

USCIS

Attn: 1367

P.O. Box 20020

Phoenix, AZ 85036-0020

**RE: I-918 Petition for U-1 Nonimmigrant Status**

**Petitioner:** Ibson Huggo Itallo Francisco Pereira Silva

**Beneficiary:** Jessica Rodrigues Alves

**Beneficiary:** Miguel Alves Pereira Rodrigues

Dear Sir or Madam,

Please find enclosed the Petition for U Nonimmigrant Status, filed by counsel on behalf of Ibson Huggo Itallo Francisco Pereira Silva.

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-918, Petition for U Nonimmigrant Status;
  - Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient
  - Form I-918, Supplement B, U Nonimmigrant Status Certification
  - Form I-192, Application for Advance Permission to Enter as a Nonimmigrant
  - Form I-765, Application For Employment Authorization
- 
- Ibson Huggo Itallo Francisco Pereira Silva's Passport
  - Ibson Huggo Itallo Francisco Pereira Silva's I-94
  - Jessica Rodrigues Alves's Passport
  - Jessica Rodrigues Alves's I-94
  - Miguel Alves Pereira Rodrigues's Expired Passport
  - Miguel Alves Pereira Rodrigues's Birth Certificate
  - Miguel Alves Pereira Rodrigues's I-94
  - Marriage Certificate
  - Ibson Huggo Itallo Francisco Pereira Silva's Birth Certificate
  - Jessica Rodrigues Alves's Birth Certificate
  - Ibson Huggo Itallo Francisco Pereira Silva's Notice to Appear
  - Jessica Rodrigues Alves's Notice to Appear
  - Miguel Alves Pereira Rodrigues's Notice to Appear
  - Referral Notice - Asylum application referred to the Immigration Court for adjudication within removal proceedings
  - Ibson Huggo Itallo Francisco Pereira Silva's Declaration
  - Police Report
  - Ibson Huggo Itallo Francisco Pereira Silva's Psychological Evaluation
  - Photo of Suspect's Vehicle

- Screenshots from Vehicle Video Showing Ibson After Assault
- Image of Suspect's Vehicle Departing Behind Ibson's Car
- Client Reservation Confirming Ibson's Work at Time of Crime
- Ibson and Jessica's Energy Bill
- Ibson and Jessica's Lease Agreement
- Letter of Support delivered by Jessica
- Letter of Support delivered by Ana Paula
- Letter of Support delivered by Edmar

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,



02/06/2026

\_\_\_\_\_  
Otavio Haverroth Silva (SBN: 343486)  
Attorney at Law  
510-241-9336



# 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.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**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
- 13.b.  Apt.    Ste.    Flr.
- 13.c. City or Town
- 13.d. State    13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**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  
➔ Shon Hugo Stallo F. P. Sibe
- 2.b. Date of Signature (mm/dd/yyyy) 01/13/2026

**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) 01/13/2026

- 2.a. Signature of Law Student or Law Graduate [Blank]

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





# Petition for U Nonimmigrant Status

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

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number    Date (mm/dd/yyyy)		

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

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

### Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name) **PEREIRA SILVA**

1.b. Given Name (First Name) **Ibson Huggo Itallo Francisco**

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

### Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

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

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

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

### Home Address (USPS ZIP Code Lookup)

3.a. Street Number and Name **2318 22nd St**

3.b.  Apt.  Ste.  Flr. **N/A**

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

3.d. State **CA** 3.e. ZIP Code **94110**

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

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

3.h. Country **USA**

### Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name **Otavio Haverroth Silva**

4.b. Street Number and Name **PO Box 90487**

4.c.  Apt.  Ste.  Flr. **N/A**

4.d. City or Town **San Diego**

4.e. State **CA** 4.f. ZIP Code **92169**

4.g. Province **N/A**

4.h. Postal Code **N/A**

4.i. Country **USA**

### Other Information

5. Alien Registration Number (A-Number) (if any)  
▶ **A- 2 4 2 4 5 2 0 5 8**

6. U.S. Social Security Number (if any)  
▶ **N / A**

7. USCIS Online Account Number (if any)  
▶ **N / A**

8. Marital Status  
 Single  Married  Divorced  Widowed



**Part 1. Information About You (continued)**

9. Sex  Male  Female

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

11. Country of Birth

12. Country of Citizenship or Nationality

13. Form I-94 Arrival-Departure Record Number  
▶

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

19.a. City or Town

19.b. State

20. Date of Last Entry into the United States (mm/dd/yyyy)

21. Date Authorized Stay Expired (mm/dd/yyyy)

22. Current Immigration Status

**Part 2. Additional Information About You**

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

- 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii).  Yes  No
- 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity.  Yes  No
- 3. I possess information concerning the criminal activity of which I was a victim.  Yes  No
- 4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official.  Yes  No
- 5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States.  Yes  No
- 6. I am under 16 years of age.  Yes  No
- 7.a. I was or am in immigration proceedings.  Yes  No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

7.b.  Removal Proceedings  
Removal Date (mm/dd/yyyy)

7.c.  Exclusion Proceedings  
Exclusion Date (mm/dd/yyyy)

7.d.  Deportation Proceedings  
Deportation Date (mm/dd/yyyy)

7.e.  Rescission Proceedings  
Rescission Date (mm/dd/yyyy)

7.f.  Judicial Proceedings  
Judicial Date (mm/dd/yyyy)



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

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):  
 U.S. Consulate  Pre-Flight Inspection  
 Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

**Safe Foreign Address Where You Want Notification Sent**  
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b.  Apt.  Ste.  Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

**Part 3. Processing Information**

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

**NOTE:** If you answer "Yes" to **ANY** question in **Part 3.**, provide an explanation in the space provided in **Part 8. Additional Information.**

**NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested?  Yes  No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason?  Yes  No

1.c. Been charged with committing any crime or offense?  Yes  No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?  Yes  No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No



**Part 3. Processing Information (continued)**

- 1.f. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 1.g. Been in jail or prison?  Yes  No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

**Information About Arrests, Citations, Detentions, or Charges**

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

- 2.a. Why were you arrested, cited, detained, or charged?
- 2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 2.c. City or Town
- 2.d. State
- 2.e. Country
- 2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

- 3.a. Why were you arrested, cited, detained, or charged?
- 3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 3.c. City or Town
- 3.d. State
- 3.e. Country
- 3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you **EVER**:

- 4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution?  Yes  No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 5.c. Assassination?  Yes  No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the INA?  Yes  No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No



**Part 3. Processing Information (continued)**

- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 6.d. Assassination?  Yes  No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No

Do you intend to engage in the United States in:

- 7.a. Espionage?  Yes  No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States?  Yes  No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
- 8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No
- 9. Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?  Yes  No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide?  Yes  No
- 10.b. Killing any person?  Yes  No
- 10.c. Intentionally and severely injuring any person?  Yes  No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?  Yes  No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11. Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts?  Yes  No

Have you **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured?  Yes  No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress?  Yes  No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No

Have you **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?  Yes  No



**Part 3. Processing Information (continued)**

- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training?  Yes  No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No
16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings?  Yes  No
17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you?  Yes  No
18. Have you **EVER** been removed, excluded, or deported from the United States?  Yes  No

19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No
20. Have you **EVER** been denied a visa or denied admission to the United States?  Yes  No
21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No
22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No
23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No
24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes  No
25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes  No
26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes  No
27. Do you plan to practice polygamy in the United States?  Yes  No
28. Have you **EVER** entered the United States as a stowaway?  Yes  No
- 29.a. Do you **NOW** have a communicable disease of public health significance?  Yes  No
- 29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No
- 29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict?  Yes  No



**Part 4. Information About Your Spouse and/or Children**

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

1.a. Family Name (Last Name)   
1.b. Given Name (First Name)   
1.c. Middle Name   
2. Date of Birth (mm/dd/yyyy)   
3. Country of Birth   
4. Relationship   
5. Current Location   
6.a. Family Name (Last Name)   
6.b. Given Name (First Name)   
6.c. Middle Name   
7. Date of Birth (mm/dd/yyyy)   
8. Country of Birth   
9. Relationship   
10. Current Location   
11.a. Family Name (Last Name)   
11.b. Given Name (First Name)   
11.c. Middle Name   
12. Date of Birth (mm/dd/yyyy)   
13. Country of Birth   
14. Relationship   
15. Current Location

16.a. Family Name (Last Name)   
16.b. Given Name (First Name)   
16.c. Middle Name   
17. Date of Birth (mm/dd/yyyy)   
18. Country of Birth   
19. Relationship   
20. Current Location   
21.a. Family Name (Last Name)   
21.b. Given Name (First Name)   
21.c. Middle Name   
22. Date of Birth (mm/dd/yyyy)   
23. Country of Birth   
24. Relationship   
25. Current Location

**Filing On Behalf of Family Members**

26. I am petitioning for one or more qualifying family members.  Yes  No

**NOTE:** If you answered "Yes" to 26., you must complete and include Supplement A for each family member for whom you are petitioning.



**Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature**

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

**Petitioner's Statement**

NOTE: Select the box for either 1.a. or 1.b. If applicable, select the box for 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 6. read to me every question and instruction on this petition 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 7., 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 +1 (628) 2415089
- 4. Petitioner's Mobile Telephone Number (if any) +1 (628) 2415089
- 5. Petitioner's Email Address (if any) Ibsonhuggo@gmail.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 Ibson Huggo Otavio F.P. Silva
- 6.b. Date of Signature (mm/dd/yyyy) 01/13/2020

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.

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

**Part 6. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**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

**Part 6. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:  
I am fluent in English and ,  
which is the same language specified in **Part 5., 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)

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

**Part 7. 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)

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



---

### ***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)



**Part 8. 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. Include 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. ~~The petitioner was lawfully admitted to the United States in Sacramento, California, on or about October 22, 2020, as a nonimmigrant visitor (B-2) with authorization to remain until April 21, 2021. Subsequently, the applicant filed an asylum application with USCIS, which was referred to the Immigration Court for further eligibility analysis. Consequently, he was placed in removal proceedings and is currently seeking asylum, withholding of removal, and protection under the Convention Against Torture (CAT) before the Immigration Court. These proceedings are currently active and ongoing (Current).~~

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. ~~The petitioner was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a) (1) (B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.~~

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. ~~The petitioner was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a) (1) (B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.~~

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~



CITY OF OAKLAND



POLICE ADMINISTRATION BUILDING

455 - 7TH STREET

OAKLAND, CALIFORNIA 94607-3985

Police Department

Telephone Device for the Deaf (510) 238-3227

May 13, 2024

Michael Hodge  
Immigration Officer  
USCIS/DHS – Fraud Detection and National Security  
Michael.r.hodge@dhs.gov

RE: Letter Designating Certifying Official by Head of Oakland Police Department

Dear Mr. Hodge:

I, Floyd Mitchell, the Chief of the Oakland Police Department, have specifically designated Sergeant Marcos Campos, Sergeant DaSean Spencer and Lieutenant James Pulsipher to issue U-Visa non-immigrant status certifications (via USCIS Form I-918, Supplement B) on my behalf and on behalf of the Oakland Police Department for qualifying criminal activity.

The Oakland Police Department is a local law enforcement agency that is responsible for the investigation of criminal activity occurring within its jurisdiction.

If you need further assistance, please feel free to contact our office at (510) 238-3641.

Sincerely,

A handwritten signature in black ink, appearing to read 'Floyd Mitchell', with a large, stylized flourish at the end.

Floyd Mitchell  
Chief of Police  
Oakland Police Department



# Supplement B, U Nonimmigrant Status Certification

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

13188

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 02/28/2026

For USCIS Use Only	Remarks

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

### Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)  
▶ A-
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

**Other Names Used** (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Date of Birth (mm/dd/yyyy)
5. Sex  Male  Female

### Part 2. Agency Information

1. Name of Certifying Agency
- Name of Certifying Official
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

### Agency Address

- 5.a. Street Number and Name
- 5.b.  Apt.  Ste.  Flr.
- 5.c. City or Town
- 5.d. State  5.f. ZIP Code
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

### Other Agency Information

6. Agency Type  
 Federal  State  Local
7. Case Status  
 On-going  Completed  
 Other
8. Certifying Agency Category  
 Judge  Law Enforcement  Prosecutor  
 Other
9. Case Number
10. FBI Number or SID Number (if applicable)



**Part 3. Criminal Acts**

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- Abduction
- Abusive Sexual Contact
- Attempt to Commit Any of the Named Crimes
- Being Held Hostage
- Blackmail
- Conspiracy to Commit Any of the Named Crimes
- Domestic Violence
- Extortion
- False Imprisonment
- Felonious Assault
- Female Genital Mutilation
- Fraud in Foreign Labor Contracting
- Incest
- Involuntary Servitude
- Kidnapping
- Manslaughter
- Murder
- Obstruction of Justice
- Peonage
- Perjury
- Prostitution
- Rape
- Sexual Assault
- Sexual Exploitation
- Slave Trade
- Solicitation to Commit Any of the Named Crimes
- Stalking
- Torture
- Trafficking
- Unlawful Criminal Restraint
- Witness Tampering

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

PC245(a)(1); PC245(a)(2); PC417(A)(2)

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

Yes  No

4.b. If you answered "Yes," where did the criminal activity occur?

6200 Coliseum WY, Oakland, CA 94621

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

Yes  No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1.** Attach copies of all relevant reports and findings.

The victim was driving a passenger and stopped to check directions after getting lost. The suspect approached with him a black handgun, ordered him out of the vehicle, and threatened him with the firearm. The suspect took the victim's wallet and wedding ring, then punched him on the left side of the face. The suspect fled with the stolen items, placing the victim in fear for his life.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

Victim sustained a punch to the left side of his face, resulting in pain and swelling. The incident also caused caused psychological harm, leading to fear and anxiety that affected his work, as he is a driver for his company.



**Part 5. Family Members Culpable In Criminal Activity**

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim?  Yes  No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

---

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

---

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

**Part 6. Certification**

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)

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

3. Daytime Telephone Number

4. Fax Number



**Part 7. Additional Information**

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (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. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

Oakland Police Department

**Petitioner's Name**

2.a. Family Name (Last Name) PEREIRA SILVA

2.b. Given Name (First Name) Ibson Huggo Itallo Francisco

2.c. Middle Name N/A

3. A-Number (if any) ▶ A- 2 4 2 4 5 2 0 5 8

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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 09/30/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b>										
		<table border="1"> <tr> <td>0</td><td>0</td><td>7</td><td>4</td><td>9</td><td>2</td><td>6</td><td>2</td><td>5</td><td>4</td><td>3</td><td>8</td> </tr> </table>	0	0	7	4	9	2	6	2	5	4
0	0	7	4	9	2	6	2	5	4	3	8	

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

## Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

## Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

### Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c.  Apt.  Ste.  Flr.
- 5.d. City or Town
- 5.e. State  5.f. ZIP Code   
*(USPS ZIP Code Lookup)*
6. Is your current mailing address the same as your physical address?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name
- 7.b.  Apt.  Ste.  Flr.
- 7.c. City or Town
- 7.d. State  7.e. ZIP Code

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A-
9. USCIS Online Account Number (if any)  
▶
10. Sex  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

- 13.b. Provide your Social Security number (SSN) (if known).  
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15., Consent for Disclosure**, to receive a card.)  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  
 Yes  No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
- 18.b. Country



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

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Axixa do Tocantins

19.b. State/Province of Birth

Tocantins

19.c. Country of Birth

Brazil

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

04/24/1993

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 5 4 9 6 6 5 8 9 4 A 2

21.b. Passport Number of Your Most Recently Issued Passport

GA034215

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

08/04/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

10/22/2020

23. Place of Your Last Arrival Into the United States

Sacramento

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Deferred Action

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( c ) ( 14 ) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant'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 application and my answer to every question.
- 1.b.  The interpreter named in Part 4. read to me every question and instruction on this application 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 5., Otavio Haverroth Silva, prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number  
+1 (628) 2415089
- 4. Applicant's Mobile Telephone Number (if any)  
+1 (628) 2415089
- 5. Applicant's Email Address (if any)  
Ibsonhuggo@gmail.com
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant'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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

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 reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

**Applicant's Signature**

- 7.a. Applicant's Signature  
➔ Ibson Huggo
- 7.b. Date of Signature (mm/dd/yyyy) 01/13/2026

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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**Preparer's Statement**


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

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

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

**Preparer's Signature**

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number   
3.b. Part Number   
3.c. Item Number

3.d.

4.a. Page Number   
4.b. Part Number   
4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.





# Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS  
**Form I-192**  
OMB No. 1615-0017  
Expires 03/31/2027

For DHS Use Only		
Received	Returned Trans. Out	Fee Stamp
Trans. In	Completed	

Action by the Department of Homeland Security	
<p style="text-align: center;"><b>Ground of Inadmissibility</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(1) _____</div> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(9) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(2) _____</div> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(10) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(3) _____</div> <div style="width: 45%;"> <input type="checkbox"/> Other: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(4) _____</div> <div style="width: 45%;"> <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(6) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(7) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> INA 212(a)(8) _____</div> </div>	

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b>	<b>Volag Number (if any)</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	<b>Attorney State Bar Number (if applicable)</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> </table> </div>	0	0	7	4	9	2	6	2	5	4	3	8
0	0	7	4	9	2	6	2	5	4	3	8				

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

## Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**



## Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

PEREIRA SILVA

Given Name (First Name)

Ibson Huggo Itallo Francisco

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

## Other Information

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

▶ A- 2 4 2 4 5 2 0 5 8

4. USCIS Online Account Number (if any)

▶ N / A

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

04/24/1993

6. Place of Birth

City or Town

Axixa do Tocantins

State or Province

Tocantins

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr.

Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA



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

**Address History**

Provide physical addresses for everywhere you have lived during 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 6. Additional Information**.

**10. Physical Address 1 (current address)**

Street Number and Name	Apt.	Ste.	Flr.	Number
2318 22nd St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco	CA		94110	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
06/01/2023	PRESENT			

**11. Physical Address 2**

Street Number and Name	Apt.	Ste.	Flr.	Number
5087 Mission St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco	CA		94112	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
04/01/2021	06/01/2023			

**Information About Your Marital History**

**12. What is your current marital status?**

Single, Never Married  Married  Divorced  Widowed  Legally Separated  Marriage Annulled  
 Other

**13. How many times have you been married (including annulled marriages and marriages to the same person)?**

**Information About Your Current Marriage (including if you are legally separated)**

If you are currently married, provide the following information about your **current spouse**.

**14. Current Spouse's Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
RODRIGUES ALVES	Jessica	N/A

**15. Spouse's Alien Registration Number (A-Number) (if any)** ▶ A-



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

16. Date of Birth (mm/dd/yyyy)  17. Date of Marriage (mm/dd/yyyy)

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

**Information About Prior Marriages (if any)**

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

21. Date of Birth (mm/dd/yyyy)  22. Date of Marriage (mm/dd/yyyy)

23. Place of Marriage

City or Town

State or Province

Country

24. Date Marriage Legally Ended (mm/dd/yyyy)

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

26. Explain the grounds of inadmissibility that may apply in your case.

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II).

The applicant worked without authorization.



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

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**  
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry  City or Town

State or Province  Country

Receipt Number (if available) ▶

30. Have you **EVER** been in the United States for a period of six months or more?  Yes  No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**



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

**Travel Information**

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

<b>37.</b> City	<b>38.</b> State	<b>39.</b> Name of Port of Entry
N/A		N/A
<b>40.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)	<b>41.</b> When do you plan to enter the United States? (mm/dd/yyyy)	
N/A	N/A	
<b>42.</b> Approximate Length of Stay in the United States		
N/A		
<b>43.</b> What is the purpose of your stay in the United States? Explain fully below.		
N/A		

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

**44.** Employer 1 (current or most recent)

Name of Employer or Company

ALL BLACK LIMO SF

Address of Employer or Company

Street Number and Name	Apt. Ste. Flr.	Number
2318 22nd St	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A
City or Town	State	ZIP Code
San Francisco	CA <input checked="" type="checkbox"/>	94110
Province	Postal Code	Country
N/A	N/A	USA

Your Occupation

Owner

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
03/21/2023	PRESENT



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

45. Employer 2

Name of Employer or Company

Glow Limo

Address of Employer or Company

Street Number and Name

920 Easton Ave

Apt. Ste. Flr.

Number

N/A

City or Town

San Bruno

State

CA

ZIP Code

94066

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Driver

Dates of Employment

From (mm/dd/yyyy)

01/01/2022

To (mm/dd/yyyy)

03/21/2023

**Part 3. Applicant's Statement, Contact Information, Certification, and Signature**

**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

+1 (628) 2415089

2. Applicant's Mobile Telephone Number (if any)

+1 (628) 2415089

3. Applicant's Email Address (if any)

Ibsonhuggo@gmail.com

**Applicant's Certification and Signature**

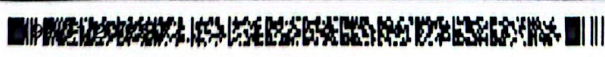
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Ibson Huggo Stella F. P. Sicho

Date of Signature (mm/dd/yyyy)

01/13/2026



**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Full Name**

- 1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

**Interpreter's Contact Information**

- 3. Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that I am fluent in English and  , and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**Preparer's Full Name**

- 1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

**Preparer's Contact Information**

- 3. Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)
- 5. Preparer's Email Address (if any)

**Preparer's Certification**

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

- 6. Preparer's Signature  Date of Signature (mm/dd/yyyy)



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
	PEREIRA SILVA	Ibson Huggo Itallo Francisco	N/A

2. A-Number (if any) ▶ A- 

N	/	A							
---	---	---	--	--	--	--	--	--	--

3.	Page Number	Part Number	Item Number
	3	2	10

431 Paris St, San Francisco, California, EUA, 94112 - from 10/01/2020 to 04/01/2021

4.	Page Number	Part Number	Item Number
	5	2	30

The applicant entered the United States on 10/22/2020 as a B-2 Nonimmigrant Visitor and have remained to the present date.

5.	Page Number	Part Number	Item Number
	6	2	44

Delivery Driver - from 03/01/2021 to 10/01/2022

6.	Page Number	Part Number	Item Number





# Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number    Date (mm/dd/yyyy)		
To: / /					

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

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

**NOTE:** The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

### Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse     Parent     Child
- Unmarried sibling under 18 years of age

### Part 2. Information About You (Principal)

- 1.a. Family Name (Last Name) **PEREIRA SILVA**
- 1.b. Given Name (First Name) **Ibson Huggo Itallo Francisco**
- 1.c. Middle Name **N/A**

### Other Information

2. Date of Birth (mm/dd/yyyy) **04/24/1993**
3. Alien Registration Number (A-Number) (if any)  
▶ A- **N / A**
4. USCIS Online Account Number (if any)  
▶ **N / A**
5. Status of your Form I-918  
 Pending     Approved

### Part 3. Information About Your Qualifying Family Member (Derivative)

- 1.a. Family Name (Last Name) **RODRIGUES ALVES**
- 1.b. Given Name (First Name) **Jessica**
- 1.c. Middle Name **N/A**

**Other Names Used** (Include maiden name, nicknames, and aliases, if applicable)

- 2.a. Family Name (Last Name) **N/A**
- 2.b. Given Name (First Name) **N/A**
- 2.c. Middle Name **N/A**

**NOTE:** If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

### Residence or Intended Residence in the United States [\(USPS ZIP Code Lookup\)](#)

- 3.a. Street Number and Name **2318 22nd St**
- 3.b.  Apt.     Ste.     Flr. **N/A**
- 3.c. City or Town **San Francisco**
- 3.d. State **CA**    3.e. ZIP Code **94110**



**Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)**

**Safe Mailing Address (if other than Residence)**

4.a. In Care Of Name

4.b. Street Number and Name

4.c.  Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

**Other Information About Qualifying Family Member**

5. A-Number (if any) ▶ A-

6. U.S. Social Security Number (if any)  
▶  /

7. USCIS Online Account Number (if any)  
▶  /

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

9. Country of Birth

10. Country of Citizenship or Nationality

11. Marital Status  
 Single  Married  Divorced  Widowed

12. Sex  Male  Female

13. Form I-94 Arrival-Departure Record Number  
▶

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

**Part 4. Additional Information About Your Qualifying Family Member**

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

1.b. City or Town

1.c. State

1.d. Current Immigration Status

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

2.b. City or Town

2.c. State

2.d. Date Authorized Stay Expired (mm/dd/yyyy)

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)



**Part 4. Additional Information About Your Qualifying Family Member (continued)**

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

- U.S. Consulate     Pre-Flight Inspection  
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

**Safe Foreign Address Where You Want Notification Sent**  
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name

4.b.  Apt.     Ste.     Flr.   

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

**Other Information**

7.a. Your family member was or is in immigration proceedings.  Yes     No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b.  Removal Proceedings  
Removal Date (mm/dd/yyyy)

7.c.  Exclusion Proceedings  
Exclusion Date (mm/dd/yyyy)

7.d.  Deportation Proceedings  
Deportation Date (mm/dd/yyyy)

7.e.  Rescission Proceedings  
Rescission Date (mm/dd/yyyy)

7.f.  Judicial Proceedings  
Judicial Date (mm/dd/yyyy)

8. Your family member would like an Employment Authorization Document.  Yes     No

**NOTE:** If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.



**Part 5. Processing Information**

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

**NOTE:** If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. **Additional Information.**

**NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a. Committed a crime or offense for which he or she has not been arrested?  Yes  No
- 1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason?  Yes  No
- 1.c. Been charged with committing any crime or offense?  Yes  No
- 1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?  Yes  No
- 1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- 1.f. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 1.g. Been held in jail or prison?  Yes  No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

**Information About Arrests, Citations, Detentions, or Charges**

2.a Why was your family member arrested, cited, detained, or charged?

N/A

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town N/A

2.d. State

2.e. Country N/A

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

3.a Why was your family member arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town N/A

3.d. State

3.e. Country N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A



**Part 5. Processing Information (continued)**

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution?  Yes  No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 5.c. Assassination?  Yes  No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)?  Yes  No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 6.d. Assassination?  Yes  No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No

Does your family member intend to engage in the United States in:

- 7.a. Espionage?  Yes  No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States?  Yes  No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
- 8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No



**Part 5. Processing Information (continued)**

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?  Yes  No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide?  Yes  No
- 10.b. Killing any person?  Yes  No
- 10.c. Intentionally and severely injuring any person?  Yes  No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?  Yes  No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts?  Yes  No

Has your family member **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured?  Yes  No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress?  Yes  No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No

Has your family member **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?  Yes  No
- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training?  Yes  No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No
16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings?  Yes  No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her?  Yes  No



**Part 5. Processing Information (continued)**

18. Has your family member **EVER** been removed, excluded, or deported from the United States?  Yes  No
19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No
20. Has your family member **EVER** been denied a visa or denied admission to the United States?  Yes  No
21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No
22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No
23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No
24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes  No
25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes  No
26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes  No
27. Does your family member plan to practice polygamy in the United States?  Yes  No
28. Has your family member **EVER** entered the United States as a stowaway?  Yes  No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance?  Yes  No
- 29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict?  Yes  No

**Part 6. Information About Your Qualifying Family Member's Spouse and/or Children**

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

- 1.a. Family Name (Last Name) **ALVES PEREIRA RODRIGUES**
- 1.b. Given Name (First Name) **Miguel**
- 1.c. Middle Name **N/A**
2. Date of Birth (mm/dd/yyyy) **12/31/2016**
3. Country of Birth **Brazil**
4. Relationship **Child**
- 
- 5.a. Family Name (Last Name) **N/A**
- 5.b. Given Name (First Name) **N/A**
- 5.c. Middle Name **N/A**
6. Date of Birth (mm/dd/yyyy) **N/A**
7. Country of Birth **N/A**
8. Relationship **N/A**
- 
- 9.a. Family Name (Last Name) **N/A**
- 9.b. Given Name (First Name) **N/A**
- 9.c. Middle Name **N/A**
10. Date of Birth (mm/dd/yyyy) **N/A**
11. Country of Birth **N/A**
12. Relationship **N/A**



**Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature**

NOTE: Read the Penalties section of the Form I-918 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 supplement and my answer to every question.
- 1.b.  The interpreter named in Part 9. read to me every question and instruction on this supplement 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 10., Otávio Haverroth Silva, prepared this supplement for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

- 3. Petitioner's Daytime Telephone Number +1 (628) 2415089
- 4. Petitioner's Mobile Telephone Number (if any) +1 (628) 2415089
- 5. Petitioner's Email Address (if any) Ibsonhuggo@gmail.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 supplement, 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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

**Petitioner's Signature**

- 6.a. Petitioner's Signature (sign in ink) Ibson Huggo Stalle P. P. Silva
- 6.b. Date of Signature (mm/dd/yyyy) 01/13/2026

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

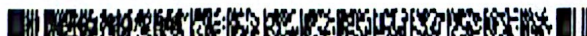
**Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature**

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

**Qualifying Family Member'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 supplement and my answer to every question.
- 1.b.  The interpreter named in Part 9. read to me every question and instruction on this supplement 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 10., Otávio Haverroth Silva, prepared this supplement for me based only upon information I provided or authorized.



**Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)**

**Qualifying Family Member's Contact Information**

3. Qualifying Family Member's Daytime Telephone Number
4. Qualifying Family Member's Mobile Telephone Number (if any)
5. Qualifying Family Member's Email Address (if any)

**Qualifying Family Member'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 supplement, 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. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

**Qualifying Family Member's Signature**

- 6.a. Qualifying Family Member's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

**Part 9. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

**Interpreter's Mailing Address**

- 3.a. Street Number and Name
- 3.b.  Apt.  Ste.  Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

**Part 9. Interpreter's Contact Information, Certification, and Signature (continued)**

**Interpreter's Certification**

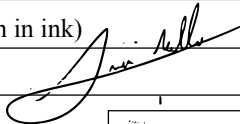
I certify, under penalty of perjury, that:

I am fluent in English and **Portuguese**

which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have 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) **01/13/2026**

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member**

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**

**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 supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

7.b.  I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case  extends  does not extend beyond the preparation of this supplement.

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



**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)**

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member 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)



**Part 11. Additional Information**

If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Include 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.

**Your Full Name (Principal)**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. ~~The qualifying family member was lawfully admitted to the United States in Sacramento, California, on or about October 22, 2020, as a nonimmigrant visitor (B-2) with authorization to remain until April 21, 2021. Subsequently, the applicant filed an asylum application with USCIS, which was referred to the Immigration Court for further eligibility analysis. Consequently, he was placed in removal proceedings and is currently seeking asylum, withholding of removal, and protection under the Convention Against Torture (CAT) before the Immigration Court. These proceedings are currently active and ongoing (Current).~~

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. ~~The qualifying family member was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a)(1)(B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.~~

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. ~~The qualifying family member was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a)(1)(B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.~~

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~





# Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

USCIS  
Form I-918  
OMB No. 1615-0104  
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number    Date (mm/dd/yyyy)		
To: / /					

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

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

**NOTE:** The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

### Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse     Parent     Child
- Unmarried sibling under 18 years of age

### Part 2. Information About You (Principal)

- 1.a. Family Name (Last Name) **PEREIRA SILVA**
- 1.b. Given Name (First Name) **Ibson Huggo Itallo Francisco**
- 1.c. Middle Name **N/A**

### Other Information

2. Date of Birth (mm/dd/yyyy) **04/24/1993**
3. Alien Registration Number (A-Number) (if any)  
▶ A- **2 4 2 4 5 2 0 5 8**
4. USCIS Online Account Number (if any)  
▶ **N / A**
5. Status of your Form I-918  
 Pending     Approved

### Part 3. Information About Your Qualifying Family Member (Derivative)

- 1.a. Family Name (Last Name) **ALVES PEREIRA RODRIGUES**
- 1.b. Given Name (First Name) **Miguel**
- 1.c. Middle Name **N/A**

**Other Names Used** (Include maiden name, nicknames, and aliases, if applicable)

- 2.a. Family Name (Last Name) **N/A**
- 2.b. Given Name (First Name) **N/A**
- 2.c. Middle Name **N/A**

**NOTE:** If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

### Residence or Intended Residence in the United States (USPS ZIP Code Lookup)

- 3.a. Street Number and Name **2318 22nd St**
- 3.b.  Apt.     Ste.     Flr.    **N/A**
- 3.c. City or Town **San Francisco**
- 3.d. State **CA**    3.e. ZIP Code **94110**



**Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)**

**Safe Mailing Address (if other than Residence)**

4.a. In Care Of Name

4.b. Street Number and Name

4.c.  Apt.  Ste.  Flr.

4.d. City or Town

4.e. State  4.f. ZIP Code

4.g. Province

4.h. Postal Code

4.i. Country

**Other Information About Qualifying Family Member**

5. A-Number (if any) ▶ A-

6. U.S. Social Security Number (if any)  
▶  /

7. USCIS Online Account Number (if any)  
▶  /

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

9. Country of Birth

10. Country of Citizenship or Nationality

11. Marital Status  
 Single  Married  Divorced  Widowed

12. Sex  Male  Female

13. Form I-94 Arrival-Departure Record Number  
▶

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

**Part 4. Additional Information About Your Qualifying Family Member**

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

1.b. City or Town

1.c. State

1.d. Current Immigration Status

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy)

Place of Last Entry into the United States

2.b. City or Town

2.c. State

2.d. Date Authorized Stay Expired (mm/dd/yyyy)

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)



**Part 4. Additional Information About Your Qualifying Family Member (continued)**

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

- U.S. Consulate     Pre-Flight Inspection  
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

**Safe Foreign Address Where You Want Notification Sent**  
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name

4.b.  Apt.     Ste.     Flr.   

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

**Other Information**

7.a. Your family member was or is in immigration proceedings.  Yes     No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b.  Removal Proceedings  
Removal Date (mm/dd/yyyy)

7.c.  Exclusion Proceedings  
Exclusion Date (mm/dd/yyyy)

7.d.  Deportation Proceedings  
Deportation Date (mm/dd/yyyy)

7.e.  Rescission Proceedings  
Rescission Date (mm/dd/yyyy)

7.f.  Judicial Proceedings  
Judicial Date (mm/dd/yyyy)

8. Your family member would like an Employment Authorization Document.  Yes     No

**NOTE:** If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.



**Part 5. Processing Information**

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

**NOTE:** If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. **Additional Information.**

**NOTE:** Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a. Committed a crime or offense for which he or she has not been arrested?  Yes  No
- 1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason?  Yes  No
- 1.c. Been charged with committing any crime or offense?  Yes  No
- 1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)?  Yes  No
- 1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- 1.f. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- 1.g. Been held in jail or prison?  Yes  No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

**Information About Arrests, Citations, Detentions, or Charges**

2.a Why was your family member arrested, cited, detained, or charged?

N/A

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town N/A

2.d. State

2.e. Country N/A

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

3.a Why was your family member arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town N/A

3.d. State

3.e. Country N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A



**Part 5. Processing Information (continued)**

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution?  Yes  No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?  Yes  No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 5.c. Assassination?  Yes  No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)?  Yes  No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
- 6.d. Assassination?  Yes  No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No

Does your family member intend to engage in the United States in:

- 7.a. Espionage?  Yes  No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States?  Yes  No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
- 8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No



**Part 5. Processing Information (continued)**

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?  Yes  No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide?  Yes  No
- 10.b. Killing any person?  Yes  No
- 10.c. Intentionally and severely injuring any person?  Yes  No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened?  Yes  No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?  Yes  No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts?  Yes  No

Has your family member **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured?  Yes  No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress?  Yes  No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No

Has your family member **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization?  Yes  No
- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training?  Yes  No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No

**NOTE:** If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?  Yes  No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?  Yes  No
16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings?  Yes  No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her?  Yes  No



**Part 5. Processing Information (continued)**

- 18. Has your family member **EVER** been removed, excluded, or deported from the United States?  Yes  No
- 19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No
- 20. Has your family member **EVER** been denied a visa or denied admission to the United States?  Yes  No
- 21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No
- 22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No
- 23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No
- 24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?  Yes  No
- 25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?  Yes  No
- 26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?  Yes  No
- 27. Does your family member plan to practice polygamy in the United States?  Yes  No
- 28. Has your family member **EVER** entered the United States as a stowaway?  Yes  No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance?  Yes  No
- 29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict?

Yes  No

**Part 6. Information About Your Qualifying Family Member's Spouse and/or Children**

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. Country of Birth
- 4. Relationship

---

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 6. Date of Birth (mm/dd/yyyy)
- 7. Country of Birth
- 8. Relationship

---

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Relationship



**Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature**

NOTE: Read the Penalties section of the Form I-918 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 supplement and my answer to every question.
- 1.b.  The interpreter named in Part 9. read to me every question and instruction on this supplement 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 10., Otavio Haverroth Silva prepared this supplement for me based only upon information I provided or authorized.

**Petitioner's Contact Information**

- 3. Petitioner's Daytime Telephone Number +1 (628) 2415089
- 4. Petitioner's Mobile Telephone Number (if any) +1 (628) 2415089
- 5. Petitioner's Email Address (if any) Ibsonhuggo@gmail.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 supplement, 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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

**Petitioner's Signature**

- 6.a. Petitioner's Signature (sign in ink) Ibson Hugo Stalle F. P. Silva
- 6.b. Date of Signature (mm/dd/yyyy) 01/13/2026

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

**Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature**

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

**Qualifying Family Member'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 supplement and my answer to every question.
- 1.b.  The interpreter named in Part 9. read to me every question and instruction on this supplement 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 10., Otavio Haverroth Silva prepared this supplement for me based only upon information I provided or authorized.

**Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)**

**Qualifying Family Member's Contact Information**

3. Qualifying Family Member's Daytime Telephone Number  
**Ibsonhuggo@gmail.com**
4. Qualifying Family Member's Mobile Telephone Number (if any)  
**+1 (628) 2415089**
5. Qualifying Family Member's Email Address (if any)  
**+1 (628) 2415089**

**Qualifying Family Member'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 supplement, 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. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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 supplement;
- 2) I reviewed and understood all of the information in, and submitted with, my supplement; 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 supplement 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 supplement, and that all of this information is complete, true, and correct.

**Qualifying Family Member's Signature**

- 6.a. Qualifying Family Member's Signature (sign in ink)  
**Ibson Huggo Stallo P. P. Stallo**
- 6.b. Date of Signature (mm/dd/yyyy) **01/13/2026**

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

**Part 9. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

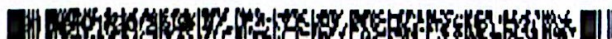
- 1.a. Interpreter's Family Name (Last Name)  
**Andre Vinicius**
- 1.b. Interpreter's Given Name (First Name)  
**INACIO PENNA MELLO**
2. Interpreter's Business or Organization Name (if any)  
**HS Law Corp**

**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**



**Part 9. Interpreter's Contact Information, Certification, and Signature (continued)**

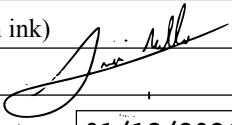
**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have 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) **01/13/2026**

**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member**

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**

**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 supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

7.b.  I am an attorney or accredited representative and my representation of the petitioner and qualifying family member in this case  extends  does not extend beyond the preparation of this supplement.

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



**Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)**

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member 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)



**Part 11. Additional Information**

If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Include 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.

**Your Full Name (Principal)**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d. The qualifying family member was lawfully admitted to the United States in Sacramento, California, on or about October 22, 2020, as a nonimmigrant visitor (B-2) with authorization to remain until April 21, 2021. Subsequently, the applicant filed an asylum application with USCIS, which was referred to the Immigration Court for further eligibility analysis. Consequently, he was placed in removal proceedings and is currently seeking asylum, withholding of removal, and protection under the Convention Against Torture (CAT) before the Immigration Court. These proceedings are currently active and ongoing (Current).

