

USCIS
Attn: 1367
P.O. Box 20020
Phoenix, AZ 85036-0020

RE: Form I-539, Application to Extend/Change Nonimmigrant Status (with Nunc Pro Tunc Request - Extension of U Nonimmigrant Visa); Form I-485, Application for Adjustment of Status - NO FEE REQUIRED.

Applicant: Honan Gonçalves Peixoto

A-Number: 205 907 511

Receipt Number of Form I-918 - Application for U Nonimmigrant Status: EAC1503850430X

CONCURRENT FILING OF FORM I-485 (ADJUSTMENT OF STATUS UNDER INA §245(m)) AND FORM I-539 (REQUEST FOR NUNC PRO TUNC EXTENSION OF U STATUS).

Dear Officer:

Please accept the enclosed Form I-485, Application to Register Permanent Residence or Adjust Status, submitted on behalf of Mr. Honan Gonçalves Peixoto pursuant to INA §245(m) as a principal U nonimmigrant.

Mr. Peixoto was granted U nonimmigrant status on January 3, 2019 and has satisfied the statutory requirements for adjustment of status under INA §245(m). He has remained physically present in the United States for a continuous period of at least three years since being granted U status and continues to merit a favorable exercise of discretion.

Because Mr. Peixoto's U nonimmigrant status expired before he filed for adjustment of status, he is concurrently submitting Form I-539 requesting an extension of his U nonimmigrant status with *nunc pro tunc* basis. USCIS has long recognized its authority to grant *nunc pro tunc* relief in appropriate circumstances where equity and humanitarian considerations warrant favorable treatment. The circumstances that led to the untimely filing are detailed in the applicant's personal declaration and supporting evidence submitted with this package. See Exhibits 3, 4 and 5.

The record demonstrates that Mr. Peixoto remains fully eligible for adjustment of status. He was granted U nonimmigrant status based on his victimization and cooperation with law enforcement, has maintained continuous physical presence in the United States as required by statute, and presents significant positive equities warranting a favorable exercise of discretion. His case reflects the humanitarian purpose underlying the U visa program and the adjustment provisions established by Congress for U nonimmigrants who have complied with the requirements of their status.

We respectfully request that USCIS exercise its favorable discretion to grant the *nunc pro tunc* extension of Mr. Peixoto's U status and, consequently, approve his application for Lawful Permanent Residence.

Please find enclosed:

- Honan Gonçalves Peixoto's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-539, Application to Extend/Change Nonimmigrant Status;
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

I. Honan Gonçalves Peixoto's Identification Documents;

- Honan Goncalves Peixoto's Birth Certificate with English Translation;
- Honan Goncalves Peixoto's Valid Passport;
- Honan Goncalves Peixoto's Previous Passport - Valid from September 17, 2012, through September 16, 2017;
- Honan Goncalves Peixoto's Previous Passport - Valid from May 13, 1997, through March 19, 2002;
- Honan Goncalves Peixoto's Employment Authorization Card;
- Honan Goncalves Peixoto's Driver License;
- Honan Goncalves Peixoto's Copy of I-94;

II. Honan Goncalves Peixoto's Approval Notice of Form I-918, Application for U Nonimmigrant Status;

III. Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Psychological Evaluation;

IV. Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Declaration with English Translation;

V. Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Father and Stepmother Death Certificate with English Translation;

- Honan Goncalves Peixoto's Father Death Certificate with English Translation;
- Honan Goncalves Peixoto's Stepmother Death Certificate with English Translation;

VI. Honan Goncalves Peixoto's Declaration of Continuous Physical Presence with English Translation;

VII. Evidence of Continuous Physical Presence in the United States (2022-2026)

- Proof of Residence from 2026;
- Proof of Residence from 2025;
- Proof of Residence from 2024;
- Proof of Residence from 2022;
- Honan Peixoto Goncalves' Prior Driver Licenses

VIII. Letters of Support;

- Letter of Support Delivered by Raykes with English Translation;
- Letter of Support Delivered by Carolina with English Translation;
- Letter of Support Delivered by Honay with English Translation;
- Letter of Support Delivered by Marco with English Translation;

IX. Evidence of Marital Status: Honan Goncalves Peixoto's Proof of Marital Status - Dissolution of Prior Marriage;

X. Evidence of Compliance with Reasonable Requests for Assistance in the Investigation or Prosecution of the Qualifying Criminal Activity: Form I-918, Supplement B, U Nonimmigrant Status Certification and Police Report;

- Signed Form I-918, Supplement B;
- Police Report;

XI. Evidence of Good Moral Character: Criminal History Records - Federal Bureau of Investigation (FBI);

XII. Honan Goncalves Peixoto' Photo 2x2;

Thank you for your consideration of this application. Should USCIS require any additional information, please do not hesitate to contact me.

Respectfully submitted,



DATE: 07/28/2026

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.
I-539 I-485 I-765
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ N/A
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

- 6.a. Family Name (Last Name) GONCALVES PEIXOTO
- 6.b. Given Name (First Name) Honan
- 6.c. Middle Name N/A
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ N/A
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 2 0 5 9 0 7 5 1 1

Client's Contact Information

10. Daytime Telephone Number
4156029740
11. Mobile Telephone Number (if any)
4156029740
12. Email Address (if any)
peixotohg@gmail.com

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

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

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

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

Signature of Client or Authorized Signatory for an Entity

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



2.b. Date of Signature (mm/dd/yyyy) 06/07/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 06/07/2026

2.a. Signature of Law Student or Law Graduate

N/A

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) **GONCALVES PEIXOTO**

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

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

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

2.d **N/A**

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

3.d **N/A**

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

4.d **N/A**

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

5.d **N/A**

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

6.d **N/A**





Application to Extend/Change Nonimmigrant Status

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

USCIS
Form I-539
OMB No. 1615-0003
Expires 03/31/2027

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received Sent				
Remarks:	☐ Granted		☐ Denied		☐ Applicant interviewed on _____
	New Class _____		☐ Still within period of stay		
	Dates:	From ____ / ____ / ____	☐ S/D to: _____		
		To ____ / ____ / ____	☐ Place under docket control		

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any)									
			0	0	7	4	9	2	6	2	5	4

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

Part 1. Information About You

1. Your Full Legal Name

Family Name (Last Name)

PEIXOTO

Given Name (First Name)

Honan Goncalves

Middle Name (if applicable)

N/A

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

► A- **2 0 5 9 0 7 5 1 1**

3. USCIS Online Account Number (if any)

► **N / A**

4. Your U.S. Mailing Address (Safe Address, if applicable)

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

5. Is your mailing address the same as your physical address?

☐ Yes ☒ No

If you answered "Yes" to **Item Number 5**, skip to **Item Number 7**. If you answered "No" to **Item Number 5**, provide information on your physical address in **Item Number 6**.

6. Your Current Physical Address

Street Number and Name

190 Castleton Way

Apt. Ste. Flr. Number

☐ ☐ ☐ **N/A**

City or Town

San Bruno

State

CA

ZIP Code

94066



Part 1. Information About You (continued)

Other Information About You

7. Country of Birth
Brazil
8. Country of Citizenship or Nationality
Brazil
9. Date of Birth (mm/dd/yyyy)
11/27/1972
10. U.S. Social Security Number (if any)
▶ **6 6 0 6 1 4 7 5 4**
11. Provide Information About Your Most Recent Entry Into the United States
- | Date of Last Arrival Into the United States (mm/dd/yyyy) | Form I-94 Arrival-Departure Record Number | Passport Number (if any) |
|--|---|--|
| 07/13/2000 | ▶ 3 5 1 4 4 5 9 6 8 0 7 | CI592507 |
| Travel Document Number (if any) | Country of Passport or Travel Document Issuance | Passport or Travel Document Expiration Date (mm/dd/yyyy) |
| N/A | Brazil | 03/19/2002 |
12. Current Nonimmigrant Status (for example, F-1 student, H-4 dependent, etc.)
U1
- Date Status Expires (mm/dd/yyyy)
01/03/2023
- ☐ Select this box if you were granted Duration of Status (D/S).

