------|-------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------|
| Customer Name:<br>ANDREY CABRAL DE LIMA   |                                                       | Street Address:<br>3225 UNRUH AVE           |                                                                                                      |
| Customer Number (ECN):<br>513347891749311 |                                                       | Address Line 2:                             |                                                                                                      |
| Account Relationship:<br>Sole Owner       |                                                       | Address Line 3:                             |                                                                                                      |
| Taxpayer Identification Number (TIN):     | TIN Type:<br>Non US                                   | Date of Birth:<br>11/25/2004                | City:<br>PHILADELPHIA<br>State:<br>PA                                                                |
| Primary ID Type:<br>PASP                  | Primary ID Description:<br>GC372731                   | ZIP/Postal Code:<br>19149-2626              | Country:<br>US<br>Time at this address:<br>Year(s) Month(s)                                          |
| Primary ID St/Ctry/Prov:<br>BR            | Primary ID Issue Date:<br>03/18/2021                  | Primary ID Expiration Date:<br>03/17/2026   | Directional Address:<br>(Document when no physical residence, business or alternate street address.) |
| Secondary ID Type:<br>ALID OTHR           | Secondary ID Description:<br>CITY PHILA A15A5259C3862 |                                             |                                                                                                      |
| Secondary ID State/Country:               | Secondary ID Issue Date:<br>04/04/2023                | Secondary ID Expiration Date:<br>04/04/2028 | Previous Street Address:                                                                             |
| Home Phone:                               | Business Phone:                                       | City:                                       | State:                                                                                               |
| Current Employer:<br>construction         | ZIP/Postal Code:                                      | Country:                                    | Time at this address:<br>Year(s) Month(s)                                                            |
| Check Reporting:<br>NO RECORD             | Country of Citizenship:<br>BR                         | Permanently Resides in US:<br>NO            |                                                                                                      |

## Customer Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open or maintain the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. **I have received a copy of the applicable account agreement and the privacy policy (each may be amended from time to time) and agree to be bound by their terms.** I also agree to the terms of the dispute resolution program described in the foregoing agreements. **Under the dispute resolution program, our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**

Customer 1 Name

ANDREY CABRAL DE LIMA

Customer 1 Signature


☐ Submit manually☐ Signature not required

Date:

04/04/2023

Customer Copy

# Wells Fargo Clear Access Banking<sup>SM</sup>

24 de octubre de 2025

Página 1 de 6 ■ Algunas secciones de este estado de cuenta son en inglés.

WELLS  
FARGO

013154 1 AV 0.593 248133



SABRINA M CARNEIRO  
3225 UNRUH AVE  
PHILADELPHIA PA 19149-2626

## ¿Preguntas?

Disponible por teléfono las 24 horas del día, los 7 días de la semana:

Aceptamos todas las llamadas de retransmisión, incluso del 711

En español: **1-877-PARA-WFB** (1-877-727-2932)

English: 1-800-TO-WELLS (1-800-869-3557)

Por Internet: [wellsfargo.com/spanish](https://wellsfargo.com/spanish)

Escriba a: Wells Fargo Bank, N.A. (345)  
P.O. Box 6995  
Portland, OR 97228-6995

## Usted y Wells Fargo

Gracias por ser un cliente leal de Wells Fargo. Valoramos su confianza en nuestra compañía y esperamos poder seguir ayudándole para satisfacer sus necesidades financieras.

### Otros Beneficios de Wells Fargo

#### Es el Mes de Concientización sobre Seguridad Cibernética.

En el mundo digital de hoy, los estafadores utilizan herramientas avanzadas como la IA para hacer que las estafas de suplantación de identidad sean más difíciles de detectar. Los identificadores de llamadas se pueden falsear, los correos electrónicos se pueden falsificar, las voces se pueden clonar y las imágenes se pueden alterar.