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. The qualifying family member was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a) (1) (B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. The qualifying family member was issued a Notice to Appear (NTA) by the Department of Homeland Security (DHS). The NTA charges the applicant with a violation of the Immigration and Nationality Act under Section 237(a) (1) (B) for remaining in the United States beyond the authorized period (nonimmigrant overstay), making the applicant subject to removal proceeding from the United States. This proceeding is currently active.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. N/A  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. N/A  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A  
N/A





# 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.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)  
▶
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)  
▶
- 9. Client's Alien Registration Number (A-Number) (if any)  
▶ A-

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**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
- 13.b.  Apt.  Ste.  Flr.
- 13.c. City or Town
- 13.d. State  13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**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.

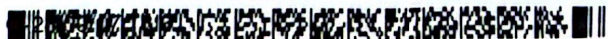
**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→ Jessica Rodriguez Altes
- 2.b. Date of Signature (mm/dd/yyyy) 01/13/2026

**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) 01/13/2026
- 2. a. Signature of Law Student or Law Graduate [Blank]
- 2. b. Date of Signature (mm/dd/yyyy) N/A







# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 09/30/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b>										
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td>0</td><td>0</td><td>7</td><td>4</td><td>9</td><td>2</td><td>6</td><td>2</td><td>5</td><td>4</td><td>3</td><td>8</td> </tr> </table>	0	0	7	4	9	2	6	2	5	4
0	0	7	4	9	2	6	2	5	4	3	8	

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

## Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c.  Apt.  Ste.  Flr.
- 5.d. City or Town
- 5.e. State  5.f. ZIP Code   
*(USPS ZIP Code Lookup)*
6. Is your current mailing address the same as your physical address?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name
- 7.b.  Apt.  Ste.  Flr.
- 7.c. City or Town
- 7.d. State  7.e. ZIP Code

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A-
9. USCIS Online Account Number (if any)  
▶
10. Sex  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).  
▶

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15., Consent for Disclosure**, to receive a card.)  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.  
 Yes  No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
- 18.b. Country



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

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Goiânia

19.b. State/Province of Birth

Goiás

19.c. Country of Birth

Brazil

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

05/11/1994

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 5 4 9 6 6 5 7 8 4 A 2

21.b. Passport Number of Your Most Recently Issued Passport

GA034214

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

08/04/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

10/22/2020

23. Place of Your Last Arrival Into the United States

Sacramento

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Deferred Action

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( c ) ( 14 ) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant'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 application and my answer to every question.
- 1.b.  The interpreter named in Part 4. read to me every question and instruction on this application and my answer to every question in  a language in which I am fluent, and I understood everything.
- 2.  At my request, the preparer named in Part 5.,  prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant'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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

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 reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

**Applicant's Signature**

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**Interpreter's Full Name**

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**Preparer's Statement**

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

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

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

**Preparer's Signature**

8.a. Preparer's Signature



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

01/13/2026



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.





# Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS  
**Form I-192**  
OMB No. 1615-0017  
Expires 03/31/2027

For DHS Use Only		
Received	Returned Trans. Out	Fee Stamp
Trans. In	Completed	
Action by the Department of Homeland Security		
Ground of Inadmissibility		Action Stamp
<input type="checkbox"/> INA 212(a)(1) _____ <input type="checkbox"/> INA 212(a)(2) _____ <input type="checkbox"/> INA 212(a)(3) _____ <input type="checkbox"/> INA 212(a)(4) _____ <input type="checkbox"/> INA 212(a)(6) _____ <input type="checkbox"/> INA 212(a)(7) _____ <input type="checkbox"/> INA 212(a)(8) _____		<b>Benefits Category:</b> <input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16 <input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16 <input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17 <input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17 <input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4
<input type="checkbox"/> INA 212(a)(9) _____ <input type="checkbox"/> INA 212(a)(10) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions		
<b>Date of Action</b> (mm/dd/yyyy) _____ <b>DD or OIC</b> _____ <b>Office</b> _____		

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b>	<b>Volag Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	<b>Attorney State Bar Number</b> (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> </table> </div>	0	0	7	4	9	2	6	2	5	4	3	8
0	0	7	4	9	2	6	2	5	4	3	8				

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

## Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**



## Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

RODRIGUES ALVES

Given Name (First Name)

Jessica

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

## Other Information

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

▶ A- 2 4 2 4 5 2 0 5 7

4. USCIS Online Account Number (if any)

▶ N / A

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

05/11/1994

6. Place of Birth

City or Town

Goiânia

State or Province

Goiás

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otávio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr.

Number

N/A

City or Town

San Diego

State

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA



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

**Address History**

Provide physical addresses for everywhere you have lived during 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 6. Additional Information**.

**10. Physical Address 1 (current address)**

Street Number and Name	Apt.	Ste.	Flr.	Number
2318 22nd St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco	CA		94110	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
06/01/2023	PRESENT			

**11. Physical Address 2**

Street Number and Name	Apt.	Ste.	Flr.	Number
5087 Mission St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco	CA		94112	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
04/01/2021	06/01/2023			

**Information About Your Marital History**

**12. What is your current marital status?**

Single, Never Married  Married  Divorced  Widowed  Legally Separated  Marriage Annulled  
 Other

**13. How many times have you been married (including annulled marriages and marriages to the same person)?**

**Information About Your Current Marriage (including if you are legally separated)**

If you are currently married, provide the following information about your **current spouse**.

**14. Current Spouse's Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEREIRA SILVA	Ibson Huggo Itallo Francisco	N/A

**15. Spouse's Alien Registration Number (A-Number) (if any)** ▶ A-



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

16. Date of Birth (mm/dd/yyyy)  17. Date of Marriage (mm/dd/yyyy)

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

**Information About Prior Marriages (if any)**

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

21. Date of Birth (mm/dd/yyyy)  22. Date of Marriage (mm/dd/yyyy)

23. Place of Marriage

City or Town

State or Province

Country

24. Date Marriage Legally Ended (mm/dd/yyyy)

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

26. Explain the grounds of inadmissibility that may apply in your case.

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II).

The applicant worked without authorization.



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

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**  
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry	City or Town
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

State or Province	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

Receipt Number (if available) ▶

30. Have you **EVER** been in the United States for a period of six months or more?  Yes  No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**



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

**Travel Information**

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

<b>37.</b> City	<b>38.</b> State	<b>39.</b> Name of Port of Entry
N/A		N/A
<b>40.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)	<b>41.</b> When do you plan to enter the United States? (mm/dd/yyyy)	
N/A	N/A	
<b>42.</b> Approximate Length of Stay in the United States		
N/A		
<b>43.</b> What is the purpose of your stay in the United States? Explain fully below.		
N/A		

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

**44.** Employer 1 (current or most recent)

Name of Employer or Company

Jessica Alves Day Care

Address of Employer or Company

Street Number and Name	Apt.	Ste.	Flr.	Number
2318 22nd St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State			ZIP Code
San Francisco	CA			94110
Province	Postal Code		Country	
N/A	N/A		USA	

Your Occupation

Owner

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
06/01/2021	PRESENT



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

45. Employer 2

Name of Employer or Company

Ana Paula Silva Day Care

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr.

Number

N/A

City or Town

San Francisco

State

CA

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Assistant

Dates of Employment

From (mm/dd/yyyy)

10/01/2020

To (mm/dd/yyyy)

05/01/2020

**Part 3. Applicant's Statement, Contact Information, Certification, and Signature**

**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

+1 (628) 2415082

2. Applicant's Mobile Telephone Number (if any)

+1 (628) 2415082

3. Applicant's Email Address (if any)

jessicaalvesdaycare@gmail.com

**Applicant's Certification and Signature**

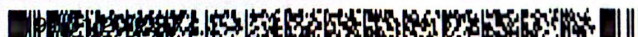
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Jessica Rodrigues Alves

Date of Signature (mm/dd/yyyy)

01/13/2026



## Part 4. Interpreter's Contact Information, Certification, and Signature

### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

### Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

8564252508

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

8564252508

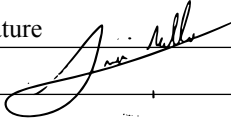
5. Interpreter's Email Address (if any)

andre@yousalaw.com

### Interpreter's Certification

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

01/13/2026

## Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

### Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

### Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

### Preparer's Certification

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

01/13/2026



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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. Family Name (Last Name)                      Given Name (First Name)                      Middle Name (if applicable)

<b>RODRIGUES ALVES</b>	<b>Jessica</b>	<b>N/A</b>
------------------------	----------------	------------

2. A-Number (if any) ▶ A- 

<b>2</b>	<b>4</b>	<b>2</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>7</b>
----------	----------	----------	----------	----------	----------	----------	----------	----------

3. Page Number                      Part Number                      Item Number

<b>3</b>	<b>2</b>	<b>10</b>
----------	----------	-----------

**431 Paris St, San Francisco, California, EUA, 94112 - from 10/01/2020 to 04/01/2021**

4. Page Number                      Part Number                      Item Number

<b>5</b>	<b>2</b>	<b>30</b>
----------	----------	-----------

**The applicant entered on United States on 10/22/2020 as a B-2 Nonimmigrant Visitor and have remained to the present date.**

5. Page Number                      Part Number                      Item Number

--	--	--

6. Page Number                      Part Number                      Item Number

--	--	--





# 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.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**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
- 13.b.  Apt.    Ste.    Flr.
- 13.c. City or Town
- 13.d. State    13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**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.

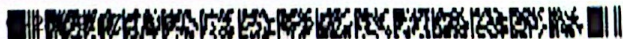
**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity  
→ Sharon Hugo Webb F.P. Schro
- 2.b. Date of Signature (mm/dd/yyyy) 01/13/2026

**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) 01/13/2026
- 2. a. Signature of Law Student or Law Graduate [Blank]
- 2. b. Date of Signature (mm/dd/yyyy) N/A



**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)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number   
2.b. Part Number   
2.c. Item Number

2.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

3.a. Page Number   
3.b. Part Number   
3.c. Item Number

3.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

4.a. Page Number   
4.b. Part Number   
4.c. Item Number

4.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

5.a. Page Number   
5.b. Part Number   
5.c. Item Number

5.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~

6.a. Page Number   
6.b. Part Number   
6.c. Item Number

6.d. ~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~  
~~N/A~~





# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 09/30/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Remarks		

<b>To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b>										
		<table border="1"> <tr> <td>0</td><td>0</td><td>7</td><td>4</td><td>9</td><td>2</td><td>6</td><td>2</td><td>5</td><td>4</td><td>3</td><td>8</td> </tr> </table>	0	0	7	4	9	2	6	2	5	4
0	0	7	4	9	2	6	2	5	4	3	8	

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

## Part 1. Reason for Applying

I am applying for (select only one box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

#### Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c.  Apt.  Ste.  Flr.
- 5.d. City or Town
- 5.e. State  5.f. ZIP Code   
*(USPS ZIP Code Lookup)*
6. Is your current mailing address the same as your physical address?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 6.**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name
- 7.b.  Apt.  Ste.  Flr.
- 7.c. City or Town
- 7.d. State  7.e. ZIP Code

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A-
9. USCIS Online Account Number (if any)  
▶
10. Sex  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

13.b. Provide your Social Security number (SSN) (if known).

▶  /

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15., Consent for Disclosure**, to receive a card.)

Yes  No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2., Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.

Yes  No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

**Mother's Name**

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information.**

- 18.a. Country
- 18.b. Country



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

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth

Goiânia

19.b. State/Province of Birth

Goiás

19.c. Country of Birth

Brazil

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

12/31/2016

**Information About Your Last Arrival in the United States**

21.a. Form I-94 Arrival-Departure Record Number (if any)

▶ 5 4 9 6 6 5 9 3 0 A 2

21.b. Passport Number of Your Most Recently Issued Passport

GA034216

21.c. Travel Document Number (if any)

N/A

21.d. Country That Issued Your Passport or Travel Document

Brazil

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

08/04/2022

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

10/22/2020

23. Place of Your Last Arrival Into the United States

Sacramento

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Deferred Action

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( c ) ( 14 ) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



**Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

NOTE: Read the Penalties section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant'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 application and my answer to every question.
- 1.b.  The interpreter named in Part 4. read to me every question and instruction on this application 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 5., Otavio Haverroth Silva, prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number +1 (628) 2415089
- 4. Applicant's Mobile Telephone Number (if any) +1 (628) 2415089
- 5. Applicant's Email Address (if any) Ibsonhuggo@gmail.com
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant'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 and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

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

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 reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

**Applicant's Signature**

- 7.a. Applicant's Signature Ibson Hugo Itallo P. Silva
- 7.b. Date of Signature (mm/dd/yyyy) 01/13/2026

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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

Provide the following information about the interpreter.

**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

**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

I am fluent in English and Part 3, Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

**Preparer's Statement**

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


**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

**Preparer's Certification**

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

**Preparer's Signature**

8.a. Preparer's Signature

 \_\_\_\_\_

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

01/13/2026



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.

4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.

5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d.

6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d.

7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.





# Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS  
**Form I-192**  
OMB No. 1615-0017  
Expires 03/31/2027

For DHS Use Only		
Received	Returned Trans. Out	Fee Stamp
Trans. In	Completed	

Action by the Department of Homeland Security	
<p style="text-align: center;"><b>Ground of Inadmissibility</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(1) _____</div> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(9) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(2) _____</div> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(10) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(3) _____</div> <div style="width: 48%;"> <input type="checkbox"/> Other: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(4) _____</div> <div style="width: 48%;"> <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(6) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(7) _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> INA 212(a)(8) _____</div> </div>	

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b>	<b>Volag Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	<b>Attorney State Bar Number</b> (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> </table> </div>	0	0	7	4	9	2	6	2	5	4	3	8
0	0	7	4	9	2	6	2	5	4	3	8				

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

## Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**



## Part 2. Information About You

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

ALVES PEREIRA RODRIGUES

Given Name (First Name)

Miguel

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

## Other Information

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

▶ A- 2 4 2 4 5 2 0 5 9

4. USCIS Online Account Number (if any)

▶ N / A

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

12/31/2016

6. Place of Birth

City or Town

Goiânia

State or Province

Goiás

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otávio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr.

Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA



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

**Address History**

Provide physical addresses for everywhere you have lived during 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 6. Additional Information**.

**10. Physical Address 1 (current address)**

Street Number and Name	Apt.	Ste.	Flr.	Number
2318 22nd St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco			94110	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
06/01/2023	PRESENT			

**11. Physical Address 2**

Street Number and Name	Apt.	Ste.	Flr.	Number
5087 Mission St	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
San Francisco	CA		94112	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
04/01/2021	06/01/2023			

**Information About Your Marital History**

**12. What is your current marital status?**

Single, Never Married    Married    Divorced    Widowed    Legally Separated    Marriage Annulled  
 Other

**13. How many times have you been married (including annulled marriages and marriages to the same person)?**

N/A

**Information About Your Current Marriage (including if you are legally separated)**

If you are currently married, provide the following information about your **current spouse**.

**14. Current Spouse's Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

**15. Spouse's Alien Registration Number (A-Number) (if any)**

▶ A-  N /  A



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

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

17. Date of Marriage (mm/dd/yyyy)

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

**Information About Prior Marriages (if any)**

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

22. Date of Marriage (mm/dd/yyyy)

23. Place of Marriage

City or Town

State or Province

Country

24. Date Marriage Legally Ended (mm/dd/yyyy)

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

26. Explain the grounds of inadmissibility that may apply in your case.

**The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission**



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

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**  
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry	City or Town
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

State or Province	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

Receipt Number (if available) ▶

30. Have you **EVER** been in the United States for a period of six months or more?  Yes  No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**



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

**Travel Information**

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

<b>37.</b> City	<b>38.</b> State	<b>39.</b> Name of Port of Entry
<input type="text" value="N/A"/>	<input type="text"/>	<input type="text" value="N/A"/>
<b>40.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)	<b>41.</b> When do you plan to enter the United States? (mm/dd/yyyy)	
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	
<b>42.</b> Approximate Length of Stay in the United States		
<input type="text" value="N/A"/>		
<b>43.</b> What is the purpose of your stay in the United States? Explain fully below.		
<input type="text" value="N/A"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

**44.** Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text" value="N/A"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text" value="N/A"/>
City or Town	State			ZIP Code
<input type="text" value="N/A"/>	<input type="text"/>			<input type="text" value="N/A"/>
Province	Postal Code	Country		
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>		

Your Occupation

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>



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

**45. Employer 2**

Name of Employer or Company

N/A

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr.

Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

**Part 3. Applicant's Statement, Contact Information, Certification, and Signature**

**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

+1 (628) 2415089

2. Applicant's Mobile Telephone Number (if any)

+1 (628) 2415089

3. Applicant's Email Address (if any)

Ibsonhuggo@gmail.com

**Applicant's Certification and Signature**

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Sharon Huggo Stalls F. P. Seho

Date of Signature (mm/dd/yyyy)

01/13/2026



**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Full Name**

- 1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

**Interpreter's Contact Information**

- 3. Interpreter's Daytime Telephone Number  4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that I am fluent in English and  , and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature  Date of Signature (mm/dd/yyyy)

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**Preparer's Full Name**

- 1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

**Preparer's Contact Information**

- 3. Preparer's Daytime Telephone Number  4. Preparer's Mobile Telephone Number (if any)
- 5. Preparer's Email Address (if any)

**Preparer's Certification**

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

- 6. Preparer's Signature  Date of Signature (mm/dd/yyyy)



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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. Family Name (Last Name)  Given Name (First Name)  Middle Name (if applicable)

2. A-Number (if any) ▶ A-

3. Page Number  Part Number  Item Number

431 Paris St, San Francisco, California, EUA, 94112 - from 10/01/2020 to 04/01/2021

4. Page Number  Part Number  Item Number

The applicant entered on United States on 10/22/2020 as a B-2 Nonimmigrant Visitor and have remained to the present date.

5. Page Number  Part Number  Item Number

6. Page Number  Part Number  Item Number



# Exhibit list

Exhibits:

Pages:

---

## **Exhibit 1 - Ibson Huggo Itallo Francisco Pereira Silva's Birth Certificate with Divorce Annotation with English Translation**

Ibson Huggo Itallo Francisco Pereira Silva's Birth Certificate with Divorce Annotation 1-5

---

## **Exhibit 2 - Ibson Huggo Itallo Francisco Pereira Silva's Identification Documents**

Ibson Huggo Itallo Francisco Pereira Silva's Passport 6-22

Ibson Huggo Itallo Francisco Pereira Silva's I-94 23-24

---

## **Exhibit 3 - Jessica Rodrigues Alves' Birth Certificate with Divorce Annotation with English Translation**

Jessica Rodrigues Alves's Birth Certificate 25-27

---

## **Exhibit 4 - Jessica Rodrigues Alves's Identification Documents**

Jessica Rodrigues Alves's Passport 28-44

Jessica Rodrigues Alves's I-94 45-46

---

## **Exhibit 5 - Miguel Alves Pereira Rodrigues's Identification Documents**

Miguel Alves Pereira Rodrigues's Expired Passport 47-48

Miguel Alves Pereira Rodrigues's Birth Certificate with English Translation 49-51

Miguel Alves Pereira Rodrigues's I-94 52-53

---

## **Exhibit 6 - Jessica Rodrigues Alves and Ibson Huggo Itallo Francisco Pereira Silva's Marriage Certificate**

Jessica Rodrigues Alves and Ibson Huggo Itallo Francisco Pereira Silva's Marriage Certificate	54
--	----

---

### **Exhibit 7 - Ibson Huggo Itallo Francisco Pereira Silva's Declaration**

Ibson Huggo Itallo Francisco Pereira Silva's Declaration	55-58
---	-------

---

### **Exhibit 8 - Criminal Case File**

Police Report	59-64
---------------	-------

---

### **Exhibit 9 - Evidence of Psychological Harm**

Ibson Huggo Itallo Francisco Pereira Silva's Psychological Evaluation	65-70
--	-------

---

### **Exhibit 10 - Evidence that Individual was a Victim of a Qualifying Criminal Activity**

Photo of Suspect's Vehicle	71
Screenshots from Vehicle Video Showing Ibson After Assault	72-75
Image of Suspect's Vehicle Departing Behind Ibson's Car	76
Client Reservation Confirming Ibson's Work at Time of Crime	77

---

### **Exhibit 11 - Letters of Support**

Letter of Support delivered by Jessica	78-84
Letter of Support delivered by Ana Paula	85-88
Letter of Support delivered by Edmar	89-95

---

### **Exhibit 12 - Proof of Residence**

Ibson and Jessica's Energy Bill	96-103
Ibson and Jessica's Lease Agreement	104-133

---

### **Exhibit 13 - Notices do Appear**

Ibson Huggo Itallo Francisco Pereira Silva's Notice to Appear 134-136

Jessica Rodrigues Alves's Notice to Appear 137-139

Miguel Alves Pereira Rodrigues's Notice to Appear 140-142

---

### **Exhibit 14 - Referral Notice**

Referral Notice - Asylum application referred to the Immigration Court for adjudication within removal proceedings 143-145

---

**Exhibit 1 - Ibson  
Huggo Itallo  
Francisco Pereira  
Silva's Birth  
Certificate with  
Divorce Annotation  
with English  
Translation**



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

**BIRTH CERTIFICATE**

NAME:

**IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA**

CPF

**038.440.971-71**

REGISTRATION:

**128017 01 55 1994 1 00021 100 0020314 54**

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
April twenty-fourth, nineteen ninety-three	24	04	1993

TIME OF BIRTH	PLACE OF BIRTH
07:30 A.M.	Axixá do Tocantins-TO

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH	SEX
Axixá do Tocantins-TO	in Axixá, Axixá do Tocantins-TO	Male

PARENTS

**FRANCISCO EDIVALDO PEREIRA DA SILVA**, Brazilian  
**WANUSA PEREIRA SILVA**, Brazilian, born in Tocantins.

GRANDPARENTS

Paternal Grandparents: EROCLIDES DA SILVA and LIDIA PEREIRA DA SILVA  
Maternal Grandparents: VALDEMAR PEREIRA SILVA and ALDEIDE PEREIRA SILVA

TWINS

NAME AND REGISTRATION OF THE TWINS

NO	NOT A TWIN
----	------------

REGISTRATION DATE IN FULL	LIVE BIRTH REGISTRATION NUMBER
March twenty-first, nineteen ninety-four	No record

ANNOTATIONS / NOTES TO BE ADDED

**ANNOTATION 1:** MARRIED JÉSSICA RODRIGUES ALVES ON 07/16/2016, IN GOIÂNIA. BOOK B-225, PAGE 125, ENTRY 045501.  
**ANNOTATION 2:** Pursuant to an order issued by Judge Dr. FLAVIA MORAES NAGATO, Judge of the 3rd FAMILY COURT of the District of Goiânia/GO, extracted from case No. 5559189.39.2024.8.09.0051, I hereby enter the following: Consensual Divorce requested by the couple, decreed by judgment dated 08/31/2024 and unappealable on 09/05/2024, with him continuing to sign as IBSON HUGO ÍTALLO PEREIRA SILVA, and her continuing to sign as JÉSSICA RODRIGUES ALVES, registered on 09/09/2024.

REGISTRATION NOTES

SOLE NOTARIAL REGISTRY AND REGISTRY WITH SPECIALIZED FUNCTIONS OF:  
NOTARY PUBLIC OFFICE, PROTEST OFFICE FOR NEGOTIABLE INSTRUMENTS, REAL ESTATE REGISTRY, REGISTRY OF DEEDS AND DOCUMENTS, CIVIL REGISTRY OF NATURAL PERSONS, GUARDIANSHIPS AND CONSERVATORSHIPS  
Registrar: Norma Klédina Araújo Mendonça Almeida  
Rua Paraense, Centro No. 61, Axixá de Tocantins-GO, ZIP Code 77930-000  
Telephone: (63) 9118-8812 | Mobile: (63) 98413-9848  
E-mail: cartoriounicoax@hotmail.com

The content of the certificate is true. I certify  
Axixá de Tocantins-GO, November 4, 2025

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

Signature of the Registrar/Deputy

**Dayane Silva de Sousa**  
Clerk



	Judiciary State of Tocantins Digital Registration Inspection Seal <b>128017AAA144707-FWI</b> Verify the authenticity of this act at <a href="https://www.tjto.jus.br">https://www.tjto.jus.br</a>
	3 Act(s) Performed Fee R\$ 81.76; Service Tax R\$ 4.09; Total R\$ 85.85;

REGISTRATION DETAILS		
REGISTRATION STANDARD		YEAR OF REGISTRATION
		TYPE OF BOOK, BEING:
		1 BOOK A (BIRTH)
		2 BOOK B (MARRIAGE)
		3 BOOK B (RECORD OF RELIGIOUS MARRIAGE FOR CIVIL PURPOSES)
		4 BOOK C (DEATH)
		5 BOOK C (STILLBORN REGISTRY)
		6 BOOK D (PUBLICATION OF BANNS)
		7 BOOK E (OTHER ACTS RELATED TO CIVIL REGISTRATION)
	DETAILS	
	NATIONAL SERVICE CODE UNIQUE IDENTIFICATION OF THE REGISTRY OFFICE	
	COLLECTION CODE, BEING:	
	01-OWN COLLECTION	
	OTHER INCORPORATED COLLECTIONS	
	TYPE OF SERVICE PROVIDED, BEING:	BOOK NUMBER
	51 NOTARY SERVICE	PAGE NUMBER
	52 TITLE PROTEST SERVICE	RECORD NUMBER
	53 REAL ESTATE REGISTRATION SERVICE	CHECK DIGIT
	54 TITLE AND DOCUMENT REGISTRATION SERVICE OF LEGAL ENTITIES	
	55 CIVIL REGISTRY SERVICE FOR NATURAL PERSONS	
	56 MARITIME CONTRACT REGISTRATION SERVICE	
	57 DISTRIBUTION REGISTRATION	

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

*Marina Viana*

---

Date: November 17, 2025.



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:

**IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA**

CPF

038.440.971-71

MATRÍCULA:

**128017 01 55 1994 1 00021 100 0020314 54**

DATA DE NASCIMENTO POR EXTENSO

vinte e quatro de abril de mil novecentos e noventa e três

DIÁ/MÊS/ANO

24/04/1993

HORA

07:30

NATALIDADE

Axixá do Tocantins-TO

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

Axixá do Tocantins-TO

LOCAL, MUNICÍPIO DE NASCIMENTO

no axixa, Axixá do Tocantins-TO

SEXO

Masculino

FILIAÇÃO

**FRANCISCO EDIVALDO PEREIRA DA SILVA**, brasileiro,  
**WANUZA PEREIRA SILVA**, brasileira, natural do Tocantins.

AVÓS

Avós de filiação 1: EROCLIDES DA SILVA e LÍDIA PEREIRA DA SILVA

Avós de filiação 2: VALDEMAR PEREIRA SILVA e ALDEIDE PEREIRA SILVA

GÊMEOS

NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)

NÃO GEMELAR

DATA DO REGISTRO POR EXTENSO

vinte e um de março de mil novecentos e noventa e quatro

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

Não consta

ANOTAÇÕES/AVERBAÇÕES À ACRESCEER

**AVERBAÇÃO 01:** CASOU-SE COM JÉSSICA RODRIGUES ALVES, NO DIA 16/07/2016, EM GOIÂNIA-GO, LIVRO: B-225, FLS: 125, TERMO: 045501.

**AVERBAÇÃO 02:** Conforme mandado expedido pelo Dra. FLÁVIA MORAIS NAGATO, MM. Juíza de Direito da 3ª VARA DE FAMÍLIA da Comarca de Goiânia/GO, extraído do processo nº 5559189.39.2024.8.09.0051, averbo o :Divórcio Consensual, em que são requerentes o casal, decretado por sentença em 31/08/2024, e transitado em julgado em 05/09/2024, continuando ele a assinar: IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, continuando ela a assinar: JESSICA RODRIGUES ALVES. averbado no dia 09/09/2024.

ANOTAÇÕES DE CADASTRO

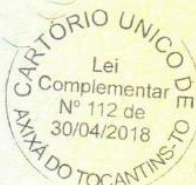
ÚNICO SERVIÇO NOTARIAL E REGISTRO COM ATRIBUIÇÕES ESPECIALIZADAS DE TABELIONATO DE NOTAS, TABELIONATO DE PROTESTO DE TÍTULOS, REGISTROS DE IMÓVEIS, REGISTRO DE TÍTULOS E DOCUMENTOS, REGISTRO CIVIL DAS PESSOAS JURÍDICAS, REGISTRO CIVIL DAS PESSOAS NATURAIS E DE INTERDIÇÃO E TUTELAS  
Oficial: Norma Klédina Araújo Mendonça Almeida  
Rua Paraense, Centro, nº 61, Axixá do Tocantins-TO, Cep 77930-000  
Telefone: (63) 9118-8812 Celular: (63) 98413-9848 E-mail: cartoriounicoax@hotmail.com

O conteúdo da certidão é verdadeiro. Dou fé  
Axixá do Tocantins-TO, 04 de Novembro de 2025

Assinatura do Oficial/Substituto

*Dayane Silva de Sousa*

Escrevente



Poder Judiciário  
Estado do Tocantins  
Selo Digital de Fiscalização de Registro Civil  
**128017AAA144707-FWI**  
Confira a autenticidade do ato em  
<https://www.tjto.jus.br>

3 Ato(s) Praticado(s)  
Emolumento R\$ 81,76; ISS R\$ 4,09; Total R\$ 85,85;

IA 006148201



DETALHAMENTO DA MATRÍCULA		TIPO DE LIVRO/SÉRIE	
ESTRUTURA		TIPO DE LIVRO/SÉRIE	
ADMISSÃO		1. LANCAMENTO	
	DETALHAMENTO	2. LIVRO E PARANENHO	
	COORDENADOR(A) DA INSTITUIÇÃO EDUCACIONAL UNIDADE EDUCATIVA	3. LIVRO E REGISTRO DE CASAMENTO RELIGIOSO PARA FINEZINA	
	COORDENADOR(A) GERAL	4. LIVRO C/ JORNAL	
	COORDENADOR(A) DE SERVIÇOS EDUCACIONAIS	5. LIVRO C/ ALBUM (REGISTRO DE NATIVIDADES)	
	TIPO DE SERVIÇO/PROPOSTA/PROCESSO	6. LIVRO C/ REGISTRO DE FREQUÊNCIAS	
	01. SERVIÇO DE NOTAS	7. LIVRO C/ MATERIAL RELATIVO AO REGISTRO CIVIL	
	02. SERVIÇO DE PROCESSO DE TÍTULOS		
	03. SERVIÇO DE REGISTRO DE MOVIS	NÚMERO DO LIVRO	
	04. SERVIÇO DE REGISTRO DE TÍTULOS E DOCUMENTOS CIVIS DE PESSOA JURÍDICA	NÚMERO DA FOLHA	
	05. SERVIÇO DE REGISTRO CIVIL DAS PESSOAS NATURAIS	NÚMERO DO TÍTULO	
	06. SERVIÇO DE REGISTRO DE CONTRATO SANITÁRIO	DIÁRIO VERIFICADORA	
	07. REGISTRO DE CONTRIBUIÇÃO		

**Exhibit 2 - Ibson  
Huggo Itallo  
Francisco Pereira  
Silva's Identification  
Documents**

**Este passaporte contém 32 páginas numeradas.**

*Ce passeport contient 32 pages numérotées.*

*This passport contains 32 numbered pages.*

*Este passaporte contiene 32 páginas numeradas.*

**Rogase 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 nega 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 pasaporte 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 pertenece a la*

**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE**  
**PASSEPORT**  
**PASSPORT**  
**PASAPORTE**





RESERVA

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

### 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, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao 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, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada 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 conturbadas 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 tranquilidade ao viajante e a seus familiares.

É 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.

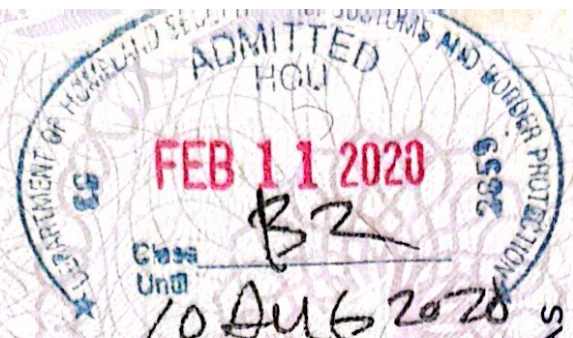
O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte  
[www.portalconsular.mre.gov.br](http://www.portalconsular.mre.gov.br) ou [www.pf.gov.br](http://www.pf.gov.br)





DEC 22 2020



ESTADOS UNIDOS MEXICANOS SECRETARÍA DE GOBERNACIÓN CIUDAD DE MÉXICO



6 OCT. 20E

MÉXICO O.R.CDOAOMX362

VISTOS 9 VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name	BRASILIA	Control Number	20200172560001
Surname	PEREIRA SILVA	Visa Type /Class	R B1/B2
Given Name	IBSON HUGGO ITALLO FRANCISCO	Birth Date	24APR1993
Passport Number	GA034215	Nationality	BRZL
Sex	M	Issue Date	21JAN2020
Entries	M	Expiration Date	16JAN2030
Annotation			0101

P3096066

VNUSAPERIRA<SILVA<<IBSON<HUGGO<ITALLO<FRANC GA034215<9BRA9304240M3001167B3BRA00R6L542241





VISTOS **12** VISAS

VISTOS **13** VISAS





VISTOS **16** VISAS

VISTOS **17** VISAS

VISTOS  VISAS

18 00 00 00 00

VISTOS  VISAS

19 00 00 00 00



VISTOS **20** VISAS

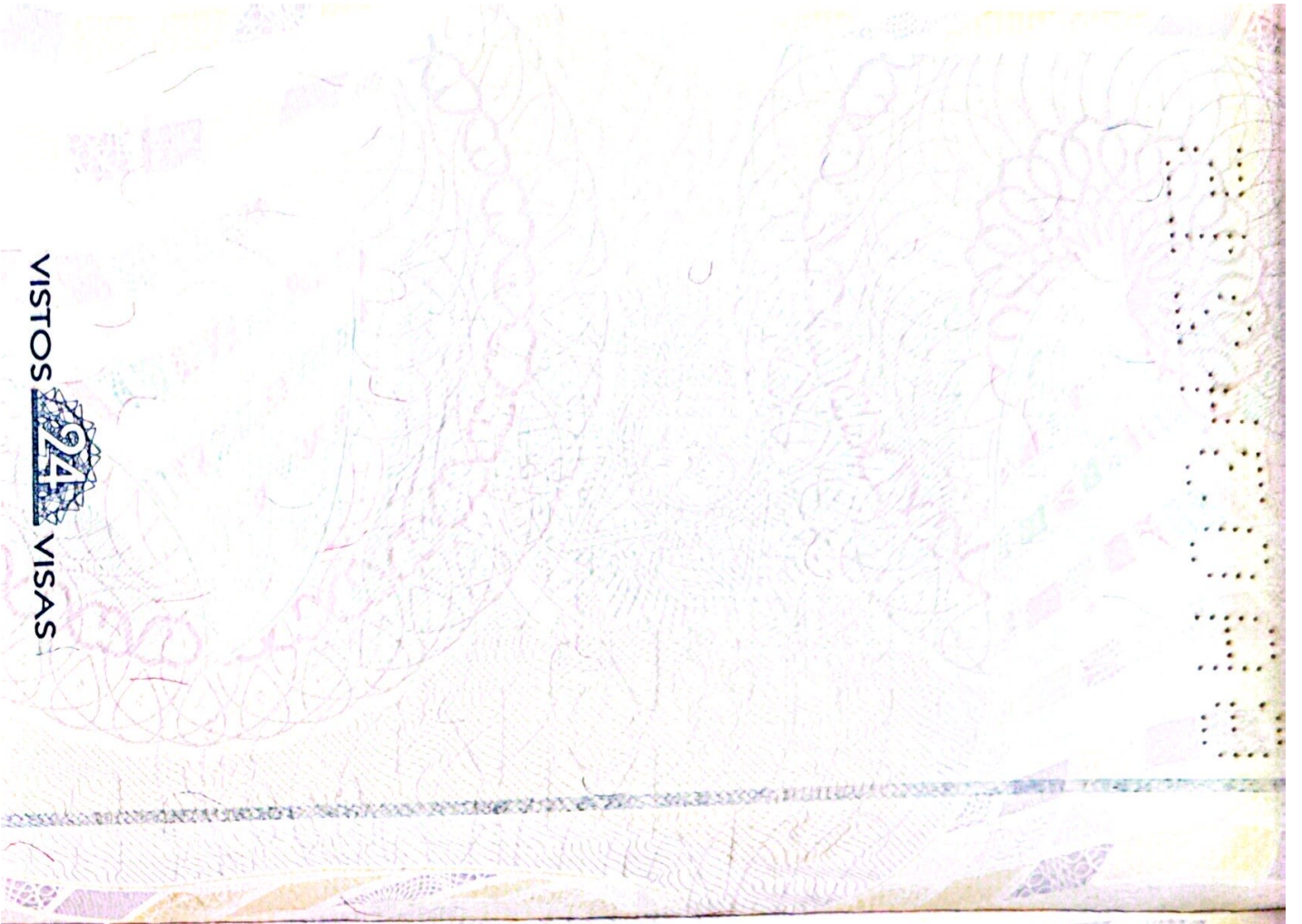


VISTOS **21** VISAS

VISTOS  VISAS

VISTOS  VISAS

VISTOS **24** VISAS



VISTOS **25** VISAS

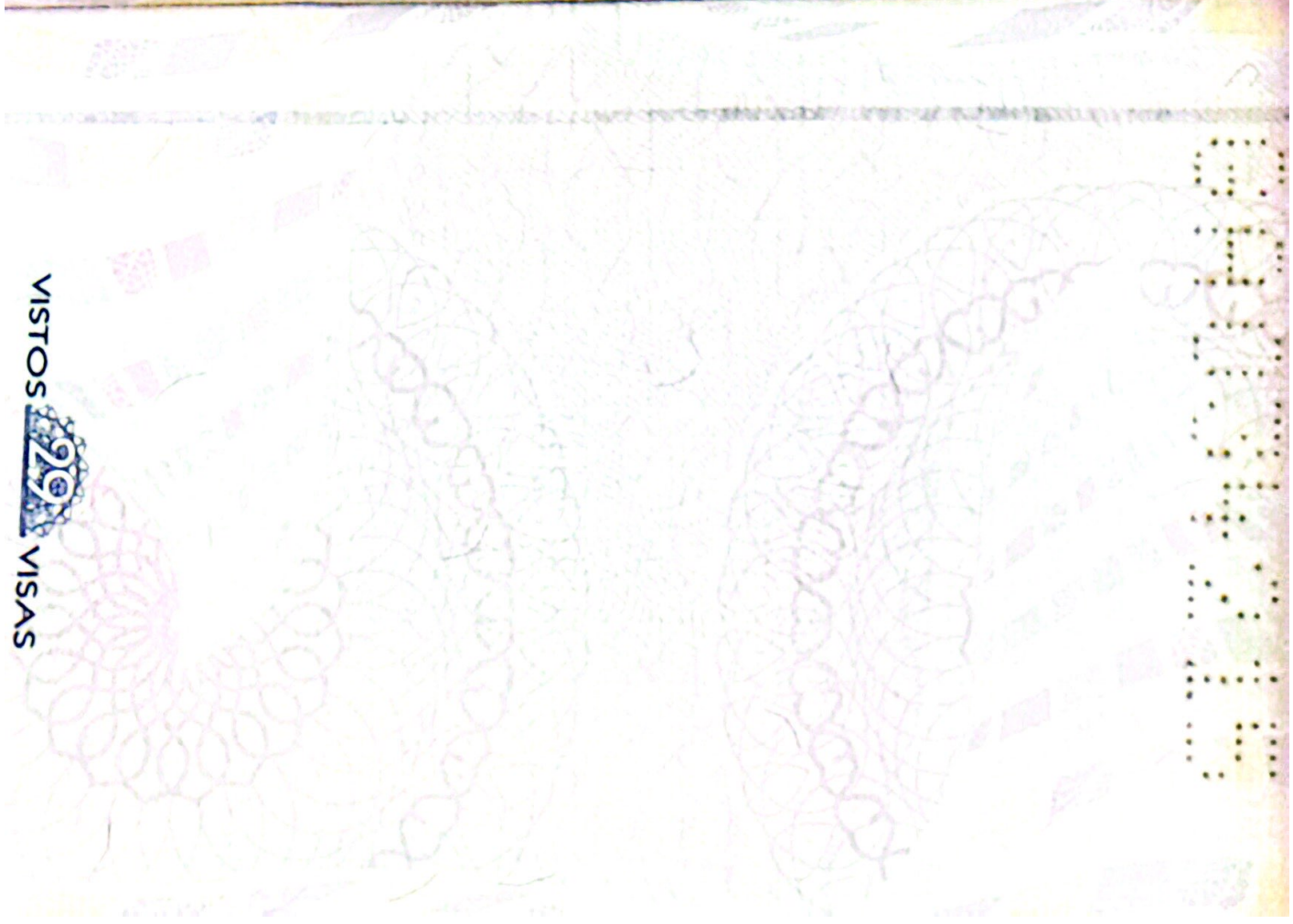


VISTOS **26** VISAS

VISTOS **27** VISAS



VISTOS **28** VISAS



VISTOS **29** VISAS



Os campos abaixo devem ser preenchidos pelo titular.

Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

**ENDERECO DO TITULAR / ADRESSE DU TITULAIRE**  
**BEARERS ADDRESS / DIRECCION DEL TITULAR**

Endereco / 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:	_____
Endereco / 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**



**Simbolo Internacional do Passaporte Eletrônico**

CASA DA MOEDA DO BRASIL

 For: **Ibson Huggo Itallo Pereira Silva**



**U.S. Customs and Border Protection**  
*Securing America's Borders*

## **Most Recent I-94**

---

### **Note to employers, local, state or federal agency granting benefits:**

Please visit the CBP I-94 Public Website and click on the tab for "Get Most Recent I-94" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94 printout matches the "Get Most Recent I-94" returned results for this applicant. I-94 FAQs:

(<https://i94.cbp.dhs.gov/i94/#/faq>)

**Admission I-94 Record Number:** 549665894A2

**Arrival/Issued Date:** 2020 October 22

**Class of Admission:** B2

**Admit Until Date:** 2020 December 22

**Details provided on the I-94 Information form:**

**Last/Surname:** PEREIRA SILVA

**First (Given) Name:** IBSON

**Birth Date:** 1993 April 24

**Document Number:** GA034215

**Country of Citizenship:** Brazil

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
  - ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111  
Expiration Date: 03/31/2025

# View Travel History

*I-94 travel history includes up to 100 arrivals and departures spanning the last ten years*

## Travel History Results

Document Number: **GA034215**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2020-10-22	Arrival	SAC
2	2020-02-24	Departure	CHI
3	2020-02-11	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 03/31/2025

**Exhibit 3 - Jessica  
Rodrigues Alves'  
Birth Certificate with  
Divorce Annotation  
with English  
Translation**



ANTONIO DO PRADO REGISTRY OFFICE  
SMART AND DIGITAL



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS



## BIRTH CERTIFICATE

Name

**JÉSSICA RODRIGUES ALVES**

CPF Number

**039.821.101-90**

Registration

**024919 01 55 1994 1 01097 075 0229475 03**

Date of Birth	Day	Month	Year
May eleventh, nineteen ninety-four	11	05	1994

Time of Birth	City of Birth
12:45 PM	Goiânia

Place of Birth	City of Birth	State	Sex
MATERNITY OF MAY	Goiânia	GO	female

Father's Name	City of Birth	State
EDMAR FRANCISCO ALVES	GOIÂNIA	GO

Paternal Grandparents  
ANTONIO FRANCISCO ALVES; JULIA MARIA ALVES

Mother's Name	City of Birth	State
TATIANE CLAUDINA RODRIGUES ALVES	GOIÂNIA	GO

Maternal Grandparents  
JARBAS ANTÔNIO RODRIGUES; MARIA CLAUDINA V. RODRIGUES

Registration Date in Full	Live Birth Registration Number
May thirteenth, nineteen ninety-four	10562621

Notes / Annotations

Annotation 1 – JÉSSICA RODRIGUES ALVES entered into marriage with IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, with HIM continuing to sign as IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA – THE SAME NAME, and HER continuing to sign as JÉSSICA RODRIGUES ALVES – THE SAME NAME, performed on 07/16/2016, Book B-225, Page 125, Entry 45501, according to the communication from the 1st Civil Registry and Notary Office of Goiânia-GO, issued on 07/22/2016, digitally filed in these Records. Goiânia-GO, 07/26/2016. Registered by: Karollainy Alves. Seal: 01981607110946128901928

Annotation 2 – JÉSSICA RODRIGUES ALVES DIVORCED IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA, pursuant to the order issued by the Honorable Judge of the 3rd FAMILY COURT of Goiânia-GO, Dr. FLÁVIA MORAIS NAGATO; judgment rendered on 08/31/2024, unappealable on 09/05/2024, case No. 5559189-39.2024.8.09.0051. As a result, the spouses continued to sign as IBSON HUGGO ITALLO FRANCISCO PEREIRA SILVA and JÉSSICA RODRIGUES ALVES, according to communication from the Civil Registry of the 1st Subdistrict of Goiânia-GO, issued by CRC on 11/05/2025, communication code No. 35552139. Goiânia-GO, 11/06/2025. Registered by: THALIA MERCEDES. Seal: 00072511012575230061214

Annotation 3 – The registrant is enrolled in the CPF under No. 039.821.101-90, according to a search conducted on this date in the database of the Brazilian Federal Revenue Service, made available through the National Civil Registry Information Center – CRC Nacional. Goiânia-GO, 11/06/2025. Registered by: PEDRO PAVAN. Seal: 00072511012575230061302

National Registry Office Code (CNS): 02.491-9  
2nd Civil Registry Office and Notary Public – Goiânia – GO  
**ANTONIO DO PRADO** – Civil Registry Officer  
Rua Geraldo Ney, corner with Av. 24 de Outubro, 156  
ZIP Code 74.515-020 – Goiânia – GO  
Email: sac@cartorioantonioprado.com.br  
Fees: R\$55.07; Court Fee: R\$19.17; State Funds: R\$13.35;  
Service Tax: R\$2.75; Total: R\$90.34  
Digital Seal: 00072511012575030011031  
Verify at: <https://portal-extrajudicial.tjgo.jus.br/>

The content of the certificate is true. I certify  
Goiânia/GO, November 6, 2025.

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

PEDRO PAULO PAVAN  
DEPUTY REGISTRAR AND CLERK

ARPENBRASIL BA 030887047 BRP

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

*Marina Viana*

---

Date: November 19, 2025.



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS  
**CERTIDÃO DE NASCIMENTO**

Nome  
**JÉSSICA RODRIGUES ALVES**

Número do CPF

**039.821.101-90**

Matrícula

**024919 01 55 1994 1 01097 075 0229475 03**

Data de nascimento Dia Mês Ano  
onze de maio de um mil e novecentos e noventa e quatro 11 05 1994

Horário de nascimento Município da naturalidade UF  
12:45 horas Goiânia GO

Local de nascimento Município de nascimento UF Sexo  
MATERNIDADE DE MAIO Goiânia GO feminino

Nome do Genitor(a) Município de nascimento UF  
EDMAR FRANCISCO ALVES GOIÂNIA GO

Avô(s) respectivo(s)  
ANTÔNIO FRANCISCO ALVES ; JULIA MARIA ALVES

Nome do Genitor(a) Município de nascimento UF  
TATIANE CLAUDINA RODRIGUES ALVES GOIÂNIA GO

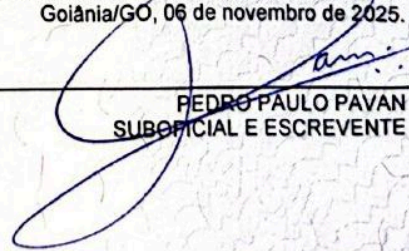
Avô(s) respectivo(s)  
JARBAS ANTÔNIO RODRIGUES ; MARIA CLAUDINA V. RODRIGUES

Data do Registro DNV  
treze de maio de um mil e novecentos e noventa e quatro 10562621

**Anotações / Averbações**  
1ª Averbação - JÉSSICA RODRIGUES ALVES contraiu núpcias com IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA, passando a assinar ELE: IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA - O MESMO NOME e ELA: JÉSSICA RODRIGUES ALVES - O MESMO NOME, realizado em 16/07/2016, Lv. B-225, Fls. 125, T. 45501, conforme comunicação do Cartório do 1º Registro Civil e Tabelionato de Notas de Goiânia-GO, emitida em 22/07/2016, arquivada digitalmente nestas Notas. Goiânia-GO, 26/07/2016. Averbado por: Karollainy Alves. Selo: 01981607110946128901928  
2ª Averbação - JÉSSICA RODRIGUES ALVES se DIVORCIOU de IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA conforme sentença proferida pela MM. Juíza de Direito da 3ª VARA DE FAMÍLIA de Goiânia-GO, Dra. FLÁVIA MORAIS NAGATO, sentença decretada em 31/08/2024, trânsito em julgado: 05/09/2024, processo nº 5559189-39.2024.8.09.0051. Em consequência os cônjuges passaram a assinar, IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA e JÉSSICA RODRIGUES ALVES, conforme comunicação do Registro Civil do 1º Subdistrito de Goiânia-GO, emitida pelo CRC em 05/11/2025, código da comunicação nº 35552139. Goiânia-GO, 06/11/2025. Averbado por: THALIA MERCEDES. Selo: 00072511012575230061214  
3ª Averbação - O(a) registrado(a) está inscrito(a) no CPF sob o nº 039.821.101-90, conforme consulta realizada nesta data junto à base de dados da Receita Federal do Brasil, disponibilizada pela Central de Informações de Registro Civil - CRC Nacional. Goiânia-GO, 06/11/2025. Averbado por: PEDRO.PAVAN. Selo: 00072511012575230061302

CNS: 02.491-9  
Ofício: 2º Registro Civil e Tabelionato de Notas - Goiânia - GO  
ANTÔNIO DO PRADO - Oficial de Registro Civil  
Rua Geraldo Ney, esquina c/ Av. 24 de Outubro, 156  
CEP 74.515-020 - Goiânia - GO  
Email: sac@cartorioantoniodoprado.com.br  
Emolumentos: R\$55,07; Taxa Judiciária: R\$19,17; Fundos Estaduais:  
R\$13,35; ISS: R\$2,75; Total: R\$90,34  
Selo Digital: 00072511012575030011031  
Consulte: <https://portal-extrajudicial.tjgo.jus.br/>

O conteúdo da certidão é verdadeiro. Dou fé.  
Goiânia/GO, 06 de novembro de 2025.

  
PEDRO PAULO PAVAN  
SUBOFICIAL E ESCRIVENTE

ARPENBRASIL BA 030887047 BRP

**Exhibit 4 - Jessica  
Rodrigues Alves's  
Identification  
Documents**

**Este passaporte contém 32 páginas numeradas.**

**Ce passeport contient 32 pages numérotées.**

**This passport contains 32 numbered pages.**

**Este passaporte 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 Etats 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 pasaporte 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 pertenece a la**

**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE**  
**PASSEPORT**  
**PASSPORT**  
**PASAPORTE**





BRASIL

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



BRASIL

### 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, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao 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, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada 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 conturbadas 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 tranquilidade ao viajante e a seus familiares.

É 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.

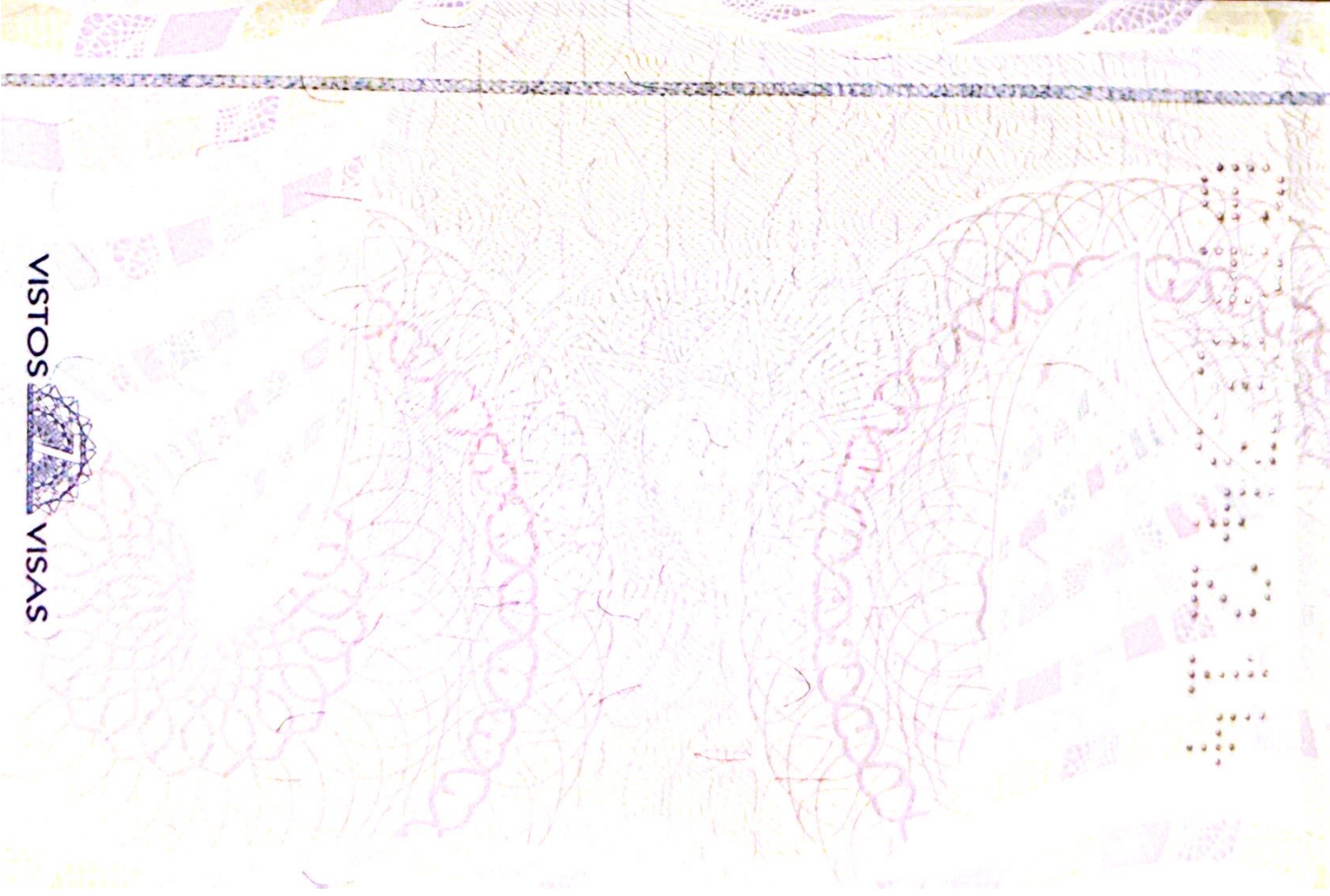
O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte  
www.portalconsular.mre.gov.br ou www.plf.gov.br



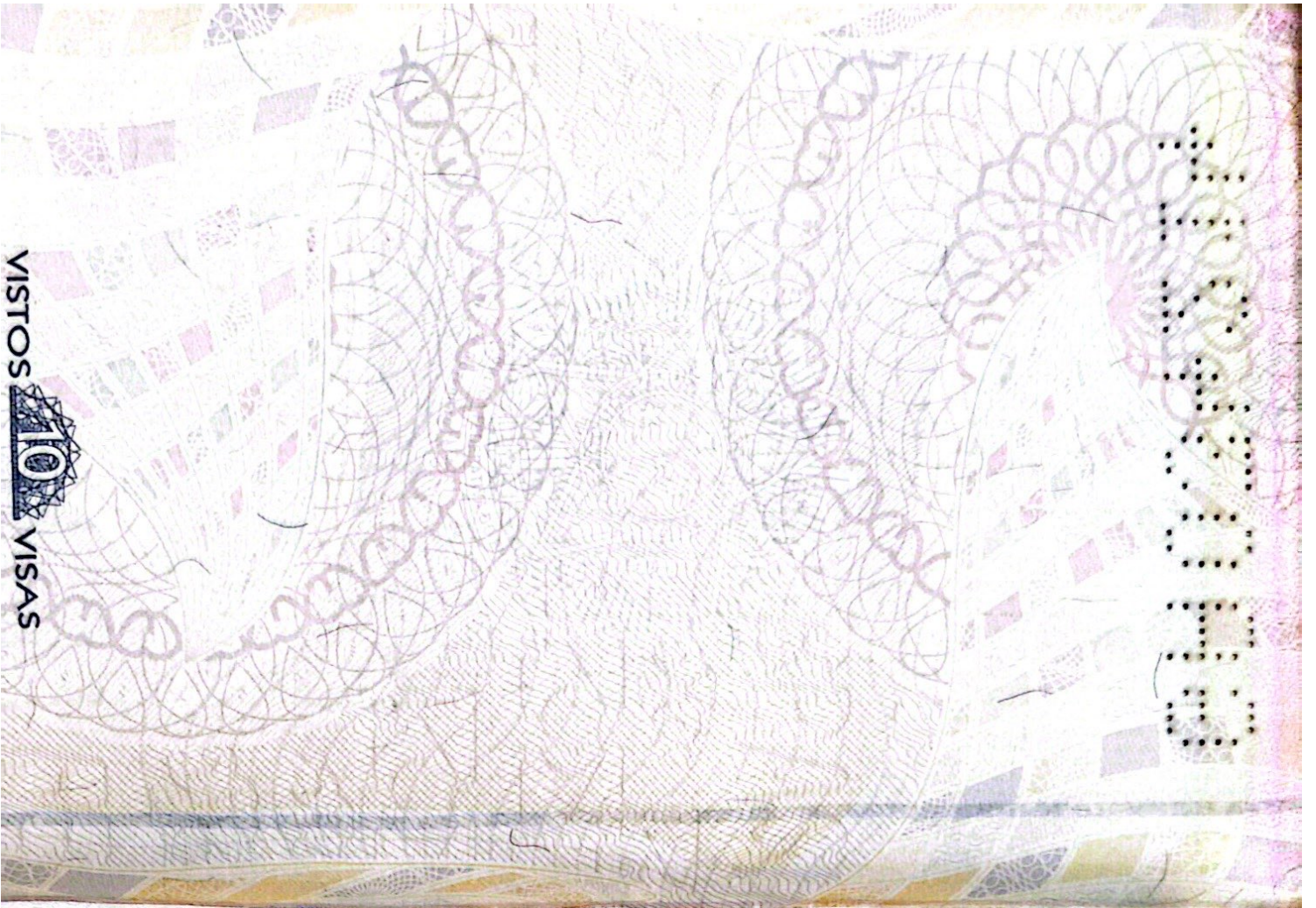


VISTOS 6 VISAS



VISTOS 7 VISAS





VISTOS **10** VISAS



VISTOS **11** VISAS

VISTOS  VISAS

VISTOS  VISAS













VISTOS **24** VISAS



VISTOS **25** VISAS



VISTOS 26 VISAS

VISTOS 27 VISAS





VISTOS

30

VISAS



VISTOS

31

VISAS

Os campos abaixo devem ser preenchidos pelo titular.

Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

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

Enderego / 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: \_\_\_\_\_  
Enderego / 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.

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 AGRAPER OU TAMPONNER CETTE PAGE**

**DO NOT STAPLE OR STAMP THIS PAGE**

**NO GRAPAR NI SELLAR ESTA PAGINA**

 **Simbolo Internacional do**  
**Passaporte Eletrônico**



**CASA DA MOEDA DO BRASIL**

 For: **Jessica Rodrigues Alves**



**U.S. Customs and Border Protection**  
*Securing America's Borders*

## **Most Recent I-94**

---

### **Note to employers, local, state or federal agency granting benefits:**

Please visit the CBP I-94 Public Website and click on the tab for "Get Most Recent I-94" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94 printout matches the "Get Most Recent I-94" returned results for this applicant. I-94 FAQs:

(<https://i94.cbp.dhs.gov/i94/#/faq>).

**Admission I-94 Record Number:** 549665784A2

**Arrival/Issued Date:** 2020 October 22

**Class of Admission:** B2

**Admit Until Date:** 2020 December 22

**Details provided on the I-94 Information form:**

**Last/Surname:** RODRIGUES ALVES

**First (Given) Name:** JESSICA

**Birth Date:** 1994 May 11

**Document Number:** GA034214

**Country of Citizenship:** Brazil

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
  - ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111  
Expiration Date: 03/31/2025

# View Travel History

*I-94 travel history includes up to 100 arrivals and departures spanning the last ten years*

## Travel History Results

Document Number: **GA034214**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2020-10-22	Arrival	SAC
2	2020-02-24	Departure	CHI
3	2020-02-11	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 03/31/2025

**Exhibit 5 - Miguel  
Alves Pereira  
Rodrigues's  
Identification  
Documents**







SILVA REGISTRY OFFICE



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

Judiciary of the State of Goiás  
Electronic Supervision Seal

019716092218141289900984

Check this seal at  
<http://extrajudicial.tjgo.jus.br/selo>

### BIRTH CERTIFICATE

Name

**MIGUEL ALVES PEREIRA RODRIGUES**

CPF: **081.726.621-65**

Registration

024729 01 55 2017 1 00393 092 0232828 67

Date of birth in full December thirty-first, two thousand sixteen **	Day 31	Month 12	Year 2016
---	-----------	-------------	--------------

Time 07:33 AM	City of Birth and Federative Unit Goiânia-GO **
------------------	--

City of Registration and Federation Unit Goiânia-GO **	Place of birth ELA Maternity **	Sex Male
---	------------------------------------	-------------

Filiation <b>IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA **</b> <b>JÉSSICA RODRIGUES ALVES **</b>
--

Paternal GRANDPARENTS: <b>FRANCISCO EDIVALDO PEREIRA DA SILVA **</b> and <b>WANUSA PEREIRA DA SILVA **</b>
Maternal GRANDPARENTS: <b>EDMAR FRANCISCO ALVES **</b> and <b>TATIANE CLAUDINA RODRIGUES ALVES **</b>

Twin No	Name of the twin(s) ..... **
------------	---------------------------------

Date of registration in full January second, two thousand and seventeen **	Number of live birth certificate 30-71171027-0
---	---

Annotations/Notes to be added Registered with CPF under No. 081.726.621-65, in accordance with RFB Normative Instruction No. 1548/15. No record found. Fees: Exempt; Court Fee: Not Applicable; State Funds: Not Applicable; ISS (Tax on Services): Not Applicable.
---

Name of the Office 1st Civil Registry and Notary Office
Registrar Mateus da Silva
Municipality/State Goiânia – State of Goiás
Address Avenida 85, Block 231, Lot 25/26 - Marista Sector ZIP Code 74.160-010 - Phone: (62) 3926-0300 - 3928-0300

The content of this certificate is true. I certify.

Goiânia-GO, January 02, 2017.

---//signature//---

Rosângela Esteves de Matos Santos  
Clerk

Silva Registry Office  
1st Civil Registry and  
Notary Office  
Av 85, Bl 231  
Lot 25/26, Marista Sec.  
ZIP Code 74.160-010  
3926-0300/3928-0300  
Goiânia-GO

I, Carolina Favero da Silva, 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: April 17, 2025.



CARTÓRIO SILVA



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goiás  
Selo Eletrônico de Fiscalização  
01971609221814128900984  
consulte esse selo em  
<http://extrajudicial.tjgo.jus.br/selo>

## CERTIDÃO DE NASCIMENTO

Nome

**MIGUEL ALVES PEREIRA RODRIGUES**

**CPF nº 081.726.621-65**

Matrícula

**024729 01 55 2017 1 00393 092 0232828 67**

Data do nascimento por extenso  
Trinta e um de dezembro de dois mil e dezesseis \*\*

Dia 31 Mês 12 Ano 2016

Hora 07h 33min Município do nascimento e unidade de federação  
Goiânia-GO \*\*

Município de registro e unidade de federação  
Goiânia -GO \*\* Local de nascimento  
ELA Maternidade \*\* Sexo  
Masculino

Filiação  
**IBSON HUGGO ÍTALLO FRANCISCO PEREIRA SILVA \*\***  
**JÉSSICA RODRIGUES ALVES \*\***

Avós  
Paternos: **FRANCISCO EDIVALDO PEREIRA DA SILVA \*\***  
e **WANUZA PEREIRA SILVA \*\***  
Maternos: **EDMAR FRANCISCO ALVES \*\***  
e **TATIANE CLAUDINA RODRIGUES ALVES \*\***

Gêmeo Não Nome do(s) gêmeo(s) ..

Data do registro por extenso  
Dois de janeiro de dois mil e dezessete \*\*

Número da D.N.V.  
30-71171027-0

Observações / Averbacões  
Inscrito no CPF sob o nº 081.726.621-65, conforme Instrução Normativa RFB nº 1548/15. Nada consta. Emolumentos: Isento; Taxa Judiciária: Não incide; Fundos Estaduais: Não incide; ISS Não incide. \*\*

Nome do Ofício  
**1º Registro Civil e Tabelionato de Notas**  
Oficial Registrador  
**Mateus da Silva**  
Município / UF  
**Goiânia - Estado de Goiás**  
Endereço  
**Avenida 85, Quadra 231, Lote 25/26 - Setor Marista**  
**CEP: 74.160-010 - Fone: (62) 3926-0300 - 3928-0300**

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia-GO, 02 de janeiro de 2017.

*Rosângela Esteves de Matos Santos*  
Rosângela Esteves de Matos Santos  
Escrevente



 For: **Miguel Alves Pereira Rodrigues**



**U.S. Customs and Border Protection**  
*Securing America's Borders*

## **Most Recent I-94**

---

### **Note to employers, local, state or federal agency granting benefits:**

Please visit the CBP I-94 Public Website and click on the tab for "Get Most Recent I-94" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94 printout matches the "Get Most Recent I-94" returned results for this applicant. I-94 FAQs:

(<https://i94.cbp.dhs.gov/i94/#/faq>)

**Admission I-94 Record Number:** 549665930A2

**Arrival/Issued Date:** 2020 October 22

**Class of Admission:** B2

**Admit Until Date:** 2020 December 22

### **Details provided on the I-94 Information form:**

**Last/Surname:** ALVES PEREIRA RODRIGUES

**First (Given) Name:** MIGUEL

**Birth Date:** 2016 December 31

**Document Number:** GA034216

**Country of Citizenship:** Brazil

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
  - ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111  
Expiration Date: 03/31/2025

# View Travel History

*I-94 travel history includes up to 100 arrivals and departures spanning the last ten years*

## Travel History Results

Document Number: **GA034216**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2020-10-22	Arrival	SAC
2	2020-02-24	Departure	CHI
3	2020-02-11	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 03/31/2025

**Exhibit 6 - Jessica  
Rodrigues Alves and  
Ibson Huggo Itallo  
Francisco Pereira  
Silva's Marriage  
Certificate**

CERTIFICATION OF VITAL RECORDS



State of Nevada  
**Marriage Certificate**

DOC #2025300644  
02/18/2025 09:29:33 AM  
Requested By  
JOHN D MCARTHUR JR  
Washoe County Recorder  
Kalie M. Work

NO . MA2025-0687

Page 1 of 1

State of Nevada }  
County of Washoe }

ss.

*Officiant*

This is to certify that the undersigned,  
did on the 15<sup>th</sup> day of February, 20 25  
at ARCH OF RENO WEDDING CHAPEL, RENO Nevada, join in lawful wedlock  
*Address or Church* *City*

IBSON H I FRANCISCO PEREIRA SILVA of  
SAN FRANCISCO State/Country of CALIFORNIA Date of Birth 04/24/1993  
*(City)*

and  
JESSICA RODRIGUES ALVES of  
SAN FRANCISCO State/Country of CALIFORNIA Date of Birth 05/11/1994  
*(City)*

with their mutual consent, in the presence of Maria Clark  
*(Name of Witness or Witnesses)*



*Signature of person performing marriage*  
John D. McArthur Jr., Minister  
*Print name under signature*  
119 N. Virginia St. Reno, NV 89501  
*Mailing Address of Official Performing Marriage*

Jean Delassini  
WASHOE COUNTY CLERK

Couple's Mailing Address:  
431 PARIS STREET  
SAN FRANCISCO, CA 94112

**MARRIAGE OFFICIANT:**  
**YOU MUST PRESENT THIS ORIGINAL DOCUMENT WITHIN 10 DAYS TO:**  
**WASHOE COUNTY RECORDER, 1001 E. 9<sup>TH</sup> STREET, BLDG. A, RENO, NV 89512**

*Kalie M. Work*  
Kalie M. Work  
WASHOE COUNTY RECORDER

CCM-202503152  
CERTIFIED COPY  
DOCUMENT ATTACHED IS A  
TRUE AND CORRECT COPY OF  
THE DOCUMENT OR DATA ON FILE  
MINUS ANY REDACTED PORTIONS  
Feb 18 2025

W0122433



KEEP DOCUMENT IN A SAFE PLACE  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**Exhibit 7 - Ibson  
Huggo Itallo  
Francisco Pereira  
Silva's Declaration**

I, Ibson Huggo Itallo Francisco Pereira Silva, born on April 24, 1993, in the city of Axixá do Tocantins/Brazil, with a law degree obtained in Brazil, hereby declare, for all due purposes, that the facts set forth below are true and correspond to my personal experience.

I currently reside in the United States with my wife and our son. I have always been an honest, hardworking person committed to my family. As a husband and father, my priority has always been to protect, care for, and provide a safe environment for my wife and my son. In my work, I have always acted in a responsible and upright manner, respecting the laws and contributing to the community where I live. I am guided by values such as responsibility, respect, and commitment to my family, always seeking to live in a lawful and peaceful manner.

In the year 2025, I began to suffer a series of serious criminal incidents, which intensified over time and caused me fear, psychological distress, and a terrible sense of insecurity.

The first incident occurred on June 12, 2025, at approximately 4:42 a.m., when security cameras recorded an unknown individual breaking into my vehicle. The footage showed a person rummaging through the interior of the car, apparently searching for something specific, without taking any visible valuables. This incident left me extremely frightened, as I felt that I was being watched or targeted by something dangerous. I immediately contacted the police, filed a police report, and provided the camera footage. Despite this, I did not receive any response from the authorities.

The following day, June 13, 2025, at around 10:00 p.m., as I was returning home with my cousin, we were approached by two men wearing masks similar to those seen in the break-in of my car. They robbed us and even used pepper spray against my cousin. I seriously feared for our lives. Once again, I called the police, filed a report, and provided security camera footage.

The third incident occurred on August 5, 2025, when my mother was visiting me. She noticed a person walking around the yard of our residence and alerted me. When I went outside to see what was happening, I saw that a man had entered the property. I was very frightened, because a day care operated by my wife functions in my home. My wife and her employees spend the entire day at home, and especially because of the previous incidents, I was very concerned. After verbally confronting him, he left the premises. My mother and I contacted the police and provided the available recordings.

The most serious and traumatic incident occurred on August 14, 2025, at approximately 9:00 p.m., while I was working. I accepted a transportation ride from a client from Oakland to San Francisco. During the trip, another vehicle began to follow us. At a certain point, this car stopped behind ours, a man got out, approached the passenger-side window, and displayed a firearm. He then came to my side,

physically assaulted me, pointed the gun at me, and robbed me at gunpoint, taking my personal belongings, including my wallet and my wedding ring. This was the first time in my life that a firearm was pointed directly at me. I believed that I could die at that moment. I could only think about my son and what his life would be like without a father, whether he would spend the rest of his childhood questioning why he did not deserve to have a father, just as I did.

After the robbery, I managed to drive to a gas station and contact the police. I filed a police report and cooperated with the authorities, providing all available information and images and making myself available for anything the authorities might need.

These events deeply affected me. Psychologically, I began to live in fear of routine things that were once pleasurable to me, such as being afraid to go out with my family even to a restaurant, or to accept a ride that starts at night, as well as experiencing anxiety, intrusive thoughts, frequent nightmares, and difficulty sleeping, as I sleep very little. I feel unsafe especially at night and while driving, particularly when vehicles stop behind me. I am always on alert; I constantly expect that something will happen.

Physically, I feel restlessness, tremors, difficulty remaining still, and constant fatigue. Emotionally, I feel helplessness and fear. Financially, these events affected my work, as I began to avoid certain areas, such as Oakland, which resulted in the loss of clients and financial hardship, in addition to avoiding long trips and nighttime rides as much as possible, always thinking, "I need to get back home".

In all of the incidents, I cooperated with the police, filed police reports, provided security camera footage, and gave all the information requested. Despite this, I continue to suffer the consequences of these crimes to this day.

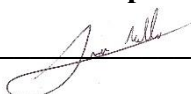
I declare that all of the information above is true and provided voluntarily.

San Francisco, January 13, 2026.

---//signature//---

Ibson Huggo Itallo Francisco Pereira Silva  
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: January 15, 2026.**

Eu, Ibson Huggo Itallo Francisco Pereira Silva nascido em 24 de abril de 2023, na cidade de Axixa do Tocantins/Brasil, graduado em Direito no Brasil, declaro, para os devidos fins, que os fatos a seguir são verdadeiros e correspondem à minha experiência pessoal.

Atualmente resido nos Estados Unidos com minha esposa e nosso filho. Sempre fui uma pessoa honesta, trabalhadora e comprometida com minha família. Como marido e pai, minha prioridade sempre foi proteger, cuidar e proporcionar um ambiente seguro para minha esposa e meu filho. No meu trabalho, sempre atuei de forma responsável e correta, respeitando as leis e contribuindo para a comunidade onde vivo. Me guio por valores como responsabilidade, respeito e compromisso com minha família, sempre buscando viver de forma correta e pacífica.

No ano de 2025, passei a sofrer uma sequência de incidentes criminais graves, que se intensificaram ao longo do tempo e me causaram medo, abalo psicológico e sensação horrível de insegurança.

O primeiro incidente ocorreu no dia 12 de junho de 2025, por volta das 4h42 da manhã, quando câmeras de segurança registraram um indivíduo desconhecido invadindo o meu veículo. As imagens mostraram uma pessoa revirando o interior do carro, aparentemente procurando algo específico, sem levar objetos de valor visíveis. Esse episódio me deixou extremamente assustado, pois senti que estava sendo observado ou alvo de algo perigoso. Imediatamente acionei a polícia, registrei boletim de ocorrência e forneci as gravações das câmeras. Apesar disso, não obtive retorno das autoridades.

No dia seguinte, 13 de junho de 2025, por volta das 22h, ao retornar para casa com meu primo, fomos abordados por dois homens usando máscaras semelhantes àquelas vistas no assalto ao meu carro. Eles nos roubaram e chegaram a usar spray de pimenta contra meu primo. Temi seriamente pela nossa vida. Mais uma vez, chamei a polícia, registrei ocorrência e forneci imagens de câmeras de segurança.

O terceiro incidente ocorreu em 5 de agosto de 2025, quando minha mãe estava me visitando. Ela percebeu uma pessoa circulando no quintal da nossa residência e me alertou. Quando saí para ver o que estava acontecendo, vi que um homem, havia invadido a propriedade. Fiquei muito assustado, pois em minha casa funciona um day care que é da minha esposa. Minha esposa e suas funcionárias, passam o dia todo em casa e, principalmente, por conta dos episódios anteriores. Após confrontá-lo verbalmente, ele saiu do local. Eu e minha mãe entramos em contato com a polícia e entregamos as gravações disponíveis.

O episódio mais grave e traumático aconteceu no dia 14 de agosto de 2025, por volta das 21h, enquanto eu estava trabalhando. Aceitei uma corrida de transporte de um cliente de Oakland para San Francisco. Durante o trajeto, outro veículo passou a nos seguir. Em determinado momento, esse carro parou atrás do nosso, um homem desceu, aproximou-se da janela do passageiro e exibiu uma arma de fogo. Em seguida,

*Ibson Huggo Itallo Francisco Pereira Silva*

ele se dirigiu ao meu lado, me agrediu fisicamente, apontou a arma para mim e me roubou à mão armada, levando meus pertences pessoais, incluindo carteira e minha aliança de casamento. Essa foi a primeira vez na minha vida que uma arma foi apontada diretamente para mim. Acreditei que poderia morrer naquele momento. Só conseguia pensar no meu filho e em como seria a vida dele sem um pai, se ele passaria o resto da infância dele se questionando por que não merecia ter um pai, assim como eu.

Após o assalto, consegui dirigir até um posto de gasolina e entrar em contato com a polícia. Registrei o boletim de ocorrência e colaborei com as autoridades, fornecendo todas as informações e imagens disponíveis e me dispus para qualquer coisa que as autoridades precisassem.

Esses acontecimentos me abalaram profundamente. Psicologicamente, passei a viver com medo de coisas rotineiras que eram prazerosas para mim, como medo de sair com minha família para ir a um restaurante que seja, ou aceitar uma corrida que inicie a noite, também ansiedade, pensamentos intrusivos, pesadelos frequentes e dificuldade para dormir, pois eu durmo muito pouco. Me sinto inseguro principalmente à noite e ao dirigir, especialmente quando veículos param atrás de mim. Eu sempre estou em estado de alerta; eu sempre espero que algo vá acontecer.

Fisicamente, sinto inquietação, tremores, dificuldade para permanecer parado e cansaço constante. Emocionalmente, sinto impotência e medo. Financeiramente, esses eventos afetaram meu trabalho, pois passei a evitar determinadas regiões, como Oakland, o que resultou em perda de clientes e prejuízo financeiro, além de evitar ao máximo viagens longas e a noite, sempre penso "Eu preciso voltar para casa".

Em todos os incidentes, colaborei com a polícia, registrei boletins de ocorrência, forneci imagens de câmeras de segurança e prestei todas as informações solicitadas. Apesar disso, continuo sofrendo as consequências desses crimes até hoje.

Declaro que todas as informações acima são verdadeiras e prestadas de forma voluntária.

San Francisco, 13 de janeiro de 2026.

  
Ibson Hugo Itallo Francisco Pereira Silva  
Assinatura

# **Exhibit 8 - Criminal Case File**



# Incident Report

OAKLAND POLICE DEPARTMENT  
455 7TH STREET  
OAKLAND, CALIFORNIA 94607  
(510) 238-3021

Incident Number: 25-035562

---

## Persons Involved

Person#: 0003	MNI: 3196107	Can ID Suspect: No
Event Association: SUSPECT	Contact Date/Time: 08/14/2025 23:31	
Name: UNKNOWN, UNKNOWN		
SSN:	DOB:	Age: - Sex: MALE Race: HISPANIC
Height: 5' 7" - 5' 7"	Weight: 200 - 200 lbs	Eye Color: UNKNOWN Hair Color: UNKNOWN
Address: ,		Sector/Beat:
Phone Type 1:	Phone# 1:	Ext 1:
Phone Type 2:	Phone# 2:	Ext 2:
DL State:	DL#:	DL Exp. Date:
Occupation:		Employer/School:

## Characteristics

Characteristic Type:	Further Defined By:	Description:
CLOTHING		BLUE FACE MASK, WHITE SHIRT.