Part 2. Application Type

1. I am applying for (select **only one** box):
- ☐ Reinstatement to student status.
- ☒ An extension of stay in my current status.
- ☐ A change of status.
2. If you are applying for a change of status or change of employer/information medium, complete the following:
- | I am requesting to change my status or employer/information medium to: | I am requesting the change to be effective (mm/dd/yyyy) |
|--|---|
| N/A | N/A |
3. Number of people included in this application (select **only one** box):
- ☒ I am the only applicant.
- ☐ I am filing this application for myself and members of my family.
4. The total number of people (including me) in the application is: (Form I-539A is required for each co-applicant.) **1**
5. The name of the school you will attend (if applicable) as an Academic Student, Vocational Student, or Exchange Visitor.
N/A
6. Your Student and Exchange Visitor Information System (SEVIS) ID Number, if applicable. **N/A**

Part 3. Processing Information

1. I/We request that my/our current or requested status be extended until (mm/dd/yyyy): **01/02/2027**
2. Is this application based on an extension or change of status already granted to your spouse, child, or parent? ☐ Yes ☒ No



Part 3. Processing Information (continued)

3. Is this application based on a separate petition or application to provide your spouse, child, or parent an extension or change of status?
- ☐ Yes, filed with this Form I-539.
- ☒ No.
- ☐ Yes, filed previously and pending with U.S. Citizenship and Immigration Services (USCIS).
4. If you answered "Yes" to **Item Number 2.** or **Item Number 3.**, select the Form type below.
- ☐ Form I-539, Application to Extend/Change Nonimmigrant Status
- ☐ Form I-129, Petition for a Nonimmigrant Worker

5. If you answered "Yes" to **Item Number 2.** or **3.**, provide the USCIS Receipt Number. ► **N/A**

If the petition or application is pending with USCIS, also provide the following information:

6. First and Last Name of Beneficiary or Applicant

First Name of Beneficiary or Applicant

N/A

Last Name of Beneficiary or Applicant

N/A

7. Date Filed (mm/dd/yyyy)

N/A

Part 4. Additional Information About the Principal Applicant

1. Current Passport Information

If your current passport information is different from the information you provided in **Part 1.**, provide your current passport information. If your current passport information matches the information you provided in **Part 1.**, proceed to **Item Number 3.**

Passport Number

YF067667

Country of Passport Issuance

Brazil

Passport Expiration Date (mm/dd/yyyy)

12/29/2035

2. Physical Address Abroad

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐ ☐ ☐

N/A

City or Town

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Answer the following questions. If you answer "Yes" to any of the questions in **Item Numbers 3. - 15.**, use the space provided in **Part 8. Additional Information** to provide an explanation.

3. Are you an applicant for an immigrant visa? ☒ Yes ☐ No
4. Has an immigrant petition **EVER** been filed for you? ☐ Yes ☒ No
5. Have you **EVER** filed Form I-485, Application to Register Permanent Residence or Adjust Status? ☒ Yes ☐ No



Part 4. Additional Information About the Applicant (continued)

6. Have you been arrested or convicted of any criminal offense since last entering the United States? ☐ Yes ☒ No

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

7.a. Acts involving torture or genocide? ☐ Yes ☒ No

7.b. Killing any person? ☐ Yes ☒ No

7.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

7.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? ☐ Yes ☒ No

7.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

Have you **EVER**:

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

8.b. Worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

9. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used or threatened to use any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

10. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which, you knew or believed would be used against another person? ☐ Yes ☒ No

11. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

12. Have you **EVER** violated the terms of the nonimmigrant status you now hold? ☐ Yes ☒ No

13. Are you now in removal proceedings? ☐ Yes ☒ No

14. Have you **EVER** been employed in the United States since last admitted or granted an extension or change of status? ☐ Yes ☒ No

If you answered "No" to **Item Number 14.**, fully describe how you are supporting yourself in **Part 8. Additional Information.** Include documentary evidence of the source, amount, and basis for any income.

If you answered "Yes" to **Item Number 14.**, fully describe any and all periods of employment in **Part 8. Additional Information.** Include the name and address of the employer, weekly income, and whether the employment was specifically authorized by USCIS.

15. Are you currently or have you **EVER** been a J-1 exchange visitor or a J-2 dependent of a J-1 exchange visitor? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 15.**, you must provide the dates you maintained status as a J-1 exchange visitor or J-2 dependent in **Part 8. Additional Information.**



Part 5. Applicant's 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

14156029740

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

14156029740

3. Applicant's Email Address (if any)

peixotohg@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 6., understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are 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

Date of Signature (mm/dd/yyyy)

06/07/2026

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

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

4154252508

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

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification and Signature

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 they understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

06/07/2026

Part 7. 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) |
| | <input type="text" value="HAVERROTH SILVA"/> | <input type="text" value="Otavio"/> |
| 2. | Preparer's Business or Organization Name | |
| | <input type="text" value="HS Law Corp"/> | |

Preparer's Contact Information

- | | | | |
|----|---|----|---|
| 3. | Preparer's Daytime Telephone Number | 4. | Preparer's Mobile Telephone Number (if any) |
| | <input type="text" value="5102419336"/> | | <input type="text" value="5102419336"/> |
| 5. | Preparer's Email Address (if any) | | |
| | <input type="text" value="otavio@legalhs.com"/> | | |

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

- | | | |
|----|---|---|
| 6. | Preparer's Signature | Date of Signature (mm/dd/yyyy) |
| ➡ |  | <input type="text" value="06/07/2026"/> |



Part 8. 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) **PEIXOTO** Given Name (First Name) **Honan Goncalves** Middle Name (if applicable) **N/A**

2. A-Number ▶ A- **2 0 5 9 0 7 5 1 1**

3. Page Number **2** Part Number **2** Item Number **1**

The applicant was previously granted U-1 nonimmigrant status on January 3, 2019, which remained valid through January 2, 2023. Due to circumstances beyond his control (including significant psychological hardships, financial constraints, and lack of knowledge regarding the renewal requirements) the applicant was unable to file a timely extension of stay. Consequently, the applicant is now filing this Form I-539 on a nunc pro tunc basis, requesting that USCIS excuse the late filing and grant an extension of his U-1 status to allow for the proper

4. Page Number **2** Part Number **2** Item Number **1**

adjudication of his concurrently filed Form I-485 application.

5. Page Number **3** Part Number **4** Item Number **3**

The applicant's U-1 nonimmigrant status was approved on January 2019, and he has satisfied the statutory requirement of at least three years of continuous physical presence in the United States. Accordingly, the applicant is concurrently filing Form I-485, Application to Register Permanent Residence or Adjust Status, pursuant to INA § 245(m), based on his eligibility for adjustment of status as a U-1 nonimmigrant. The applicant is also seeking an extension of his U nonimmigrant status through Form I-539 due to circumstances

6. Page Number **3** Part Number **4** Item Number **3**

beyond his control, including significant psychological hardship and a lack of knowledge and effective legal assistance at the time, which prevented the timely renewal of his status. Despite the lapse in validity, the applicant has continued to comply with the terms and conditions of his U nonimmigrant status.



Part 8. 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)
	PEIXOTO	Honan Goncalves	N/A

2.	A-Number	► A-	2	0	5	9	0	7	5	1	1
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3.	Page Number	Part Number	Item Number
	3	4	5

The applicant is concurrently filing Form I-485 with this application

4.	Page Number	Part Number	Item Number
	N/A	N/A	N/A

N/A

5.	Page Number	Part Number	Item Number
	N/A	N/A	N/A

N/A

6.	Page Number	Part Number	Item Number
	N/A	N/A	N/A

N/A





Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
☐ Applicant Interviewed ☐ Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law ☐ INA 209(a) ☐ INA 209(b) ☐ INA 245(a) ☐ INA 245(i) ☐ INA 245(j) ☐ INA 245(m) ☐ INA 249 ☐ Sec. 13, Act of 9/11/57 ☐ Cuban Adjustment Act ☐ Other _____	

To be completed by an Attorney or Accredited Representative (if any).

☒ Select this box if Form G-28 is attached.	Volag Number (if any) N/A	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 ink.**

A-Number ► A- 2 0 5 9 0 7 5 1 1

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEIXOTO	Honan Goncalves	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

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

3. Date of Birth (mm/dd/yyyy) 11/27/1972

Have you ever used any other date of birth?

☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A-

2	0	5	9	0	7	5	1	1
---	---	---	---	---	---	---	---	---

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A
N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth

Goiania

Country of Birth

Brazil

8. Country of Citizenship or Nationality

Brazil

9. USCIS Online Account Number (if any)

►

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

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival CI592507

Expiration Date of this Passport or Travel Document (mm/dd/yyyy) 03/19/2002

Country that Issued this Passport or Travel Document Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any) 34233487

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy) 06/05/2000

Place and Date of Last Arrival into the United States

City or Town

Miami

State

FL

Date of Last Arrival (mm/dd/yyyy)

07/13/2000

11. When I last arrived in the United States:

- ☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

B1 - temporary business visitor

- ☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

- ☐ I came into the United States without admission or parole.

- ☐ Other:



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name)

GONCALVES PEIXOTO

Given Name (First Name)

Honan

Form I-94 Arrival/Departure Record Number ►

3 5 1 4 4 5 9 6 8 0 7

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
or Type or Print "D/S" for Duration of Status

08/12/2000

Immigration Status on Form I-94 (for example, class of admission,
or paroled, if paroled)

B1

13. Was your last arrival the first time you were physically present in the United States?
- ☒
- Yes
- ☐
- No

14. What is your current immigration status (if it has changed since your last arrival)?

U-1 Nonimmigrant Status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or
-
- Print "D/S" for Duration of Status

01/02/2023

16. Have you ever been issued an "alien crewman" visa?
- ☐
- Yes
- ☒
- No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any
-
- capacity aboard a vessel or aircraft?
- ☐
- Yes
- ☒
- No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)

Honan Goncalves Peixoto

Street Number and Name

190 Castleton Way

Apt. Ste. Flr. Number

☐ ☐ ☐

N/A

City or Town

San Bruno

State

CA

ZIP Code

94066

Date You First Resided at This Address (mm/dd/yyyy)

12/01/2024

Is this your current mailing address?

☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

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



Part 1. Information About You (Person applying for lawful permanent residence) (continued)Have you resided at your current address for at least 5 years? ☐ Yes ☒ NoIf you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.**Prior Address**

In Care Of Name (if any)

Honan Goncalves Peixoto

Street Number and Name

509 Douglas Ave

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

Redwood City

State

CA

ZIP Code

94063

Province

N/A

Postal Code

N/A

Country

USA

Dates of Residence

From (mm/dd/yyyy)

12/01/2022

To (mm/dd/yyyy)

12/01/2024

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name

Rua 1025 Setor Pedro Ludovico Teixeira

Apt. Ste. Flr. Number

☒ ☐ ☐ 04

City or Town

Goiania

State

N/A

ZIP Code

N/A

Province

Goias

Postal Code

74917-460

Country

Brazil

Dates of Residence

From (mm/dd/yyyy)

07/06/1996

To (mm/dd/yyyy)

05/06/2000

19. Social Security CardHas the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☒ Yes ☐ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 6 6 0 6 1 4 7 5 4

Do you want the SSA to issue you a Social Security card? ☐ Yes ☒ NoIf you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.**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

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while ☐ Yes ☒ No in removal, exclusion, rescission, or deportation proceedings?

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any) (mm/dd/yyyy)

I am filing this Form I-485 as a (select **only one** box):

- ☒ Principal Applicant
☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEIXOTO	Honan Goncalves	N/A

Principal Applicant's A-Number (if any)	Principal Applicant's Date of Birth (mm/dd/yyyy)
► A- 2 0 5 9 0 7 5 1 1	11/27/1972

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

- ☐ Spouse of a U.S. Citizen.
☐ Unmarried child under 21 years of age of a U.S. citizen.
☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).
☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).
☐ Widow or widower of a U.S. citizen.
☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

- ☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.
☐ Married son or daughter of a U.S. citizen.
☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- ☐ Spouse of a lawful permanent resident.
☐ Unmarried child under 21 years of age of a lawful permanent resident.
☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- ☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.
☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.
☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).



Part 2. Application Type or Filing Category (continued)**3.b. Employment-based**

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker



Part 2. Application Type or Filing Category (continued)**3.d. Asylee or Refugee**

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☒ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.



Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

- 1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. ☐ I am applying as a VAWA self-petitioner.
- 1.e. ☒ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. ☐ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town

N/A

Country

N/A

3. Decision (for example, approved, refused, denied, withdrawn)

N/A

4. Date of Decision (mm/dd/yyyy) N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent)

GPEIXOTO LLC

Name of Employer, Company, or School

GPEIXOTO LLC

Your Occupation (if unemployed or retired, so state)

Owner



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name

190 Castleton Way

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) 01/01/2024

To (mm/dd/yyyy) present

If unemployed or retired, source of financial support:

N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School

Cerrado Informatica

Your Occupation (if unemployed or retired, so state)

Business Partner-Support and Sales

Address of Employer, Company, or School

Street Number and Name

Rua das Laranjeiras

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Aparecida de Goiania

State

ZIP Code

Province

Goias

Postal Code

74917-210

Country

Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) 10/01/1997

To (mm/dd/yyyy) 04/01/2000

If unemployed or retired, source of financial support:

N/A

Part 5. Information About Your Parents**Information About Your Parent 1**

1. Parent 1's Legal Name

Family Name (Last Name)

GONCALVES PEREIRA

Given Name (First Name)

Joao

Middle Name (if applicable)

N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

3. Date of Birth (mm/dd/yyyy) 10/17/1947



Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)

PEREIRA PEIXOTO

Given Name (First Name)

Hosana

Middle Name (if applicable)

N/A

6. Parent 2's Name at Birth (if different than above)

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

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

11/29/1946

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☐ Married ☒ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
- ☒
- N/A
- ☐
- Yes
- ☐
- No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

1

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

4. Current Spouse's Legal Name

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

5. Current Spouse's A-Number (if any)

► A- N/A

6. Current Spouse's Date of Birth

(mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐☐☐

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A



Part 6. Information About Your Marital History (continued)**9. Place of Marriage to Current Spouse**

City or Town

N/A

State or Province

N/A

Country

N/A

Date of Marriage to Current Spouse (mm/dd/yyyy)

N/A

10. Is your current spouse applying with you?☐ Yes ☐ No**Information About Prior Marriages (if any)****11. Prior Spouse's Legal Name (provide family name before marriage)**

Family Name (Last Name)

ESCOBAR PEIXOTO

Given Name (First Name)

Iris Cristina

Middle Name (if applicable)

N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

07/29/1984

13. Prior Spouse's Country of Birth

USA

14. Prior Spouse's Country of Citizenship or Nationality

USA

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

10/24/2003

16. Place of Marriage to Prior Spouse

City or Town

San Francisco

State or Province

CA

Country

USA

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town

Martinez

State or Province

CA

Country

USA

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

09/25/2012

18. How Marriage Ended with Prior Spouse (select one):☐ Annulled ☒ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

A-Number (if any) ► A-

N/A

Date of Birth (mm/dd/yyyy)

N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485?

☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

A-Number (if any) ► A-

N/A

Date of Birth (mm/dd/yyyy)

N/A

Country of Birth

N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485?

☐ Yes ☐ No



Part 8. Biographic Information

1. Ethnicity (Select **only one** box)
☒ Hispanic or Latino ☐ Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☒ White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other
6. Hair Color (Select **only one** box)
☐ Bald (No hair) ☒ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (**or if you answer "No," but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1**., complete **Item Numbers 2. - 9**. If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
3. City or Town State or Province
Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province
 Country
8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

 Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)
10. Have you **EVER** been denied admission to the United States? ☐ Yes ☒ No
11. Have you **EVER** been denied a visa to the United States? ☐ Yes ☒ No
12. Have you **EVER** worked in the United States without authorization? ☒ Yes ☐ No
13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? ☒ Yes ☐ No
14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? ☐ Yes ☒ No
15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No
16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No
17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? ☐ Yes ☒ No
18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No
19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No
20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? ☐ Yes ☐ No
21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? ☐ Yes ☒ No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No
24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No
- NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No
26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No
27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No
28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No
29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No
30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No
31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No
32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No
33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No
34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No
- 35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No
36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.



Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No
39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No
40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☒ No
41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No
- 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No
- 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No
- 42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

- 43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No
- 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No
- 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No
- 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No
- 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No
- 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? ☐ Yes ☒ No
- 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? ☐ Yes ☒ No
- 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? ☐ Yes ☒ No
- 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? ☐ Yes ☒ No
44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? ☐ Yes ☒ No
45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No
48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No
49. Have you **EVER** been a member of, assisted, 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
50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No
51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

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

- 53.a. Torture? ☐ Yes ☒ No
- 53.b. Genocide? ☐ Yes ☒ No
- 53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No
- 53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No
54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No
55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)**Public Charge**

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☒ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- ☐ Syrian National Adjusting Status under Public Law 106-378
- ☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- ☐ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.

- ☐ \$0-27,000 ☐ \$27,001-52,000 ☐ \$52,001-85,000 ☐ \$85,001-141,000 ☐ Over \$141,000

59. Identify the total value of your household assets.

- ☐ \$0-18,400 ☐ \$18,401-136,000 ☐ \$136,001-321,400 ☐ \$321,401-707,100 ☐ Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

- ☐ \$0 ☐ \$1-10,100 ☐ \$10,101-57,700 ☐ \$57,701-186,800 ☐ Over \$186,800

61. What is the highest degree or grade of school you have completed?

- ☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

- ☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree
- ☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)
- ☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☐ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☐ No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No
69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No
70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No
71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No
72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No
73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No
75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No
- 78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No
80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No
81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No
82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No
83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER**:

- 84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No
- 84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No
- 84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No
85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No
86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's 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

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

3. Applicant's Email Address (if any)

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 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are 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



Date of Signature (mm/dd/yyyy)

Part 11. 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 and Signature

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 12. Contact Information, Certification, 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 and Signature

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 are 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)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, numbered through , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct. Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



Part 14. 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)

PEIXOTO

 Given Name (First Name)

Honan Goncalves

 Middle Name (if applicable)

N/A

2. Page Number

3

 Part Number

1

 Item Number

14

The applicant entered the United States on July 13, 2000, as a B-1 nonimmigrant visitor. On January 3, 2019, he was granted U nonimmigrant status, which remained valid through January 2, 2023. Due to circumstances beyond his control, including significant psychological hardships, financial difficulties, and a lack of understanding regarding the renewal process and applicable immigration requirements, the applicant was unable to timely file for an extension of his U nonimmigrant status prior to its expiration.

3. Page Number

3

 Part Number

1

 Item Number

14

To address this issue, the applicant is concurrently filing Form I-539, Application to Extend/Change Nonimmigrant Status, on a nunc pro tunc basis, seeking an extension of his U nonimmigrant status.

4. Page Number

4

 Part Number

1

 Item Number

18

Prior Addresses:

424 Verducci Court, Daly City, CA 94015 (From 08/01/2022 To 12/01/2024)

204 Fernando Way, Daly City, CA (From 01/05/2020 To 08/01/2022)

5. Page Number

8

 Part Number

4

 Item Number

7

Driver - Lyft - Various Addresses - From 12/01/2015 to 01/01/2024

Driver - Uber - Various Addresses - From 08/01/2017 to 01/01/2024



Part 14. 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)

PEIXOTO

 Given Name (First Name)

Honan Goncalves

 Middle Name (if applicable)

N/A

2. Page Number

14

 Part Number

9

 Item Number

12

The applicant entered the United States on July 13, 2000. In order to support himself, he engaged in unauthorized employment until he was granted employment authorization based on his U nonimmigrant status. His employment authorization document (EAD) was valid from January 3, 2019, through January 2, 2023. Following the expiration of his employment authorization, the applicant was unable to timely renew his status and employment authorization due to circumstances beyond his control, including significant psychological hardships. As a result, he continued

3. Page Number

14

 Part Number

9

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12

working without authorization in order to support himself. Despite these circumstances, he has otherwise remained compliant with the requirements of his status and is currently seeking an extension of stay through Form I-539.