#### Los impostores pueden comunicarse con usted con mensajes que:

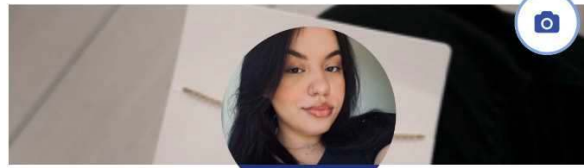
- son inesperados.
- parecen ser de una fuente legítima, pero podrían ser falsos.
- dicen ser urgentes y le piden que actúe de inmediato, sin pensar.
- utilizan un lenguaje que manipula sus emociones.
- solicitan un pago a través de métodos inusualmente específicos, como tarjetas de regalo, criptomonedas o apps de pago.

Si tiene alguna duda sobre un mensaje, llame a la compañía o a la agencia gubernamental directamente para averiguar si realmente hay un problema.

DCDP11UT1 013154 NNNNNNNNN NNN NYN 001 003 345 094255 20820195 2



# Profile



## Sabrina Carneiro

Retail Sales Manager - Metro by T-Mobile

Employee ID: P6TUCHPFJ

Time with Company: 1 Year 1 Month

[+ Add status message](#)

Professional

**Personal**

Compensation & Benefits

### Personal Information >

Legal Name  
Sabrina Carneiro

3225 Unruh Ave  
Philadelphia, PA 19149  
US

+1 610 333 9286

Sabrimedina10@icloud.com

### Demographic Information >

View demographic information such as marital status, healthcare programs, race/ethnicity, pronouns, date of birth, correspondence language, tobacco use, highest education level, military status and military classification.

### Emergency Contacts >

Andrey Cabral (spouse)  
(856) 495-1707

Primary

### Additional Information: Personal >

Direct Deposit Payment Option

---



Hellerman Branch  
6420 Frankford Avenue  
Philadelphia, PA 19135

wellsfargo.com

February 5, 2026

Sabrina Carneiro and Andrey Cabral De Lima  
3225 Unruh Avenue  
Philadelphia, PA 19149

Dear Sabrina M. Carneiro and Andrey Cabral De Lima:

This letter indicates that the Customer named above has requested a verification of the following deposit accounts with Wells Fargo Bank, N.A.

| Row | Account Number<br>(Last 4-digits) | Account Name | Date Opened | Current Balance<br>(see Note 1 below) | Average Balance Last<br>12 Months (see Note 2 below) |
|-----|-----------------------------------|--------------|-------------|---------------------------------------|------------------------------------------------------|
| 1   | 9444                              | Checking     | 08/30/2023  | \$816.73                              | \$678.55                                             |
| 2   |                                   |              |             |                                       |                                                      |
| 3   |                                   |              |             |                                       |                                                      |
| 4   |                                   |              |             |                                       |                                                      |
| 5   |                                   |              |             |                                       |                                                      |

**Note 1:** The Current Balance is the opening available balance as of the date of this letter, but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof.

**Note 2:** The Average Balance Last 12 months is the average amount of money you had in your account over the past year, calculated by adding up the closing balance of each day within that 12-month period and dividing by the number of days in that time frame.

## Important Disclosures

The recipient of this information hereby acknowledges that Wells Fargo ("we", "us") does not represent or warrant that the information provided herein is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. This information may not disclose the entire relationship the Customer maintains with us.

This information is subject to change at any time without notice. We are not obligated to notify the recipient of any change in this information, or if any deposit account relationship referenced herein is, or is in the process of being, modified, terminated, or cancelled, unless we are required to do so by law or under the terms of the applicable deposit account agreement.

This letter does not constitute a guaranty of future balances or credit support of any nature, nor do we accept any duty, responsibility, liability or obligation that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result.

If you have any questions about the information provided or need additional information, please contact the bank's customer as the bank has not been authorized to provide you with any additional information.

Thank you. We appreciate your business.

Wells Fargo Bank, N.A.



# 26th Floor Condo AMAZING Beach Front Views + Pool

---

## Check-in

3:00 PM  
Fri, Aug 22

## Checkout

10:00 AM  
Sun, Aug 24

---

## Who's coming

1 guest  
Sabrina and Andrey

---

## Confirmation code

HMR3HRSHKY

---

## Hosted by Nick

---

## Payment details

Total cost: \$730.56



Kalahari Resorts Pocono Mtns.