---

## Vehicles Involved

Vehicle#: 0001	Vehicle Status:	
Event Assoc: USED IN CRIME	Make: TOYOTA	Model: SIENNA (VAN)
Vehicle Type: A	Year:	Expires On:
VIN:	License#:	Ter Color:
Style: VAN/MINI VAN	Prim Color: RED	Recovered Date:
Status Dt/Tm: 08/14/2025 23:31	Status Value:	Recovered Value:
NCIC Date:	NCIC Reported By:	
NCIC#:	NCIC Cancelled:	

---

OAKLAND POLICE DEPARTMENT  
455 7TH STREET  
OAKLAND, CALIFORNIA 94607  
(510) 238-3021

Incident Number: 25-035562

## Modus Operandi

Against Persons: ■  
Against Property: ■  
Occupied: ■  
General Premise 1:  
General Premise 2:  
Specific Premise:  
Surrounding Area 1:  
Surrounding Area 2:  
Surrounding Area 3:  
Relationship to Suspect 1:  
Relationship to Suspect 2:  
Weapon Type 1: ■■■■■  
Automatic: ■  
Weapon Type 2:  
Automatic: ■  
Weapon Type 3:  
Automatic: ■

## Crime Against Property

# of Premises Entered:	Suspect Action 1:
Entry Point:	Suspect Action 2:
Exit Point:	Suspect Action 3:
Entry Loc 1:	Suspect Action 4:
Exit Loc 1:	Suspect Action 5:
Entry Loc 2:	Additional Factor 1:
Exit Loc 2:	Additional Factor 2:
Entry Method 1:	Additional Factor 3:
Exit Method 1:	Additional Factor 4:
Entry Method 2:	Additional Factor 5:
Exit Method 2:	Security Type:
Entry Tool 1:	Victim Location:
Exit Tool 1:	Electronic Locks: ■
Entry Tool 2:	Video Surveillance: ■
Exit Tool 2:	Maid:
Vehicle Entry:	Inspectress:
Safe Entry:	

## Crime Against Persons

Pre-incident Contact 1:	Suspect Action 1:
Pre-incident Contact 2:	Suspect Action 2:
Pre-incident Contact 3:	Suspect Action 3:
Victim Condition 1:	Suspect Action 4:
Victim Condition 2:	Suspect Action 5:
Victim Condition 3:	Sex Crime 1:
Victim Condition 4:	Sex Crime 2:
Victim Condition 5:	Sex Crime 3:
Suspect Solicited 1:	Sex Crime 4:
Suspect Solicited 2:	Sex Crime 5:
Suspect Pretended to Be:	Vehicle Involvement 1:
	Vehicle Involvement 2:

OAKLAND POLICE DEPARTMENT  
455 7TH STREET  
OAKLAND, CALIFORNIA 94607  
(510) 238-3021

Incident Number: 25-035562

---

## Narratives

ENTERED DATE/TIME: 8/14/2025 23:31:00

SUBJECT: SYNOPSIS

AUTHOR: ESPITIA, GERARDO

NIC

PC211-ROBBERY-FIREARM

PC417(A)2 -EXHIBIT FIREARM

---

ENTERED DATE/TIME: 8/14/2025 23:31:00

SUBJECT: FBR NARRATIVE

AUTHOR: ESPITIA, GERARDO

LOSS:

L1: One (1) brown wallet containing: misc. credit cards in V1's name and \$200.00 USD.

L2: One (1) ring, gold in color, unknown value.

SUMMARY:

On 14AUG25 at approximately 2215 hours, I was working as OPD patrol unit 3L26. I was wearing OPD utility uniform and operating out of fully marked OPD vehicle 1035. At this time, I responded to 4265 Foothill Blvd, Chevron Gas Station, to investigate a report of an arm robbery.

On scene, I contacted PEREIRA, Ibson (V1) and DIAS, Ana (V2) who advised that they had been robbed at gun at point. I did not observe any obvious injuries on both parties, and they decline medical attention.

Ofc. Z. Tewelde took a BWC statement from PEREIRA. The following is a summary of PEREIRA's BWC statement, refer to BWC for further details.

PEREIRA stated that he picked up DIAS at 8430 Edgewater Rd (Raising Cane's). PEREIRA advised that he was not familiar with the street of Oakland and got lost looking for the freeway entrance. PEREIRA pulled over to the side in the 6200 block of Coliseum way to look at his GPS for direction. When an older model Toyota Sienna, Van, red in color, parked directly behind his vehicle. S1 then approaches the passenger side of his vehicle and tells DIAS to be quiet in Spanish. S1 then walks over to the driver side window while holding a black handgun. S1 tells PEREIRA to get out the vehicle. PEREIRA in fear gets out the vehicle and S1 demanded PEREIRA to give him his property. PEREIRA in fear for his life takes his brown wallet (L1) out of his suit pocket. PEREIRA gives S1 the wallet and S1 grabs PEREIRA's hand and takes off his gold in color wedding ring (L2). S1 then for no apparent reason punches PEREIRA ones on the left side of his face. PEREIRA gets back into his vehicle and does not see which way S1 fled with the loss.

OAKLAND POLICE DEPARTMENT  
455 7TH STREET  
OAKLAND, CALIFORNIA 94607  
(510) 238-3021

Incident Number: 25-035562

---

PEREIRA cannot identify S1, wants to press charges, and is willing to assist with the investigation.

It should be noted that DIAS, Ana was primarily Spanish speaking. I took a BWC statement from DIAS. The following is a summary of DIAS BWC statement, refer to BWC for further details.

DIAS stated that on 14AUG25 at approximately 2130 hours, she was with a friend 8430 Edgewater Rd (Raising Cane's). After, DIAS was done hanging out with her friend she called PEREIRA for a ride home to San Francisco. DIAS stated that after PEREIRA picked her up, they drove for about 8 mins, before realizing that they were lost. PEREIRA then pulls over to the side of the road in an unknown area to use his GPS. DIAS stated that while PEREIRA was on the GPS, S1 approaches DIAS' passenger side window. S1 was holding a black handgun and told them to roll down the window. S1 then points the gun at DIAS and tells her to shut up. DIAS in fear for her life complied. S1 then walks over to the driver side of the vehicle. DIAS stated that S1 then begins to demand for PEREIRA's property and at one-point punches PEREIRA on the face. S1 then flees the area to an unknown location. DIAS stated that she did not see any vehicles.

DIAS cannot identify S1, wasn't sure about pressing charges, and is willing to assist with the investigation.

PEREIRA and DIAS were both provided contact cards with a report number, Marsys cards, and resource information.

Ofc. Z. Tewelde used his OPD work cellphone to take a picture of the redness to the left side of PEREIRA face.

[REDACTED]  
[REDACTED]  
[REDACTED].

I canvassed the 6200 block of Coliseum Way for Cameras and witnesses, with the following results.

At [REDACTED] Coliseum Way, cameras located, unable to make contact.

At [REDACTED] Coliseum Way, cameras located, unable to make contact.

No witnesses located.

I called the PAB front desk and submitted a DNR and Log entry.

## CONCLUSION:

It appears that on 14AUG25 at approximately 2155 hours, PEREIRA picked up DIAS from 8430 Edgewater Dr (Raising Cane's). They were going to head back to San Francisco when PEREIRA got lost and pulled over to the side in the 6200 block of Coliseum Way. PEREIRA was looking at his GPS for direction when S1 parked directly behind his vehicle. S1 walked to the passenger side of his vehicle pointed a black handgun at DIAS and told her to be quiet. DIAS in fear for her life complied. S1 then walked over to the driver side of the vehicle

# Incident Report

OAKLAND POLICE DEPARTMENT  
455 7TH STREET  
OAKLAND, CALIFORNIA 94607  
(510) 238-3021

Incident Number: 25-035562

---

and pointed the firearm at PEREIRA. S1 told PEREIRA to get out the vehicle. PEREIRA in fear for his life, complied and got out the vehicle. S1 demanded PEREIRA to give him his property. PEREIRA in fear for his life gave S1 his brown wallet. S1 then grabbed PEREIRA's hand and took of PEREIRA gold in color weeding ring. S1 then punches PEREIRA ones on the left side of his face. PEREIRA get back into his vehicle and S1 flees the area to an unknown location with the loss.

S1 is in violation of PC211-ROBBERY-FIREARM and PC417(A)2 -EXHIBIT FIREARM

OPD Admin:  
BWC Activated.

No known witnesses located

---

## Signatures

\_\_\_\_\_  
Reporting Officer Date

\_\_\_\_\_  
Supervisor Date

# **Exhibit 9 - Evidence of Psychological Harm**

**Rebecca Claudette Napoli, LCSW**

Licensed Clinical Social Worker #LCSW89084

Bay Area Center for Immigration Evaluations | tel: 510-842-6766 | fax: 844-698-0744 | www.bacie.org | info@bacie.org

**Mental Health Report**

(11/22/2025)

Maria Luiza and Otavio Haverroth Averroth (Yousa Law Firm)  
8910 University Center Lane, Suite 400,  
San Diego, CA, 92122

Reference: Ibson Huggo Itallo Francisco Pereira Silva (DOB:04/24/1993)

**Professional Qualifications**

I am a trilingual Licensed Clinical Social Worker in the state of California. I have worked in the mental health field in both nonprofit and government agencies since 2014. I possess a Master’s in Social Work with a Mental Health concentration and a Bachelor of Art in Psychology and Spanish Language.

As a practicing clinician, I have served the community by providing counseling to those enrolled in the Family Stabilization Program housed in CalWORKS, the Youth Outreach Program housed in the Probation Department, and families participating in Children and Family Services. I have clinical experience performing trauma-informed assessments and providing therapeutic services to children and their families with socio-emotional needs, behavioral difficulties, and family issues. I have clinical experience with children and families receiving child welfare services with complex issues involving abuse, neglect, trauma, behavioral health, and substance use. I have experience writing court reports and continue to provide services that meet the cultural and language needs of the families being served.

**Purpose of Evaluation**

Maria Luiza and Otavio Haverroth Averroth (Yousa Law Firm) referred Ibson Huggo Itallo Francisco Pereira Silva for a mental health evaluation. Prior to the interview, Mr. Pereira Silva was informed of the purposes of the evaluation, the limitations of confidentiality, and the probable uses of the information derived from the interview. Mr. Pereira Silva agreed to the interview.

The interview took place on November 22, 2025. The client’s identity was verified with a valid photo ID. During the course of the interview, a history was taken, including a trauma history. A thorough assessment of symptomatology and functional status was completed as well as an assessment for Malingering. The evaluation was conducted in Portuguese. The following report summarizes the relevant content discussed. *Any quotations used in this report are a paraphrased, translation of the client’s words.*

**Statement of Credibility**

Mr. Pereira Silva was assessed to be a credible reporter as evidenced by the following: Mr. Pereira Silva demonstrated consistency in details (vivid believable imagery and realistic symptom description) while describing his lived experiences and internal experiences. There did not appear to be any indications of symptom magnification, malingering, or feigning emotional distress. Mr. Pereira Silva’s symptoms were consistent with emotional expression and his report was consistent with the assessment tools administered.

**Identifying Information and Behavioral Observations**

Mr. Pereira Silva is a 32-year-old Brazilian man. He appears his stated age, is dressed casually and appropriately, and presents with broad affect and an anxious mood. There does not appear to be a history of suicidal or homicidal ideation, hallucinations, or delusions. Mr. Pereira Silva completed symptoms screenings and the results are as follows: Patient Health Questionnaire (**PHQ9**) = 13 (positive for Moderate Depression), Anxiety Questionnaire (**GAD7**) = 15 (positive for Severe Anxiety), Trauma Symptom Inventory (**PCL-5**) = 48 (positively correlated with Post Traumatic Stress Disorder), Adverse Childhood Experiences Questionnaire (**ACE**) = 1 (client reports having experienced 1 type of adverse experiences in childhood).

### **Background**

Mr. Pereira Silva reports that he was born and raised in Tocantins, Brazil. He notes that through his father, he has three half-siblings, while on his mother's side, he is an only child. He explains that his mother became pregnant with him at age sixteen, and *"when my father learned of the pregnancy, he left my mother."* He further states, *"I met my father when I was 18 years old."* He reports that his mother moved to the capital of Goiás when he was very young because she could not find work in Tocantins; she found employment as a secretary and was able to provide for his basic needs despite the hardship.

Mr. Pereira Silva explains that he completed a law degree in Brazil and later worked as a car-insurance salesman before arriving in the United States. He reports that he married Jessica Rodrigues Alves in 2016, and that the couple welcomed their son later that same year. He shares that he witnessed his mother-in-law and wife experienced escalating threats and psychological abuse perpetrated by a politician in Brazil. He describes that these events profoundly affected him, explaining that *"this has impacted me."* He initially traveled to the U.S. as a tourist with his family in 2020, then returned to Brazil; however, toward the end of that year, his wife began experiencing intensified persecution. This prompted him to bring his wife, child, and himself back to the United States to seek safety. Mr. Pereira Silva reports that he currently resides in San Francisco, California, where he operates a limousine company. He describes his efforts to rebuild a stable life for his family while coping with the psychological impact of the threats, fear, and instability they endured in Brazil.

### **Clinical Interview**

Mr. Pereira Silva reports that he experienced a series of four escalating criminal incidents in 2025 that have significantly impacted his psychological functioning. He explains that the first incident occurred on June 12, 2025, at 4:42 a.m., when security cameras captured an unknown individual breaking into his vehicle. He notes that he has interior cameras in his car and observed the assailant searching through the vehicle without taking any valuables, despite the presence of a phone, a tablet, and other items. He states, *"It seemed as though he was searching for something specific."* Mr. Pereira Silva reports feeling fearful and immediately contacted law enforcement, filed a police report, and submitted the video recording. Although he was told the incident would be investigated, he never received any follow-up. To increase safety, he installed additional surveillance cameras around his property.

The second incident occurred one day later, on June 13, 2025, at approximately 10:00 p.m. Mr. Pereira Silva reports that he was returning home with his cousin and unloading groceries when two masked men approached them. He recalls that *"They had the same ski-type mask as the man who had broken into my car."* The assailants robbed them, taking a wallet and pepper-spraying his cousin. He explains that as the men approached, *"When I saw the two men approaching my cousin, I distanced myself from him and approached my home, which had surveillance cameras."* He again called law enforcement, filed a report, and provided video surveillance footage.

The third incident occurred on August 5, 2025. At that time, Mr. Pereira Silva's mother was visiting and alerted him after noticing someone wandering in their backyard. Mr. Pereira Silva reports that he went outside and observed a man who appeared to be in his forties. He states, *"I approached him and I was scared because of the two prior incidents. I asked him what he was doing and why he was here and he said he was lost, but it didn't make sense because he had broken into my backyard."* He reports that the man left shortly thereafter, and he and his mother again contacted the police and submitted the video footage.

Mr. Pereira Silva explains that by the time the fourth incident occurred, he was already feeling heightened anxiety due to the previous events. The final incident happened on August 14, 2025, at approximately 9:00 p.m. He had accepted a request from a client for transportation from Oakland to San Francisco. Shortly after picking up the client, he experienced a navigation issue and pulled over to reset the system. At that moment, another vehicle pulled up behind them, and a man exited the vehicle, approached the client's window, and displayed a gun while speaking to her in Spanish. Mr. Pereira Silva recalls that the individual then moved to his side of the vehicle, ordered him out, robbed him at gunpoint, including taking his wallet and wedding ring, and physically struck him on the face before fleeing. He reports that the client later told him the assailants instructed her in Spanish to remain quiet. After the attackers left, Mr. Pereira Silva drove to a well-lit gas station to safely contact law enforcement, file a police report, and provide the available surveillance footage. He states that officers informed him that armed robberies were common in that area.

Mr. Pereira Silva identifies this final incident as his worst and most traumatic experience. He explains, *"I had only ever seen guns in movies; this was the first time that I ever had a gun pointed at me."* He further states that during the assault, *"I kept thinking about my son at the moment and the moments after, wondering what his life would be like if he lost his father."* This event continues to contribute to significant fear, hypervigilance, and ongoing psychological distress.

### History of Trauma

Mr. Pereira Silva reports a history of exposure to traumatic events prior to the qualifying crime. He explains that during his relationship with his wife, he directly witnessed the severe abuse inflicted on her mother. He states, *"My wife's mother had experienced sexual and physical abuse. I saw everything during our relationship."* Although the abuse was not directed at him personally, Mr. Pereira Silva describes these experiences as profoundly distressing and emotionally overwhelming. His prolonged exposure to the mother-in-law's trauma created an ongoing environment of fear, instability, and secondary traumatic stress. He does not identify any additional traumatic events occurring after the qualifying crime beyond the persistent psychological impact of the four criminal incidents described previously. However, the cumulative nature of the earlier trauma, combined with the later series of violent events, appears to have amplified his vulnerability to stress, heightened fear responses, and contributed to symptoms consistent with trauma exposure. While he did not report clinically significant trauma symptoms before the qualifying crimes, he acknowledges that witnessing his mother-in-law's abuse left lasting emotional impressions that resurfaced and intensified following his own victimization.

### Inventory of Current Symptoms

#### ***Intrusion symptoms***

Mr. Pereira Silva reports experiencing persistent and intrusive trauma-related thoughts, images, and emotional reactions that have continued since the assaults. He explains that intrusive memories occur daily, particularly in the evening, noting a clear pattern of worsening symptoms at dusk. He states that as the day ends and darkness sets in, *"I don't feel comfortable working at night and feel fearful because vivid*

*memories related to the assaults come to mind.*” These memories intrude suddenly and without warning, often replaying specific moments of the crimes, such as the masked men approaching or the image of the gun pointed at him. He reports that these symptoms have disrupted his work functioning, stating, *“It has impacted my entire life... I don’t accept work at night, so it’s affecting my business.”* This demonstrates a persistent avoidance of nighttime activity due to the frequency and intensity of trauma-related intrusions.

Psychologically, Mr. Pereira Silva describes experiencing fear, anxiety, anger, and a sense of powerlessness when intrusive thoughts arise. He explains that these reactions feel overwhelming and emotionally destabilizing, stating, *“I feel angry that it has impacted me and I feel weak that I was not able to do anything. I have four police reports, and nothing has come from it. The assailant is out there robbing people, and I am powerless.”* These statements reflect ongoing internal conflict, shame, helplessness, and emotional distress when the memories surface. He experiences urges consistent with a trauma-based freeze or flight response, often feeling unsafe and hyperaware of his surroundings. He also reports intrusive worry about his family’s well-being at night, noting, *“Sometimes I have difficulty sleeping thinking how can I be better to my family.”*

Physiologically, Mr. Pereira Silva experiences somatic manifestations of intrusion and hyperarousal, including restlessness, shaking, and difficulty remaining still. He describes that, *“I feel restless and my leg gets shaky and I have a hard time sitting still,”* and also states, *“I cannot stay quiet, I keep moving my legs all the time.”* These symptoms appear to be both trauma-triggered and exacerbated by general stress. He reports that elevated work pressure sometimes intensifies these physiological reactions, stating, *“Sometimes I feel it because I’m working so hard and nothing is going well like I need.”* This indicates that internal stressors can also serve as triggers for trauma-related activation.

Mr. Pereira Silva identifies clear triggers that evoke intrusive symptoms. External triggers include darkness, nighttime driving, and cars pulling up behind him, situations directly connected to the circumstances of the assaults. He explains that *“at night and whenever a car stops behind me, I feel triggered and afraid of being assaulted.”* These environmental cues immediately evoke both psychological fear responses and physiological arousal, causing heightened vigilance and distress.

Sleep disturbances are present and significant. Mr. Pereira Silva reports difficulty falling asleep due to nightly worry, as well as recurrent nightmares related to the assaults. He recounts having several nightmares in which he is being attacked, sometimes reenacting the events and at other times experiencing variations of them. He describes, *“I have had a few nightmares where I am assaulted, and sometimes in my nightmares I can flee.”* He also notes that the nightmares often involve *“several recurring assaults”* with alternate endings, reflecting his brain’s ongoing, involuntary attempts to process the trauma. These intrusions disrupt sleep continuity and contribute to his overall psychological exhaustion.

### ***Avoidance Symptoms***

Mr. Pereira Silva demonstrates significant avoidance behaviors in response to trauma-related reminders. He reports avoiding specific places, particularly driving at night and entering the city of Oakland, where one of the assaults occurred. He states that he avoids nighttime driving because he feels unsafe and is immediately triggered by the darkness and the memory of past assaults. Regarding Oakland, he explains, *“Whenever I have a client that asks to be taken to Oakland, I end up referring them to another agency because I no longer feel safe working there. It has led to financial loss.”* This illustrates both internal avoidance (fear-based decision-making) and external avoidance (refusing routes associated with danger), which have resulted in measurable occupational and financial repercussions.

He also avoids people, conversations, and emotional engagement related to the trauma. He states, *“I don’t like talking about it with anyone, not even my wife and friends, so when they ask I brush it off. I don’t want to be reminded of it.”* Mr. Pereira Silva further reports avoiding disclosure to his family, explaining, *“I didn’t tell my parents nor my son.”* This effort to suppress discussion and emotional connection around the assaults reflects attempts to shut down both internal and external reminders that provoke distress.

Internally, Mr. Pereira Silva avoids trauma-related thoughts, feelings, and memories by withdrawing emotionally and redirecting himself away from distressing internal experiences. He acknowledges that when painful thoughts arise, he pushes them away, isolates himself, or distracts himself with work. These patterns indicate persistent avoidance that maintains his trauma symptoms and continues to interfere with daily functioning and relationships.

### ***Negative Alterations in Cognition and Mood***

Mr. Pereira Silva experiences pervasive negative shifts in mood and cognition following the assaults. He explains that since the incidents, he has felt consistently anxious and downcast, stating, *“I feel sad. I feel like this has hindered me. I want to grow and improve my life but this has affected me.”* He describes feeling preoccupied with intrusive thoughts and emotionally overwhelmed, particularly after work, sharing, *“Sometimes when I come home I feel powerless and helpless and just want to be alone even though I can see that my child wants to interact with me. I wasn’t like this before.”* This reflects diminished interest in meaningful activities and difficulty engaging emotionally with loved ones.

Mr. Pereira Silva also reports a loss of trust in others and the legal system, explaining that repeated reporting to the police without results has left him feeling defeated. He states, *“I feel like all the reports have led to nothing which makes me feel less secure and helpless.”* He identifies persistent feelings of sadness, anger, and anxiety, accompanied by a loss of interest in previously enjoyed activities. He states, *“I used to play soccer with a group of friends at night and they invite me and I refuse to go, and they ask me why, but I don’t want to tell them what I’ve been through and how it makes me feel.”* He also notes difficulty experiencing positive emotions, reporting that joy, ease, and connection feel distant or blunted.

Mr. Pereira Silva demonstrates negative and distorted beliefs about himself and his ability to protect his family. He describes profound discouragement related to his immigration journey, stating, *“I wanted to provide safety to my wife and child and I feel like a failure, like there is always something getting in the way.”* This reflects a shift toward self-blame and hopelessness, consistent with trauma-related negative cognitions. He did not report dissociation during or after the trauma, but his emotional numbing, withdrawal, and sense of detachment are consistent with trauma-related cognitive and mood disturbances.

### ***Hyperarousal Symptoms***

Mr. Pereira Silva describes a chronic state of hypervigilance and physiological arousal that affects his functioning throughout the day and night. He reports being constantly on alert, stating that he is always *“scanning my surroundings to see if someone is following me.”* He notes extreme startle responses and heightened sensitivity to environmental cues, consistent with a trauma-based survival response. Sleep disturbance is significant. Mr. Pereira Silva reports sleeping only 4–5 hours per night due to repeated nighttime awakenings, fear responses, and hypervigilance. He explains that he wakes abruptly and immediately checks his environment for danger. He states, *“I’ll go into my son’s room to make sure he is safe and okay.”* He also wakes frequently, contributing to fragmented, non-restorative sleep and chronic exhaustion. These symptoms, hypervigilance, exaggerated startle response, sleep disruption, and ongoing physiological activation, are consistent with persistent hyperarousal and reflect the enduring impact of the traumatic events on his nervous system and daily functioning.

Mr. Pereira Silva demonstrates strong resilience and motivation rooted in his sense of responsibility to his family. He explains that having loved ones who depend on him keeps him focused and determined, stating, *“I don’t have the option to stay stuck in this, I have to keep pressing forward to take care of my family. They depend on me.”* This reflects a powerful adaptive coping strategy centered on purpose, commitment, and perseverance. Despite ongoing trauma symptoms, he continues working, providing, and taking steps to ensure his family’s safety, which highlights his resourcefulness and determination. At times, however, his coping also includes emotional suppression and avoidance, which help him function in the short term but may contribute to ongoing distress over time.

### **Summary**

Based on the clinical interview, behavioral observations, and symptom patterns described above, Mr. Pereira Silva meets criteria for Post-Traumatic Stress Disorder (PTSD), DSM-5-TR, stemming from the series of four violent crimes he endured, including an armed robbery in which a gun was pointed at him. His diagnosis is supported by the presence of intrusion symptoms (daily intrusive memories, nightmares, and panic reactions when exposed to triggers such as nightfall or cars pulling up behind him), avoidance symptoms (avoiding Oakland, avoiding nighttime driving, and avoiding discussing the incidents with family or friends), negative alterations in cognition and mood (persistent fear, sadness, helplessness, self-blame, emotional withdrawal, and loss of interest in previously enjoyed activities), and hyperarousal symptoms (hypervigilance, exaggerated startle response, restlessness, sleep disturbance, and constant scanning of the environment). This means that his brain continues to behave as though danger is still present, causing his body and mind to stay in a persistent state of fear and alertness long after the incidents ended.

In my clinical opinion, Mr. Pereira Silva has endured significant psychological harm as a result of the qualifying crimes. His symptoms are persistent, impairing, and have disrupted multiple areas of life, including his work, sleep, emotional functioning, family relationships, and sense of safety. The armed robbery, with a gun directly pointed at him, was identified by him as his “worst moment,” and his description of thinking about whether his son would grow up without a father reflects the depth of terror he experienced. His psychological functioning is further burdened by compounded stress from past exposure to his mother-in-law’s abuse, repeated police reports without resolution, and profound loss of trust in the systems designed to protect him.

Treatment is recommended. Evidence-based trauma therapies such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), EMDR (Eye Movement Desensitization and Reprocessing), and Somatic-based trauma stabilization techniques would likely help him process intrusive memories, reduce hyperarousal, and rebuild a sense of safety. Additional interventions such as sleep hygiene strategies, grounding techniques, and psychoeducation about trauma responses would also be beneficial. Mr. Pereira Silva was receptive to the recommendations, expressed a desire to feel better for his family, and indicated that he would be willing to participate in therapy to reduce his symptoms and regain emotional stability.

Respectfully submitted,



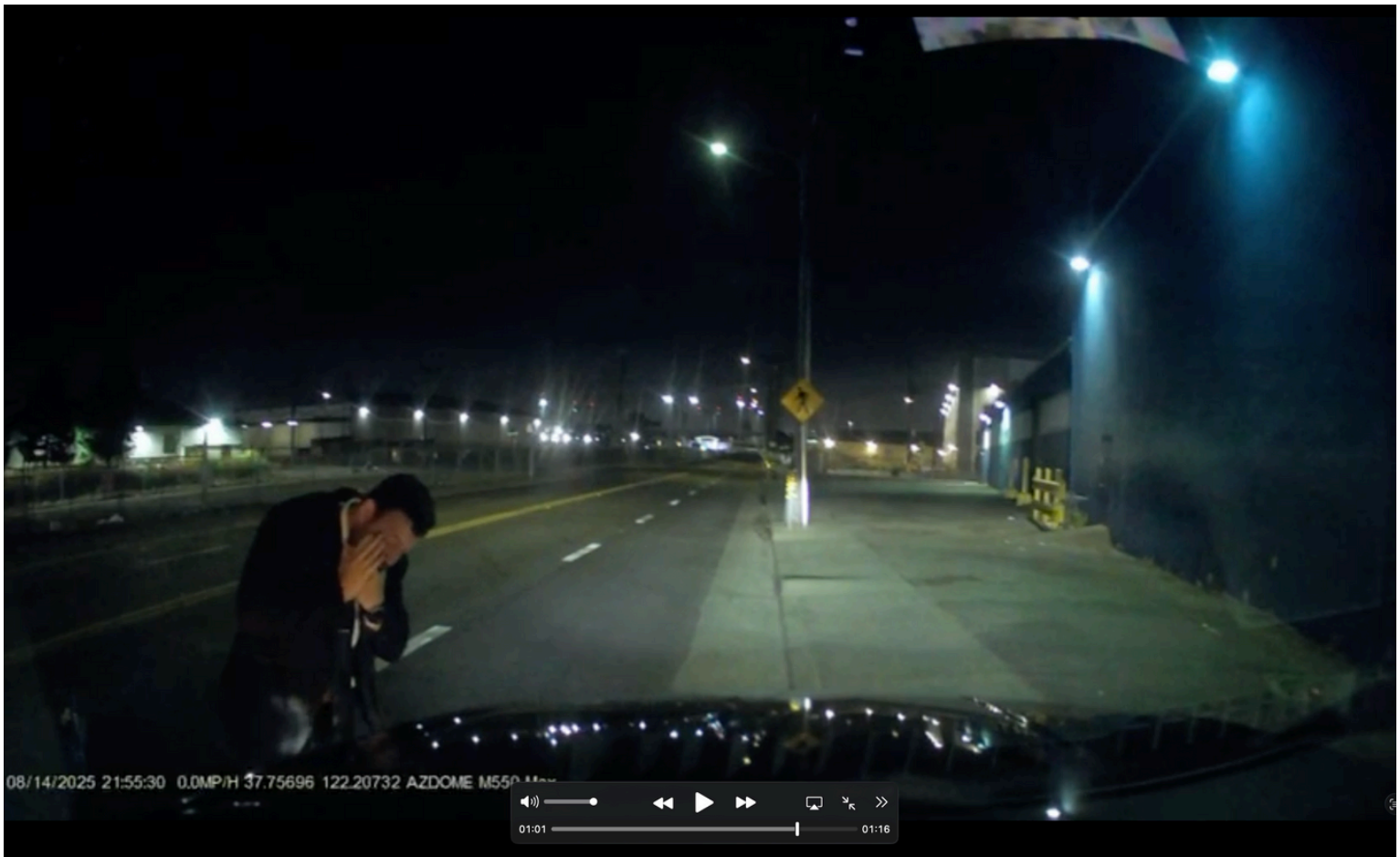
Rebecca Claudette Napoli, LCSW (11/22/2025)  
Licensed Clinical Social Worker  
#LCSW89084

**Exhibit 10 - Evidence  
that Individual was a  
Victim of a Qualifying  
Criminal Activity**

# Image of Suspect's Vehicle Departing

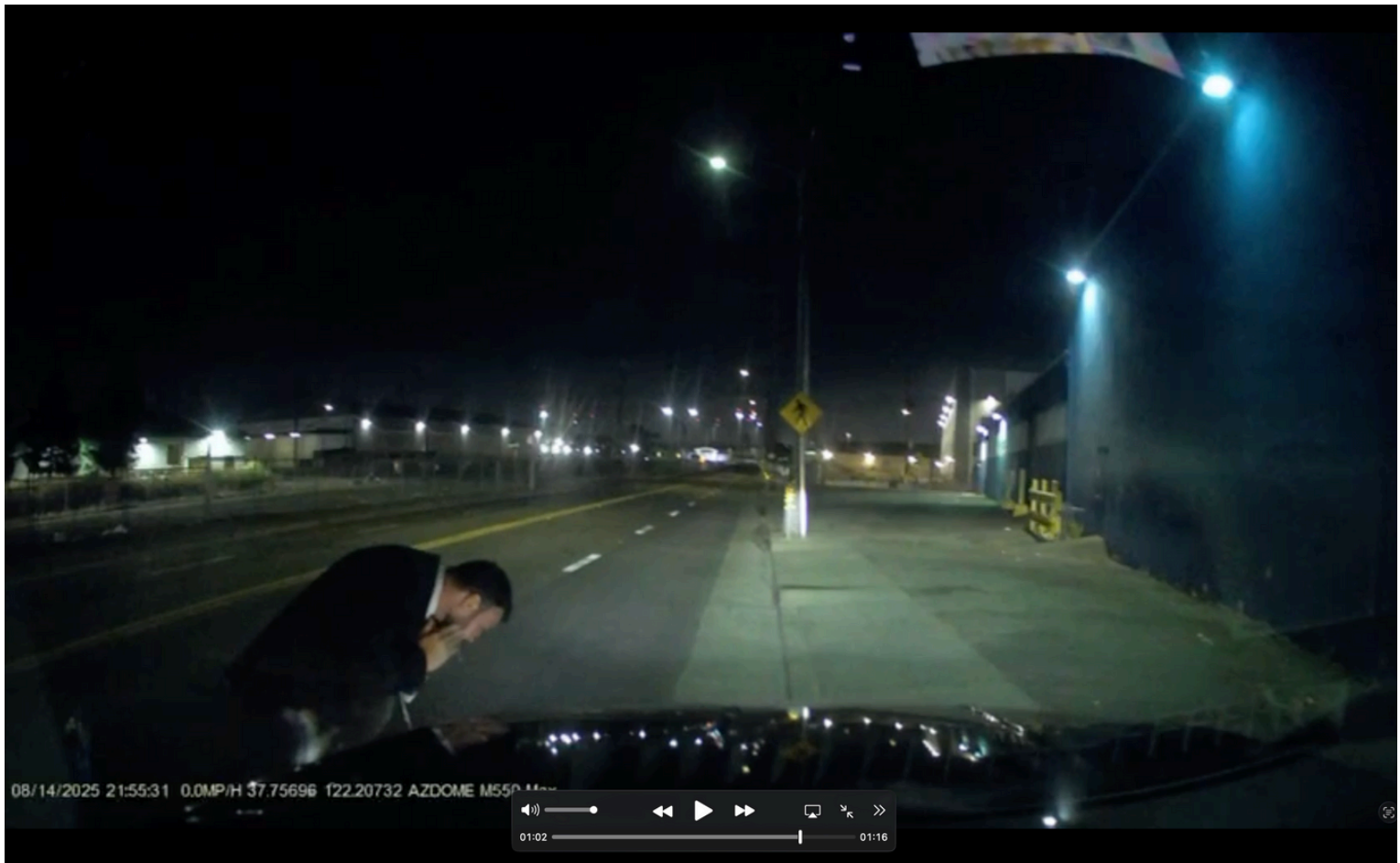


# Screenshots from Vehicle Video Showing Ibson After Assault



**\*The video may be provided upon request.**

# Screenshots from Vehicle Video Showing Ibson After Assault



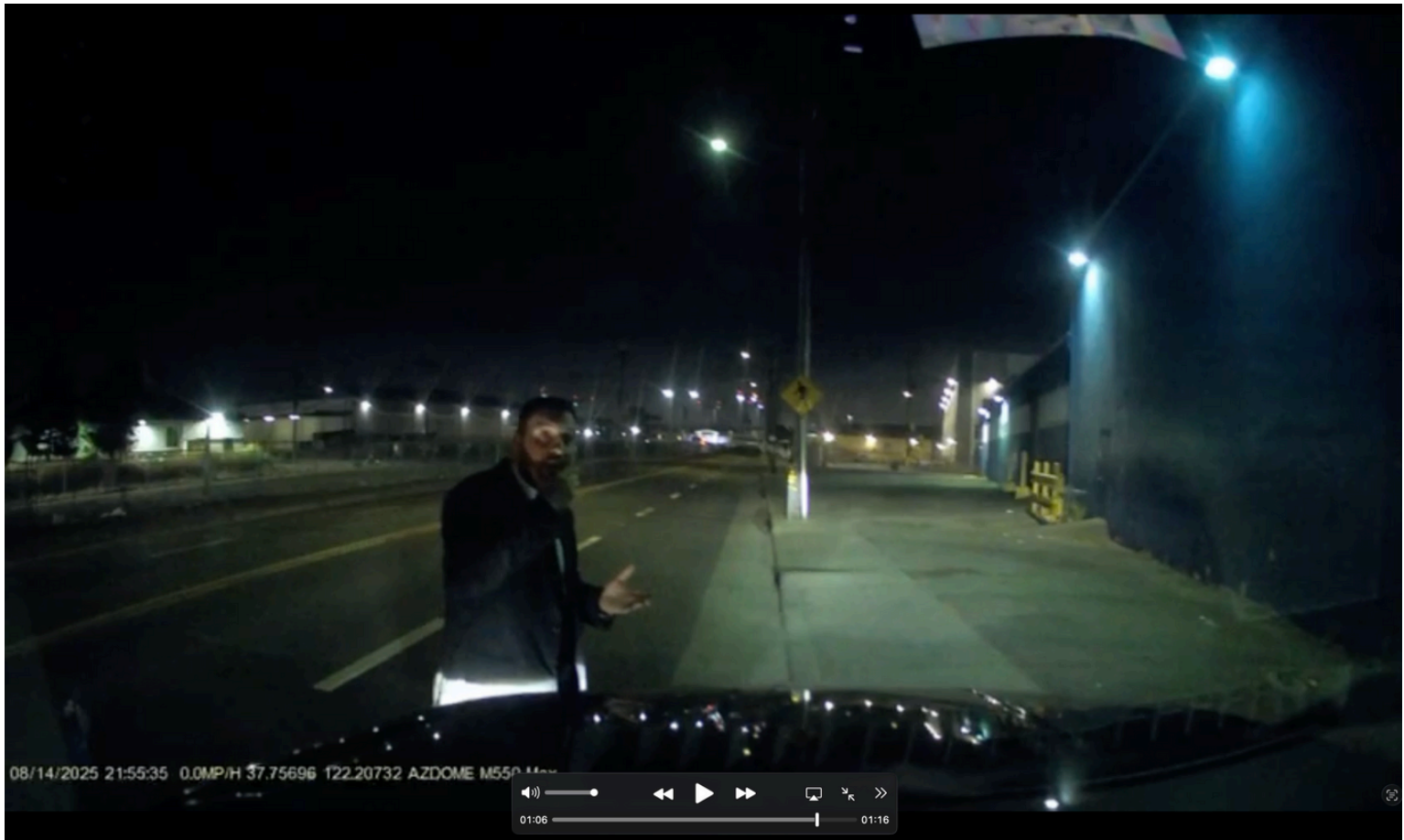
**\*The video may be provided upon request.**

# Screenshots from Vehicle Video Showing Ibson After Assault



**\*The video may be provided upon request.**

# Screenshots from Vehicle Video Showing Ibson After Assault



**\*The video may be provided upon request.**

# Suspect's Vehicle

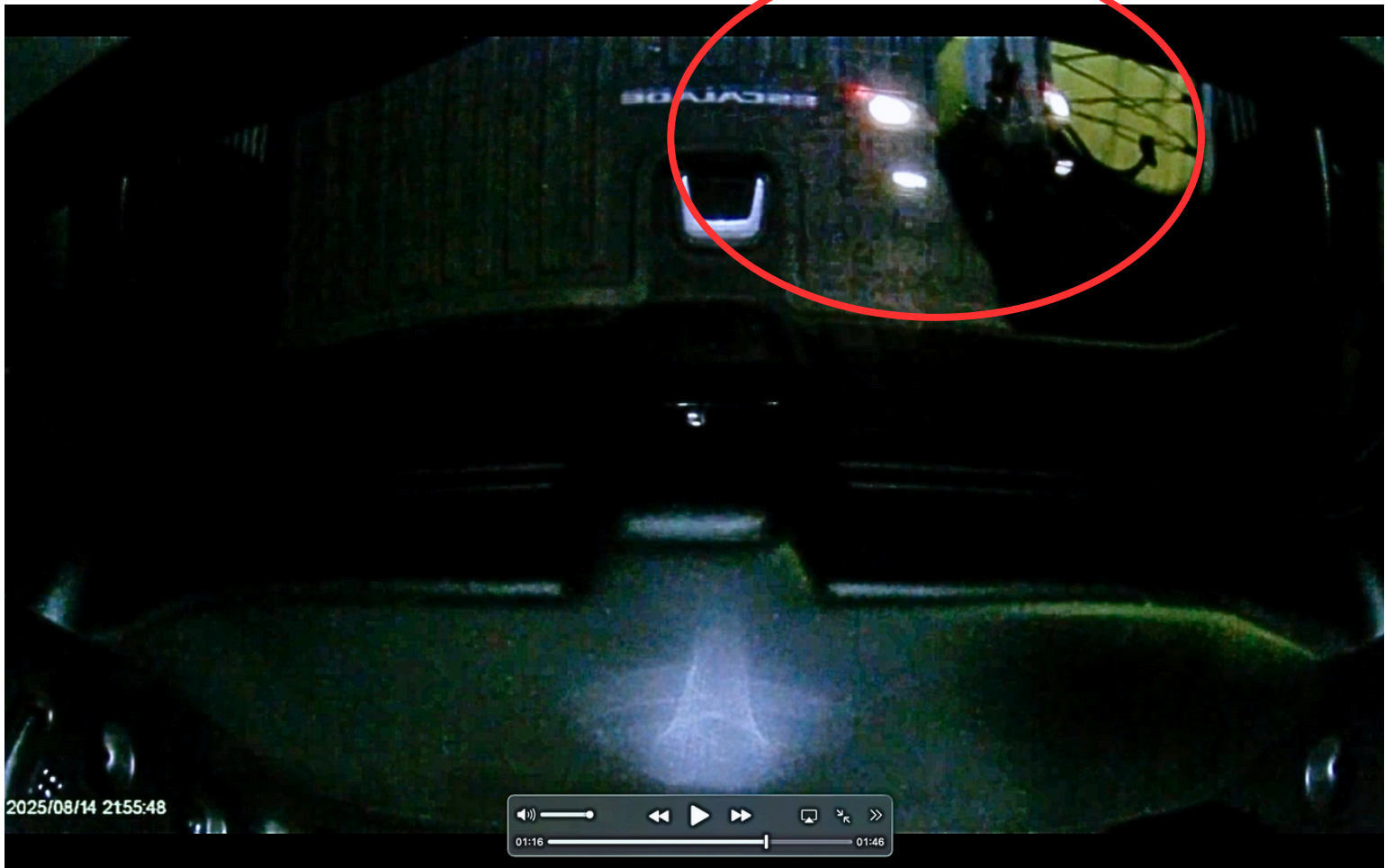


Image of Suspect's Vehicle Departing Behind Ibson's Car

**\*The video may be provided upon request.**



# Confirmation

Reservation Confirmation # 10858

Last Modified On: 08/15/2025 09:41 PM

**Pick-up Date:** 08/14/2025 - Thursday  
**Pick-up Time:** 09:45 PM  
**Passenger:** ANA DIAS  
**Phone Number:** (530) 407-6424  
**No. of Pass:** 1  
**Vehicle Type:** SUV  
**Primary/Billing Contact:** ANA DIAS  
**Payment Method:** Not Specified

**Trip Routing Information:**

**Pick-up Location:** 8430 EDGEWATER DR OAKLAND, CA (US)

**Drop-off Location:** 743 EXCELSIOR AVE SAN FRANCISCO, CA (US)

**Charges & Fees**

Flat Rate	\$150.00
<b>Reservation Total:</b>	\$150.00
<b>Payments/Deposits:</b>	\$150.00
<b>Authorizations:</b>	\$0.00
<b>Total Due:</b>	\$0.00

# **Exhibit 11 - Letters of Support**

To whom it may concern,

My name is Jéssica Rodirgues Alves and I write this letter as the wife of Ibson Huggo Itallo Francisco Pereira Silva in support of his U Visa application.