4. Page Number

14

 Part Number

9

 Item Number

13

The applicant entered the United States on July 13, 2000 with a B-1 Visa, and has remained in the country to the present date. He has worked without valid employment authorization in order to support himself.

5. Page Number

N/A

 Part Number

N/A

 Item Number

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 08/31/2027

For USCIS Use Only	☐ Authorization/Extension Valid From _____	Fee Stamp	Action Block									
	☐ Authorization/Extension Valid Through _____											
	Alien Registration Number A- <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Remarks												

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <table border="1"><tr><td>3</td><td>4</td><td>3</td><td>4</td><td>8</td><td>6</td></tr></table>	3	4	3	4	8	6	Attorney or Accredited Representative USCIS Online Account Number (if any) <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	3	8
3	4	3	4	8	6																
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 www.uscis.gov/i-765 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)

P	E	I	X	O	T	O
---	---	---	---	---	---	---
- 1.b. Given Name (First Name)

H	o	n	a	n		G	o	n	c	a	l	v	e	s
---	---	---	---	---	--	---	---	---	---	---	---	---	---	---
- 1.c. Middle Name

N/A

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)

N/A

- 2.b. Given Name (First Name)

N/A

- 2.c. Middle Name

N/A

- 3.a. Family Name (Last Name)

N/A

- 3.b. Given Name (First Name)

N/A

- 3.c. Middle Name

N/A

- 4.a. Family Name (Last Name)

N/A

- 4.b. Given Name (First Name)

N/A

- 4.c. Middle Name

N/A



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Otavio Haverroth Silva
- 5.b. Street Number and Name
PO Box 90487
- 5.c. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 5.d. City or Town
San Diego
- 5.e. State **CA** 5.f. ZIP Code **92169**
[\(USPS ZIP Code Lookup\)](#)
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
190 Castleton Way
- 7.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 7.c. City or Town
San Bruno
- 7.d. State **CA** 7.e. ZIP Code **94066**

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- **2 0 5 9 0 7 5 1 1**
9. USCIS Online Account Number (if any)
▶ **N / A**
10. Sex ☒ Male ☐ Female
11. Marital Status
☐ Single ☐ Married ☒ Divorced ☐ Widowed
12. Have you previously filed Form I-765?
☒ Yes ☐ No
13. Provide your Social Security number (SSN) (if known).
▶ **6 6 0 6 1 4 7 5 4**

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**.

- 14.a. Country
Brazil
- 14.b. Country
N/A



Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

Goiania

15.b. State/Province of Birth

Goiás

15.c. Country of Birth

Brazil

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

11/27/1972

Information About Your Last Arrival in the United States

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

▶ 3 5 1 4 4 5 9 6 8 0 7

18. Passport Number of Your Most Recently Issued Passport

YF067667

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

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

12/29/2035

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

07/13/2000

23. Place of Your Last Arrival Into the United States

Miami

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

B-1

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

U-1 Nonimmigrant Status

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)).

(A) (19) ()

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

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

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

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, 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
Otavio Haverroth Silva,
a language in which I am fluent, and I understood everything.
2. ☒ At my request, the preparer named in **Part 5.**,
Portuguese,
prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
14156029740
4. Applicant's Mobile Telephone Number (if any)
14156029740
5. Applicant's Email Address (if any)
peixotohg@gmail.com
6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

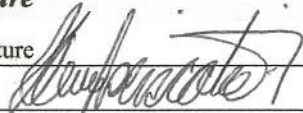
I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I 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) **06/07/2026**

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	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

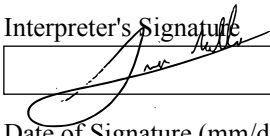
4. Interpreter's Daytime Telephone Number	+1 415 425 2580
5. Interpreter's Mobile Telephone Number (if any)	+1 415 425 2580
6. Interpreter's Email Address (if any)	andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **portuguese**, which is the same language specified in **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 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)	06/07/2026

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)	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	+1 510 241 9336
5. Preparer's Mobile Telephone Number (if any)	+1 510 241 9336
6. Preparer's Email Address (if any)	otavio@legalhs.com



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.

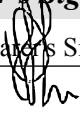
NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

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 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)

06/07/2026



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) **PEIXOTO**

1.b. Given Name (First Name) **Honan Goncalves**

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

2. A-Number (if any) ▶ A- **2 0 5 9 0 7 5 1 1**

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

3.d. **The applicant was previously granted U-1 nonimmigrant status and employment authorization, which was valid from January 3, 2019, through January 2, 2023. Due to circumstances beyond his control, including significant psychological hardships, he was unable to file a timely renewal for his status and employment authorization. The applicant is currently filing Form I-539 on a nunc pro tunc basis to extend his U nonimmigrant status and respectfully submits this Form I-765 to obtain a renewal of his employment authorization in connection with that request.**

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

4.d. **N/A**

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

5.d. **N/A**

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

6.d. **N/A**

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

7.d. **N/A**



Exhibit list

Exhibits:

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Exhibit 3 - Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Psychological Evaluation

Honan Goncalves Peixoto's Psychological Evaluation	58-62
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Exhibit 4 - Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Declaration with English Translation

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Exhibit 5 - Evidence of Extraordinary Circumstances Beyond the Applicant's Control - Explanation for Nunc Pro Tunc Request: Honan Goncalves Peixoto's Father and Stepmother Death Certificate with English Translation

Honan Goncalves Peixoto's Father Death Certificate 68-70

Honan Goncalves Peixoto's Stepmother Death Certificate 71-73

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Exhibit 7 - Evidence of Continuous Physical Presence in the United States (2016-2026)

Proof of Residence from 2026 77

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Honan Peixoto Goncalves' Prior Driver Licenses 81

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Exhibit 10 - Evidence of Compliance with Reasonable Requests for Assistance in the Investigation or Prosecution of the Qualifying Criminal Activity

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Exhibit 11 - Evidence of Good Moral Character: Criminal History Records - Federal Bureau of Investigation (FBI)

Federal Bureau of Investigation (FBI) Background Check	112-113
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Exhibit 1 - Honan Goncalves Peixoto's Identification Documents

**FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS**

BIRTH CERTIFICATE

NAME:

HONAN GONÇALVES PEIXOTO

REGISTRATION

024919 01 55 1000 9 90620 127 68705

DATE OF BIRTH IN FULL

NOVEMBER TWENTY-SEVENTH,
NINETEEN SEVENTY-TWO

DAY

27

MONTH

11

YEAR

1972

TIME OF BIRTH

No record

CITY OF BIRTH / STATE

Goiânia - Goiás

CITY OF REGISTRATION / STATE

Goiânia - Goiás

PLACE OF BIRTH

São Salvador Hospital

SEX

Male

FILIATION

JOÃO GONÇALVES PEREIRA

HOSANA PEREIRA PEIXOTO

GRANDPARENTS

Paternal: Alexandre Gonçalves Pereira and Albina Gonçalves Vilela.

Maternal: Francisco Clemente Peixoto and Maria Bispo Peixoto.

TWIN

NO

NAME AND REGISTRATION NUMBER OF TWINS

DATE OF REGISTRATION IN FULL

LIVE BIRTH REGISTRATION NUMBER

No Record

NOTES/ ANNOTATIONS

No Record

Emoluments: 20.00

Court Fee: 8.00

Total: 28.00

The above is true and I certify.

Goiânia/Goiás

November 17, 2010

-----//Signature//-----

LEIDIANE ROSA RIBEIRO DOS SANTOS
CLERK



*Antônio do Prado
Registry Office*



2nd Civil Registry and Notary Office
Avenida 24 de Outubro, No. 156 - Antônio do Prado Building
Setor Campinas - Goiânia - Goiás - ZIP Code: 74515-020
Phone: 62 3233-0055 - www.cartorioantoniodoprado.com.br

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



Date: June 11, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:

HONAN GONÇALVES PEIXOTO

MATRÍCULA

024919 01 55 1000 9 90620 127 68705

DATA DE NASCIMENTO POR EXTENSO

VINTE E SETE DE NOVENBRO DE UM MIL
E NOVECENTOS E SETENTA E DOIS

DIA	MÊS	ANO
27	11	1972

HORA DO NASCIMENTO MUNICÍPIO DE NASCIMENTO / UF
Não consta Goiânia - GO

MUNICÍPIO DE REGISTRO / UF	LOCAL DE NASCIMENTO	SEXO
Goiânia - GO	Hospital São Salvador	Masculino

FILIAÇÃO

JOÃO GONÇALVES PEREIRA
HOSANA PEREIRA PEIXOTO

AVÓS

Paternos: Alexandre Gonçalves Pereira e Albina Gonçalves Vilela.
Maternos: Francisco Clemente Peixoto e Maria Bispo Peixoto.