## Your Itinerary #26690B22309761

**Your itinerary number is 26690B22309761**

**Room 1 Confirmation #: CI5N8WI6**

Confirmed

Share

Add to calendar

### Reservation Details

**Kalahari Resorts Pocono Mtns.**

250 Kalahari Blvd

Pocono Manor, Pennsylvania 18349

Book Online and Save

[ressupervisor@kalahariresorts.com](mailto:ressupervisor@kalahariresorts.com)

[www.KalahariResorts.com](http://www.KalahariResorts.com)

**2 Queen Beds: Double Queen Sofa**

**\$939.98**

Plan Ahead & Save! **2 Nights stay** ✓

Wed, Dec 31, 2025 - Fri, Jan 2, 2026 • 2 Nights stay

5 Adults

[Edit](#) • [Cancel](#)

### Guest details

Sabrina Carneiro  
sabrinedina10@icloud.com  
6103339286

### Payment details

 Card ending in 2978

[Edit](#)

Confirmation number: CI5N8WI6

## Price Details

**2 Queen Beds, Double Queen Sofa** \$939.98

Plan Ahead & Save!

[2 Nights stay](#)

[Taxes and fees](#) \$182.68

Wed, Dec 31, 2025 - Fri, Jan 2, 2026

5 Adults

**Confirm # CI5N8WI6**

**Total** **\$1,122.66**

Including taxes and fees

### Waterparks included with your stay!

- Stay Connected with Complimentary WiFi
- Take the Guilt out of Vacation with access to Kalahari Fitness & Training

## Policies

**Check-in**  
after 4:00 pm

**Check-out**  
before 11:00 am

### **ROOM 1 2 QUEEN BEDS, DOUBLE QUEEN SOFA**

#### **Guarantee Policy**

A deposit equal to the entire stay's lodging plus applicable taxes and fees are charged at the time of reservation and are non-refundable.

#### **Cancellation Policy**

This rate does not allow for any cancellations, refunds, transfers or exchanges. All deposits are retained.



Reservations: 877-525-2427



---

[About Us](#)

[Corporate Social Responsibility](#)

[Meetings & Events](#)

[Weddings](#)

[Careers](#)

[Enter to Win](#)

[Gift Cards](#)

---

[Newsletter Signup](#)

[Kalahari Brochure](#)

[Media](#)

[Management Solutions](#)

[Ownership Opportunities](#)

[Health & Wellness Initiatives](#)

© Kalahari Holdings LLC | [Privacy Policy](#)

7:06



andreycabralz ▾



Não vejo a hora de...



Andrey Cabral

3 posts

93 seguidores

59 seguindo



Adicionar instituição de ensino

Editar

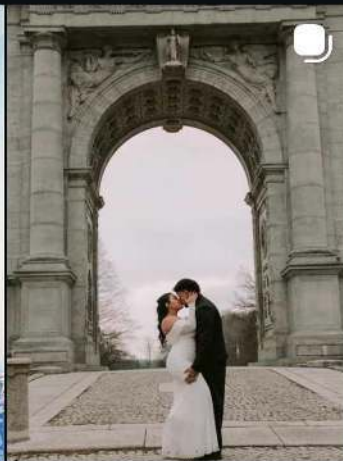
Compartilhar perfil



3



Novo



46



7:06



< meedina.sc



sabrina cabral

26  
posts

324  
seguidores

282  
seguindo

br | eua | uy



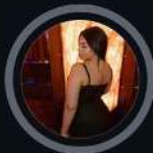
Seguido(a) por daily\_sabs\_, aarlete\_cabral e outras 8 pessoas