Living daily with my husband and having witnessed and experienced up close the profound impact that the crimes he suffered caused not only in his life, but in our entire family.

Before these events, my husband was a hardworking, confident, and protective man. He always worked long hours, including at night, to support our family. He took pride in being a provider and taking care of us. After everything that happened, he is no longer the same person — and this is not weakness, it is the consequence of the violence he endured.

Before the most serious assault, other troubling incidents had already occurred. His car was broken into, and the vehicle's camera recorded a person rummaging through his belongings. Inside the car there were valuable items, such as a cell phone, tablet, glasses, and a watch, but nothing was taken. This incident caused us great insecurity and fear, as it did not seem like a common theft.

Shortly thereafter, my husband's cousin was robbed at the door of our home. My husband was present and witnessed everything happen. Seeing a family member being attacked before his eyes, in front of our own residence, further increased the feeling of vulnerability and fear.

A few days later, a man broke into our home while we were receiving our family at our house.

The most traumatic incident occurred while my husband was working in Oakland. He was robbed by an armed man, who punched him in the face and stole his wallet. At that moment, my husband believed he could die. The fear was real and intense.

Since then, our life has changed completely.

My husband became deeply traumatized. He can no longer work at night, lives with constant fear and anxiety, and feels powerless. He carries a sense of shame for no longer being able to do the same things as before, even though he bears no fault for what happened. Many times, he expresses that he feels he failed to protect us, which deeply affects him as a man, husband, and father.

As his wife, it is extremely painful to see the person I love dealing with fear, insecurity, and suffering every day. He has difficulty sleeping, is easily startled, and avoids situations that make him relive the trauma. This has shaken our entire family, as he is the pillar of our family.

In addition to the emotional impact, our family income dropped drastically, as he is no longer able to work as he did before. This brought financial difficulties and further increased the emotional burden on him and on our family.

I want to make it clear that my husband is a victim. He did not provoke or deserve anything that happened. The consequences of these crimes are real, profound, and continue to affect our lives on a daily basis.

I respectfully ask that this letter be considered together with the police records and other evidence. The emotional, psychological, and

financial suffering caused by these crimes did not end on the day of the assault — it continues to this day.

I fully support my husband's U Visa application and hope that he will have the opportunity to live with safety, stability, and dignity, and to finally begin a process of healing, and perhaps be able to breathe without feeling guilty.

Sincerely,

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

**Jessica Rodrigues Alves**

**Wife of Ibson Huggo Itallo Francisco Pereira Silva**

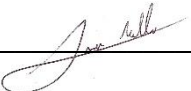
San Francisco, California

(628) 241-5082

jessicaalvesdaycare@gmail.com

12/15/2025

**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: January 12, 2026.**

A quem possa interessar,

Meu nome é Jessica Rodrigues Alves e escrevo esta carta como esposa de Ibson Huggo Itallo Francisco Pereira Silva em apoio ao pedido de Visto U dele.

Convivendo diariamente com meu marido e que presenciou e vive de perto o impacto profundo que os crimes sofridos por ele causaram não apenas em sua vida, mas em toda a nossa família.

Antes desses acontecimentos, meu marido era um homem trabalhador, confiante e protetor. Sempre trabalhou muitas horas, inclusive à noite, para sustentar nossa família. Ele tinha orgulho de ser provedor e de cuidar de nós. Depois de tudo o que aconteceu, ele não é mais a mesma pessoa — e isso não é fraqueza, é consequência da violência que sofreu.

Antes da agressão mais grave, já haviam ocorrido outros episódios preocupantes. O carro dele foi arrombado, e a câmera do veículo registrou uma pessoa revirando seus pertences. Dentro do carro havia objetos de valor, como celular, tablet, óculos e relógio, mas nada foi levado. Esse fato nos causou muita insegurança e medo, pois não parecia um roubo comum.

Pouco tempo depois, o primo do meu marido foi assaltado na porta da nossa casa. Meu marido estava presente e viu tudo acontecer. Ver um familiar sendo violentado diante de seus olhos, em frente à nossa própria residência, aumentou ainda mais o sentimento de vulnerabilidade e medo.

Poucos dias depois um homem invadiu nossa casa enquanto nos recebíamos nossa família em casa.



O episódio mais traumático ocorreu enquanto meu marido estava trabalhando em Oakland. Ele foi assaltado por um homem armado, que o agrediu com um soco no rosto e roubou sua carteira. Naquele momento, meu marido acreditou que poderia morrer. O medo foi real e intenso.

Desde então, nossa vida mudou completamente.

Meu marido ficou profundamente traumatizado. Ele não consegue mais trabalhar à noite, vive com medo constante e ansiedade, e se sente impotente. Ele carrega um sentimento de vergonha por não conseguir mais fazer as mesmas coisas de antes, mesmo não tendo culpa alguma pelo que aconteceu. Muitas vezes, ele expressa que sente que falhou em nos proteger, o que o afeta profundamente como homem, esposo e pai.

Como esposa, é extremamente doloroso ver a pessoa que eu amo lidando com medo, insegurança e sofrimento todos os dias. Ele tem dificuldades para dormir, fica assustado com facilidade e evita situações que o fazem reviver o trauma. Isso abalou toda a família pois ele é o estio de nossa família.

Além do impacto emocional, nossa renda familiar caiu drasticamente, pois ele não consegue mais trabalhar como antes. Isso trouxe dificuldades financeiras e aumentou ainda mais o peso emocional sobre ele e sobre nossa família.

Quero deixar claro que meu marido é uma vítima. Ele não provocou nem mereceu nada do que aconteceu. As consequências desses crimes são reais, profundas e continuam afetando nossa vida diariamente.

Peço respeitosamente que esta carta seja considerada juntamente com os registros policiais e demais provas. O sofrimento emocional,



psicológico e financeiro causado por esses crimes não terminou no dia da agressão – ele continua até hoje.

Apoio totalmente o pedido de Visto U do meu marido e espero que ele tenha a oportunidade de viver com segurança, estabilidade e dignidade, e de finalmente iniciar um processo de cura, e talvez conseguir respirar sem se sentir culpado.

Atenciosamente,

  
Jessica Rodrigues Alves

**Esposa de Ibson Huggo Itallo Francisco Pereira Silva**

San Francisco, California

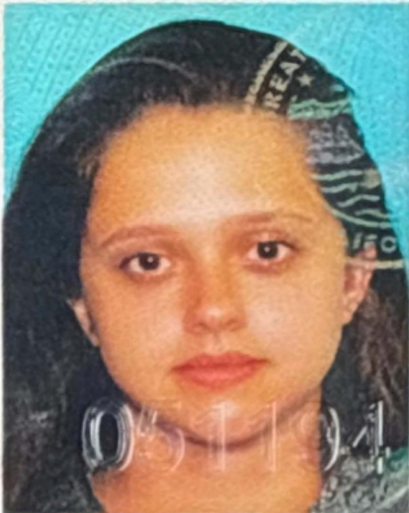
(628) 241-5082

jessicaalvesdaycare@gmail.com

15/12/2025

# California USA DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY



DL **Y1358252**

CLASS C

EXP **05/11/2030**

END NONE

LN RODRIGUES ALVES

FN JESSICA

2318 22ND ST  
SAN FRANCISCO, CA 94110

DOB **05/11/1994**

RSTR NONE

05111994

DONOR



*Jessica Rodrigues Alves*

SEX F

HAIR BRN

EYES BRN

HGT 5'-01"

WGT 147 lb

ISS

DD 03/16/2021593RB/CCFD/30

04/16/2025

**San Francisco, California**  
**January 1, 2026**

My name is **Ana Paula Silva**, I am a child care provider, and I write this letter in support of **Ibson Huggo Itallo Francisco Silva**, whom I have known since **2018**.

I know Ibson through my stepdaughter **Jéssica**, his wife. Since then, I have been able to attest to his character, integrity, and dedication to his family. He has always been a person committed to the well-being of his loved ones. I also closely witnessed everything he went through after the series of crimes he suffered, which caused him intense emotional stress, psychological harm, and significant financial losses.

Despite all the difficulties, Ibson has demonstrated strength and determination to move forward. He spares no effort to cooperate with the competent authorities and, even after the traumatic situations he experienced, remains committed to fulfilling his responsibilities to his family, honoring his commitments, and maintaining his dignity.

In addition, Ibson contributes positively to both his family and the community. He actively participates in caring for his child and his wife, assumes the responsibilities of his own company, and makes voluntary donations to groups that assist people in need. His presence is extremely important to all of us who live with him.

In light of the above, I respectfully ask that I Ibson Huggo Itallo Francisco Silva's U Visa application be reviewed with care and sensitivity. The granting of this visa will represent safety, stability, and the opportunity for a fresh start after everything he has endured.

Thank you in advance for your attention.

Sincerely,

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

**Ana Paula Silva**  
anapaula81@me.com  
415) 912-0300

**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: January 12, 2026.**

**San Francisco, Califórnia**  
**01 de janeiro de 2026**

Meu nome é **Ana Paula Silva**, sou provedora de cuidado infantil, e escrevo esta carta em apoio a **Ibson Huggo Itallo Francisco Pereira Silva**, a quem conheço desde **2018**.

Conheço Ibson por meio de minha enteada **Jessica**, sua esposa. Desde então, pude constatar seu caráter, integridade e dedicação à família. Sempre foi uma pessoa comprometida com o bem-estar de seus familiares. Também acompanhei de perto tudo o que ele enfrentou após a sequência de crimes sofridos, os quais lhe causaram intenso estresse emocional, abalo psicológico e prejuízos financeiros significativos.

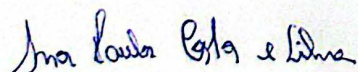
Apesar de todas as dificuldades, Ibson tem demonstrado força e determinação para seguir em frente. Ele não mede esforços para cooperar com as autoridades competentes e, mesmo após as situações traumáticas vividas, continua empenhado em cumprir suas responsabilidades com a família, honrar seus compromissos e manter sua dignidade.

Além disso, Ibson contribui de forma positiva tanto para a família quanto para a comunidade. Ele participa ativamente dos cuidados com o filho e com a esposa, assume as responsabilidades de sua própria empresa e realiza doações voluntárias a grupos que auxiliam pessoas em situação de necessidade. Sua presença é extremamente importante para todos nós que convivemos com ele.

Diante do exposto, peço respeitosamente que o pedido de **Visto U** de **Ibson Huggo Itallo Francisco Pereira Silva** seja analisado com atenção e sensibilidade. A concessão deste visto representará segurança, estabilidade e a oportunidade de um recomeço após tudo o que ele enfrentou.

Agradeço desde já pela atenção dispensada.

Atenciosamente,

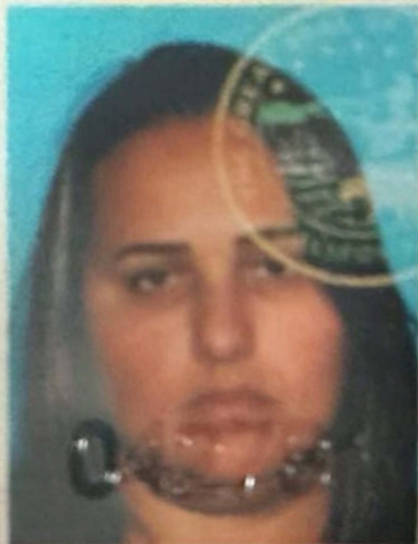


**Ana Paula Silva**  
anapaula81@me.com  
415) 912-0300

California

USA

DRIVER LICENSE



DL **D1229446**

CLASS C

EXP **04/27/2028**

END NONE

LN SILVA

FN ANA PAULA COSTA E

431 PARIS ST  
SAN FRANCISCO, CA 94112

DOB **04/27/1981**

RSTR NONE

04271981



*Ana Paula Costa E Silva*

SEX: F

HAIR BRN

EYES BRN

HGT 5'-06"

WGT 150 lb

ISS

DD 12/15/2023599F1/AAFD28

12/15/2023

## Support Letter for Ibson Huggo Itallo Francisco Pereira Silva

My name is Edmar Francisco Alves. I am the father-in-law of Ibson Huggo Itallo Francisco Pereira Silva, and I have known him for more than 14 years.

Throughout all these years, I have seen Ibson work very hard to achieve everything he has. I saw him buy his first car with great effort. I watched him grow professionally, reach better positions, and later open his own business. He has always been a hardworking, dedicated, honest, and upright man.

I also saw him marry my daughter and become a father. He has always been a family man, present, caring, and responsible. He has never been violent or involved in anything improper.

After the crimes he suffered, everything changed. I saw Ibson become different. He started living in fear, insecure and without peace. After the robbery, and also after the break-in at his house, the broken car window, and fearing for his and his family's safety, he was very shaken. I had never seen my son-in-law like this.

This fear has affected his life completely. His limousine job always required many nighttime trips, but he stopped doing those shifts out of fear. Because of that, his income decreased significantly. He lost a large portion of the income that helped support his family.


In addition, he rarely goes out at night anymore, neither for work nor for leisure. He avoids leaving the house and is constantly worried. The lack of safety took away his peace and changed all of our lives.

I live close to him and see his suffering every day. I can say with certainty that all of this has had a major impact on his emotional, family, and financial life.

For this reason, I am writing this letter to support his U Visa application. I believe that this protection can help Ibson return to living without fear, working with dignity, and caring for his family. I truly believe that Ibson will contribute positively to the community; he is a very honest, responsible, and trustworthy person in everything that is under his care.

I sincerely ask that you listen to his story and give him a chance to live in peace and safety.

Sincerely,



08/01/2026

EDMAR FRANCISCO ALVES

[edmarcalifornial1@gmail.com](mailto:edmarcalifornial1@gmail.com)

Phone: +1 (415) 518-9961

California USA DRIVER LICENSE



DL **Y5281687**

CLASS C

EXP **03/09/2028**

END NONE

LN FRANCISCO ALVES

FN EDMAR

431 PARIS ST  
SAN FRANCISCO, CA 94112

DOB **03/09/1975**

RSTR NONE

03091975

SEX: M

HAIR: BLK

EYES: BLK

HGT: 5'-06"

WGT: 196 lb

ISS

DD 04/17/2023604C1/DDFD/28

08/27/2025

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

*Marina Viana*

---

Date: January 13, 2026

Carta de Suporte para Ibson Huggo Itallo Francisco Pereira Silva

Meu nome é Edmar Francisco Alves. Sou sogro de Ibson Huggo Itallo Francisco Pereira Silva e conheço ele há mais de 14 anos.

Durante todos esses anos, eu vi o Ibson trabalhar muito para conquistar as coisas dele. Vi quando comprou o primeiro carro com muito esforço. Vi ele crescer no trabalho, alcançar cargos melhores e depois abrir a própria empresa. Sempre foi um homem batalhador, esforçado, honesto e correto.

Também vi ele se casar com a minha filha e se tornar pai. Sempre foi um homem de família, presente e cuidadoso. Nunca foi violento nem envolvido com coisas erradas.

Depois dos crimes que ele sofreu, tudo mudou. Eu vi o Ibson ficar diferente. Ele passou a viver com medo, inseguro e sem paz. Depois do roubo, também depois da invasão em sua casa, de quebrar o vidro do carro e com medo pela segurança dele e da família, ele ficou muito abalado. Eu nunca tinha visto meu genro desse jeito.

Esse medo afetou a vida dele por completo. O trabalho dele com limousine sempre teve muitas viagens à noite, mas ele parou de fazer essas viagens por medo. Por causa disso, o rendimento dele caiu muito. Ele perdeu uma grande parte da renda que ajudava a sustentar a família.

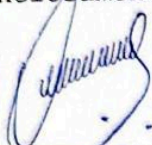
Além disso, ele quase não sai mais à noite. Não sai para trabalhar e nem para lazer. Ele evita sair de casa e vive sempre preocupado. A falta de segurança tirou a tranquilidade dele e mudou a vida de todos nós.

Eu convivo com ele e vejo o sofrimento dele todos os dias. Posso dizer com certeza que tudo isso causou um impacto grande na vida emocional, familiar e financeira dele.

Por isso escrevo esta carta para apoiar o pedido de Visa U. Acredito que essa proteção pode ajudar o Ibson a voltar a viver sem medo, a trabalhar com dignidade e a cuidar da família que ele ama. E acredito que Ibson contribuirá positivamente muito para a comunidade ele é muito íntegro e responsável com tudo que está em sua responsabilidade.

Peço de coração que escutem a história dele e deem a ele uma chance de viver em paz e com segurança.

Atenciosamente,



01/08/2026

EDMAR FRANCISCO ALVES

[edmarcalifornia11@gmail.com](mailto:edmarcalifornia11@gmail.com)

Telefone: +1(415)518-9961

California USA DRIVER LICENSE



DL **Y5281687**

CLASS C

EXP **03/09/2028**

END NONE

LN FRANCISCO ALVES

FN EDMAR

431 PARIS ST  
SAN FRANCISCO, CA 94112

DOB **03/09/1975**

RSTR NONE

03091975

SEX M

HAIR BLK

EYES BLK

HGT 5'-06"

WGT 196 lb

ISS

DD 04/17/2023604C1/DDFD/28

08/27/2025

# **Exhibit 12 - Proof of Residence**



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 2068852021-0  
Statement Date: 10/07/2025  
Due Date: 10/28/2025

## Service For:

JESSICA ALVES  
2318 22ND ST  
SAN FRANCISCO, CA 94110

## Questions about your bill?

Mon-Fri 7 a.m.-7 p.m.  
Saturday 8 a.m.-5 p.m.  
Phone: 1-800-743-5000  
www.pge.com/MyEnergy

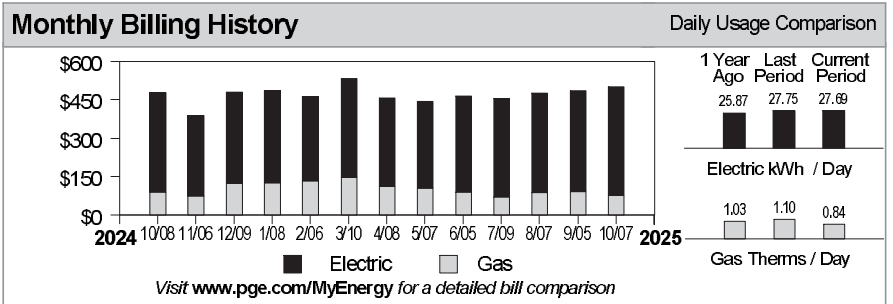
## Ways To Pay

www.pge.com/waystopay

## Your Account Summary

Amount Due on Previous Statement	\$964.52
Payment(s) Received Since Last Statement	-964.52
Previous Unpaid Balance	\$0.00
Current PG&E Electric Delivery Charges	\$291.75
CleanPowerSF Electric Generation Charges	134.67
Current Gas Charges	76.49

**Total Amount Due by 10/28/2025 \$502.91**



## Important Messages

**Electric power line safety** PG&E cares about your safety. Be aware of your surroundings and keep yourself, tools, equipment and antennas at least 10 feet away from overhead power lines. If you see an electric power line fall to the ground, keep yourself and others away. Call 9-1-1.

Please return this portion with your payment. No staples or paper clips. Do not fold. Thank you.

99902068852021000000502910000050291



Account Number:	Due Date:	Total Amount Due:	Amount Enclosed:
<b>2068852021-0</b>	<b>10/28/2025</b>	<b>\$502.91</b>	\$ <input type="text"/>

JESSICA ALVES  
2318 22ND ST  
SAN FRANCISCO, CA 94110-2814

PG&E  
BOX 997300  
SACRAMENTO, CA 95899-7300



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 2068852021-0  
Statement Date: 10/07/2025  
Due Date: 10/28/2025

## Important Phone Numbers - Monday-Friday 7 a.m.-7 p.m., Saturday 8 a.m.-5 p.m.

### Customer Service (All Languages; Relay Calls Accepted) 1-800-743-5000 TTY 7-1-1

Servicio al Cliente en Español (Spanish)	1-800-660-6789	Dịch vụ khách tiếng Việt (Vietnamese)	1-800-298-8438
華語客戶服務 (Chinese)	1-800-893-9555	Business Customer Service	1-800-468-4743

#### Rules and rates

You may be eligible for a lower rate. To learn more about optional rates or view a complete list of rules and rates, visit [www.pge.com](http://www.pge.com) or call 1-800-743-5000.

If you believe there is an error on your bill, please call 1-800-743-5000 to speak with a representative. If you are not satisfied with our response, contact the California Public Utilities Commission (CPUC), Consumer Affairs Branch (CAB), 505 Van Ness Avenue, Room 2003, San Francisco, CA 94102, 1-800-649-7570 or 7-1-1 (8:30 AM to 4:30 PM, Monday through Friday) or by visiting [www.cpuc.ca.gov/complaints/](http://www.cpuc.ca.gov/complaints/).

To avoid having service turned off while you wait for the outcome of a complaint to the CPUC specifically regarding the accuracy of your bill, please contact CAB for assistance. If your case meets the eligibility criteria, CAB will provide you with instructions on how to mail a check or money order to be impounded pending resolution of your case. You must continue to pay your current charges while your complaint is under review to keep your service turned on.

If you are not able to pay your bill, call PG&E to discuss how we can help. You may qualify for reduced rates under PG&E's CARE program or other special programs and agencies may be available to assist you. You may qualify for PG&E's Energy Savings Assistance Program which is an energy efficiency program for income-qualified residential customers.

#### Important definitions

**Rotating outage blocks** are subject to change without advance notice due to operational conditions.

**Tier 1/Baseline allowance:** Some residential rates are given a Tier 1/Baseline allowance - a CPUC approved percentage of average customer usage during summer and winter months. Your Tier 1/Baseline allowance provides for basic needs at an affordable price and encourages conservation. Your allowance is assigned based on the climate where you live, the season and your heat source. As you use more energy, you pay more for usage. Any usage over your baseline allowance will be charged at a higher price.

**Wildfire Fund Charge:** Charge on behalf of the State of California Department of Water Resources (DWR) to fund the California Wildfire Fund. For usage prior to October 1, 2020, this charge included costs related to the 2001 California energy crisis, also collected on behalf of the DWR. These charges belong to DWR, not PG&E.

**Power Charge Indifference Adjustment (PCIA):** The PCIA is a charge to ensure that both PG&E customers and those who have left PG&E service to purchase electricity from other providers pay for the above market costs for electric generation resources that were procured by PG&E on their behalf. 'Above market' refers to the difference between what the utility pays for electric generation and current market prices for the sale of those resources. Visit [www.pge.com/cca](http://www.pge.com/cca).

**Wildfire Hardening Charge:** PG&E has been permitted to issue bonds that enable it to recover more quickly certain costs related to preventing and mitigating catastrophic wildfires, while reducing the total cost to its customers. Your bill for electric service includes a fixed recovery charge called the Wildfire Hardening Charge that has been approved by the CPUC to repay those bonds. The right to recover the Wildfire Hardening Charge has been transferred to a separate entity (called the Special Purpose Entity) that issued the bonds and does not belong to PG&E. PG&E is collecting the Wildfire Hardening Charge on behalf of the Special Purpose Entity. For details visit: [www.pge.com/tariffs/assets/pdf/tariffbook/ELEC\\_PRELIM\\_JF.pdf](http://www.pge.com/tariffs/assets/pdf/tariffbook/ELEC_PRELIM_JF.pdf).

**Recovery Bond Charge/Credit:** Your bill for electric service includes a charge that has been approved by the CPUC to repay bonds issued for certain costs related to catastrophic wildfires. The Recovery Bond Charge (RBC) rate is currently \$0.00778 per kWh. PG&E has also contributed certain amounts to a trust fund which is used to provide a customer credit equal to \$0.00778 per kWh (Recovery Bond Credit). The right to recover the RBC has been transferred to one or more Special Purpose Entities that issued the bonds and does not belong to PG&E. PG&E is collecting that portion of the RBC on behalf of the Special Purpose Entities.

**Gas Public Purpose Program (PPP) Surcharge.** Used to fund state-mandated gas assistance programs for low-income customers, energy efficiency programs, and public-interest research and development.

Visit [www.pge.com/billextplanation](http://www.pge.com/billextplanation) for more definitions. To view most recent bill inserts including legal or mandated notices, visit [www.pge.com/billinserts](http://www.pge.com/billinserts).

**See the table reflecting "Your Electric Charges Breakdown" on the last page**

"PG&E" refers to Pacific Gas and Electric Company, a subsidiary of PG&E Corporation. © 2025 Pacific Gas and Electric Company. All rights reserved.

Please do not mark in box. For system use only.

#### Update My Information (English Only)

Please allow 1-2 billing cycles for changes to take effect

**Account Number: 2068852021-0**

Change my mailing address to: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_  
Primary Phone # \_\_\_\_\_ Primary Email \_\_\_\_\_

#### Ways To Pay

- **Online via web or mobile at [www.pge.com/waystopay](http://www.pge.com/waystopay)**
- **By mail:** Send your payment along with this payment stub in the envelope provided.
- **By debit card, Visa, MasterCard, American Express, or Discover:** Call 877-704-8470 at any time. (Our independent service provider charges a fee per transaction.)
- **At a neighborhood payment center:** To find a neighborhood payment center near you, please visit [www.pge.com](http://www.pge.com) or call 800-743-5000. Please bring a copy of your bill with you.



# RATE PLAN COMPARISON

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 2068852021-0

Service Agreement ID: 2060870155

Service For: 2318 22ND ST

## You have electric rate plan options

PG&E and CleanPowerSF have Time-of-Use rate plan options that encourage the use of cleaner, renewable energy when it is most available, and that encourage less energy use when demand is highest. Each of these rate plans give you the opportunity to control your costs by managing how much and when you use electricity. Go to [pge.com/myrate](http://pge.com/myrate) to view your household's electricity usage and compare rate plan options. For assistance, visit [pge.com/helpcenter](http://pge.com/helpcenter).

## Your Personalized Electric Rate Plan Comparison

Annual estimates below are based on your past 12 months of electricity usage and assumes no change to how you use energy. Visit [pge.com/myrate](http://pge.com/myrate) to review your report online and to also change your rate plan.

Your Current Rate Plan	Optional Rate Plan	Optional Rate Plan	Optional Rate Plan
<b>Tiered Rate Plan (E-1)</b>	<b>Home Charging (Non-tiered, Time-of-Use) (EV2-A)*</b>	<b>Electric Home Rate Plan (E-ELEC)*</b>	<b>Time-of-Use (Peak Pricing 5 - 8 p.m. Weekdays) (E-TOU-D)</b>
Features multiple pricing levels, known as tiers. As you use up your electricity allowance for each tier during the billing period, you move to the next, higher-priced tier. Visit <a href="http://pge.com/rates">pge.com/rates</a> .	For customers with Electric Vehicles (EV), battery storage, and/or electric heat pump. Price of electricity varies based on the time-of-use each day. Customers using over 800% of Baseline Allowance in the last 12 months are ineligible. Visit <a href="http://pge.com/evrates">pge.com/evrates</a> .	For customers with Electric Vehicles (EV), battery storage, and/or heat pump space conditioning/water heater. Includes a \$15/month Base Services Charge. Prices vary based on when electricity is used each day. Visit <a href="http://pge.com/electrichome">pge.com/electrichome</a> .	Prices vary based on when electricity is used each day. Reduce some usage during higher priced times between 5 - 8 p.m. on weekdays. This rate plan has no baseline allowance. Visit <a href="http://www.pge.com/rates">www.pge.com/rates</a> .
<b>\$4,715/annual</b>	<b>\$4,040/annual</b>	<b>\$4,205/annual</b>	<b>\$4,535/annual</b>

\*E-ELEC and EV2-A rate plans are only available for those customers who have one or more: electric vehicle(s), battery storage, electric heat pump water heater and/or electric heat pump space conditioner (HVAC).

**Online rate plan comparisons are frequently updated to reflect your past usage. Annual bill estimates on this report may not exactly match annual estimates provided online. Current rates in effect at the time of the report.**

This comparison looks back at your available historical interval usage over the past 12 months and uses that information to depict what you would have paid over that same period had you been on a different rate plan (without any change in usage patterns). Because your future usage may differ, your actual savings could differ from your historical results. Rate plan comparisons are provided for illustrative purposes only and do not constitute a representation or recommendation by PG&E. This comparison is based on current rates, which are subject to change, as approved by the CPUC. This comparison does not include other fees such as local utility user taxes, certain other taxes, surcharges, and fees. PG&E cannot guarantee the accuracy, completeness, or usefulness of rate plan information or the estimated cost information displayed. PG&E expressly disclaims any and all liability for any damages of any nature (including direct, indirect, incidental and consequential) arising in connection with the use of rate plan comparisons.



# RATE PLAN COMPARISON

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 2068852021-0

Service Agreement ID: 2060870155

Service For: 2318 22ND ST

## Your Personalized Electric Rate Plan Comparison Continued

Annual estimates below are based on your past 12 months of electricity usage and assumes no change to how you use energy. Visit [pge.com/myrate](http://pge.com/myrate) to review your report online and to also change your rate plan.

<i>Your Current Rate Plan</i>	<i>Optional Rate Plan</i>	<i>Optional Rate Plan</i>	<i>Optional Rate Plan</i>
<b>Tiered Rate Plan (E-1)</b>	<b>Time-of-Use (Peak Pricing 4 - 9 p.m. Every Day) (E-TOU-C)</b>	<i>(Intentionally left blank)</i>	<i>(Intentionally left blank)</i>
Features multiple pricing levels, known as tiers. As you use up your electricity allowance for each tier during the billing period, you move to the next, higher-priced tier. Visit <a href="http://pge.com/rates">pge.com/rates</a> .	Prices vary based on when electricity is used each day. Reduce some usage during higher priced times between 4 - 9 p.m. Includes a baseline credit that offers a price discount for usage below the baseline allowance. Visit <a href="http://www.pge.com/toueveryday">www.pge.com/toueveryday</a> .	<i>(Intentionally left blank)</i>	<i>(Intentionally left blank)</i>
<b>\$4,715/annual</b>	<b>\$4,605/annual</b>	<i>(Intentionally left blank)</i>	<i>(Intentionally left blank)</i>

**Online rate plan comparisons are frequently updated to reflect your past usage. Annual bill estimates on this report may not exactly match annual estimates provided online. Current rates in effect at the time of the report.**

This comparison looks back at your available historical interval usage over the past 12 months and uses that information to depict what you would have paid over that same period had you been on a different rate plan (without any change in usage patterns). Because your future usage may differ, your actual savings could differ from your historical results. Rate plan comparisons are provided for illustrative purposes only and do not constitute a representation or recommendation by PG&E. This comparison is based on current rates, which are subject to change, as approved by the CPUC. This comparison does not include other fees such as local utility user taxes, certain other taxes, surcharges, and fees. PG&E cannot guarantee the accuracy, completeness, or usefulness of rate plan information or the estimated cost information displayed. PG&E expressly disclaims any and all liability for any damages of any nature (including direct, indirect, incidental and consequential) arising in connection with the use of rate plan comparisons.



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 2068852021-0  
 Statement Date: 10/07/2025  
 Due Date: 10/28/2025

## Details of PG&E Electric Delivery Charges

08/30/2025 - 09/30/2025 (32 billing days)

Service For: 2318 22ND ST  
 Service Agreement ID: 2060870155  
 Rate Schedule: E1 TH Residential Service

### Service Information

Meter # 1007063850  
 Current Meter Reading 82,862  
 Prior Meter Reading 81,976  
 Total Usage 886.000000 kWh  
 Baseline Territory T  
 Heat Source H - Electric  
 Serial J  
 Rotating Outage Block 3H

08/30/2025 – 08/31/2025

Your Tier Usage

1

2

Tier 1 Allowance	14.20 kWh	(2 days x 7.1 kWh/day)	
Tier 1 Usage	14.200000 kWh	@ \$0.40730	\$5.78
Tier 2 Usage	41.175000 kWh	@ \$0.51031	21.01
Generation Credit			-8.62
Power Charge Indifference Adjustment			0.37
Franchise Fee Surcharge			0.06
SF Prop C Tax Surcharge			0.18

09/01/2025 – 09/30/2025

Your Tier Usage

1

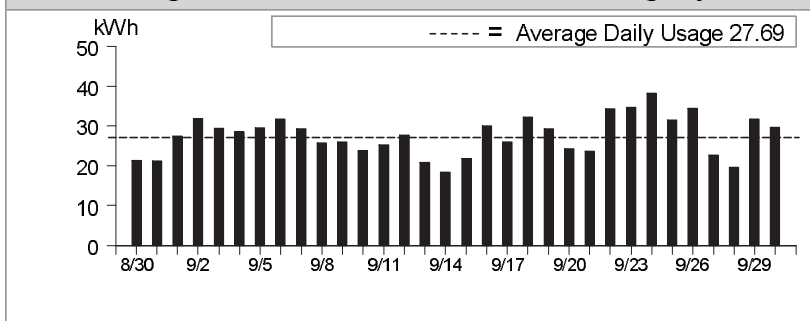
2

Tier 1 Allowance	213.00 kWh	(30 days x 7.1 kWh/day)	
Tier 1 Usage	213.000000 kWh	@ \$0.39834	\$84.85
Tier 2 Usage	617.625000 kWh	@ \$0.49918	308.31
Generation Credit			-129.32
Power Charge Indifference Adjustment			5.57
Franchise Fee Surcharge			0.90
SF Prop C Tax Surcharge			2.66

**Total PG&E Electric Delivery Charges \$291.75**

2018 Vintaged Power Charge Indifference Adjustment

### Electric Usage This Period: 886.000000 kWh, 32 billing days



Visit [www.pge.com/MyEnergy](http://www.pge.com/MyEnergy) for a detailed bill comparison.



# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 2068852021-0  
Statement Date: 10/07/2025  
Due Date: 10/28/2025

## Details of CleanPowerSF Electric Generation Charges

08/30/2025 - 09/30/2025 (32 billing days)

Service For: 2318 22ND ST

Service Agreement ID: 2061996718 ESP Customer Number: 2060870155

08/30/2025 – 09/30/2025

Rate Schedule: E-1

Generation - Total	886.000000 kWh @ \$0.15169	\$134.40
	Net Charges	134.40

Energy Commission Surcharge		0.27
-----------------------------	--	------

Your CleanPowerSF rates will not change for the new fiscal year, which begins on July 1, 2025. We are committed to providing our customers with affordable and predictable rates. Learn more at [sfpuc.gov/PowerRates](http://sfpuc.gov/PowerRates).

CleanPowerSF is committed to protecting customer privacy.

Learn more at [cleanpowersf.org/privacy](http://cleanpowersf.org/privacy).

**Total CleanPowerSF Electric Generation Charges**

**\$134.67**

### Service Information

Total Usage 886.000000 kWh

For questions regarding charges on this page, please contact:

CLEANPOWERSF  
525 GOLDEN GATE AVE FL 7  
SAN FRANCISCO CA 94102  
1-415-554-0773  
[www.cleanpowersf.org](http://www.cleanpowersf.org)

### Additional Messages

CleanPowerSF is a not-for-profit program of the San Francisco Public Utilities Commission (SFPUC), which partners with PG&E to supply renewable electricity to the power grid.

CleanPowerSF replaces PG&E's charge for electric generation on your bill. This is not an additional charge. PG&E continues to send you a monthly bill, operate and maintain the electrical grid, and respond to outages.

You can choose to upgrade from Green (at least 43% renewable energy) to SuperGreen (100% renewable energy) at [cleanpowersf.org/supergreen](http://cleanpowersf.org/supergreen).