GÊMEO(S) NOME E MATRÍCULA DO(S) GÊMEO(S)

NÃO

DATA DO REGISTRO DE NASCIMENTO POR EXTENSO

DNV (Declaração de nascido vivo)

Não consta

OBSERVAÇÕES/AVERBAÇÕES

Nada Consta

Emolumentos: 20,00
Taxa Judiciária: 8,00
Total: 28,00

O conteúdo da certidão é verdadeiro. Dou Fé.
Goiânia / GO

17 de novembro de 2010

LEIDIANE ROSA RIBEIRO DOS SANTOS
ESCREVENTE



Cartório
Antônio do Prado



2º Registro Civil e Tabelionato de Notas
Av. 24 de Outubro, nº 156 - Ed. Antônio do Prado
Setor Campinas - Goiânia - GO - CEP: 74515-020
Telefax: 62* 3233-0055 - www.cartorioantoniodoprado.com.br



Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.

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

Les autorités des 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.

REPÚBLICA
FEDERATIVA
DO BRASIL



047730MU

CONSULADO-GERAL DO BRASIL EM SÃO
FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE YA732426, EMITIDO
POR ESTE CONSULADO-GERAL, EM 17/11/2012.

PAGOU
R\$-Ouro 120.00
US\$ 120.00
TEC 1.01.01.000.005
YF067667

30 DEZ/DEC 2025
VERIDIANA DA SILVA VELAME
VICE-CONSUL

DO 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.



BRUNA MARE ATLANTICA



REPÚBLICA
FEDERATIVA
DO BRASIL



TUCANO

É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilidade 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 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 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 de documentação 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.



Ministério da Justiça do Brasil

REPÚBLICA
FEDERATIVA
DO BRASIL

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





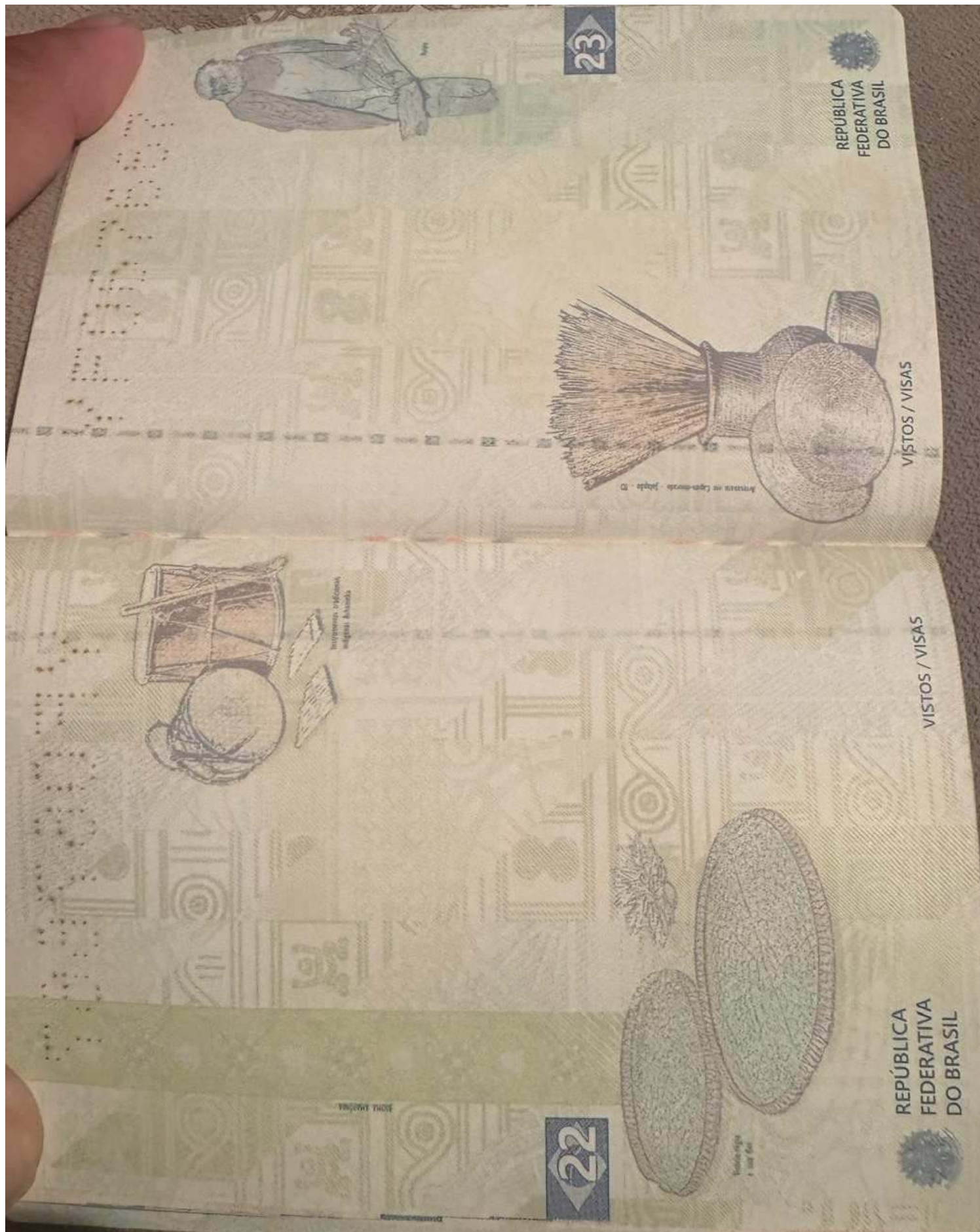




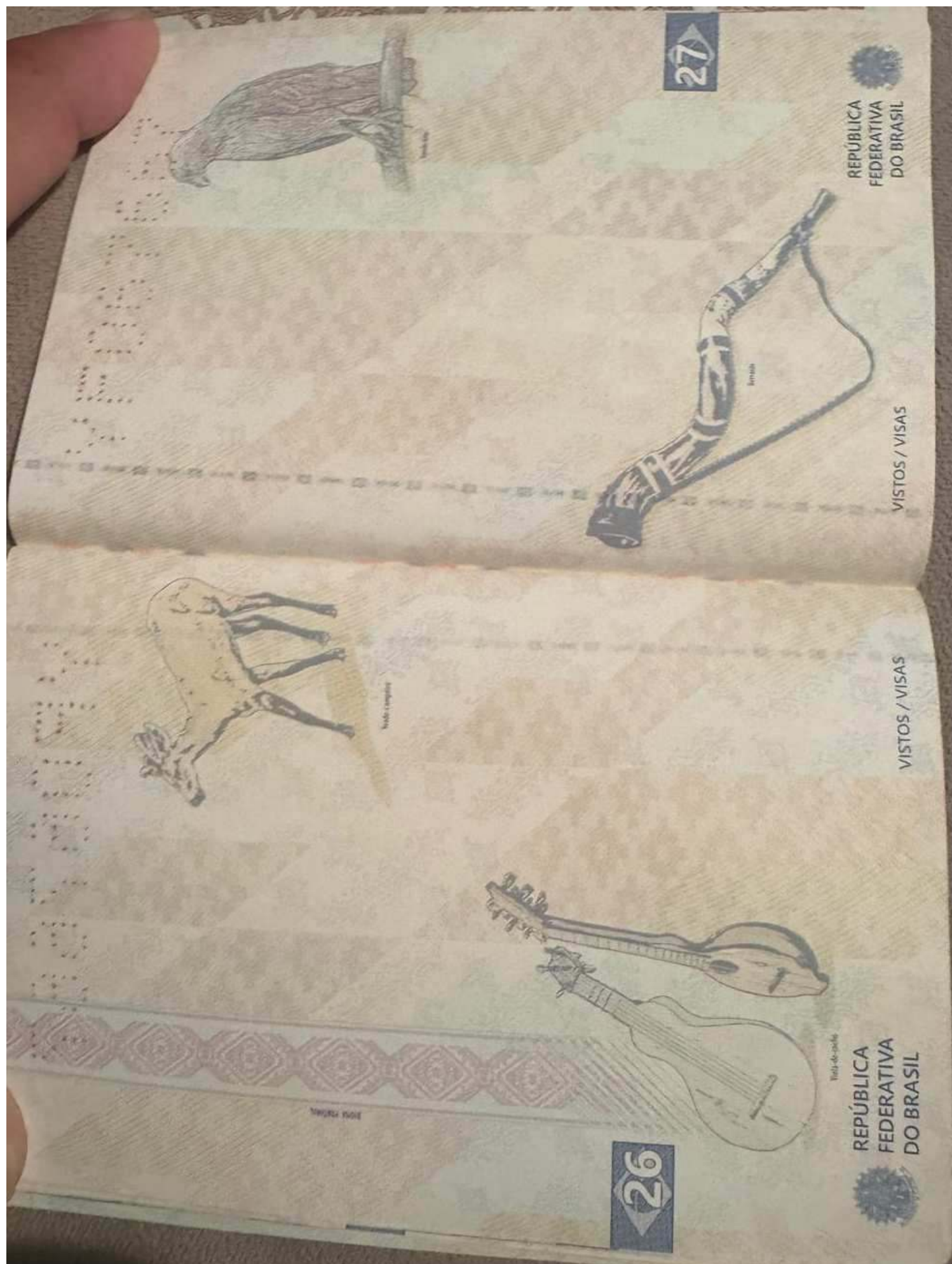














Pysanky - artesanato de ovos ucranianos

BONNA PAVLOVA



Bunda de luto - artesanato de flores brancas

VISTOS / VISAS



Carapau



Barro e madeira paulista

VISTOS / VISAS

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

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

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone

BOMBA TAMPAS



Pinha (fruta de pinheiro - acorn)
e pinhas (sementes da acornata - acorn)



Toucan

REPÚBLICA
FEDERATIVA
DO BRASIL



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

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

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

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

Nome / Name

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



Brasil
Brasil
Brasil



REPÚBLICA
FEDERATIVA
DO BRASIL



Toucan

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-se de 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.