Seguindo ▾

Mensagem



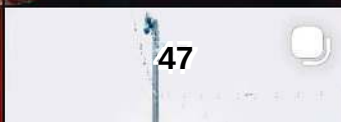
places



s



love



Photos Sabrina and Andrey

March 29, 2026- Philly Zoo outing



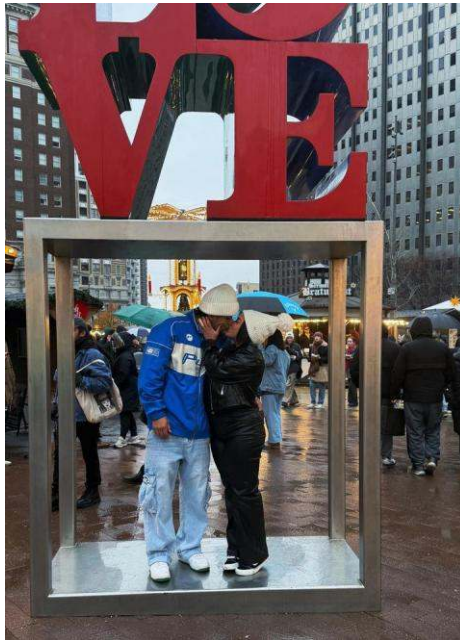
July 4, 2025- celebrating the 4th of July holiday at the beach in Long Branch.



June 20, 2025- Watching the Club World Cup at Lincoln Financial Field in Philadelphia.



November 30, 2025- Stroll at the Christmas event in downtown Philadelphia.



December 20, 2025- Celebrating our wedding at Charkoal Steak House restaurant.



December 25, 2025- Spending Christmas with family.



January 1, 2026- Spending New Years Eve at Kalahari Resorts in Poconos.



February 14, 2026- Valentine's Day celebration dinner at La Casa de Femme.



March 8, 2026- celebrating Sabrina's birthday at Picanhas Brazilian Steakhouse restaurant.





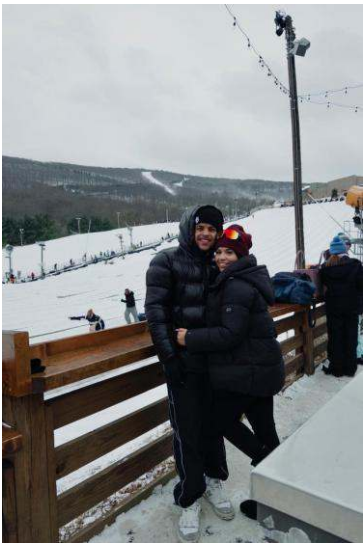
Our wedding photoshoot.



November 27, 2025- Family dinner in celebration of Thanksgiving.



January 2, 2026- snow tubing trip in Poconos



August 22, 2026- weekend at the beach in Atlantic City



September 28, 2025- stroll at the Philadelphia Museum of Art.



September 29, 2025- buying Sabrina's car at the Honda dealership in New Jersey.



February 15, 2026- trip to New York.



November 22, 2025- Andrey's birthday celebration at our home with family and friends.



November 10, 2025- getting our marriage license at Philadelphia City Hall.



**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

*André Vinícius Inacio Penna Mello*

**Date: April 6, 2026.**

Fotos Sabrina e Andrey

29 de março 2026- Passeio ao zoológico de Philly



4 de julho 2025- celebrando o feriado 4 de julho na praia em Long Branch.



20 de junho de 2025- Assistindo o mundial de clubes no estádio Lincoln Field em Philadelphia.



30 de novembro de 2025- Passeio no evento de Natal no centro da Philadelphia.



20 de dezembro de 2025- Celebrando nosso casamento no restaurante Charkoal Steak House.



25 de dezembro 2025- Passando o Natal em família.



1 de janeiro 2026- Passando a virada do ano no Kalahari Resorts em Poconos.



14 de fevereiro de 2026- Jantar no Lá Casa de Femme de celebração do Valentines Day.



8 de Março de 2026- comemorando o aniversário da Sabrina no restaurante Picanhas Brazilian Steakhouse





Nosso ensaio de casamento.



27 de novembro 2025- Jantar em família em comemoração ao ThanksGiving.



2 de janeiro 2026- passeio de tube em poconos



22 de agosto 2026- final de semana na praia em Atlantic City



28 de setembro 2025- passeio no museu de artes de Philadelphia.