# ENERGY STATEMENT

www.pge.com/MyEnergy

Account No: 2068852021-0  
 Statement Date: 10/07/2025  
 Due Date: 10/28/2025

## Details of Gas Charges

08/30/2025 - 09/30/2025 (32 billing days)

Service For: 2318 22ND ST  
 Service Agreement ID: 2066049872  
 Rate Schedule: G1 TH Residential Service

## Service Information

Meter # 61884479  
 Current Meter Reading 3,027  
 Prior Meter Reading 3,001  
 Difference 26  
 Multiplier 1.043407  
 Total Usage 27.000000 Therms  
 Baseline Territory T  
 Serial J

### 08/30/2025 – 08/31/2025 Your Tier Usage

	1	2
Tier 1 Allowance	1.12 Therms (2 days x 0.56 Therms/day)	
Tier 1 Usage	1.120000 Therms @ \$2.45147	\$2.75
Tier 2 Usage	0.567500 Therms @ \$2.96815	1.68
Gas PPP Surcharge (\$0.14324 /Therm)		0.24
SF Prop C Tax Surcharge		0.04

## Gas Procurement Costs (\$/Therm)

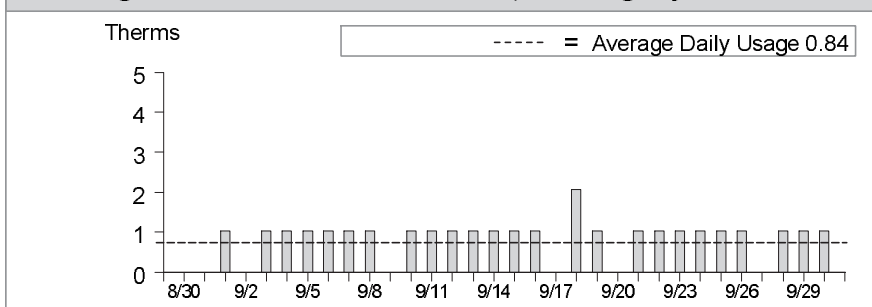
08/30/2025 - 08/31/2025	\$0.33270
09/01/2025 - 09/30/2025	\$0.38641

### 09/01/2025 – 09/30/2025 Your Tier Usage

	1	2
Tier 1 Allowance	16.80 Therms (30 days x 0.56 Therms/day)	
Tier 1 Usage	16.800000 Therms @ \$2.49339	\$41.89
Tier 2 Usage	8.512500 Therms @ \$3.00725	25.60
Gas PPP Surcharge (\$0.14324 /Therm)		3.62
SF Prop C Tax Surcharge		0.67

**Total Gas Charges \$76.49**

## Gas Usage This Period: 27.000000 Therms, 32 billing days





# ENERGY STATEMENT

[www.pge.com/MyEnergy](http://www.pge.com/MyEnergy)

Account No: 2068852021-0  
Statement Date: 10/07/2025  
Due Date: 10/28/2025

### Your Electric Charges Breakdown (from page 2)

Conservation Incentive	\$28.21
Transmission	34.92
Distribution	187.95
Electric Public Purpose Programs	23.42
Nuclear Decommissioning	-0.21
Wildfire Fund Charge	5.27
Recovery Bond Charge	6.82
Recovery Bond Credit	-6.82
Wildfire Hardening Charge	3.08
Competition Transition Charges (CTC)	-0.64
Energy Cost Recovery Amount	0.01
PCIA	5.94
Taxes and Other	3.80
<b>Total Electric Charges</b>	<b>\$291.75</b>

# SFAA RESIDENTIAL TENANCY AGREEMENT

## 1. INTRODUCTION:

Kent Taylor \_\_\_\_\_

("Owner") rents to  
Edmar Francisco Alves, Ibson Silva and Jessica Rodrigues Alves \_\_\_\_\_

("Tenant") and Tenant agrees  
to rent: \_\_\_\_\_ 2318 22nd Street \_\_\_\_\_

Unit #: N/A City: San Francisco California, ZIP: 94110

(the "Premises"). No other portion of the building (the "Building") where the Premises is located is included for lease unless expressly provided for in this Residential Tenancy Agreement (the "Agreement").

The Premises is provided as  Unfurnished or  Furnished (see attached Furniture Inventory). The appliances provided at inception of the tenancy are described as: refrigerator, range/oven, dishwasher, washer/dryer

Security Deposit:	\$ 8,292.50
1 Month Rent:	\$ 5,195.00
Other:	\$ _____
<b>TOTAL DUE AT LEASE SIGNING:</b>	<b>\$ 13,487.50</b>

The Premises is a 3 BR / 1.5 BA unit. No conversion of any other space to a room is permitted, and any such conversion will not change the herein-defined number of bedrooms or sleeping areas for purposes of establishing the number of rooms under the provisions of any local rent laws or regulations, despite or regardless of the Owner's inaction or consent to such conversion.  
(Studio, IBR, etc.)

**2. PARTIES TO AGREEMENT:** This Agreement is between Owner and each named Tenant who is a signatory to this Agreement, individually and severally. Named signatory Tenants are jointly and severally responsible and liable for the performance of their obligations under this Agreement, including the payment of rent until such time as the tenancy in its entirety is terminated and the Premises is relinquished to Owner, regardless of whether any named Tenant occupies the Premises. The tenancy terminates when all occupants permanently vacate the Premises.

**3. TERM:** The term of this tenancy shall begin on 7/1/2023 and end on 6/30/2024, and thereafter shall be month-to-month on the same terms and conditions as stated herein, except for any changes lawfully imposed. This Agreement shall be effective on the last date executed by all parties, or on the date that Owner delivers possession of the Premises to Tenant, whichever occurs first.

**4. PHYSICAL POSSESSION:** If Owner is unable to deliver possession of the Premises at the commencement of the term, Owner shall not be liable for any damage caused thereby, nor shall this Agreement be void or voidable, but Tenant shall not be liable for any rent until possession is delivered.

**5. RENT:** The initial monthly base rent for the Premises shall be US \$ 5,195.00. All rent is due and payable in advance on the 1st day of each month (the "Due Date") without offsets, deductions or credits. Owner reserves the right to make rent adjustments as allowed by law. All rent shall be payable to Owner or Owner's designated representative. Tenant agrees always to pay rent by personal check, cashier's check, money order or online if online payments are made available by Owner, and not use cash unless specifically requested by Owner.

Rent shall be paid to Owner, or Owner's designated representative, at the following address:

Direct deposit to Kent Taylor at Chase Bank, ACH Routing: 322271627, Account: 3940477561 during normal business hours, or at such other place designated by Owner. Rent for any partial month shall be pro-rated at the rate of 1/30th of the monthly rent per day.

The tenancy did not start on the first day of the month; therefore, Tenant shall pay the following during the first month of the tenancy:

One month's rent at move-in: \$ \_\_\_\_\_ Prorated rent of \$ \_\_\_\_\_ will be due on \_\_\_\_\_

**Thereafter Tenant shall pay the full monthly rent on the Due Date.**

In the event of roommates or another form of multiple occupancy, Tenant understands and agrees that rent shall be paid with a single payment and that it is entirely Tenant's responsibility to collect individual payments independently in order to submit a combined single payment. Tenant bears the risk of loss or delay of any payment made by mail. Owner must receive mailed rent payments on or before the Due Date. Owner may apply any payment made by Tenant to any obligation of Tenant to Owner notwithstanding any dates or other direction from Tenant that accompanies such payment. Receipt of rent payment shall not establish a presumption that prior rent was paid or as a waiver of any right to demand unpaid rent. Any attempt by Tenant to allocate a payment in any other way shall be null and void, including the use or application of a restrictive endorsement on the face of any check. Owner will accept rent payments only from Tenant. No third-party checks will be accepted, and Owner shall not be liable to Tenant in any way as a result of refusing any third-party check. Should Owner elect to accept a third-party check, such acceptance shall not be construed as a waiver of this provision, nor shall acceptance of the third-party payment be deemed as acceptance or acknowledgment of any third party or roommate as a tenant of Owner. Acceptance of rent by Owner or Owner's agent from anyone other than Tenant shall not create or establish a relationship between Owner and that third party. Rent tendered by a third party shall be deemed rent tendered on behalf of Tenant only and not on behalf of the third party regardless of whether it contains a restrictive endorsement. If Tenant pays online or by direct deposit, such payment shall be deemed to come from Tenant regardless of the source of the payment. Payment online or by direct deposit may be rejected or returned by Owner during the pendency of any legal action or in anticipation of a legal action. Failure or refusal by Tenant to cash Owner's rent refund check shall not defeat Owner's rejection of the rent being refunded. The parties agree that any deposit made by Tenant or subtenant after a tenancy has terminated, or after the expiration of a notice to pay or quit or to perform covenant or quit, shall be null and void and shall not constitute payment by Tenant or acceptance of rent by Owner unless Owner and Tenant agree in writing to the contrary.

**6. FAILURE TO PAY:** Pursuant to Civil Code Section 1785.26, Tenant is hereby notified that a negative credit report reflecting on Tenant's credit record may be submitted to a credit reporting agency if Tenant fails to fulfill the terms of their credit obligations, such as the financial obligations of this Agreement.

**7. RENT BOARD FEES:** Chapter 37A of the San Francisco Administrative Code (SFAC) allows the San Francisco Rent Board to collect a per-unit fee for each residential dwelling unit that is subject to the Rent Ordinance. This fee funds the cost of operating the Rent Board. Owner is entitled to recovery of a portion of the fee from the tenant(s) of each residential unit on November 1st of each year, up to a maximum of 50% of the annual fee for the unit. Tenant will promptly pay Owner for Tenant's share of the Rent Board fees and authorized charges when billed by Owner.

Where the interest on Tenant's security deposit has been paid annually, Owner may bill Tenant directly. Where the interest on Tenant's security deposit is not paid annually, Owner may deduct it from the next interest payment owed.

Owner may "bank" the Rent Board fee and collect it in a later year. This means that Owner does not have to collect the fee in the year that it was due, but is entitled to collect the Rent Board fee in later years if so desired.

The billing statement for the fee must specifically state the fee amount owed by Tenant for each year and the amount, if any, of security deposit interest due Tenant for each year owing. The bill should also state that the purpose of the fee is to fund the Rent Board, and that the fee is due and payable within thirty (30) days of the date of the bill.

To the extent that SFAC Chapter 37A is amended or pass-through of additional fees is authorized under the Administrative Code, this provision will be deemed amended to conform to law and to confirm the obligation of Tenant to pay those additional pass-throughs and interpreted in a manner which complies with law.

**8. SECURITY DEPOSIT:** Before the commencement of the term, Tenant shall pay a security deposit of US \$ 8,292.50 (the "Security Deposit") for the purposes set forth in Civil Code Section 1950.5. Owner may increase the Security Deposit up to the maximum allowed by law at any time with lawful notice. The parties agree that the Security Deposit is not rent and therefore not subject to any local rent control law. No trust relationship between Owner and Tenant is created because of the Security Deposit and Owner may commingle the Security Deposit with other funds of Owner. Owner may retain such amounts of the Security Deposit as allowed by law including, but not limited to, amounts required to remedy future defaults by Tenant in any obligation under this Agreement to restore, replace, repair or return personal property or appurtenances, exclusive of ordinary wear and tear. Owner shall, within the time period allotted by law, refund any balance after such deductions to Tenant after Tenant has vacated the Premises. Tenant shall not be deemed to have vacated the Premises for purposes of this Paragraph until a) Tenant returns to Owner all keys to the Premises, and b) Tenant has surrendered the Premises to Owner free and empty of all persons. Any balance of the Security Deposit and an accounting of any deductions therefrom will be mailed to Tenant at the Premises unless Tenant provides, in writing to Owner, a mailing address to which the balance, if any, of the Security Deposit and the accounting should be sent. Owner's check or other payment refunding any balance of the Security Deposit may be made in the name of any or all of the original Tenants, regardless of the party who in fact made the deposit and regardless of the identity of the persons then occupying the Premises. Tenant may not apply the Security Deposit, or any portion thereof, to any month's rent including the last month's rent.

If required by law, Owner shall pay to Tenant simple interest as directed by such law, less deductions, on the amount currently held as a Security Deposit less any lawful deductions or off-sets, provided the tenancy does not terminate before the Security Deposit has been held for one (1) year. Said payment of interest shall be made once a year commencing with the date the Security Deposit has been held for a year. Upon Tenant's surrender of the Premises, if the Security Deposit is insufficient to remedy Tenant's default in rent, to repair damage caused by Tenant, or to clean the Premises, Owner may use from the accrued unpaid interest such amounts as are necessary for those purposes. Subject to Paragraph 7 of this Agreement, accrued unpaid interest or balance thereof, if any, shall be mailed to Tenant at Tenant's last known address in the same manner as any refund of the Security Deposit. Failure by Owner to pay interest, if required by law, shall not constitute a defense in any unlawful detainer action.

If Owner applies any portion of the Security Deposit to any obligations of Tenant at any time during the tenancy, Tenant must, upon thirty (30) days written notice, reinstate the Security Deposit to its full original amount. Owner may apply the Security Deposit during the term of the tenancy for any purpose allowed by law, and in such case, upon thirty (30) days written notice to Tenant, Tenant shall restore the Security Deposit to the full amount provided herein.

In the event of a change of roommates, if such change is allowed by law or by the written consent of Owner, the remaining Tenant assumes sole responsibility for the condition of the Premises. The eventual return of the Security Deposit upon termination, and interest payments if any are required, will be directed solely to the Tenant as named herein.

**9. LATE PAYMENTS:** Tenant and Owner agree that Owner will sustain costs and damage as a result of any late payment of rent but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Tenant of the actual damage that would be sustained. Tenant agrees to pay a late charge equal to US \$ 5% for any payment of rent not received by Owner within 3 calendar days of the Due Date. The provision for payment of a late charge does not constitute a grace period, and Owner may serve a *Notice to Pay Rent or Quit* on the day after the Due Date. Owner and Tenant agree that Tenant paying rent late on three (3) separate occasions within any twelve (12) month period shall constitute habitual late payment of rent and may be considered a just cause for terminating the tenancy. Payment of the late charge does not cure the late payment for purposes of establishing habitual late payment of rent. The late charge shall be imposed for failure to pay any portion of the rent, including those portions allocated to parking, storage or any other service of tenancy. Such charges shall be immediately due and payable upon notice to Tenant. Failure to immediately pay the charges shall constitute a default under the terms of this Agreement. Payment or collection of a late fee, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

**10. RETURNED CHECKS:** Tenant and Owner agree that Owner will sustain costs and damage as a result of a check that is not honored by the bank on which it is drawn for any reason, but that it will be impracticable or extremely difficult to fix the actual damage. Therefore, the following sum represents a reasonable and fair estimate by Owner and Tenant of the actual damage that would be sustained. Tenant agrees to pay to Owner the additional sum of US \$ 45.00 as a reimbursement of the expenses incurred by Owner. A dishonored check shall constitute late payment of rent and shall be subject to the provisions of Paragraph 9 above regarding late payment, including but not limited to habitual late payment of rent. Such charges shall be immediately due and payable upon notice to Tenant. Failure to immediately pay the charges shall constitute a default under the terms of this Agreement. Payment or collection of a charge for a dishonored check, even if coupled with a rent remittance, shall not constitute a defense in an unlawful detainer action.

Owner reserves the right, as allowed by law, to demand payment of rent by certified funds, cashier's check or money order for future payments in the event of any such returned check or any other monetary default by Tenant, and rent tendered in any other form may be refused by Owner. Nothing in this Paragraph shall limit other remedies available to Owner as a payee of a dishonored check. Owner and Tenant agree that three (3) returned checks in any twelve (12) month period shall constitute a frequent return of checks due to insufficient funds and may be considered just cause for recovery of possession of the Premises.

**11. INDIVIDUAL LIABILITY:** Each person who signs this Agreement, whether or not said person is or remains in possession of the Premises, shall be

jointly and severally responsible and liable for the full performance of each and every obligation of this Agreement, including, but not limited to, the payment of all rent due and the payment of costs to remedy damage to the Premises, regardless of whether such damage was caused by Tenant, Tenant's guests, or Tenant's invitees. This joint and several liability provision applies for as long as the tenancy continues, even if all Tenant(s) who signed this Agreement have vacated.

**12. OCCUPANCY:** Tenant(s) named in Paragraph 1 of this Agreement and no others is (are) the only "original occupant" who took possession of the Premises pursuant to this Agreement. "Original occupant" can only be the person, or persons, who took occupancy of the Premises at the inception of the tenancy. All other persons who are not "original occupants" shall be considered "subtenants."

**13. INSPECTION OF PREMISES:** Tenant agrees that furnishings, equipment, plumbing, heating and electrical systems including smoke and carbon monoxide detectors, where applicable, are operative and are deemed satisfactory unless Owner is notified in writing by Tenant to the contrary within 48 hours after Tenant initially occupies the Premises. The failure by Tenant to provide such notification to Owner within 48 hours of occupancy shall be an acknowledgement by Tenant that the Premises is habitable and in good condition.

**14. USE:** The Premises shall be used as a permanent, full-time dwelling for residential purposes only and for no other reason. No retail or commercial use of the Premises shall be made unless such use conforms to applicable zoning laws and the prior written consent of Owner is obtained in advance of such proposed use. As a condition for granting such permission, Owner may require that Tenant obtain liability insurance for the benefit of Owner. Tenant and Tenant's guests shall not use the Premises, nor the Building or the property where the Premises is located, in violation of any law, statute, or ordinance. Use of the Premises for an illegal purpose shall constitute a substantial and material breach of this Agreement and shall be a just cause for recovery of possession of the Premises.

Tenant may not store or place any personal property outside of the Premises unless otherwise allowed by the terms herein, and Owner has the right to remove or dispose of any such improperly placed items without notice. Tenant shall refrain from storing gasoline, cleaning solvents or other flammable liquids or gases inside the Premises.

**Use of Areas of Property Exterior to Premises:** Notwithstanding any separate written agreement between the parties confirming the use by Tenant of property areas or building elements outside the Premises, Tenant acknowledges that Owner retains unilateral control, in Owner's sole discretion, of said areas and/or elements for the benefit of the Owner and all current or future occupants of the Building. Accordingly, Owner may, from time to time, change the location of Tenant's use of these areas or elements outside the Premises that are identified in the written agreement. Tenant confirms that the change of location shall not be deemed a reduction in housing services nor a lack of consistency in application of Owner's standard operating procedures. The areas include, but are not limited to, those used for parking and storage, or use of areas to accommodate ingress/egress of pets, as well as locations of common area utilities, access and the placement of utilities, communications, mailings, or technology equipment of any sort, including the designated areas for receipt of packages and other items. Should the area change serve to negate relocation of the use entirely, Tenant confirms that a rent reduction equivalent to the amount identified in the written agreement at the time of execution shall serve as appropriate compensation for the loss of said use, subject, however, to annual increases in the amount equivalent to what is permitted by law.

**15. NUISANCE:** Tenant and Tenant's guests shall not disturb, annoy, harass, or endanger any other occupants of the Building, Owner, or the Building's neighbors. Tenant and Tenant's guests shall not commit waste or nuisance upon the Premises, in the Building, or on the property in which the Premises is located. A violation of this covenant shall constitute a substantial breach of this Agreement and shall be a just cause for recovery of possession of the Premises.

**16. FINES and PENALTIES:** Tenant is responsible for any fines or other costs occasioned by violations of laws, restrictions, and regulations committed by Tenant or anyone else on the Premises or property during this tenancy. If any such fines or costs are levied against Owner, Tenant agrees to pay such fines or costs attributed to Tenant's tenancy or the conduct of Tenant, Tenant's guests, or others at the Premises upon receipt of an invoice from Owner. The obligation to pay fines and costs assessed against Owner may be in addition to any fines or penalties assessed directly against Tenant.

**17. ASSIGNMENT and SUBLETTING:** Except as Owner is required to permit by law, Tenant may not assign this Agreement or sublet the Premises or any portion of the Premises. This obligation of Tenant is intended as a strict and absolute prohibition against subletting and assignment. Should the Premises ever be sublet or assigned for any reason, Owner reserves all rights under the Costa-Hawkins Rental Housing Act, successor statute, or local regulation to adjust rent. Moreover, Owner shall not acknowledge, screen, approve, or otherwise communicate with any subtenant or assignee, and rent shall only be accepted from Tenant. Any subtenants/assignees, while not a co-tenant, must nevertheless honor and abide by every term of this Agreement. Should all original occupants who took possession of the Premises pursuant to this Agreement no longer permanently reside at the Premises, any subtenants or assignees remaining in possession will be bound by all terms of this Agreement and shall be responsible to pay the adjusted monthly rent.

Tenant will notify Owner in writing if and when the Premises is no longer the permanent place of residency or the principal place of residency of Tenant. Owner and Tenant hereby agree that should Tenant fail to so notify Owner, Owner shall be damaged monetarily as follows: The monthly rent differential between what Tenant was paying when Tenant first began to no longer permanently reside at the Premises or use the Premises as a principal place of residence and the fair market monthly rent for the Premises during the same period. Therefore, in such instances where Tenant withholds this information from Owner, Tenant shall be liable to Owner for this difference in rental value for each month from the time Tenant ceases using the Premises as a permanent or principal place of residence through the time that Owner adjusts the monthly rent in accordance with law.

As used in this section, "assign" or "sublet" includes but is not limited to any transfer of the right to use or occupy the Premises. Tenant may not operate a membership service, company, club, or any organization that permits another person or entity to obtain some benefit or service from either the exclusive or non-exclusive use or occupy the Premises in exchange for the payment of money or other consideration.

Tenant Initial: EPH Tenant Initial: JR Tenant Initial: JRA Tenant Initial: \_\_\_\_\_ Tenant Initial: \_\_\_\_\_

**18. APPLICATION:** Any Rental Application or related form submitted by Tenant is incorporated herein as though set forth in full. Any misrepresentations contained therein shall be considered a material fraud that may be actionable in any legal proceeding.

**19. NO RELIEF FROM FORFEITURE:** Owner and Tenant stipulate for purposes of Code of Civil Procedure Section 1179 that, as a condition for granting relief from forfeiture, Tenant shall pay all back rent, as well as any other damage or loss sustained by Owner, as a condition for relief from forfeiture. Such payments must be made within five (5) days after entry of any order granting relief from forfeiture.

**20. SHORT-TERM RENTAL:** Tenant is prohibited from offering all or part of the Premises for short-term rental, such as through Airbnb, VRBO, or other such sites or programs, regardless of any local laws that may be or have been enacted. Any advertising or online postings as well as actual rentals of the Premises to vacation or short-term guests shall constitute a material breach of this Agreement and shall be a just cause for recovery of possession of the Premises. Any person who is not a Tenant, as defined herein, who occupies any portion of the Premises, for any period of time whatsoever, for any compensation or consideration whatsoever (including, without limitation, the payment of money and/or trade and/or barter of other goods, services, or property occupancy rights) is not a guest, and such occupancy constitutes unauthorized subletting or assignment, which is an illegal use as well as a substantial and material breach of this Agreement and shall be a just cause for recovery of possession of the Premises.

**21. SMOKING:** Smoking of any substance is not permitted in the Premises or in any common area of the Building. Tenant shall inform all guests or invitees of this smoking prohibition. Any breach of this provision by Tenant shall be deemed a material breach of the Agreement and may be just cause for terminating the tenancy. Tenant shall promptly notify Owner in writing of any incident where smoke is migrating into the Premises or Building common areas from sources outside of the Premises.

Tenant is hereby informed that there may be rental units in the Building where smoking is permitted. Owner shall not be liable for any damage or injury to Tenant's health or personal property, or any other person's health or personal property, occurring on the Premises or any part thereof, in connection with the use of tobacco or tobacco products by any other resident or occupant in the Building. Tenant acknowledges that other residents in the Building may be permitted to smoke inside of their units. If Owner has exercised proper diligence in ascertaining and disclosing the location of other units where smoking is, or has been, permitted, this disclosure still may not be accurate either in whole or in part. Owner's designation and disclosure of non-smoking areas does not make Owner the guarantor of Tenant's health, or of the smoke-free condition of the areas in which smoking is prohibited, or that the Building will be free from secondhand smoke. The attached tobacco smoke disclosure's accuracy is dependent in significant part on compliance by all residential tenants and their guests. Thus, while Owner has made every reasonable effort to ascertain and identify units where smoking is, will be, or has been permitted, this disclosure is not guaranteed or warranted to be accurate. As such, Tenant shall hold Owner harmless for any personal injury or property damage resulting from the disclosure of the use of or exposure to tobacco and tobacco products and shall indemnify Owner from any claim of personal injury asserted against Owner by any guest, invitee, or subtenant of Tenant. This hold-harmless and indemnity clause shall survive the termination of the tenancy and this Agreement.

Local ordinances may restrict the use of e-cigarettes on the Premises. The use of marijuana may only be done in accordance with local, state and federal laws, and Tenant, as well as Tenant's guests, invitees, and subtenants must use smokeless delivery systems for any marijuana use.

**22. PETS:** No animals are allowed in or about the Premises, or in, on or about the property in which the Premises is located, even temporarily or with a visiting guest, except as allowed by law or by the express written consent of Owner. Tenant is hereby informed that there may be rental units in the Building where animals are currently allowed or may be allowed in the future. Owner shall not be liable for any damage or injury to Tenant's health or personal property or any other persons' health or personal property occurring on the Premises or any part thereof in connection with the presence of animals in or around the Building.

Prior to occupancy by the Tenant and/or of the animal, any animals allowed at the Premises or in the Building or on the Property pursuant to this provision or as required by law shall obligate Tenant to deliver the results of a DNA test of the animal, at Tenant's expense. Testing and results via Wisdom Panel, Viaguard, Basepaws, or similar services/products or via a veterinarian are all acceptable. For service animals as defined by the Americans with Disabilities Act, the fee for said DNA testing shall be refunded to Tenant within ten (10) days of delivery to Owner of the DNA test results and proof of payment by Tenant for said service, said refund not to exceed \$50.

Prior to occupancy by the Tenant and/or of the animal, any animals allowed at the Premises or in the Building or on the property where the Premises is located pursuant to this provision or as required by law shall obligate Tenant to provide written documentation to Owner confirming liability insurance policy coverage to provide for the inclusion of the animal in reference to the insurance policy required pursuant to Section 46 of this Agreement.

If Tenant requires an "Assistive Animal" as a reasonable accommodation for a disability as defined by the California Government Code and United States Code, Tenant agrees to complete Assistive Animal Request and Documentation form and to provide written verification from a health care provider or other credible party regarding the Tenant's disability and disability-related need for the Assistive Animal, unless the disability and/or disability-related need for the Assistive Animal is obvious.

**23. LIQUID-FILLED FURNITURE and AQUARIUMS:** Waterbeds, liquid-filled furniture and aquariums are prohibited. If the Premises is located in a structure for which the original Certificate of Final Completion and Occupancy was issued after January 1, 1973, then liquid-filled furniture may be permitted only upon written consent of Owner and acceptance of liability by Tenant. Owner may require completion of a Waterbed Agreement in the case of a waterbed, which shall become part of this Agreement.

**24. ROOF/STAIRS/STAIRWELLS/FIRE ESCAPES:** Use of the roof, stairs/stairwells and/or the fire escapes by Tenant, Tenant's guests, or Tenant's invitees is limited to emergency egress only. No other use is permitted, including but not limited to, the placement of personal property or refuse, hanging of signs, lights, laundry, antennas, satellite dishes or similar equipment. No storage of any kind will be permitted on the roof, stairs/stairwells or the fire escapes or in other common areas. Owner reserves the right to remove any unauthorized personal property at any time without notice.

**25. BALCONIES/PATIOS:** Balconies and patios, if provided, are not to be used for storage of any kind, and only minimal outdoor furniture and potted plants with sturdy drip containers may be placed in these areas. Railings may not be used to hang towels, clothes, or other items. Tenant shall be considerate of outward appearances and potential hazards in the use of said facilities. The California Fire Code prohibits the use of charcoal grills, large propane grills, or other open-flame cooking devices in multi-family housing, and such usage is hereby prohibited anywhere in or about the Premises, in the Building, or in any backyard or garden areas of the property where the Premises is located. There is an exception for electric grills or small propane grills (one pound or less of liquid fuel) on open balconies or patios only; however, the use of these devices must be approved by Owner, in writing, before usage is allowed to occur.

**26. STORAGE:**

No storage outside of the Premises is authorized, permitted, or provided under this Agreement. (If neither box in Paragraph 26 is checked, this provision applies.)

Storage is allowed pursuant to the attached Storage Agreement.

Tenants must accept delivered packages, mail, or letters directly into the Premises or other authorized area(s) for receipt of same as approved by Owner. The placement of packages, mail or letters in an area that is not authorized exclusively for Tenant's storage use shall be a violation of this provision. Tenants may not receive packages at the Building pertaining to any commercial activity.

**27. PARKING:**

This Agreement does not provide for parking of any motor vehicle or motorcycle anywhere in or about the Premises, the Building, and/or the driveway(s). (If neither box in Paragraph 27 is checked, this provision applies.)

This Agreement does provide for parking. Tenant's right to park is governed by the attached Agreement to Rent Parking Space.

Tenant and their guests may not park in, block or interfere with ease of use of any access areas, curb cut(s) or driveway(s) for parking at the Property at any time. Blocking of these areas shall result in a towed vehicle, irrespective of any parking rights granted by this Agreement.

**28. UTILITIES:** Tenant shall pay directly for all utilities, services and charges provided to the Premises except for those listed as follows:

None.

For utilities required to be paid directly by Tenant, Tenant must place all utilities in Tenant's name promptly. Tenant agrees to comply with any energy, water conservation, or utility-sharing programs implemented by Owner. Tenant understands that the rent paid by all Building residents is partially determined by the cost of utilities. Nothing contained herein prevents Owner from passing through to Tenant utility costs as provided by law. Tenant shall be provided access to the Building and the Premises for the installation of utility and communication lines and services as required by law and upon prior written consent by Owner. To the extent that any utilities, services and charges provided to the Premises are not paid by Tenant as set forth above, Tenant agrees to only use such utilities, services and charges provided to the Premises which are reasonably necessary for the ordinary comfort and safety of Tenant to reside in the Premises. Excessive use of such utilities, services and charges provided to the Premises shall constitute a material breach of this Agreement. Tenant may not charge any device, including vehicles, in Building common areas or in designated parking/storage spaces without Owner's express written consent. If a parking area is rented to Tenant for Tenant's exclusive use, Tenant may not use the electrical outlet to charge Tenant's vehicle unless Tenant has obtained the express written permission of Owner to do so. Owner's requirement to provide utility services shall be limited to what is required by law. Tenant shall adhere to and comply with all energy and water conservation rules, laws, and regulations that are in effect.

**29. INTERRUPTION OF SERVICES:** Owner shall not be liable to Tenant or to any other person for damage, nor shall Owner be in default under this Agreement, for any interruption or reduction of utilities or services caused by someone other than Owner, or by Owner due to circumstances beyond Owner's reasonable control.

**30. VIDEO SURVEILLANCE:** Owner may, in Owner's sole discretion, install and maintain video surveillance devices and equipment ("Video Surveillance") throughout the Building and common areas of the Building. Video Surveillance may be used by Owner and Owner's management to capture video (not audio) images only in common areas of the Building and shall not be directed inside of the Premises. With regard to Video Surveillance: (i) Video Surveillance is not a service of tenancy; (ii) Tenant is not entitled to view, receive, or otherwise analyze any images extracted from Video Surveillance; (iii) Tenant may not rely on any images captured by Video Surveillance to prevent, solve, or deter criminal activity in or around the Building or within, around, or otherwise impacting the Premises; (iv) Tenant acknowledges that the use of Video Surveillance is not an invasion of privacy, a means of tenant harassment, or in any way improper and that Tenant has no expectation of privacy in the common areas of the Building or the interior of the Premises that can be seen from the common areas of the Building when doors to the Premises are open or window coverings are open or removed; (v) Video Surveillance may be enhanced or eliminated at Owner's discretion at any time; (vi) Owner may utilize footage from Video Surveillance to ascertain whether or not Tenant is using the Premises as a permanent and/or principal place of residence; and (vii) the footage and images from Video Surveillance is solely Owner's property and may not, in Owner's discretion, be disseminated to anyone including Tenant or law enforcement officials; moreover, Tenant may not expect footage to be stored, kept, or maintained for any length of time. Tenant may not conduct video surveillance or capture video images of the common areas of the Building or install "Ring" type devices and equipment outside of the Premises.

**31. IMAGES and ADVERTISING:** Owner may, at any time during the tenancy, photograph or otherwise record images of the interior of the Premises ("Images"). Oftentimes, Images are required for purposes of marketing the Premises for re-rental, advertising the Building for sale, or effectuating repairs of the Building and/or the Premises. Tenant hereby acknowledges and understands that Tenant has no expectation of privacy as to Images, provided the Images are captured in a lawful manner (for example, pursuant to a proper entry into the Premises and pursuant to a legitimate reason such as marketing the Building for sale, initiating repairs, or advertising the Premises for re-rental). Therefore, Tenant understands and accepts that Images from the interior of the Premises, which may include images and photos of Tenant's personal property and effects, could appear in the public domain such as online in virtual tours of the Building, multiple listing services or MLS online services commonly utilized by real estate professionals to market and sell properties, and other such mass media disseminations. In addition, and in conjunction with such marketing and advertising efforts, Tenant understands and acknowledges that real estate professionals, prospective purchasers/renters, and contractors may from time to time take Images of the Premises which may depict Tenant's personal property and belongings. Images may remain on the internet or within the public domain indefinitely, and Tenant acknowledges that Tenant has no right to privacy with regard to the depictions set forth in any such Images that may be procured during the tenancy. To this end, Tenant shall not impede or otherwise prevent lawful access into the Premises for the purpose of making repairs, marketing the Building for sale, or advertising the Premises for rental in instances where the entry or entries will involve the capturing and ultimate dissemination of Images within the public domain.

**32. ALTERATIONS, CHANGES and PROHIBITIONS:** Tenant shall not remodel, renovate, paint, refinish floors, or otherwise alter or change the Premises, common areas, or any other parts of the Building. Tenant shall not apply adhesive paper to any cabinets, walls, or doors; nor shall Tenant hang any plants, planters or lighting fixtures from ceilings or walls; nor shall Tenant tack, nail or glue any coverings to floors or walls without prior written consent of Owner. Tenant shall not install or operate any washing machines, clothes dryers, and portable dishwashers, deep-freeze units or other appliances, pianos, or outside antennae on the Premises without prior written consent of Owner. Tenant may not install, place or affix audio or video equipment or cameras

outside of the Premises except as provided by law. No plants, planters or plant boxes may be placed directly on floors, carpets, window ledges or on fire escapes. Upon termination of the tenancy, Owner shall have the option, at Owner's sole discretion, to require Tenant to restore the Premises to the original condition as received excepting normal wear and tear. All alterations, additions or improvements that Owner has not required Tenant to remove shall become Owner's property and shall be surrendered to Owner upon the expiration or earlier termination of the Agreement.

**33. DAMAGE TO PREMISES:** If the Premises and/or Building are damaged by fire, flood, earthquake, or from any other cause so as to render them uninhabitable and therefore destroyed, the tenancy is terminated unless restored pursuant to law.

**34. LOCKS:** Tenant shall not change any lock or alarm at the Premises or Building, or place additional locking devices or alarms upon any door or window of the Premises, without the prior written consent of Owner. In the event of such installation, Tenant shall provide Owner with keys/cards/codes ("Keys") to such locking device or alarm combination upon Owner's request. Any expense incurred by Owner as a result of Tenant's action, such as changing of locks or consignment of Keys, shall be reimbursed by Tenant upon demand. Once installed, an approved lock may not be removed even when the Premises is vacated. Keys to the Premises are the exclusive property of Owner. Tenant shall not consign Keys to the Premises to any other person without the prior written consent of Owner. All Keys must be returned to Owner when the tenancy terminates. Tenant shall be charged for the cost of new locks and Keys if all Keys are not returned.

In the event that any Keys to the Premises or the Building are lost or consigned, Tenant shall be liable for the entire cost of all Key and lock replacement, at the discretion of Owner, as required for the security of the Premises or the Building. This may include the costs of re-keying/coding the entire Building if Owner, in Owner's sole discretion, deems such action is necessary.

Should Owner receive a request for access from a subtenant or guest of Tenant, Owner may, at Owner's discretion, grant access to the subtenant or guest if Tenant instructs Owner to do so. However, Owner's decision to accommodate this request shall not be deemed as an acknowledgment or approval of a sub-tenancy or subsequent occupancy of anyone.

Lockboxes are strictly prohibited and may not be installed anywhere in or around the Building without Owner's prior written authorization, unless required by law or fire and safety regulations. Any lockbox discovered in or around the Building will be immediately removed without notice or warning.

**35. MAINTENANCE and REPAIRS:** Tenant shall, at Tenant's expense and at all times during the tenancy, maintain the Premises, furnishings and appliances, if any, in a clean and good condition and shall surrender the same upon termination of tenancy in the same condition as received (excepting normal wear and tear). Any and all repair requests shall be made from Tenant to Owner in writing. Tenant understands that Tenant is responsible for replacing their own light bulbs, and for the costs of repair for all damage to the Premises, leased furnishings, and appliances, whether caused by Tenant or anyone else using, repairing, or attempting to repair the Premises, leased furnishings, and appliances during the tenancy.

Tenant must keep doors and windows, and access to them, unobstructed and not block them with personal items, and must maintain clear pathways into and through each room of the Premises. Tenant may not maintain the Premises in a manner that prevents necessary access through each room and to all doors and windows, inhibits necessary airflow and/or inhibits or interferes with appropriate heating or warmth of the Premises. Tenant shall not allow activities that could provide a potential haven for pest and mold growth, creates a fire hazard, or prevents the Premises' rooms from being used for their intended purposes.

Tenant may not make any alterations to cable or telephone wiring (such as may occur when changing telecommunications providers or adding phone lines) without prior written consent of Owner. The consent request regarding proposed alterations to inside wiring shall include the name, address, and telephone number of any new telecommunications provider. Tenant hereby agrees to and shall hold Owner harmless and indemnify Owner as to any mechanic's lien recordation or proceeding caused by Tenant, including all costs related thereto and paid by Owner to alleviate or remove any lien recordation or foreclosure proceeding caused by Tenant. Tenant agrees to pay all costs resulting from the alteration and agrees to pay Owner any costs incurred as a result of restoring the inside wiring to the condition at the time of move-in, except for reasonable wear and tear. Tenant must first obtain approval from Owner for any cable or internet provider seeking to install hardware within the Building and/or the Premises.

Except in an emergency, maintenance and repair requests must be made in writing and delivered to Owner. Tenant hereby confirms that such written notice shall also be deemed permission to enter the Premises to perform such maintenance or repairs in accordance with Civil Code Section 1954 and that no further written notice from Owner to Tenant is required for said entry. Tenant may not place any unreasonable restrictions upon such access or entry. Tenant may not dictate the time or date of such access or entry. The Premises shall be presumed to be in a state of safe and habitable condition unless and until Tenant provides written notice to the contrary and said notice is received by Owner.

In the event that the Premises is provided with hardwood floors or other non-carpeted floor surfaces, Tenant hereby agrees to keep at least 80% of such areas covered with floor rugs or carpet, at Tenant's expense, and the covering of such areas shall be for the purpose of reducing or muffling noise or sound transmission to areas outside the Premises. These covered areas shall include all hallways and other areas normally subject to foot traffic. Tenant shall not change or replace any window coverings visible from outside the Premises or the Building without the prior written consent of Owner.

The cost of repairs or clearance of stoppages in waste pipes, drains, water pipes or plumbing fixtures caused by Tenant's negligence or improper use of same and/or appliances in or connected to said fixtures are the responsibility of Tenant. Tenant shall reimburse Owner for the repair of damaged plumbing, fixtures, appliances and/or connected and ancillary mechanisms upon demand.