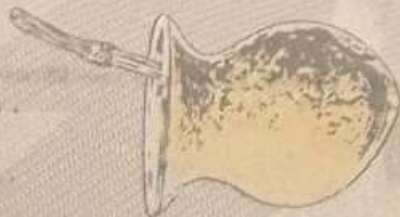
Creditos e informações importantes:

Acesse o endereço eletrônico ou utilize o QR Code abaixo:

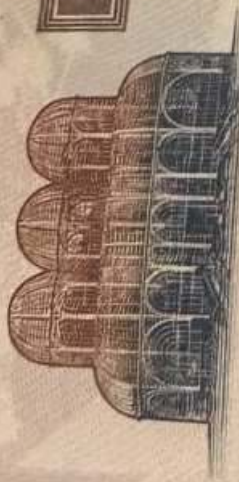
<https://www.casadamoeda.gov.br/passaporteteletronico>



REPÚBLICA
FEDERATIVA
DO BRASIL



Copa de Cachaça



Palácio Nacional de Brasília - DF
Presidência da República
Rua do Rio Branco, 156
Brasília - DF

BRA

NÃO GRAMPEAR OU
CARIMBAR ESTA PÁGINA
NE PAS AGRAFER OU
TAMPONNER CETTE PAGE
DO NOT STAPLE OR
STAMP THIS PAGE
NO GRAPAR NI SELLAR
ESTA PAGINA



Símbolo Internacional
do Passaporte Eletrônico



Touro



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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE P PAIS EMISSOR / ISSUING COUNTRY BRA

SURNAME / SOBRENOME
GONÇALVES PEIXOTO

NAME / GIVEN NAMES

HONAN

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
27 NOV/NOV 1972

EXD / SEX NATURALIDADE / PLACE OF BIRTH
M GOIANIA, GO

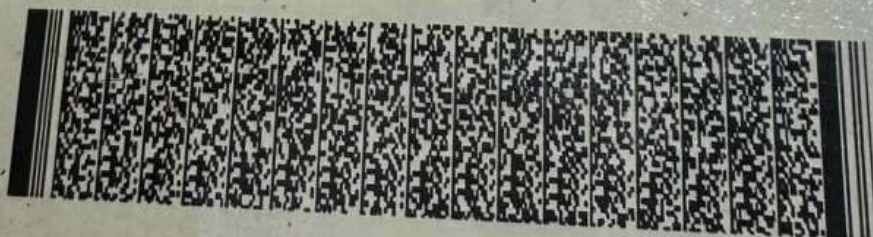
DATA DE EXPEDIÇÃO / DATE OF ISSUE
7 SET/SEP 2012

VALID DATE / DATE OF EXPIRY:
6 SET/SEP 2017

BRASIL
PASSAPORTE Nº 2 PASSPO
YA732426

IDENTIDADE Nº _____ PESSOA Nº _____

AUTORIDADE / AUTHORITY
C.G. SAO FRANCISCO



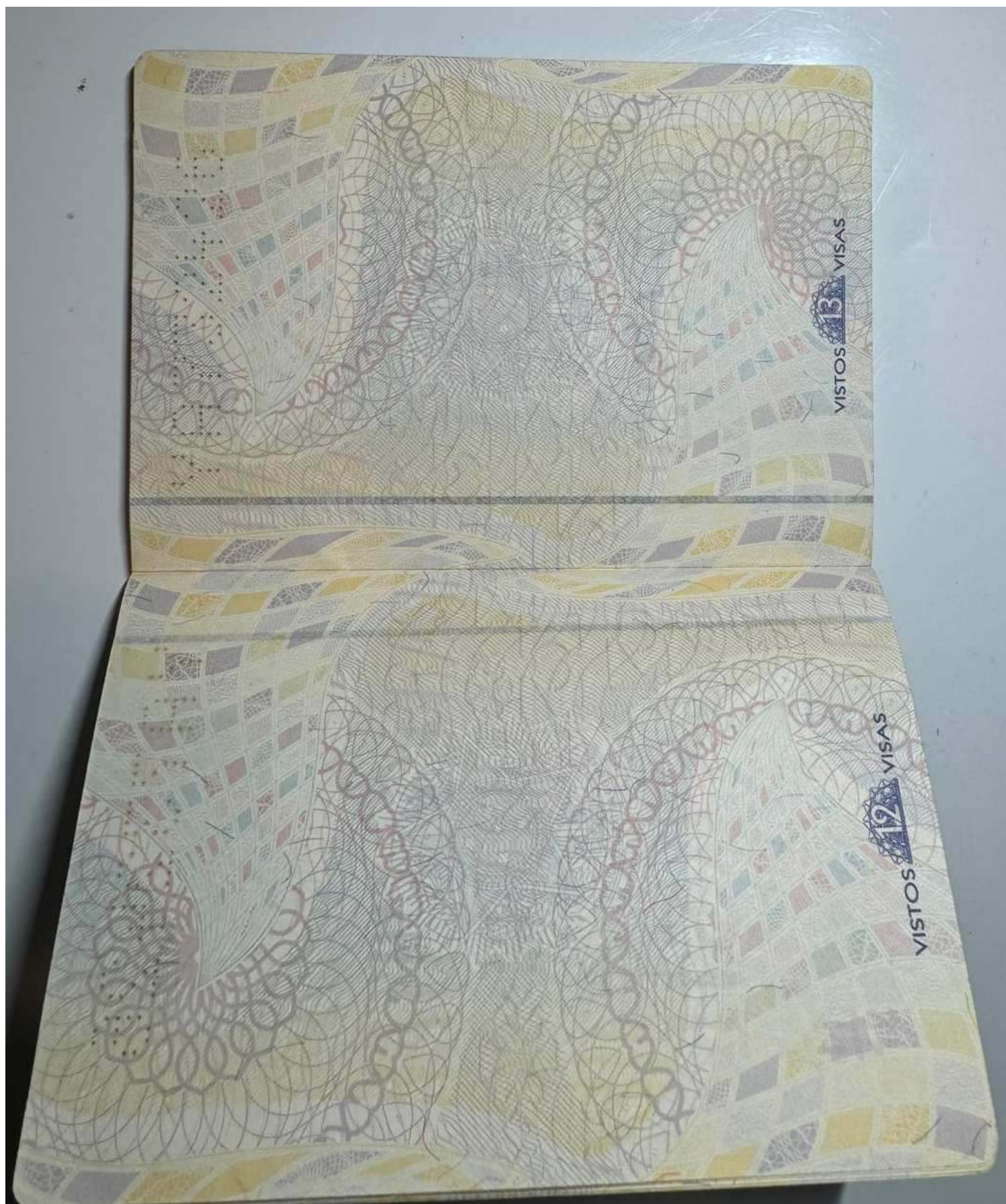
P<BRAGONCAL VES<PEIXOTO<<HONAN<<<<<<<<<<<<<<<<
YA732426<8BRA7211276M.1709160<<<<<<<<<<<<<<<<00





























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
BEARER'S ADDRESS / DIRECCION DEL TITULAR

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

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

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous.
In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below.

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

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



INFORMAÇÕES PARA O TITULAR

O passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido. Este passaporte não deve ser comunicado imediatamente à autoridade policial e a Embaixada ou ao Consulado do Brasil.

O titular deve ser comunicado imediatamente ao Consulado do Brasil em qualquer caso. Para isso recomenda-se que o titular copie o nome e o número do passaporte em seu documento de identificação pessoal e o apresente ao Consulado do Brasil em qualquer caso. Para isso recomenda-se que o titular copie o nome e o número do passaporte em seu documento de identificação pessoal e o apresente ao Consulado do Brasil em qualquer caso. Para isso recomenda-se que o titular copie o nome e o número do passaporte em seu documento de identificação pessoal e o apresente ao Consulado do Brasil em qualquer caso.

A concessão de novo passaporte em substituição ao anterior depende de investigação. A utilização do passaporte pode ser suspensa por falta de validade. A concessão de novo passaporte em substituição ao anterior depende de investigação. A utilização do passaporte pode ser suspensa por falta de validade.