29 de setembro 2025- comprando o carro da Sabrina na loja Honda em New Jersey.



15 de fevereiro 2026- passeio em New York.



22 de novembro 2025- celebração do aniversário do Andrey na nossa casa com família e amigos.



10 de novembro 2025- buscando nossa permissão para casamento no City Hall em Philadelphia.



## PHOTOS WITH FAMILY AND FRIENDS









# MARRIAGE PHOTOS

















# **Exhibit 6 - Letters of Support**

## Letter of support for Sabrina Medina and Andrey Cabral

My name is Liz Mare Velez, I am a US citizen, born in Puerto Rico, I live at 201 S Matlack St, West Chester, and I have known Sabrina Medina Carneiro since the beginning of 2025. We are close friends and also work together at the company Metro by T-Mobile.

I decided to write this letter to talk about Sabrina's relationship and marriage to her husband, Andrey Cabral de Lima, because I have followed this story from the beginning and very closely. I remember well the day Sabrina arrived at work and told me how she had met Andrey through a mutual friend. She was happy, but also a little afraid, because she had come from a past relationship that had hurt her a lot. As a friend, I always told her not to let the past prevent her from meeting someone good and experiencing something new.

Still in that same week, Sabrina and Andrey went out together for the first time and, since then, they have never been apart. Over time, it was possible to clearly see how much Sabrina changed. She became more confident, happier, and much more emotionally secure. From the beginning, Andrey's care, respect, and consistency with her have always been very clear.

I met Andrey in person several times, including at our workplace. Since the beginning of the relationship, he used to show up at the store during working hours just to spend time with Sabrina, which always showed the affection, involvement, and partnership between them. Even with the language difference (he speaks Portuguese and I speak Spanish), these moments were always calm and even funny, because we would have Sabrina translate everything, and she would end up mixing the languages, and it was quite funny.

When Sabrina was proposed to, I was truly moved. On the day she arrived at work wearing that beautiful ring, I was very happy. I had already seen the proposal on Instagram, but seeing her joy in person was something very special. At no point did I have any doubt that this relationship was built with true love and, above all, a lot of respect.

Should you need any further information, I remain at your disposal.

**Email:** lizvelez286gmail.com

**Telephone:** 484-753-4187

----//signature//----

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: March 24, 2026.**

## Carta de apoyo para Sabrina Medina y Andrey Cabral

Mi nombre es Liz Marie Velez, soy ciudadana estadounidense, originaria de Puerto Rico, vivo en 201 S Matlack St, West Chester, y conozco a Sabrina Medina Carneiro desde el inicio de 2025. Somos amigas cercanas y también trabajamos juntas en la empresa Metro by T-Mobile.

Decidí escribir esta carta para hablar sobre la relación y el matrimonio de Sabrina con su esposo, Andrey Cabral de Lima, porque he acompañado esta historia desde el comienzo y muy de cerca. Recuerdo muy bien el día en que Sabrina llegó al trabajo y me contó cómo había conocido a Andrey, por medio de una amiga en común. Ella estaba feliz, pero también un poco asustada, porque venía de una relación pasada que la había lastimado mucho. Como amiga, siempre le dije que no dejara que el pasado le impidiera conocer a alguien bueno y vivir algo nuevo.

Esa misma semana, Sabrina y Andrey salieron juntos por primera vez y desde entonces nunca más se separaron. Con el tiempo, pude ver claramente cuánto cambió Sabrina. Se volvió más confiada, más feliz y mucho más segura emocionalmente. Desde el principio, el cuidado, el respeto y la constancia de Andrey hacia ella siempre fueron muy evidentes.

Conocí a Andrey personalmente varias veces, incluso en nuestro lugar de trabajo. Desde el inicio de la relación, él solía aparecer en la tienda durante su descanso o después del trabajo solo para pasar tiempo con Sabrina, lo que siempre mostró el cariño, la dedicación y la conexión entre ellos. Incluso con la diferencia de idioma (él habla portugués y yo hablo español), esos momentos siempre fueron tranquilos y hasta divertidos, porque poníamos a Sabrina para traducir todo, y ella terminaba mezclando los idiomas, lo cual era muy gracioso.