In the event that the rental agreement for the Premises confers exclusive use of areas of the property where the Premises is located containing landscaping, Tenant shall be required to properly maintain the landscaping at all times during the tenancy. The failure to maintain landscaping shall constitute a breach of a material lease covenant. Tenant shall promptly advise Owner of any problems with the landscaping, including, but not limited to, dead grass, plants or tree limbs, insect infestations, discolored or yellowing foliage, and insufficient irrigation or leaks. Tenant may not delegate the responsibilities of this Paragraph to any person, including a contractor or other landscaping professional, without the prior written consent of Owner. Should Owner consent to such third-party landscape maintenance provider, Owner shall be named as an additional insured on the provider's liability policy of insurance. Tenant shall comply with all water/drought restrictions.

Tenant acknowledges that the Premises and the Building from time to time may require, or in Owner's discretion need, renovations (including seismic retrofitting and the construction of additional dwelling units) or repairs to keep them in good condition and repair and that such work may result in temporary loss of use of portions of the Building or the Premises and may inconvenience Tenant. Tenant agrees that any such loss shall not constitute a reduction in housing services, severance of housing services, or otherwise warrant a reduction in rent.

Tenant must communicate repair requests directly to Owner or Owner's agent, and in writing. Non-emergency repair requests from guests or subtenants shall

not be processed; however, should Owner elect to process such repair or maintenance requests from persons other than Tenant, that election shall not create a direct relationship between Owner and the third party and serves only to confirm Owner's interest in maintaining/repairing the Premises or Building.

**36. LEAD DISCLOSURE:** Many homes and apartments built before 1978 have paint that contains lead (called lead-based paint). Lead from paint chips and dust can pose serious health hazards if not taken care of properly. The law requires that Tenant receive certain information before renting pre-1978 housing. By signing this Agreement, Tenant represents and agrees that Owner has provided Tenant with such information, including, but not limited to: EPA booklet entitled, "Protect Your Family From Lead In Your Home" before Tenant signed this Agreement.

**37. ASBESTOS:** The Premises may contain asbestos or have original construction materials that contain asbestos. Asbestos is known to exist in the following locations: unknown

(Copies of available reports, if any, are attached hereto for your reference and information.)

Damaging or disturbing the surface of asbestos-containing materials (ACMs) may increase the risk of exposure. Therefore, Tenant and Tenant's guests, contractors, or invitees shall not allow any action which may, in any way, disturb ACMs or any part of the Premises that may contain asbestos or ACMs. Tenant shall notify Owner immediately if Tenant knows or suspects that an ACM has been disturbed or if Tenant becomes aware of any ACM that is showing signs of deterioration.

**38. MOLD/MILDEW:** Tenant agrees to maintain the Premises in a manner that prevents the occurrence and infestation of mold or mildew in the Premises, including the use of bathroom exhaust fans and/or opening windows as necessary to avoid moisture build-up. Tenant agrees to uphold this responsibility in part by complying with the list of responsibilities in the addendum entitled, "Mold Notification." By signing this Agreement, Tenant represents and agrees that Owner has provided Tenant with such information, including, but not limited to the attached Addendum—"Mold Notification."

**39. SATELLITE DISHES:** Any satellite dish installations shall be subject to all of the following rules and conditions: a) Satellite dish must be installed within the interior of the Premises or inside balcony railings or windows; b) Satellite dish may not exceed one (1) meter in diameter; c) installation must comply with reasonable safety standards; d) Satellite dishes shall not be attached to or obstruct the immediate use of fire escapes, nor shall the wires from any such satellite dish to the Premises be attached to or extend across the fire escape, nor shall any wires be allowed to create a tripping hazard on the roof, stairs, fire escapes, etc.; e) installation must not damage Premises, including interior and exterior walls or other appurtenances; f) Tenant remains strictly liable for any injury or damage to persons or property caused by the satellite dish; and g) Tenant agrees to maintain sufficient liability coverage against any such injury or damage. Proof of such insurance must be provided to Owner, with Owner listed as an "Additional Insured," prior to approval of installation and upon each renewal of coverage. If Tenant contracts with any *communications services provider*, as that term is used in Article 52 of the San Francisco Police Code, said communications services provider shall agree to be bound by this Paragraph.

**40. ENTRY and INSPECTION:** Owner shall have the right to enter the Premises pursuant to California Civil Code Section 1954. Owner shall give Tenant reasonable notice of the intention of Owner/Owner's agent to enter the Premises and shall enter only during normal business hours, unless otherwise agreed by Tenant. For purposes of this Paragraph, normal business hours shall be defined as 7:00 AM to 7:00 PM, every day of the week. Tenant may not place any unreasonable restrictions upon such entry. If, however, Owner reasonably believes that an emergency exists (such as a fire or flood) which requires immediate entry, such entry may be made without prior notice to Tenant. Tenant agrees and understands that Owner may give 24 hours' notice to enter via email. Tenant agrees to inform Owner in writing if Tenant changes their email address.

Tenant agrees and understands that if Owner provides 24 hours' written notice under California Civil Code, Tenant cannot require that Tenant be present.

If Tenant has, after written notice to cease, continued to deny Owner access to the Premises, as required by law, such failure is a substantial breach of this Agreement and is a just cause for recovery of possession of the Premises.

If the Premises or the Building is required by any government agency, lender, or insurer to undergo inspections, repairs or alterations, Tenant agrees to cooperate fully with Owner so that all such inspections, repairs or alterations are made in as expeditious and efficient a manner as possible.

**41. ELECTRICAL SAFETY:** Tenant shall not recharge more than one lithium-ion battery powered personal transporter (electric skateboards, kick scooters, self-balancing unicycles, hover boards, and Segways) in the Premises at a time. A GFCI or AFCI outlet or power strip shall be used when charging personal transporters. Tenant shall reduce the risk fire by never using wall taps or outlet adapters to increase the number of installed outlets available. Tenant shall avoid overloading circuits by ensuring multiple high amperage devices are not plugged into the same outlet. Per the SF Fire Code, extension cords shall not be a substitute for permanent wiring and shall not be routed through walls, ceilings or floors, or under floor coverings or doors, and shall never be affixed to the Premises. Issues with electrical wiring of the Premises shall be reported to Owner. Tenant shall not alter or tamper with outlets, circuit breakers or wiring at any time.

**42. SMOKE and CARBON MONOXIDE ALARMS:** The Premises are equipped with functioning smoke alarms and/or carbon monoxide alarms as required by law, and Tenant shall be responsible for testing the alarm(s) monthly and immediately reporting any problems, maintenance or need for repairs to Owner. Most smoke and CO alarms are now 10-year units that no longer require battery changes, but if the alarm in the Premises is battery operated, Tenant is responsible for changing the alarm's battery as necessary, or for immediately reporting to Owner the need for assistance in changing batteries. Owner shall have a right to enter the Premises to check and maintain the alarm(s) as provided by law. It is expressly understood that Tenant must not, at any time, disable or remove an installed alarm, and to do so shall be considered a material breach of this Agreement.

San Francisco has mandated upgrades to fire alarm systems to be completed over the next several years. These upgrades may require extensive wiring work inside of the Premises and installation of new annunciation devices in every sleeping room. Tenant shall cooperate with Owner and Owner's contractors, making every effort to assist in the installation process. Once installed, these new annunciation devices may have their own battery systems that can only be replaced by qualified personnel.

**43. MEGAN'S LAW:** The California Department of Justice, sheriff's departments, police departments serving jurisdictions of 200,000 or more and many other local law enforcement authorities maintain for public access a database of the locations of persons required to register pursuant to Paragraph (1) of subdivision (a) of Section 290.4 of the Penal Code.

Notice: Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an internet website maintained by the Department of Justice at [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov). Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and zip code in which the offender resides.

**44. HOLD HARMLESS:** Owner shall not be liable for any damage or injury to Tenant, or to any other person, or to any property, occurring on the Premises or any part thereof, or in Building common areas, unless such damage is the proximate result of the intentional or unlawful act of Owner, Owner's agents, or Owner's employees. Tenant shall indemnify, defend and hold Owner and Owner's agents harmless from all claims of loss or damage to property and of injury to or death of any person or persons caused by the intentional acts or negligence of Tenant, Tenant's guests, Tenant's licensees, or Tenant's invitees occurring in or about the Premises including other areas of the Building, adjacent sidewalks, and streets. Tenant hereby expressly releases Owner and/or Owner's agents from any and all liability for loss or damage to Tenant's property or effects whether the loss or damage occurs in the Premises, garage, storerooms or any other location in or about the Premises, arising out of any cause whatsoever, including but not limited to rain, plumbing leakage, fire or theft, except in the case that such damage has been adjudged to be the result of the gross negligence of Owner or Owner's agents.

Owner is not responsible for the delivery, acceptance or receipt of, damage to or loss of the following: messages, packages, mail or other material left at entrances to the Building, the Premises, or elsewhere on the property where the Premises is located.

**45. ESTOPPEL CERTIFICATES:** Tenant(s), and all other adult occupants of the Premises shall within five (5) days after receipt from Owner, sign and return to Owner a certificate, statement, or other such document signed by all occupants providing such information as Owner may reasonably request, under penalty of perjury, including, but not limited to, the amount of rent currently paid, the names of each occupant and their respective initial dates of occupancy, the date of the last rent increase, the status of each occupant entitled to special benefits based on age, health, disability, income, or other criteria under any provision of the local rent laws or other applicable law, the identity of furniture or fixtures that belong to Tenant, whether the rent includes any parking space or storage space, and the amount of any security deposit or prepaid rent and whether interest on said deposit has been paid and through which date. In addition, Tenant shall disclose, upon request, any information that Tenant believes would prevent any purchase of the Premises or would prevent Owner or a potential owner from moving into the Premises. Failure to deliver the above-described document within the five (5) days shall be a material breach of this Agreement.

**46. INSURANCE/RENTER'S INSURANCE:** Generally, except under specific circumstances, OWNER IS NOT legally responsible for loss to the Tenant's personal property, possessions or personal injury, and OWNER'S INSURANCE WILL NOT COVER such losses or damage. In addition, if damage to Owner's property or an injury is caused by Tenant, Tenant's guest(s), invitees, or child (children), Owner's insurance company may have the right to attempt to recover from Tenant(s).

Tenant shall, at all times during the term at Tenant's sole cost and expense obtain and maintain renter's insurance on a policy form commonly known as HO-4 that includes at a minimum the following insurance coverage: (1) Personal Liability coverage of at least US \$300,000.00 combined single limit per occurrence for Bodily Injury and Property Damage; (2) Replacement cost coverage for personal property plus twelve months Loss of Use coverage (also known as Additional Living Expense) coverage (3) the Premises listed above must be listed on the policy as the "insured premises" of the Tenant insured; (4) Owner is listed as a Certificate Holder and, as an additional insured; and (5) the carrier must provide thirty (30) days' notice of cancellation or non-renewal to Owner, except for non-payment of premium for which ten (10) days' notice shall be given. Tenant is responsible for any deductible under this policy.

Tenant must provide proof of such insurance to Owner at the inception of the tenancy. In addition, Tenant must provide to Owner proof of insurance on an annual basis. The failure to abide by this covenant shall constitute a material breach of this Agreement and is a just cause for terminating the tenancy.

The parties agree that the requirements of this paragraph benefit both the Tenant and the Owner.

**47. HAZARD NOTICE:** Pursuant to Government Code Section 8589.45, Tenant may obtain information about hazards, including flood hazards that may affect the Premises, from the internet website of the Office of Emergency Services at <http://myhazards.caloes.ca.gov/>. Owner's insurance does not cover the loss of Tenant's personal possessions and it is strongly recommended that the Tenant consider purchasing renter's insurance and flood insurance to insure all personal possessions from loss due to fire, flood, or other risk of loss. Owner is not required to provide additional information concerning the flood hazards to the property and the information provided pursuant to this section is deemed adequate to inform Tenant.

(Check box if applicable) The property where the Premises is located lies in a special flood hazard area or an area of potential flooding.

**48. NO WAIVER:** No failure of Owner to enforce any term of the Agreement will be deemed a waiver of that term or of any other term of the Agreement. The waiver by Owner of any term of the Agreement will not be deemed to be a waiver of any subsequent breach of the same or any other term of the Agreement, nor will any custom or practice which may develop between the parties be construed to waive or to lessen the right of Owner to insist upon performance by Tenant of all the provisions of the Agreement, or support a claim of detrimental reliance by Tenant. The specification in the Agreement of certain acts or omissions as bases for eviction shall not be construed as limiting Owner's rights to evict for any other reason allowed by applicable law. Owner's acceptance of a partial payment of rent will not constitute a waiver of Owner's right to the full amount due, nor will Owner's acceptance of rent paid late ever constitute a waiver of Owner's right to evict Tenant for habitual late payment of rent. This covenant of the Agreement cannot be waived by Owner.

**49. INVALIDITY:** The invalidity or partial invalidity of any provision of the Agreement shall not render the remainder of the Agreement invalid or unenforceable. Violation by Tenant of any applicable ordinance or statute shall be deemed sufficient cause to recover possession of the Premises. Notwithstanding any other provision of the Agreement, each and every expressed term and condition set forth herein is deemed material by the parties.

**50. NON-RENT CONTROLLED JURISDICTIONS:** The Agreement may be used for housing that is subject to the provisions of the San Francisco Residential Rent Stabilization and Arbitration Ordinance ("Rent Ordinance") or exempt in full or in part from said law. No provision of the Agreement will in any way create rights for Tenant under the Rent Ordinance for any exempt housing or building, nor create any contractual obligation on the part of Owner to comply with the Rent Ordinance or any mandate of the San Francisco Residential Rent Stabilization and Arbitration Board.

**51. UNIT REGISTRATION:** Tenant acknowledges that the Premises may be in a jurisdiction where periodic unit registration is required. Tenant shall cooperate with Owner's efforts to comply with the requirements of any governmental agency that requires or oversees apartment unit registration. Tenant acknowledges that Tenant's rent and other information regarding Tenant's tenancy at the Premises may be requested by the process, placed in the public forum and available for viewing online. For example, such information may include, but not be limited to, the following: (i) the name and business contact information of Owner or Owner's managing agent for the Premises; (ii) the business registration number of the Premises; (iii) the approximate square footage of the Premises, including the number of bedrooms and bathrooms within the Premises; (iv) the date that the tenancy at the Premises commenced; (v) the base rent of the Premises, and whether the base rent includes specified utilities such as water/sewer, refuse/recycling, natural gas, etc.; (vi) vacancies or occupancies that have occurred within the Premises during the previous 12 months; and (vii) any other information that the Rent Board deems appropriate. Tenant shall cooperate with Owner's efforts to annually supply required unit registration information, including permitting access to the Premises as needed in order to compile information sought during the annual registration process.

**52. CONDOMINIUM/"TIC" REQUIREMENTS COMPLIANCE:**  [Check here if the Premises is a condominium or tenancy-in-common ("TIC")]. Tenant has been advised that the Premises is a  condominium unit, or  a unit in a tenancy-in-common ("TIC") building subject to a written TIC Agreement. Tenant understands and acknowledges that Tenant's occupancy of the Premises is to some extent governed by a Declaration of Covenants, Conditions & Restrictions (CC&Rs) and Rules & Regulations of a Homeowners Association ("HOA") if a condominium unit, or the TIC Agreement if a unit in a TIC building. All such documents are referred to as "Governing Documents." Tenant acknowledges that Tenant has been provided with the Governing Documents, or has had the opportunity to examine them, prior to entering into the Agreement, and that Tenant as well as anyone living with or visiting Tenant will at all times comply with the existing and future requirements of the Governing Documents, and that Tenant's failure, or that of anyone living with or visiting Tenant to do so, will constitute a material breach of the Agreement. Tenant further agrees that should Owner be assessed any fines or penalties by the HOA or TIC as a result of any conduct by Tenant or the parties associated with Tenant, Tenant will immediately pay to Owner, on Owner's demand, the full amount of any such penalty or assessment. Owner shall have no obligation to defend against or challenge the assessment levied by the HOA or TIC.

**53. NEIGHBORHOOD DISCLOSURE:** Tenant is advised to investigate, before signing this Agreement, the neighborhood or area conditions, including the following: schools; proximity and adequacy of law enforcement; crime statistics; proximity of registered felons or offenders; fire protection; other governmental services; availability, adequacy and cost of any wired or wireless internet connections or other telecommunications or other technology services and installation; proximity to commercial, industrial or agricultural activities; existing and proposed transportation, construction and development that may affect noise, view, or traffic; airport noise, noise or odor from any source; wild and domestic animals; homelessness and homeless encampments; open drug dealing; other nuisances, hazards or circumstances; cemeteries; facilities and condition of common areas; conditions and influences of significance to certain cultures and/or religions; and personal needs, requirements, and preferences of Tenant.

Tenant understands and agrees that neighborhood conditions are not under the control of Owner, and changes to neighborhood conditions from traffic, construction or other causes shall not be considered a basis for a claim of decrease in housing services. The same is true of the conduct of other occupants in, or visitors to, the building. While Owner will seek enforcement of building rules and standards in an even-handed manner and to a reasonable degree, the conduct of other people in lifestyle and personal interactions with Tenant is beyond the control of Owner and shall not be considered a basis for a claim of decrease in housing services.

**54. ABANDONED PERSONAL PROPERTY:** State law permits Tenant, once Tenant vacates the Premises, to reclaim abandoned personal property left at the Premises, subject to certain conditions. Tenant may or may not be able to reclaim property without incurring additional costs, depending on the cost of storing the property and the length of time before it is reclaimed. In general, these costs will be lower the sooner Tenant contacts Owner after being notified that property belonging to Tenant was left behind after Tenant moved out.

**55. HOUSE RULES:** To protect the comfort, safety, and enjoyment of all Building residents, Owner has adopted the following rules concerning your conduct while a Tenant of the Premises. Owner reserves the right to make changes or adopt additional rules. Failure to comply with the rules will constitute a material breach of the Agreement and may constitute a just cause to terminate the tenancy.

**55.1 Noise and Behavior:** Tenant shall not make or permit any noise, or engage in or permit any other conduct that disturbs or offends other Building occupants or neighbors. Tenant must comply with the directions of Owner and Owner's determination shall be final. Tenant is responsible for ensuring that disturbing noises are not caused by Tenant's family, guests or invitees. Tenant's social gatherings shall never become loud, boisterous, or generally objectionable, as judged by Owner in Owner's sole discretion, so as to interfere with the right of quiet enjoyment of other Building occupants and neighbors. Hosting a loud, boisterous party in violation of this rule may lead to Tenant's eviction.

Consumption of alcoholic beverages by Tenant or Tenant's guests is prohibited in the common areas of the Building.

Building occupants are expected to cooperate with each other in resolution of any disputes between them and shall be required to use the services of a local dispute resolution service if they are having difficulty at dispute resolution on their own. The failure or refusal of an occupant to use a resolution service shall be an admission that the occupant failing or refusing to use a resolution service is the wrongdoer in the dispute with the other Building occupant. Landlord's participation with a resolution service or attendance at any meeting or mediation at a resolution service shall be voluntary and not compulsory.

**55.2 Parking:** (if provided by agreement) Tenant shall park in Tenant's assigned place only and shall not permit visitors to use parking facilities. Only operational vehicles may be parked in parking areas. No storage of boxes, other personal items, or refuse is permitted in, or adjacent to, any parking space, or inside any garage or Tenant's parking stall. Motorcycles, motor-driven cycles, bicycles, and scooters shall not be stored in/on patios, fire escapes, hallways, common areas or other non-parking areas.

In the event of vehicle abandonment, Tenant licenses Owner to tow said abandoned vehicle to a nearby curbside public parking spot, provided Owner notifies Tenant at least 24 hours in advance.

Motorcycles, motor-driven cycles, bicycles, and scooters shall not be stored in/on patios, fire escapes, hallways, common areas or other non-parking areas.

There shall be no living or residency activities in the parking areas.

**55.3 Deliveries:** Owner is not responsible or liable for the delivery, acceptance or receipt of, damage to, theft or loss of the following: messages, packages, mail or other material left at entrances to the Building or elsewhere in the Building. Tenant is expected to retrieve delivered items within 24 hours, and Owner reserves the right to remove packages that have been left unattended.

**55.4 Bike Racks:** If Owner has provided a bike rack in the Building, Tenant's use of the bike rack is at Tenant's own risk. Owner shall not be liable or responsible in any way for theft or damage to Tenant's bike(s). Tenant must provide a locking device and must cooperate with other Building residents to ensure that everyone is able to use the rack. The bike rack is provided as a courtesy only.

Owner may, at Owner's sole discretion, remove the bike rack and discontinue this service for any reason, and Tenant hereby acknowledges that such a discontinuation or interruption of use shall not constitute a decrease in housing services.

**55.5 Building Appearance:** Alterations that will affect the Building's appearance, such as window coverings, shall not be permitted without Owner's prior written approval.

No signs, advertisements, posters or similar displays, except burglary prevention notices, may be affixed to the exterior of any door or window or to any exterior wall without Owner's prior written approval.

Garbage cans, brooms, mops, cardboard boxes and similar articles are to be kept inside the Premises.

Towels, rugs, clothing and other articles are not to be hung from windows, railings, fire escapes or balconies.

**55.6 Lockouts:** Tenant should take care not to lock themselves out of the Premises. If Owner is required to assist any Tenant in gaining entry to the Premises, Owner may charge Tenant \$ cost of locksmith for each successive lockout and may require Tenant to contract with a professional locksmith.

Should Owner receive a request for access from a subtenant or guest of Tenant, Owner may, at Owner's discretion, grant access to the subtenant or guest if Tenant instructs Owner to do so. However, Owner's decision to accommodate this request shall not be deemed as an acknowledgment or approval of a sub-tenancy or subsequent occupancy of anyone.

**55.7 Floor Covering:** Owner requires that all rooms with hardwood or hard-surface flooring be 80% covered by carpeting. Carpet covering may be necessary to abate and control noise. Failure of Tenant to comply with any request to cover 80% of all rooms with hardwood or hard-surface flooring, including all hallways and other areas normally subject to foot traffic, shall constitute a just cause for recovery of possession of the Premises.

**55.8 Wall Hangings:** Adhesive picture hangers designed for such use and easy removal are permitted. Picture hangers employing a small nail or pin are also permitted. However, Tenant is responsible for the cost of any repairs or painting required as a result of the hanging of pictures or other objects.

**55.9 Laundry Facilities** (if provided): Heavy articles are not allowed in the laundry machines or dryers.

Tenant must remove contents from machines promptly when cycle is complete.

Owner assumes no responsibility in the use of laundry equipment or for items lost, stolen or damaged therein. Laundry facilities are for the exclusive use of Tenant for Tenant's own clothing only. Owner may, in Owner's sole discretion, raise the fees for use of the machines without notice, and any such raise shall not constitute an increase in rent.

**55.10 Cooperation with Waste Removal Laws:** In addition to properly allocating recyclables, trash, food and garbage as set forth above, Tenant shall cooperate with all waste removal laws now in effect or that become effective during the tenancy. This means that Tenant shall ensure that all of Tenant's waste is properly sorted and placed in the appropriate bin (for example, recycling, compost, hazardous waste, and landfill).

Any fine levied against Owner for a violation of rules pertaining to the sorting of waste items shall be paid by the offending Tenant. Tenant agrees to always comply with all governmental recycling and composting requirements.

**55.11 Refuse:** Tenant must properly allocate recyclables, trash, food, and landfill to the appropriate recycle or receptacle containers (i.e., the green, blue and black containers).

In order to preserve the appearance and cleanliness of the Building, Tenant shall take care to prevent waste from dropping or spilling on carpeting, concrete, walkways and/or other common areas. Tenant is responsible for the general cleanliness and sanitation of the Building. Please keep that in mind at all times.

Tenant is required to cooperate with any recycling or other refuse programs in effect or implemented by Owner or the contracted scavenger service.

Items too large to fit in any trash chute or refuse container must be carried to a designated area or disposed of by Tenant at Owner's direction. Owner may permanently close the trash chute at any time for fire and sanitary reasons, and the closure of such chutes shall not constitute a decrease in housing services.

Tenant is liable for any additional costs involved in hauling or disposing of any items not collected by any contracted scavenger service.

Refuse is to be placed inside designated containers or chutes. Doors and lids should be closed properly and not slammed.

Tenant shall ensure that all boxes are broken apart before being placed in the appropriate recycle containers. Tenant shall be responsible, at Tenant's expense, for hauling to the dump those items too large to fit in the recycle or receptacle containers.

Tenant shall not dispose of any flammable liquids, rags or other items soaked with flammable liquids, or any other hazardous material(s) in recycle or receptacle containers.

No cost removal of bulky items such as furniture, appliances or electronics is available to residents. Contact Recology at [www.recology.com](http://www.recology.com) or call (415) 330-1300 for program information, limitations or to make a Bulky Item Recycling appointment.

**55.12 Relocation/ Replacement of Services:** With respect to any housing service which Owner may provide to Tenant outside of the Premises in which Tenant resides, including, but not limited to, (1) garage facilities, (2) parking facilities, (3) driveways, (4) storage spaces, (5) laundry rooms, (6) decks, (7) patios, or (8) gardens on the same lot, or (9) kitchen facilities or lobbies in single room occupancy (SRO) hotels, and regardless whether such housing service is provided at the inception of the tenancy or at any point in time thereafter, Owner reserves and retains the right to relocate such service to any other location on the lot which contains the Premises, in Owner's sole and absolute discretion.

In the event of such relocation, Tenant shall be given at least 3 days' notice of any such relocation, and, to the extent that any personal property (e.g., vehicle or stored items) must be moved, Tenant shall move all such personal property to the newly designated location within 7 days of the service of such notice of relocation by Owner.

Any failure by Tenant to timely move all such personal property shall be a material breach of this Agreement, warranting recovery of possession of the Premises.

Owner shall provide a comparable housing service for those services that are relocated. Tenant has no right to have any such housing service located in any particular part of the Building. Tenant has no right to have any such housing service located in any particular part of the property where the Premises is located.

**55.13 Unit Care:** Before washing or cleaning walls, drapery or carpet, Tenant must consult Owner for the appropriate method or for recommended vendors to perform such work.

Tenant shall be responsible for any damage caused by the employment of any improper method or vendor and/or the cost of redoing the work or restoring damaged articles or property to Owner's satisfaction if the method applied or the vendor employed was unsatisfactory.

Tenant may not burn incense and may not leave burning candles unattended.

Tenant may not install air conditioners, ventilators or window screening devices without Owner's prior written approval.

Tenant shall not paint the Premises or any portion thereof without prior written consent of Owner. In the event such permission is given, Tenant shall restore the original paint colors prior to vacating the Premises. Tenant shall be responsible for all costs involved in such repainting.

Any accessories such as towel bars, coat hooks or built-in closet shelves may not be added without the prior written consent of Owner. Once installed, they may not be removed even upon vacating the Premises. Garbage disposals, dishwashers and other appliances, if provided, must be used only for the intended purpose for which they were designed and constructed.

**56. ATTORNEY'S FEES:** In any action or proceeding arising out of or related to this Agreement or the premises, including actions for unlawful detainer, each side shall bear their own attorney's fees and court costs.

**57. DISCLOSURE OF PERSON(S) AUTHORIZED TO MANAGE THE PREMISES AND INFORMATION FOR SERVICES OF PROCESS AND NOTICES:** The following information is provided as required by California Civil Code Section 1962.

**57.1 Service of Process and Notices:** Notices, demands, and service of process shall be delivered to the following person, who is the (check one)  Owner  Agent for service of process and notices:

Kent Taylor +1 (415) 412-6449  
(Name of owner/agent to whom documents should be delivered) (Telephone number of owner/agent)  
at: 2999 E Los Posas Circle, Palm Springs, CA 92264  
(Address where documents should be delivered)

**57.2 Agent Authorized to Manage the Premises:** The following agent is authorized to manage the premises:

\_\_\_\_\_  
(Name of agent authorized to manage the Premises) (Telephone number of agent)  
at: \_\_\_\_\_  
(Address of person/company authorized to manage the Premises)

If an agent other than the ownership of the Building is listed in this Paragraph as authorized to manage the Premises, this means Owner has contracted with the agent to manage the Premises on Owner's behalf. Unless otherwise specified in this Agreement, for any obligations Tenant has to Owner, Tenant shall tender their performance to the agent identified in this Paragraph as the person authorized to manage the Premises. For example, if Tenant is required to seek Owner's written permission before engaging in certain conduct, Tenant shall seek such permission from the agent identified in this Paragraph as the person authorized to manage the Premises. The agent identified in this Paragraph as authorized to manage the Premises is authorized to act for and on behalf of the Building's ownership with respect to all of Owner's obligations under this Agreement unless changed in writing by the Building's ownership.

**58. ENTIRE AGREEMENT:** This Agreement consists of the herein numbered Paragraphs 1-61 and attachments identified in this Agreement as:

(Owner to check all that apply)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> DPH Mold Information Booklet   | <input type="checkbox"/> SF Flood Map Advisory and Disclosure forms                              |
| <input checked="" type="checkbox"/> Mold Notification  | <input type="checkbox"/> Proposition 65 Warning Notice   |
| <input checked="" type="checkbox"/> EPA booklet "Protect Your Family From Lead In Your Home"                 | <input checked="" type="checkbox"/> Move-In/Move-Out Condition Report                            |
| <input checked="" type="checkbox"/> Disclosure of Information on Lead-Based Paint & Lead-Based Paint Hazards | <input checked="" type="checkbox"/> Parking Agreement  |
| <input checked="" type="checkbox"/> San Francisco Waste Disposal Addendum                                    | <input type="checkbox"/> Pet Agreement   |
| <input checked="" type="checkbox"/> San Francisco Tobacco Smoke Disclosure Addendum                          | <input type="checkbox"/> Storage Agreement   |
| <input checked="" type="checkbox"/> San Francisco Fire Safety Disclosure Addendum                            | <input type="checkbox"/> Pesticide Application Notice  |
| <input checked="" type="checkbox"/> Bedbug Addendum  | <input type="checkbox"/> Bay Area Air Quality Management District Wood-Burning Hazard Disclosure |
|  | <input type="checkbox"/> Affidavit of Disclosure of Neighboring Place of Entertainment           |

**Addendum - AB 1482 Notice:** If the Premises is subject to the Tenant Protection Act of 2019, the following information is being disclosed to you: California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all of the tenants have continuously and lawfully occupied the property for 12 months or more or at least one of the tenants has continuously and lawfully occupied the property for 24 months or more, a landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information. Nothing in this Addendum should be construed as a representation that the Premises is in fact subject to either Civil Code Sections 1947.12 or 1946.2.

**Notice of Exemption from AB 1482 for Single Family Homes and Condos:** YOU ARE HEREBY NOTIFIED IN ACCORDANCE WITH CIVIL CODE 1946.2 that this property is not subject to the rent limits imposed by §1947.12 of the Civil Code and is not subject to the just cause requirements of §1946.2 of the California Civil Code. This property meets the requirements of §1947.12 (d)(5) and §1946.2 (e)(8) of the Civil Code and Owner is not any of the following (1) a real estate investment trust, as defined by §856 of the Internal Revenue Code; (2) a corporation; or (3) a limited liability company in which at least one member is a corporation."

Other: Smoke & Carbon Monoxide Addendum, List of Tenant's Rights Organizations



## Information on Dampness and Mold for Renters in California

### Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



Beginning January 1, 2022, residential landlords shall provide this booklet to prospective residential tenants prior to entering the rental or lease agreement, in accordance with the 2001 Toxic Mold Protection Act (HSC #26148). This booklet, which explains the potential health risks and health impacts that may result from exposure to mold, was produced by the California Department of Public Health (CDPH) in 2020, in both English and Spanish versions.

### Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

### Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is why CDPH does not recommend testing for mold, such as measuring mold spores in the air.



### Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

#### Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

#### Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout



### Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes-dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.
2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.
3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

### Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is "minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use."

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: If a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

### Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see [www.cdph.ca.gov/ias/mold](http://www.cdph.ca.gov/ias/mold). To see an animated video series, *Mold in the Home*, visit [www.cdph.ca.gov/mold](http://www.cdph.ca.gov/mold).

*Property owners must provide a rental unit that is safe and healthy for the people living in it.*

*Tenants must notify property owners of any dampness or mold problems.*



### ADDENDUM—MOLD NOTIFICATION

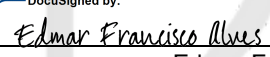

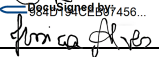
It is Owner's goal to maintain the highest quality living environment for Tenant. Therefore, know that Owner has inspected the Premises prior to lease and knows of no damp or wet building materials and knows of no mold or mildew contamination.

Tenant is hereby notified that mold, however, can grow if the Premises and furnishings are not properly maintained or ventilated. If moisture is allowed to accumulate in the Premises, it can cause mildew and mold to grow. It is important that Tenant regularly allow air to circulate in the Premises. It is also important that Tenant keep the interior of the Premises clean and that they promptly notify the Owner of any leaks, moisture problems, and/or mold growth.

Tenant agrees to maintain the Premises in a manner that prevents the occurrence of an infestation of mold or mildew in the Premises. Tenant agrees to uphold this responsibility in part by complying with the following list of responsibilities:

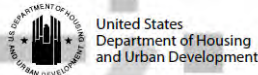
1. Tenant agrees to keep the Premises free of dirt and debris that can harbor mold.
2. Tenant agrees to immediately report to Owner any water intrusion, such as plumbing leaks, drips, or "sweating" pipes.
3. Tenant agrees to notify Owner of overflows from bathroom, kitchen, or Premises laundry facilities, especially in cases where the overflow may have permeated walls or cabinets.
4. Tenant agrees to report to Owner any significant mold growth on surfaces inside the Premises.
5. Tenant agrees to allow Owner to enter the Premises to inspect and make necessary repairs.
6. Tenant agrees to properly ventilate the bathroom while showering or bathing and to report to Owner any non-working fan or window.
7. Tenant agrees to use exhaust fans, if provided, whenever cooking, dishwashing or cleaning.
8. Tenant agrees to use all reasonable care to prevent outdoor water from penetrating into the interior of the Premises.
9. Tenant agrees to clean and dry any visible moisture on windows, walls, and other surfaces, including personal property, as soon as reasonably possible. (Note: Mold can grow on damp surfaces within 24 to 48 hours.)
10. Tenant agrees to notify Owner of any problems with any air conditioning or heating systems that are discovered by the Tenant.
11. Tenant agrees to indemnify and hold harmless Owner from any actions, claims, losses, damages, and expenses, including, but not limited to, attorneys' fees that Owner may sustain or incur as a result of the negligence of the Tenant or any guest or other person living in, occupying, or using the Premises.

**By signing below, Tenant acknowledges receipt of the DPH Mold Information Booklet, and hereby accepts and agrees to be bound by the terms of this Mold Notification:**

Tenant Signature:	<small>DocuSigned by:</small>  Edmar Francisco Alves	Date:	06-30-2023
Tenant Signature:	<small>DocuSigned by:</small>  Ibson Silva	Date:	06-30-2023
Tenant Signature:	<small>DocuSigned by:</small>  Jessica Rodrigues Alves	Date:	06-30-2023
Tenant Signature:	_____	Date:	_____
Tenant Signature:	_____	Date:	_____
Tenant Signature:	_____	Date:	_____



# Protect Your Family From Lead in Your Home



March 2021

## Simple Steps to Protect Your Family from Lead Hazards

### If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

1

## Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Lead Gets into the Body in Many Ways

### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

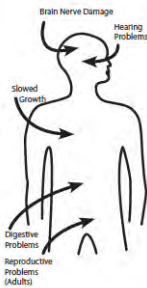
2

### Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

#### In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

#### In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

### Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

#### Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm<sup>2</sup>), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in dried paint in excess of 90 parts per million (ppm) by weight.

3

4

### Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

### Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. Lead-based paint may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot (µg/ft<sup>2</sup>) and higher for floors, including carpeted floors
- 100 µg/ft<sup>2</sup> and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

5

6

### Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A **lead-based paint inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

7

### What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

9

### Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD (5323) for a list of contacts in your area.<sup>3</sup>

<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

8

### Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.



- In addition to day-to-day cleaning and good nutrition, you can temporarily reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

10

**Reducing Lead Hazards, continued**

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot (µg/ft<sup>2</sup>) for floors, including carpeted floors
- 100 µg/ft<sup>2</sup> for interior windows sills
- 400 µg/ft<sup>2</sup> for window troughs

Abatement is designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

11

**Other Sources of Lead**

**Lead in Drinking Water**

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

**Important Steps You Can Take to Reduce Lead in Drinking Water**

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](http://epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

13

\*Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

**Renovating, Repairing or Painting a Home with Lead-Based Paint**

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

12

**Other Sources of Lead, continued**

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- **Old toys and furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- **Food and liquids** cooked or stored in **lead crystal or lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

14

**For More Information**

**The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/safewater](http://epa.gov/safewater) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

**EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

**Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

**State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/safewater](http://epa.gov/safewater), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

**U. S. Environmental Protection Agency (EPA) Regional Offices**

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)  
Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)  
Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)  
Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 906-6809

**Region 7** (Iowa, Kansas, Missouri, Nebraska)  
Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
Lenexa, KS 66219  
(800) 223-0425

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)  
Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)  
Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 9** (Arizona, California, Hawaii, Nevada)  
Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)  
Regional Lead Contact  
U.S. EPA Region 5 (LL-17J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 353-3808

**Region 10** (Alaska, Idaho, Oregon, Washington)  
Regional Lead Contact  
U.S. EPA Region 10 (20-C04)  
Air and Toxics Enforcement Section  
1200 Sixth Avenue, Suite 155  
Seattle, WA 98101  
(206) 553-1200

15

16

**Consumer Product Safety Commission (CPSC)**

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

**CPSC**  
4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

**U. S. Department of Housing and Urban Development (HUD)**

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

**HUD**  
451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/lead](http://hud.gov/lead)

This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

U.S. EPA Washington DC 20460  
U.S. CPSC Bethesda MD 20814  
U.S. HUD Washington DC 20410

EPA-747-K-12-001  
March 2021

17

**IMPORTANT!**

**Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

## DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

Note: For purposes of this Disclosure the terms "Lessor" and "Lessee" are used interchangeably for "Owner" and "Tenant".

### Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based paint and lead-based paint hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

### Owner's Disclosure (Owner to initial and check appropriate boxes)

TALFO (a) Presence of lead-based paint or lead-based paint hazards (*check one below*):

Known lead-based paint and/or lead-based paint hazards are present in the housing and described as:

---

Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

DS TALFO (b) Records and reports available to the Lessor (*check one below*):

Lessor has provided the Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (*list documents below*):

---

Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Tenant's Acknowledgment (*Tenant to initial as acknowledgment*)

JRA SA EFL (c) Lessee has received copies of all information, if any, listed above.

DS JRA SA EFL (d) Lessee has received the pamphlet, "Protect Your Family from Lead in Your Home."

### Agent's Acknowledgment (*Agent, if applicable, to initial as Owner Representative*)

TALFO (e) Agent has informed the Owner of the Owner's obligations under 42 U.S.C. §4852d and is aware of their responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.

**By signing below, Tenant acknowledges receipt of the Protect Your Family From Lead pamphlet, and receipt of this Disclosure of Information on Lead Based Paint:**


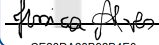
Tenant Signature: <u>Edmar Francisco Alves</u>	Date: <u>06-30-2023</u>
Tenant Signature: <u>Edmar Francisco Alves</u>	Date: <u>06-30-2023</u>
Tenant Signature: <u>Ibson Silva</u>	Date: <u>06-30-2023</u>
Tenant Signature: <u>Jessica Rodrigues Alves</u>	Date: _____
Tenant Signature: _____	Date: _____
Tenant Signature: _____	Date: _____

**LEASE ADDENDUM FOR SAN FRANCISCO BUILDINGS AFFECTED BY  
PUBLIC WORKS AND ENVIRONMENTAL ORDINANCES  
REGARDING TRASH/WASTE/RECYCLING AND COMPOSTING**

San Francisco Public Works Code Section 170 requires all property owners and users to remove any cans, containers, or receptacles used for the collection of garbage, refuse, ashes, cinder, sludge, offal, broken glass, crockery, tins, boxes, animal or vegetable matter, rubbish or other like matter, recycling, or green waste, except on the day the contents of said receptacles are to be collected by the licensed collector thereof or after the hours of 6:00 PM of the day immediately prior to the day of said collection, to be absent from the sidewalk, street, or any other dedicated public right-of-way. All receptacles must be stored in an enclosed area or other area that blocks views of the receptacles from the public sight unless placed in view for collection, and must be removed from public sight immediately after collection occurs. This means that Owner reserves the right to re-configure, reconstruct, and redesign the common areas to accommodate storage of the receptacles in the building. This change to and possible modification of common areas shall not constitute a decrease in housing services for which a rent reduction may be awarded. Tenant agrees to immediately comply with all noticed changes to House Rules and building policies with regard to the placement, storage, and use of receptacles in accordance with Public Works Code Section 170. Any fines imposed by the Director of Public Works for violation of this section may be passed onto the offending Tenant(s).