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CASA DA MOEDA DO BRASIL

REPÚBLICA FEDERATIVA
DO
BRASIL



ESTE PASSAPORTE CONTÉM 32 PÁGINAS NUMERADAS
CE PASSEPORT CONTIENT 32 PAGES NUMÉROTÉES
THIS PASSPORT CONTAINS 32 NUMBERED PAGES

ESTE DOCUMENTO PERTENCE A
CE DOCUMENT APPARTIENT A LA
THIS DOCUMENT IS THE PROPERTY OF THE
REPÚBLICA FEDERATIVA
DO BRASIL

SO E VALIDO COM A ASSINATURA OU IMPRESSÃO DIGITAL DO TITULAR
Non valable sans la signature ou l'empreinte digitale du titulaire
Not valid without the bearer's signature or fingerprints

Os endereços do titular estão na página 32
Voir les adresses du titulaire en page 32
See information on the bearer's addresses on page 32

Nº C I 592507

Requer as 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

NACIONALIDADE BRASILEIRA NATIONALITÉ BRÉSILIENNE BRAZILIAN CITIZEN

Nome
Nom
Name

HONAN GONÇALVES PEIXOTO

Sexo
Sexe
Sex

MASCULINO

Lugar e data do nascimento
Lieu et date de naissance
Place and date of birth

GOIÂNIA-GO

27-NOVEMBRO-1972

Filiação

Noms des parents

Father's and mother's name

JOÃO GONÇALVES PEREIRA

HOSANA PEREIRA PEIXOTO

Repatrição expedidora - Délivré par - Issued by

SR/DPF/GO - SERVIÇO DE
POLÍCIA MARÍTIMA
AÉREA E DE FRONTEIRAS
G O I Â N I A

Válido até - Valid until

19 MAR 2002

Data da expedição - Date of issue

13 MAI 1997




Francisca M. B. de Sousa Hardy
Delegada da Polícia Federal
Chefe do SPMAF/SR/DPF/GO
Mat. 2.324.417
Nome e cargo do funcionário que o concedeu
Nom et qualité de l'agent expéditeur
Name and function of the issuing authority

FILHOS - ENFANTS - CHILDREN

1	Nome - Nom - Name _____	Idade - Age - Age _____	Sexo - Sexe - Sex _____
2	Nome - Nom - Name _____	Idade - Age - Age _____	Sexo - Sexe - Sex _____
3	Nome - Nom - Name _____	Idade - Age - Age _____	Sexo - Sexe - Sex _____
4	Nome - Nom - Name _____	Idade - Age - Age _____	Sexo - Sexe - Sex _____
5	Nome - Nom - Name _____	Idade - Age - Age _____	Sexo - Sexe - Sex _____

Este passaporte é válido para
Ce passeport est valable pour
This passport is valid for

TODOS OS PAÍSES COM OS
QUAIS O BRASIL MANTÉM
RELAÇÕES DIPLOMÁTICAS

Condições especiais de saúde - Conditions de santé - Health conditions



Para as autoridades brasileiras
Réserve aux autorités brésiliennes
For the use of Brazilian authorities