Cuando Sabrina fue pedida en matrimonio, me emocioné de verdad. El día que llegó al trabajo usando ese hermoso anillo, me sentí muy feliz. Yo ya había visto la propuesta en Instagram, pero ver su alegría en persona fue algo muy especial. En ningún momento tuve dudas de que esta relación fue construida con amor verdadero y, principalmente, con mucho respeto.

Si necesitan más información, quedo a su disposición.

E-mail: [lizvelez386@gmail.com](mailto:lizvelez386@gmail.com)

Teléfono: 484-753-4187



GOBIERNO DE  
GOVERNMENT OF **PUERTO RICO** USA  
Identificación / Identification



IDENTIFICATION

NUM **6029534**

**LIZ MARIE**  
**VELEZ FERNANDEZ**

VILLA CAROLINA  
C/ 401 APT II 135 C  
CAROLINA, PR 00985

SEX/SEXO  
F ♀

EYES/OJOS  
BRO

DOB/NAC 12JAN1990  
ISS/EMI 10JAN2025  
EXP12JAN2032

5518 / 12465 / 14652 / 7

*[Signature]*  
Eden E. González  
Secretario DTOP

## **Letter of support for Sabrina Medina and Andrey Cabral**

My name is Fernanda Sany Mota Marinho, I am 18 years old, and I currently live at 3329 Lansing St Philadelphia PA.

I've known Sabrina Medina Carneiro since 2024. She is my mother's client and over time she became a person very close to me and my family, and today we consider her almost like part of our family. We all like her very much.

I have also known Andrey Cabral de Lima for about a year, he is a friend of my ex-boyfriend and I met him when I was still dating.

I was the one who introduced the two of them. One day Sabrina was at my house and we were talking about relationships. During the conversation I remembered a friend of mine who I believed could be a great match for her. So I mentioned him and suggested that she follow him on Instagram.

She did, and soon after I asked him to accept her request. They started talking on Instagram and, shortly after, arranged to meet in person. From what I could tell, it was love at first sight.

I was very happy to have introduced two friends who are such special people. I had the opportunity to attend their wedding and see with my own eyes how happy they are together. It is very clear how much they care for and support each other.

I am very happy for the union of the two of them and I sincerely support their marriage.

Email: Sanyfernanda881@gmail.com

Telephone: (267) 992-3955

----//signature//----

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

\_\_\_\_\_ 

**Date: March 24, 2026.**

## Carta de suporte para Sabrina e Andrey

Meu nome é Fernanda Sany Mota Marinho, tenho 18 anos e atualmente moro em 3329 Lansing St Philadelphia PA.

Conheço Sabrina Medina Carneiro desde 2024. Ela é cliente de cílios da minha mãe e com o tempo ela se tornou uma pessoa muito próxima de mim e da minha família, e hoje a consideramos quase como parte da nossa família. Todos nós gostamos muito dela.

Também conheço Andrey Cabral de Lima há cerca de um ano, ele é amigo do meu ex namorado e conheci ele ainda quando namorava.

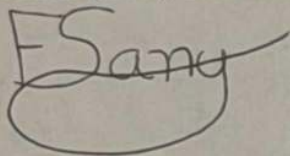
Fui eu quem apresentou os dois. Um dia a Sabrina estava na minha casa e estávamos conversando sobre relacionamentos. Durante a conversa lembrei de um amigo meu que eu acreditava que poderia combinar muito com ela. Então comentei sobre ele e sugeri que ela o seguisse no Instagram. Ela seguiu, e logo depois pedi para ele aceitar a solicitação dela. Eles começaram a conversar pelo Instagram e, pouco tempo depois, marcaram de se encontrar pessoalmente. Pelo que pude perceber, foi amor à primeira vista.

Fiquei muito feliz por ter apresentado dois amigos que são pessoas tão especiais. Tive a oportunidade de ir ao casamento deles e ver com meus próprios olhos o quanto eles são felizes juntos. É muito claro o quanto eles se cuidam e se apoiam.