**San Francisco Environment Code requires all persons to separate recyclables, compostable and landfill trash and to participate in recycling and composting programs.** This means that Owner must provide separate recyclable, compostable, and trash bins. The recyclable bin is blue, the compostable bin is green, and the trash bin is black. Please note that Tenant must educate themselves on what items shall be placed into which bin. Owner shall make literature available to Tenant explaining how to source separate recyclables, compostable(s) and trash. Please note that because these bins must be placed together, Owner may have to re-configure or relocate the receptacle area in the building. Such modification shall not constitute a decrease in housing services for which a rent reduction may be awarded. Tenant agrees to cooperate with Owner's recycling, composting, and trash disposal programs at all times during the tenancy. This is a material lease covenant, and violation thereof may cause termination of the tenancy and/or a pass-through of any fines levied against Owner.

**ACCEPTED AND AGREED TO BY:**

Tenant Signature:	<small>DocuSigned by:</small>  <small>06CE88FD1034C3...</small>	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small>  <small>06CE88FD1034C3...</small> Edmar Francisco Alves	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small>  <small>7F06158074156...</small> Ibson Silva	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small>  <small>CE28DA28B92B4E0...</small> Jessica Rodrigues Alves	Date: _____
Tenant Signature:	_____	Date: _____
Tenant Signature:	_____	Date: _____

**SAN FRANCISCO TOBACCO SMOKE DISCLOSURE ADDENDUM**

This document is an Addendum and is part of the Agreement dated 7/1/2023 between Kent Taylor

(Owner) and Edmar Francisco Alves, Ibson Silva and Jessica Rodrigues Alves (Tenant)

for the premises located at 2318 22nd Street

Unit # N/A, San Francisco, California.

**1. Smoking Policy**

Pursuant to Article 19F of the San Francisco Health Code, smoking of tobacco products is not allowed:

- In enclosed common areas of multi-unit residences including elevators, covered parking areas, lobbies, waiting areas, interior halls and stairwells; shared bathrooms, cooking, dining, lounge, laundry facilities and recreation areas; etc.
- Within 15 feet of entrances, exits, operable windows and vents, or within the perimeter of an outdoor common area.
- Around or near the building entryway, exit, operable doors or vents.

Check one:

- Smoking of tobacco products is prohibited on the entire property and Building, including individual units, common areas, and adjoining grounds unless otherwise allowed pursuant to SFHC Article 19F.
- Smoking of tobacco products is prohibited on the entire property except the following common areas:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

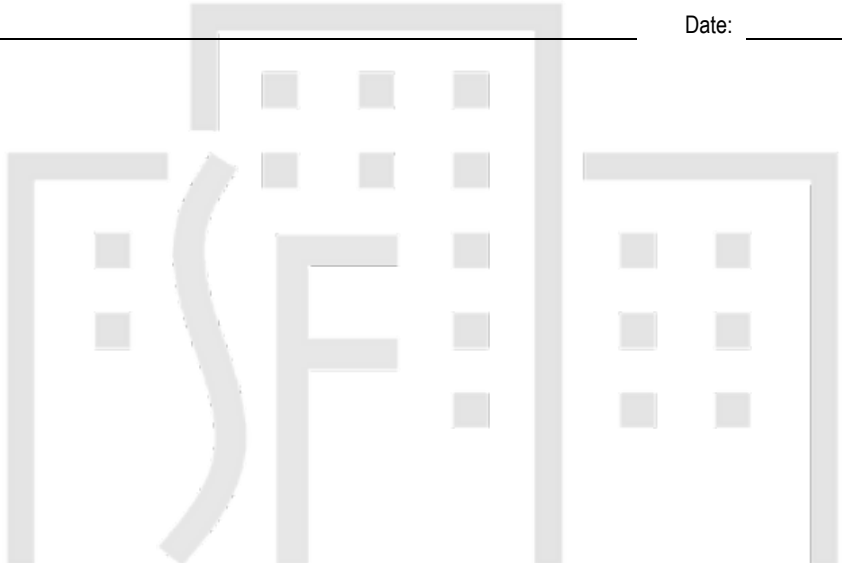
**Effect on Current Tenants/Individual Units:** Tenant acknowledges that current residents of the rental community under a prior Rental/Lease Agreement will not be immediately subject to the terms of this Addendum or this Smoking Policy. As units turn over, or residents enter into new Rental/Lease Agreements, this Addendum and Smoking Policy will become effective for their unit or new agreement. **Apartments where smoking may still occur are:** none known

- 2. **Non-Smoking Areas:** Tenant and members of Tenant’s household shall not smoke tobacco products in any area in which smoking is prohibited, nor shall Tenant permit any guest or visitor under the control of Tenant to do so. Tenant shall inform their guest(s) of any Non-Smoking Areas. Tenant shall promptly notify Owner in writing of any incident where tobacco smoke is migrating into Tenant’s unit from Non-Smoking Areas.
- 3. **Owner Not Guarantor of Smoke-Free Environment:** Tenant acknowledges that Owner’s adoption of Non-Smoking Areas does not make the Owner the guarantor of the Tenant’s health or of the smoke-free condition of the areas in which smoking is prohibited. However, Owner shall take reasonable steps to enforce this addendum. Owner shall not be required to take steps in response to smoking unless Owner has actual knowledge or has been provided written notice.
- 4. **Other Residents Are Third Party Beneficiaries of this Addendum:** Owner and Tenant agree that the other occupants of the Building are the third-party beneficiaries of this Addendum. An occupant may sue another occupant to enforce this Addendum but does not have the right to evict another occupant. Any lawsuit between occupants regarding this Addendum shall not create a presumption that Owner has breached this Addendum.
- 5. **Effect of Breach:** A breach of this Addendum by Tenant shall be deemed a material breach of the Rental/Lease Agreement and grounds for immediate termination to recover possession of the unit of the Rental/Lease Agreement by Owner.
- 6. **Disclaimer:** Tenant acknowledges that this Addendum and Owner’s efforts to designate Non-Smoking Areas does not in any way change the standard of care that Owner would have to any tenant household to render buildings and premises designated as non-smoking any safer, more habitable, or improved in terms of air quality than any other rental premises. Owner specifically disclaims any implied or express warranties that the Building common areas or the Premises will have any higher or improved air quality standards than any other rental property. Owner cannot and does not warrant or promise that the Premises or any other portion of the Building including common areas will be free from secondhand smoke. Tenant acknowledges that Owner’s ability to police, monitor or enforce this Addendum is dependent in significant part on voluntary compliance by Tenant and Tenant’s guests.

- 7. **Damage to the Unit:** Tenant acknowledges that the damage caused by smoking tobacco products is considered above normal wear and tear and will damage surfaces and fixtures, including the carpet, carpet pad, wallboard, window coverings and ceilings. Depending on the severity of the damage, costs for restoration of the unit may include, but are not limited to, cleaning, sealing, painting, deodorizing, and possible replacement of fixtures and various surface materials.

The undersigned Tenant(s) acknowledges(s) having read and understood the foregoing.

Tenant Signature:	<small>DocuSigned by:</small> <i>Edmar Francisco Alves</i>	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small> <i>[Signature]</i> Edmar Francisco Alves	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small> <i>[Signature]</i> Ibson Silva	Date: 06-30-2023
Tenant Signature:	<small>DocuSigned by:</small> <i>Jessica Rodrigues Alves</i> Jessica Rodrigues Alves	Date: _____
Tenant Signature:	_____	Date: _____
Tenant Signature:	_____	Date: _____



### SFAA FIRE SAFETY DISCLOSURE

Owner to provide at move-in if required

Date of Notice: 7/1/2023

This Fire Safety Disclosure applies to the \_\_\_\_\_ floor of \_\_\_\_\_ (the Premises).

**FIRE EXTINGUISHERS:**

1. Locations of all **Fire Extinguishers** on this floor: \_\_\_\_\_

Fire Extinguisher Service Date: \_\_\_\_\_

**EMERGENCY EXITS:**

2. Locations of **Emergency Exits** on this floor: \_\_\_\_\_

**ALL EMERGENCY EXITS MUST REMAIN UNOBSTRUCTED**

**FIRE ESCAPES** (if applicable):

3. Location of **Fire Escapes** on this floor: \_\_\_\_\_

Fire Escape Inspection/Service Date: \_\_\_\_\_

**FIRE ALARMS** (if applicable):

4. Location of **Manual Pull Stations** on this floor: \_\_\_\_\_

5. Location of the **Building Fire Alarm Control Panel**: \_\_\_\_\_

Fire Alarm Service Date: \_\_\_\_\_

Fire Alarm UL Certification #: \_\_\_\_\_

Fire Alarm UL Expiration Date: \_\_\_\_\_

**SMOKE AND CARBON MONOXIDE ALARMS:**

*To Confirm Smoke Alarms are in working condition, push the "TEST" button on each device.*

This disclosure references Unit # N/A at the Premises.

Date that Smoke Alarms were Last Replaced in the Unit: \_\_\_\_\_

Date that Carbon Monoxide Detectors were Last Replaced in the unit (if applicable): \_\_\_\_\_

**TO REPORT A SUSPECTED FIRE CODE VIOLATION, CONTACT THE FIRE DEPARTMENT AT: 415-548-3300**

Persons who wish to view general fire safety guidelines in English, Spanish, Cantonese and Tagalog can do so on the SFFD website at: <http://sf-fire.org/fire-safety-tips-san-francisco>

General Fire Safety Guidance and a Fire Safety Training Video are also available on the SFFD Website at:

<http://sf-fire.org/fire-safety-information-building-residentstenants>

**BED BUG NOTIFICATION ADDENDUM**

It is our goal to maintain the highest quality living environment for our Residents. The Landlord has inspected the unit prior to lease and knows of no bed bug infestation. Residents have an important role in preventing and controlling bed bugs. While the presence of bed bugs is not always related to personal cleanliness or housekeeping, good housekeeping can assist with early detection and make bed bug control easier if it is necessary. Please review the short interactive video at [www.stopbedbugs.org](http://www.stopbedbugs.org) and the information below.

**1. Previous Infestations**

- A Resident shall not bring onto a property personal furnishings or belongings that the Resident knows or should reasonably know are infested with bed bugs, including the personal property of the Resident's guests.

**2. Prompt Reporting**

- **If you find or suspect a bed bug infestation, please notify Landlord as soon as possible**, and describe any signs of infestation, so that the problem can be addressed promptly. Please do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from unit to unit.
- **Report any maintenance needs immediately.** Bed bugs like cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bed bugs from room to room.
- If you suspect a bed bug infestation, or have other maintenance needs, please provide your notice to:

Kent Taylor  
2999 E Los Posas Circle  
Palm Springs, CA 92264

**3. Information about Bed Bugs**

- **Bed bug appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.
- **Life cycle and reproduction:** An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.
- Bed bugs can survive for months without feeding.
- **Bed bug bites:** Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
- **Common signs and symptoms** of a possible bed bug infestation:
  - Small red to reddish brown fecal spots on mattresses, box springs, bed frames, linens, upholstery, or walls.
  - Molted bed bug skins, white, sticky eggs, or empty eggshells.
  - Very heavily infested areas may have a characteristically sweet odor.
  - Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.
- For more information, see the Internet Websites of the United States Environmental Protection Agency and the National Pest Management Association.
  - <http://www2.epa.gov/bedbugs>
  - <http://www.pestworld.org/all-things-bed-bugs/>

**4. Cooperation with Pest Control**

California Apartment Association Approved Form  
www.caanet.org  
Form CA-063 – Revised 12/22 - ©2022 – All Rights Reserved  
Page 1 of 3

Unauthorized Reproduction of  
Blank Forms is Illegal.



- Residents shall cooperate with the inspection including allowing entry to inspect any unit selected by the pest control operator until bed bugs have been eliminated and providing to the pest control operator information that is necessary to facilitate the detection and treatment of bed bugs.
- Prior to treatment, affected Residents will receive a written notice including the date(s) and time(s) of treatment, whether and when the Resident is required to be absent from the unit, the deadline for any Resident preparation of the unit and a pretreatment checklist with information provided by the pest control operator.
- The Resident shall fulfill his or her responsibilities for unit preparation before the scheduled treatment, as described in the pest control operator's pretreatment checklist.
- Residents shall be responsible for the management of their belongings, including, but not limited to, clothing and personal furnishings.
- If the pest control operator determines that it is necessary for a Landlord or Resident to dispose of items infested with bed bugs, the items shall be securely sealed in a bag that are of a size as to readily contain the disposed material. Bags shall be furnished as needed to Residents by the property owner or pest control operator. All bags shall be clearly labeled as being infested with bed bugs prior to disposal.
- Residents who are not able to fulfill their unit preparation responsibilities shall notify the Landlord at least one business day prior to the scheduled pest control operator visit for inspection or treatment.
- A Resident must vacate his or her unit if required by the pest control operator for treatment purposes and shall not reenter the unit until directed by the pest control operator to do so.

#### 5. Prevention Recommendations

- Resident should check for hitch-hiking bed bugs. If you stay in a hotel or another home, inspect your clothing, luggage, shoes, and belongings for signs of bed bugs *before* you enter your apartment. Check backpacks, shoes, and clothing after visits to friends or family, theaters, or after using public transportation.
- Thoroughly clean after guests have departed. Immediately after your guests leave, seal bed linens in plastic bags, until they can be washed and dried on high heat. After your guests have departed, inspect bedding, mattresses and box springs, behind headboards, carpet edges and the undersides of sofa cushions for signs of bed bugs.
- Resident should avoid using appliances, electronics and furnishings that have not been thoroughly inspected for the presence of bed bugs. Make sure that the electronics, appliance, or furniture company has established procedures for the inspection and identification of bed bugs or other pests. This process should include inspection of trucks used to transport appliances, electronics, or furniture. Never accept an item that shows signs of bed bugs. Check secondhand furniture, beds, and couches for any signs of bed bug infestation before bringing them home. Never take discarded items from the curbside.
- Use a protective cover that encases mattresses and box springs and eliminates many hiding spots. The light color of the encasement makes bed bugs easier to see. Be sure to purchase a high-quality bed bug encasement that will resist tearing and check the encasements regularly for holes.
- Reduce clutter in your home to reduce hiding places for bed bugs.
- Vacuum frequently to remove successful hitchhikers.
- Be vigilant when using shared laundry facilities. Transport items to be washed in plastic bags (if you have an active infestation, use a new bag for the journey home). Remove from dryer directly into bag and fold at home. (A dryer on high heat can kill bed bugs.)



The undersigned Resident(s) acknowledge(s) having read and understood the foregoing:

06-30-2023

DocuSigned by:

*Edmar Francisco Alves*

\_\_\_\_\_  
Date

Resident Edmar Francisco Alves

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

06-30-2023

DocuSigned by:

*Ibson Silva*

\_\_\_\_\_  
Date

Resident Ibson Silva

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

06-30-2023

DocuSigned by:

*Jessica Rodrigues Alves*

\_\_\_\_\_  
Date

Resident Jessica Rodrigues Alves

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident

\_\_\_\_\_  
Landlord



by

DocuSigned by:  
*Taylor Adams, Agent for Owner*

\_\_\_\_\_  
Agent for Landlord

Individual Signing for Landlord

Management Co. (If Applicable)

Kent Taylor

06-30-2023

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord



by

Individual Signing for Landlord

Management Co. (If Applicable)

\_\_\_\_\_  
Agent for Landlord

\_\_\_\_\_  
Date



**59. TERMINATION:** After the expiration of the original term of this Agreement, Owner may terminate the tenancy in accordance with applicable law. If Tenant intends to vacate at the end of the original term of this Agreement, or at any other time after the original term of this Agreement, Tenant must give Owner at least thirty (30) days prior, written notice of Tenant's intention to terminate the tenancy and vacate the Premises. Tenant may rescind said notice within five (5) calendar days after it is served on Owner without incurring liability to any person. Such rescission must be in writing and delivered to Owner. Thereafter, if Tenant fails to vacate the Premises on or before the date set forth in Tenant's notice, Tenant shall be liable for any costs incurred by Owner or any third parties who relied upon Tenant's notice terminating the tenancy. Tenant's failure to pay any such sums within twenty (20) days after demand shall be deemed a material breach of the Agreement.

Upon termination, Tenant shall completely vacate the Premises and any parking or storage areas; give written notice of Tenant's forwarding address; and deliver all keys, furnishings, if any, to Owner in the same condition as received excepting normal wear and tear. Rent shall be due and payable through the end of the notice period or the date Tenant vacates, whichever comes later. "Vacate" as used herein means to deliver possession of the Premises free of all persons and personal property. Tenant further agrees to defend, protect, indemnify and hold Owner harmless from any and all damage, lost rents, costs, expenses, losses, claims and liabilities, including attorney's fees, arising in any way out of Tenant's failure to comply with the provisions of Tenant's notice. It is agreed by the parties to this Agreement that delivery of possession shall be deemed to occur when Tenant delivers the keys to the Premises to Owner or Owner's agent during normal business hours as stated in this Agreement. Any attempt by Tenant to terminate the Agreement prior to the end of the original term shall be deemed to be a breach of the Agreement, and Owner shall be entitled to recover all damage or loss occasioned thereby, including leasing commissions, advertising expenses, utilities maintained to show the Premises, and all unpaid rent through the original and/or unexpired term of the Agreement.

**60. CAPTIONS:** The captions in the Agreement are to assist the parties in reading the Agreement and are not a part of its terms or provisions.

**61. AGREEMENT:** Owner and Tenant acknowledge and agree that the drafting of the Agreement was the product of negotiations. The Agreement shall not be construed against either Owner or Tenant on the ground that such person authored or drafted the Agreement.

The foregoing constitutes the entire agreement between the parties and may be modified only in writing signed by all parties except that Owner may change the terms of the tenancy and the Agreement pursuant to Civil Code Section 827. If Owner changes a term of the tenancy pursuant to Section 827, then by remaining in possession of the Premises when the change takes effect, Tenant is deemed by such affirmative act to have consented to the change.

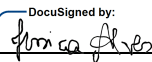
**TENANT ACKNOWLEDGES THAT TENANT HAS RECEIVED, REVIEWED, READ, AND UNDERSTOOD THE CONTENTS OF THIS AGREEMENT, INCLUDING THE ENCLOSED ADDENDA, BEFORE SIGNING BELOW. TENANT ACKNOWLEDGES THAT TENANT HAS BEEN AFFORDED A SUFFICIENT AMOUNT OF TIME BY OWNER TO READ AND REVIEW THE CONTENTS OF THIS AGREEMENT AND THE ENCLOSED ADDENDA, INCLUDING THE INFORMATION AND PAMPHLETS PERTAINING TO LEAD AND MOLD, BEFORE AGREEING TO BE BOUND BY THE TERMS AND CONDITIONS CONTAINED HEREIN.**

Tenant Signature:  Date: 06-30-2023

Tenant Email: edmarcalifornia11@gmail.com Tenant Phone: +1 (415) 518-9961

Tenant Signature:  Date: 06-30-2023

Tenant Email: ibsonhuggo@gmail.com Tenant Phone: +1 (628) 241-5089

Tenant Signature:  Date: 06-30-2023

Tenant Email: mejessy94@gmail.com Tenant Phone: +1 (628) 241-5082

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

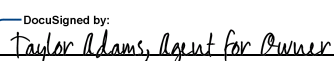
Tenant Email: \_\_\_\_\_ Tenant Phone: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Email: \_\_\_\_\_ Tenant Phone: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant Email: \_\_\_\_\_ Tenant Phone: \_\_\_\_\_

Owner Signature:  Date: 06-30-2023

Owner Email: kentrss@mac.com Owner Phone: +1 (415) 412-6449

Normal Business Hours of Owner: Monday-Friday 9am-5pm

### PARKING/GARAGE ADDENDUM

1.. **The parking space or garage described below is designated for the Resident’s use:**

Location and other identifying information: Parking in the attached garage.  
This area, hereinafter referred to as the Parking Space/Garage, is for the exclusive use of Residents and Occupants (hereinafter referred to as “Resident”) listed in the Rental/Agreement.

Number of passenger vehicles or motorcycles that may be parked in the Parking Space/Garage: 1

Resident shall only park in the Parking Space/Garage. Any parking spaces designated as guest parking by Landlord (by posted sign or otherwise) are for guest use only and are the only parking spaces in which guests may park. Resident shall ensure that posted and designated fire zones or “No Parking” areas remain clear of vehicles at all times. Resident and guests shall refrain from parking in unauthorized areas, including other residents’ designated parking space(s). Vehicles parked in unauthorized spaces may be towed away at the vehicle owner’s expense.

2. **Fee and Termination (Check One):**

- Use of the Parking Space/Garage is included in the rent paid under the Rental/Lease Agreement.** The value of the Parking Space/Garage, should it ever be severed from the tenancy, is \$0. The use of the Parking Space/Garage shall only be severed from the tenancy where allowed by law.
- Charge for the Parking Space/Garage is \$ \_\_\_\_\_ per month.** This amount is due on the same day as the rent for the residential unit and must be paid using the same forms of payment allowed under the Rental/Lease Agreement above.

Regardless of which option is selected above, termination of the Rental/Lease Agreement by either party or by operation of law will also terminate this Addendum, with the same effective date. Resident shall remove all personal property from the Parking Space/Garage prior to returning possession of the residential premises identified above and the Parking Space/Garage to Landlord. **Resident agrees that any personal property left behind in the Parking Space/Garage after possession has been returned, has been abandoned and may be disposed of by Landlord and reasonable expenses charged back to the Resident.** Any abandoned vehicles will be disposed of in accordance with California law

3. **Locks/Keys/Garage Door Opener:** The following have been provided: \_\_\_\_\_.  
Resident is responsible for maintenance of the opener if any, including battery replacement. Resident may not change the transmitter frequency. Resident has deposited with Landlord, the sum of \$ \_\_\_\_\_ as a Key/Garage Door Opener

Deposit: The charge for replacement of each lost or unreturned: key \$ \_\_\_\_\_, opener \$ \_\_\_\_\_. Landlord may, without notice or liability to Resident, break any locking device and replace it with a new locking device in the event that Landlord does not have access into the Parking Space/Garage. Resident may not change the locking device or code without prior written permission of the Landlord.

- 4. **Parking Prohibitions and Towing:** Only currently registered vehicles may be parked on the property. A vehicle that lacks an engine, transmission, wheels, tires, doors, windshield, or any other major part or equipment necessary to operate safely on the highways, is subject to tow under California Vehicle Code 22658. Vehicles parked in violation of local laws/ordinance are subject to tow.
- 5. **Assumption of All Risk of Loss:** Resident assumes all risks associated with the loss, damage, or destruction of all vehicles and other personal property or items kept in the Parking Space/Garage, regardless of the value of the lost or destroyed property. Resident agrees to hold Landlord harmless for any loss, damage, or destruction to Resident’s personal property in the Parking Space/Garage. Resident is advised to carry insurance to cover Resident’s vehicle(s) and other personal property. Landlord’s insurance does not insure Resident’s vehicle(s) or other personal property. Resident understands that vehicles and other items left in the Parking Space/Garage may be stolen or damaged. Resident should not store valuable items in the vehicle or Parking Space/Garage. No bailment relationship is created by Resident’s use of the Parking Space/Garage.
- 6. **Parking of Passenger Vehicles and Motorcycles Only:** Resident may not use any parking space for recreational vehicles, boats, busses, trailers or similar non-passenger vehicles. The Parking Space/Garage may be used for parking of vehicle(s) only. It may not be used for living, sleeping, eating, working, construction, growing plants or any other activity. No animals or living creatures may be housed in the Parking Space/Garage. No business activity is allowed in the Parking Space/Garage,



including "garage sales." There shall be no repairing of vehicles or any other equipment in or around the parking space. The washing of vehicles in or near the Parking Space or in the Building is prohibited. The Parking Space/Garage may not be used for storage of items other than the vehicle(s) or motorcycle(s) listed above. This is a material covenant and breach may result in the termination of Resident's tenancy.

7. **Electric Vehicles:** Resident may not charge any vehicle in building common areas or in designated parking spaces without Landlord's express written consent. Resident may not use any common area or building electrical outlet, or Landlord's electricity, to charge Resident's vehicle unless Resident has obtained the express written permission of Landlord to do so, and has made arrangements to reimburse Landlord for the costs of the utility if Landlord so requests. If Landlord has provided a charging station or similar means for tenants to charge electric vehicles, Resident agrees and covenants to follow any and all regulations adopted for said charging station and to hold Landlord harmless for personal injury or property damage in the use of any charging station or utility. Landlord's requirement to provide vehicle charging facilities shall be limited to what is required by law.
8. **No Storage of Hazardous or Dangerous Materials:** No toxic or flammable chemicals, paints, gases, gasoline or solvents may be stored at any time in the Parking Space/Garage. This is a material covenant, and Resident hereby consents to the removal, at Resident's sole expense and without prior notice, of any hazardous/dangerous/toxic materials found in the Parking Space/Garage.
9. **Automotive Waste:** Resident may not abandon or dispose of oil, tires, batteries or other automotive waste at the property.
10. **No Alterations or Enlargement:** The Parking Space/Garage may not be enlarged, expanded, or modified by Resident without the prior written permission of Landlord. This includes, but is not limited to, changes to any electrical systems, and use of nails, screws, bolts or hooks in the walls, ceiling, floors or doors. Resident agrees to pay Landlord for costs to repair, replace or rebuild any portion of the Parking Space/Garage or other area damaged by the Resident.
11. **Cooperation Required:** Resident agrees to move the vehicle and cooperate fully with the Landlord so that any repairs or alterations to parking or other areas can be made in as expeditious and efficient a manner as possible. In addition, should a government agency ever require Landlord to remove vehicles, personal property or combustibles from the Parking Space/Garage, or perform any work requiring a permit, or to otherwise comply with state or local laws, Resident agrees to immediately remove all vehicles, personal property or other items from the Parking Space/Garage at Resident's own expense.
12. **Right to Re-Assign:** Landlord may require Resident to move Resident's vehicle(s) and all personal property to another comparable Parking Space/Garage on the Property. Such a request is not a severance of a housing service, and Resident shall comply promptly.
13. **No Subletting/Assignment:** The Parking Space/Garage may not be sublet or assigned by Resident. Resident may not switch spaces with any other resident in the building, without prior written permission of Landlord.
14. **Quiet Enjoyment:** Resident shall not operate the vehicle or motorcycles or use the Parking Space/Garage in a manner that is a nuisance or that endangers the health or safety of any person.
15. **Acceptance of Premises:** Landlord makes no representation or warranty as to the legality or fitness for use of the Parking Space/Garage.
16. **Special provisions** (fill in the blank, will control over printed provisions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



06-30-2023

DocuSigned by:  
Edmar Francisco Alves  
Resident Edmar Francisco Alves

Date

Date

Resident

06-30-2023

DocuSigned by:  
Ibson Silva  
Resident Ibson Silva

Date

Date

Resident

06-30-2023

DocuSigned by:  
Jessica Rodrigues Alves  
Resident Jessica Rodrigues Alves

Date

Date

Resident

Landlord



by

DocuSigned by:  
Taylor Adams, Agent for Owner  
Individual Signing for Landlord

Management Co. (If Applicable)

Agent for Landlord

Kent Taylor

06-30-2023

Date

Landlord



by

Individual Signing for Landlord

Management Co. (If Applicable)

Agent for Landlord

Date



# **Exhibit 13 - Notices do Appear**

Department of Homeland Security

Notice to Appear

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

File No: A242452058

In the Matter of:

Respondent: IBSON HUGGO ITALLO PEREIRA SILVA currently residing at: 2318 22ND STREET, SAN FRANCISCO, CA 94110 6282415082 (Number, street, city and ZIP code) (Area code and phone number)

- [ ] 1. You are an arriving alien.
[ ] 2. You are an alien present in the United States who has not been admitted or paroled.
[X] 3. 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 were admitted to the United States at SACRAMENTO, CA on or about October 22, 2020 as a nonimmigrant Visitor For Pleasure with authorization to remain in the United States for a temporary period not to exceed April 21, 2021;
4. You remained in the United States beyond April 21, 2021 without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.

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:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted.

- [ ] 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:

100 MONTGOMERY ST, STE 800 SAN FRANCISCO, CA 94104

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

on 10/23/2025 at 0930AM to show why you should not be removed from the United States based on the charge(s) set forth above.

Date: SEP 23 2025

San Francisco CA

(City and State)

[Handwritten signature and title of Issuing Officer]



EOIR - 1 of 3

**Notice to Respondent**

**Warning:** Any statement you make may be used against you in removal proceedings.

**Alien Registration:** This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

**Representation:** If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

**Conduct of the hearing:** At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge. You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge.

**One-Year Asylum Application Deadline:** If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at [www.uscis.gov/i-589](http://www.uscis.gov/i-589). Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

**Failure to appear:** You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

**Mandatory Duty to Surrender for Removal:** If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/erg>, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

**U.S. Citizenship Claims:** If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

**Sensitive locations:** To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is **Portuguese**.

**Request for Prompt Hearing**

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office of Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:

\_\_\_\_\_  
(Signature of Respondent)

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Immigration Officer) **SEP 23 2025**

**Certificate of Service**

This Notice To Appear was served on the respondent by me on SEP 23 2025, in the following manner and in compliance with section 239(a)(1) of the Act.

In person  by certified mail, returned receipt # \_\_\_\_\_ requested  by regular mail

Attached is a credible fear worksheet.

Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the English language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Sharon Augusto Stalio P. Pires, SMO  
(Signature of Respondent if Personally Served)

[Signature]  
(Signature and Title of Officer)

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

**Purpose:**

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

**Routine Uses:**

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

**Disclosure:**

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.



Department of Homeland Security

Notice to Appear

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

File No: A 242452057

In the Matter of:

Respondent: JESSICA RODRIGUES ALVES currently residing at:

2318 22ND STREET, SAN FRANCISCO, CA 94110

6282415082

(Number, street, city and ZIP code)

(Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. 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 were admitted to the United States at Sacramento CA on or about October 22, 2020 as a nonimmigrant Visitor for pleasure with authorization to remain in the United States for a temporary period not to exceed April 21, 2021;
- 4. You remained in the United States beyond April 21, 2021 without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.

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:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted.

- 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:

100 MONTGOMERY ST, STE 800 SAN FRANCISCO, CA 94104

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

on 10/23/2025 at 0930AM to show why you should not be removed from the United States based on the

charge(s) set forth above.

Date: SEP 23 2025

[Signature] Supervisory Asylum Officer

San Francisco CA

(City and State)



Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the Immigration Judge. You will be advised by the Immigration Judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the Immigration Judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and Information on where to file the Form can be found at www.uscis.gov/I-589. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

Failure to appear: You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the Immigration Judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at http://www.ice.gov/contact/ero, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is Portuguese.

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office of Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an Immigration Judge and request my hearing be scheduled.

Before:

(Signature of Respondent)

Date:

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on SEP 23 2023, in the following manner and in compliance with section 239(a)(1) of the Act.

In person [ ] by certified mail, returned receipt # \_\_\_\_\_ requested [ ] by regular mail  
Attached is a credible fear worksheet.

Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the Portuguese language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Jessica Rodriguez DHS  
(Signature of Respondent if Personally Served)

CAS  
(Signature and Title of Officer)

## Privacy Act Statement

### Authority:

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

### Purpose:

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

### Routine Uses:

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

### Disclosure:

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.



Department of Homeland Security

Notice to Appear

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

File No: A242452059

In the Matter of:

Respondent: MIGUEL ALVES PEREIRA RODRIGUES currently residing at: 2318 22ND STREET, SAN FRANCISCO, CA 94110 6282415082

- [ ] 1. You are an arriving alien.
[ ] 2. You are an alien present in the United States who has not been admitted or paroled.
[X] 3. 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 were admitted to the United States at SACRAMENTO, CA on or about October 22, 2020 as a nonimmigrant Visitor For Pleasure with authorization to remain in the United States for a temporary period not to exceed April 21, 2021;
4. You remained in the United States beyond April 21, 2021 without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.

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:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted.

- [ ] 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:

100 MONTGOMERY ST, STE 800 SAN FRANCISCO, CA 94104

on 10/23/2025 at 0930 AM to show why you should not be removed from the United States based on the

charge(s) set forth above.

Date: SEP 23 2025

Supervisor Asylum Officer (Signature and Title of Issuing Officer)

San Francisco CA

(City and State)

**Notice to Respondent**

**Warning:** Any statement you make may be used against you in removal proceedings.

**Alien Registration:** This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

**Representation:** If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

**Conduct of the hearing:** At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge. You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge.

**One-Year Asylum Application Deadline:** If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at [www.uscis.gov/i-589](http://www.uscis.gov/i-589). Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

**Failure to appear:** You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

**Mandatory Duty to Surrender for Removal:** If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/ero>, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

**U.S. Citizenship Claims:** If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

**Sensitive locations:** To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is **Portuguese**.

**Request for Prompt Hearing**

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office of Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before: \_\_\_\_\_  
(Signature of Respondent)

\_\_\_\_\_  
Date: \_\_\_\_\_  
(Signature and Title of Immigration Officer)

SEP 23 2025

**Certificate of Service**

SEP 23 2025

This Notice To Appear was served on the respondent by me on \_\_\_\_\_, in the following manner and in compliance with section 239(a)(1) of the Act.

In person [ ] by certified mail, returned receipt # \_\_\_\_\_ requested [ ] by regular mail  
[ ] Attached is a credible fear worksheet.

[ X ] Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the English language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

M. Garcia  
\_\_\_\_\_  
(Signature of Respondent if Personally Served)

[Signature]  
\_\_\_\_\_  
(Signature and Title of Officer)

EOIR - 2 of 3

DHS Form I-862 (6/22)  
Authority:

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

**Purpose:**

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

**Routine Uses:**

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notice-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

**Disclosure:**

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.



# **Exhibit 14 - Referral Notice**

**U.S. Department of Homeland Security**  
San Francisco Asylum Office  
75 Hawthorne Street, 7th Floor, San Francisco, CA 94105



**U.S. Citizenship  
and Immigration  
Services**

Date: **SEP 23 2025**

JESSICA RODRIGUES ALVES  
OTAVIO HAVERROTH SILVA  
PO BOX 90487  
SAN DIEGO, CA 92169

RE: RODRIGUES ALVES, JESSICA A242452057  
PEREIRA SILVA, IBSON HUGGO ITALLO A242452058  
ALVES PEREIRA RODRIGUES, MIGUEL A242452059

**Referral Notice**

Dear JESSICA RODRIGUES ALVES:

This letter refers to your Form I-589, *Application for Asylum and for Withholding of Removal*, filed with U.S. Citizenship and Immigration Services (USCIS).

Applicants for asylum must credibly establish that they have suffered past persecution or have a well-founded fear of future persecution on account of race, religion, nationality, membership in a particular social group, or political opinion, and that they merit a grant of asylum in the exercise of discretion.

**Reason(s) for Ineligibility for Asylum:**

For the reasons described below, USCIS has not found you eligible for asylum and has not granted your claim for asylum:

**You have not established that you are a refugee because:**

**Past Persecution**

- You have not established that any harm you experienced in the past is on account of one of the protected characteristics in the refugee definition (race, religion, nationality, membership in a particular social group, or political opinion).

**Future Persecution**

- You have not established that any future harm you fear is on account of one of the protected characteristics in the refugee definition (race, religion, nationality, membership in a particular social group, or political opinion).

Based on the above reason(s), your asylum application has been referred to an immigration judge for adjudication in removal proceedings before the U.S. Department of Justice, Executive Office for

Immigration Review. **This is not a denial of your asylum application.** You may request that the immigration judge consider your asylum application, and you may amend your application when you appear before the immigration judge at the date and time listed on the attached charging document (Form I-862, *Notice to Appear*). The immigration judge will evaluate your asylum claim independently and is not required to rely on or follow the decision made by USCIS. This referral includes the derivative family member(s) included in your asylum application, who are listed above.

**WARNING: Currently jurisdiction over your asylum application is with the Immigration Court. You must attend all scheduled hearings with the Immigration Court or you may be ordered removed from the United States.**

**Change of Address:**

You must report a change of address to USCIS within 10 days of moving by following the instructions on the How to Change Your Address webpage (<https://www.uscis.gov/addresschange>). Changing your address with the U.S. Postal Service will not change your address with USCIS.

Because you have been placed in removal proceedings, you must also notify the Immigration Court within five days of any change of address by completing Form EOIR-33, *Alien's Change of Address Form/Immigration Court*, and submitting the Form EOIR-33 to the Immigration Court where your proceedings have been referred. Form EOIR 33 is available on the Department of Justice website at [www.justice.gov/eoir/eoirforms/eoir33/ICadr33.htm](http://www.justice.gov/eoir/eoirforms/eoir33/ICadr33.htm).

**Employment Authorization:**

You may file a Form I-765, Application for Employment Authorization, based on your pending asylum application 150 days after you filed your asylum application. You are not eligible to receive an Employment Authorization Document (EAD) until your asylum application has been pending for at least another 30 days, for a total of 180 days. 8 CFR 208.7(a)(1). The 150-day waiting period and the 180-day eligibility period, commonly referred to as the 180-Day Asylum EAD Clock, do not include delays that you request or cause while your asylum application is pending with an asylum office or with the Immigration Court. 8 CFR 208.7(a)(2).

**Delays you may request or cause may include:**

- A request to transfer a case to a new asylum office or interview location, including when the transfer is based on your change of address;
- A request to reschedule an interview for a later date;
- Failure to appear at an interview or biometrics appointment;
- Failure to provide a competent interpreter at an interview (if required);
- A request to provide additional evidence at or after an interview;
- The submission of large volumes of evidence immediately before an interview that requires a reschedule; and
- Failure to receive and acknowledge an asylum decision in person (if required).

Less than 150 days have elapsed since your asylum application was first filed in accordance with 8 C.F.R. §§ 208.3 and 208.4. Therefore, you are currently not eligible to apply for employment authorization pursuant to 8 C.F.R. § 274.a12(c)(8) and provided in 8 C.F.R. § 208.7. The earliest possible date you are eligible to apply for employment authorization is November 1, 2025. If an immigration judge does not deny your asylum application within the 150-day waiting period, then you will be eligible to apply for employment authorization. If you fail to appear for the scheduled hearing

before the immigration judge and this failure is not excused, employment authorization will not be granted. As of the date of this notice, your asylum application was pending 42 days.

If you are required to receive and acknowledge your asylum decision at an asylum office but you fail to appear, your 180-Day Asylum EAD Clock will stop and you may be ineligible to receive employment authorization. If your case has been referred to an Immigration Court, your 180-Day Asylum EAD Clock will not begin again until your first hearing with an immigration judge.

Sincerely,



Danielle Lehman  
Director

CC: OTAVIO HAVERROTH SILVA  
HS LAW CORP  
P.O. BOX 90487,  
SAN DIEGO, CA 92169