Sou muito feliz pela união dos dois e apoio sinceramente o casamento deles.

E-mail: Sanyfernanda881@gmail.com

Telefone: (267) 992-3955

A handwritten signature in black ink, appearing to read 'F. Sany' with a stylized flourish at the end.

UNITED STATES OF AMERICA  
EMPLOYMENT AUTHORIZATION

MOTA MARINHO FERNANDA SANY 16 MAY 2007

Surname

**MOTA MARINHO**

Given Name

**FERNANDA SANY**

USCIS#

**201-835-906**

Category Card#

**C14**

**IOE0926403504**

Terms and Conditions

**None**

Date of Birth

**16 MAY 2007**

Sex

**F**

Country of Birth

**Brazil**

Valid From:

**07/17/24**

Card Expires:

**05/20/28**

NOT VALID FOR REENTRY TO U.S.

## Letter of Support to Andrey Cabral de Lima

I, Victoria Aigo Soares de Almeida, a DACA recipient, born in Brazil, residing at 87 Hunt Club dr, Collegeville, declare, for all due purposes, that I have known Sabrina Medina Carneiro since May of the year 2024, being her close friend and co-worker at the company Metro By T-Mobile.

I am writing this letter to declare, with complete sincerity, my knowledge of the relationship and marriage between Sabrina Medina Carneiro and her husband, Andrey Cabral de Lima.

I first met Sabrina when I was Manager at Metro By T-Mobile and we were looking to hire someone who spoke Spanish and/or Portuguese. Sabrina was perfect. We hit it off during the zoom interview and I knew she'd fit right in. She must've felt it too because she moved from Scranton to phoenixville before she even got the job!

Now ever since her first day on the job she's been one of my closest friends. We had a lot of time to talk while on the job. We got close very quickly and I discovered she knew and lived with one of my family members at the time. She shared her life with me as did I and bonded over many things. One being our relationships. At the time she was struggling to get out of an abusive relationship and I was just starting mine. I was rooting for her to get out of the relationship because I knew much more was waiting for her afterwards.

When she finally met Andrey I was ecstatic but skeptic due to her past relationship. Those feelings towards him soon shifted as her showed time after time that HE was what was waiting for her. Their first date was the beginning of everything. They were inseparable after that. He brought out the best in her in every way. I think Sabrina felt inspired and secure with him. They were going to the gym, meal planning together, going on dates all the time, and happy simply doing life together.

When Sabrina told me she was getting married I was so excited for her. She had called me on the phone to tell me the news and I couldn't believe it. We always talked about marriage, being a wife and having a family at work. She said that she always dreamed of being someone's wife. A wife that loved and cared for her husband. She wanted eternal love with Andre. I was so happy she was getting that because I knew she deserved it.

Andrey has been such a kind and devoted boyfriend to her and I know he will take care of her forever. The look of pure love and devotion he had of their wedding day was beautiful. You could feel how strong the love was in the room. I trust that their relationship will stand the test of time and flourish into the beautiful family Sabrina and I talked about.

Based on everything I have experienced, observed, and followed throughout their relationship, I affirm with

total conviction that the marriage between Sabrina Medina Carneiro and Andrey Cabral de Lima is legitimate, true, and carried out in good faith.

I declare that all the information above is true, to the best of my personal knowledge.

I am available for any further clarification, if necessary.

Email: tori.ipad@hotmail.com

Phone: 484-302-1185

*Almida Victoria*

**Pennsylvania**  
visitPA.com USA

**DRIVER'S LICENSE**

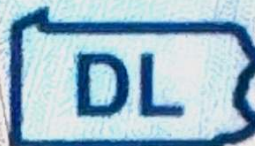


4d DLN: 33 006 427  
3 DOB: 11/04/2001  
1 SOARES DE ALMEIDA  
2 VICTORIA A  
8 87 HUNT CLUB DR  
COLLEGEVILLE, PA 19426

DUPS: 00  
LIMITED-TERM



4b EXP: 01/24/2026  
4a ISS: 04/10/2024  
15 SEX: F 18 EYES: BRO  
16 HGT: 5'-05"  
9 CLASS: C  
8a END: NONE  
12 RESTR: 1



*Victoria Almeida*

5 DD: 2410101401203  
100000030180

♥ ORGAN DONOR

# **Exhibit 7 - Notice to Appear Issued to Beneficiary**

DEPARTMENT OF HOMELAND SECURITY  
NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 371412300

FINS #: 1310352497

DOB: 11/25/2004

File No: A216 914 876

Event No: IMB2106000381

In the Matter of:

ANDREY CABRAL DE LIMA

Respondent: \_\_\_\_\_ currently residing at:

C/O CABRALTEIXEIRA, ARLETE 2218 BENSON STREET PHILADELPHIA, PENNSYLVANIA, 19152 +1 (267)-957-8280

(Number, street, city, state and ZIP code)

(Area code and phone number)

- ☐ You are an arriving alien.
- ☒ You are an alien present in the United States who has not been admitted or paroled.
- ☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near SAN YSIDRO, CA , on or about June 21, 2021 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

900 Market Street Suite 504 Philadelphia PA US 19107

(Complete Address of Immigration Court, including Room Number, if any)

on \_\_\_\_\_ a date to be set at \_\_\_\_\_ a time to be \_\_\_\_\_ to show why you should not be removed from the United States based on the  
(Date) (Time)

charge(s) set forth above.

COLIN LANE

Acting Watch Commander

(Signature and Title of Issuing Officer) (Sign in ink)

Date: June 24, 2021

SAN DIEGO, CALIFORNIA

(City and State)

# **Exhibit B - Proof of Pending Family- Based Visa Petition**

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**

|                                                 |                                                      |                                 |
|-------------------------------------------------|------------------------------------------------------|---------------------------------|
| NOTICE TYPE<br>Receipt                          |                                                      | NOTICE DATE<br>April 21, 2026   |
| CASE TYPE<br>I-130, Petition for Alien Relative |                                                      | USCIS ALIEN NUMBER              |
| RECEIPT NUMBER<br>IOE0936483192                 | RECEIVED DATE<br>April 16, 2026                      | PAGE<br>1 of 1                  |
| PRIORITY DATE<br>April 16, 2026                 | PREFERENCE CLASSIFICATION<br>201 B INA SPOUSE OF USC | DATE OF BIRTH<br>March 10, 2004 |

SABRINA M. CARNEIRO  
PO BOX 90487  
SAN DIEGO, CA 92169

27 00009285

**PAYMENT INFORMATION:**

Application/Petition Fee: \$675.00  
Total Amount Received: \$675.00  
Total Balance Due: \$0.00



**APPLICANT/PETITIONER NAME AND MAILING ADDRESS**

We have received your form and are currently processing the above case for the following beneficiaries:

| Name                   | Date of Birth | Country of Birth | Class (If Applicable) |
|------------------------|---------------|------------------|-----------------------|
| CABRAL DE LIMA, ANDREY | 11/25/2004    | BRAZIL           |                       |

If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.

If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.

If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at [uscis.gov/contactcenter](https://uscis.gov/contactcenter) to connect with a live USCIS representative in English or Spanish.

**USCIS Office Address:**

USCIS  
SCOPS TEXAS FACILITY  
6046 N Belt Line Rd.  
Irving, TX 75038-0001

**USCIS Contact Center Number:**

(800)375-5283  
APPLICANT COPY



**Proof of Service**

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

**RESPONDENT'S MOTION TO CONTINUE**

To the following:

| <b>Office Location:</b>                                                                                                            | <b>Mailing Address:</b>                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Office of the Principal Legal Advisor<br>Department of Homeland Security<br>900 Market Street, Suite 346<br>Philadelphia, PA 19107 | US Immigration and Customs<br>Enforcement<br>US Department of Homeland Security<br>Office of the Principal Legal Advisor<br>900 Market Street, Suite 346<br>Philadelphia, PA 19107 |

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*