6



VISTOS - VISAS

7

00



U.S. IMMIGRATION
000 MIAMI 100 100
JUL 10 1951

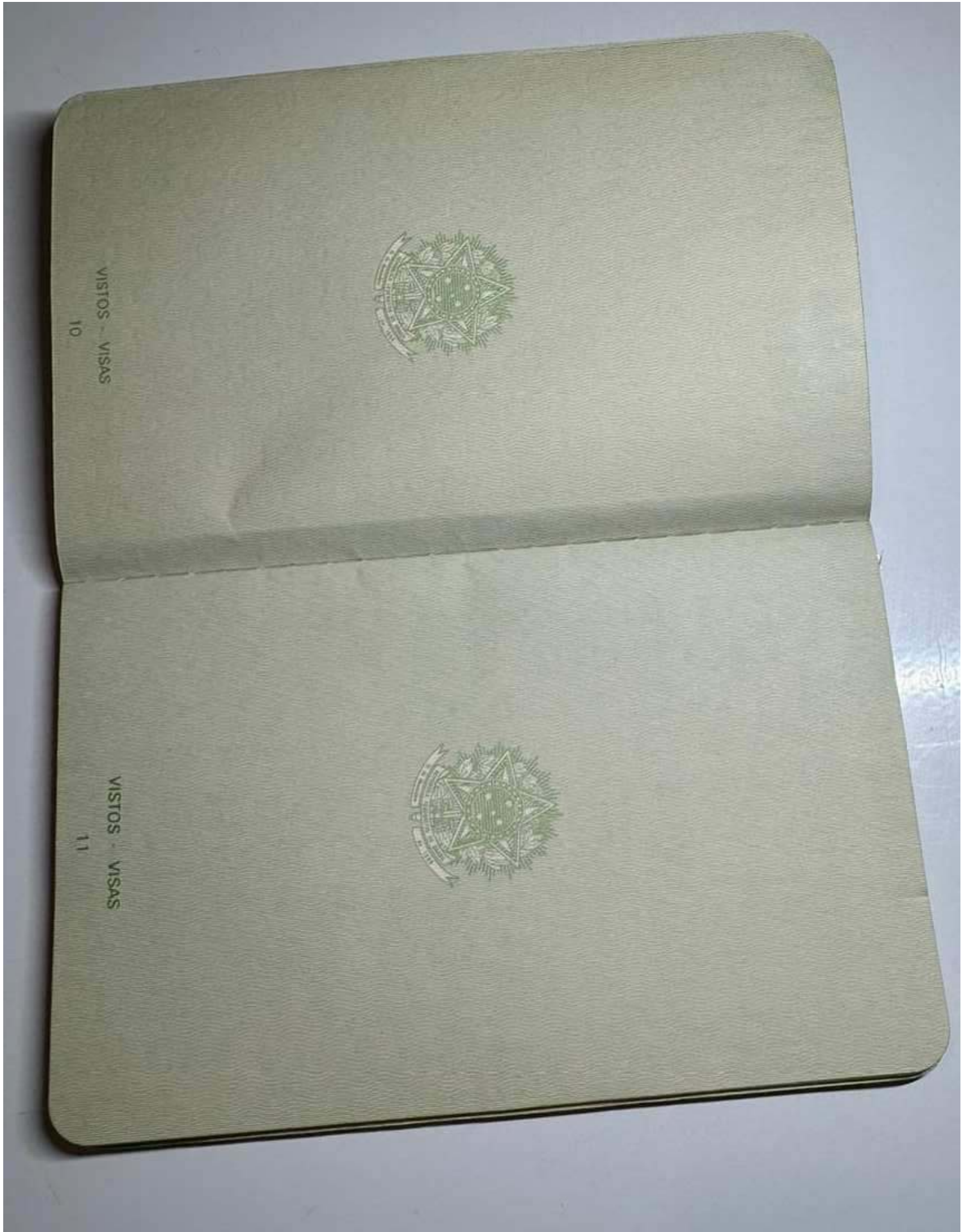


12 DAYS

**

34233487

VNBRAPEIXOTO<<HONAN<GONCALVES<<<<<<<<<<<<<<<<
CI592507<8BRA7211276M0006057B1100B3577033104



VISTOS - VISAS
12



VISTOS - VISAS
13







VISTOS - VISAS

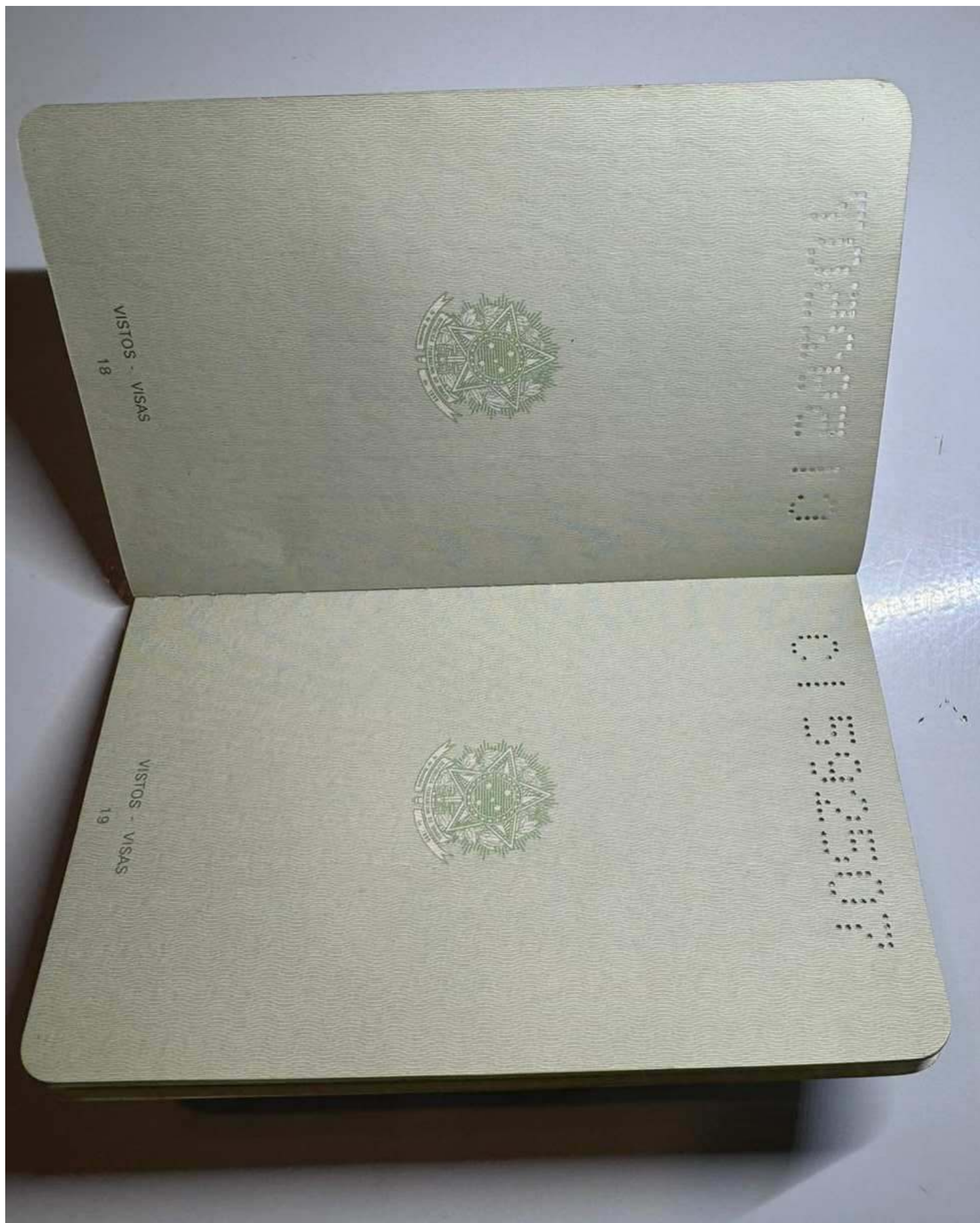
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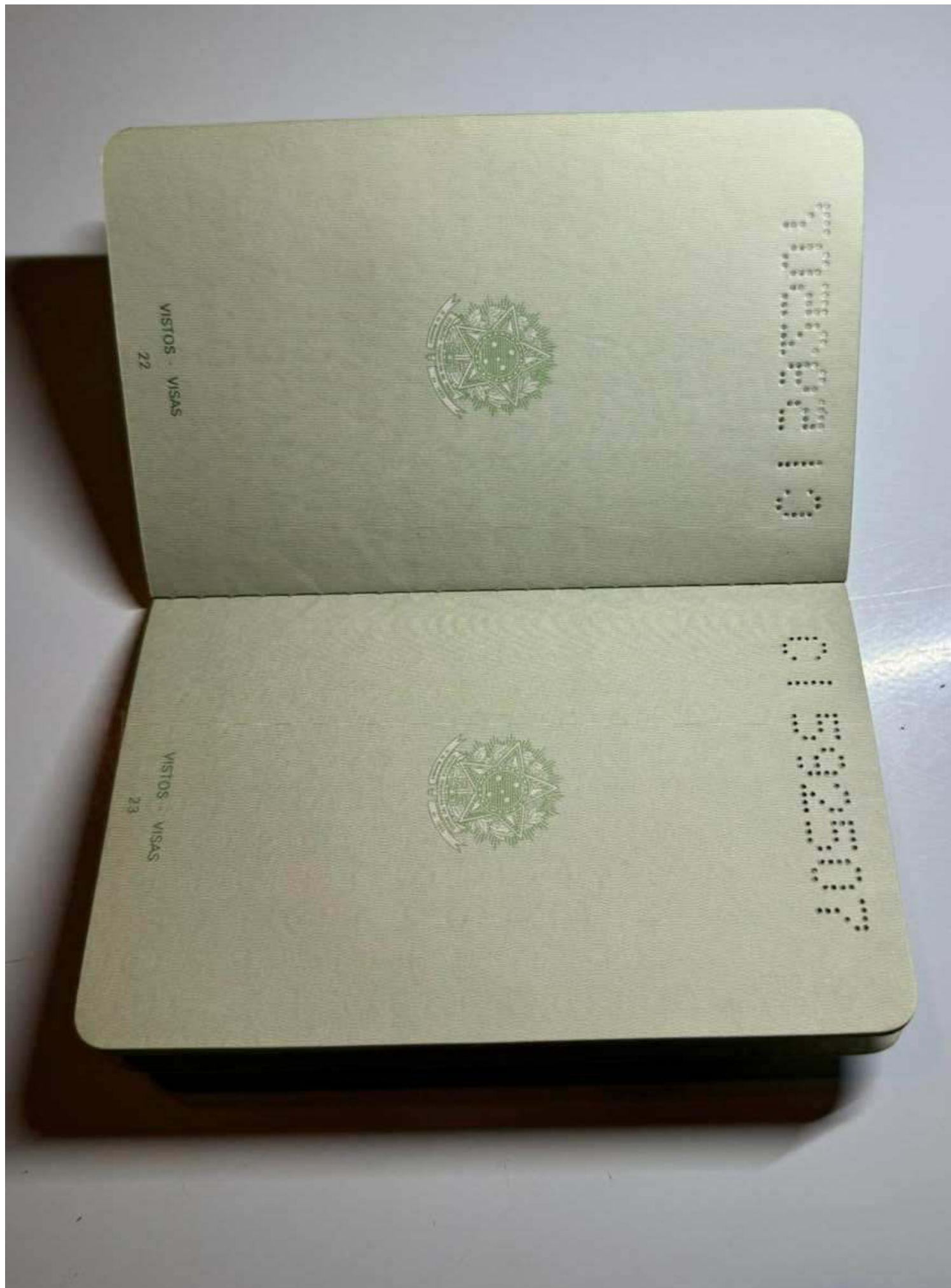


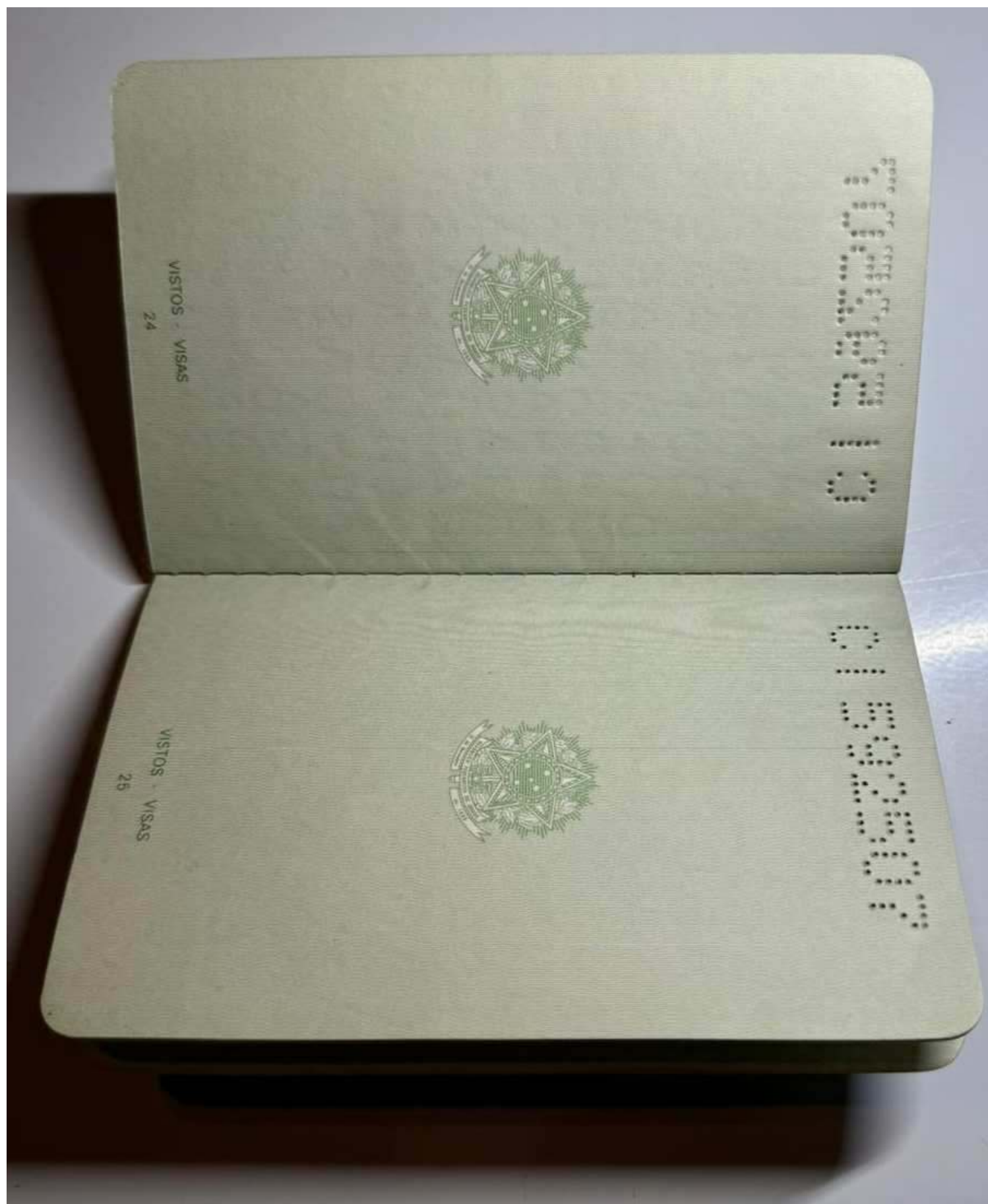
VISTOS - VISAS

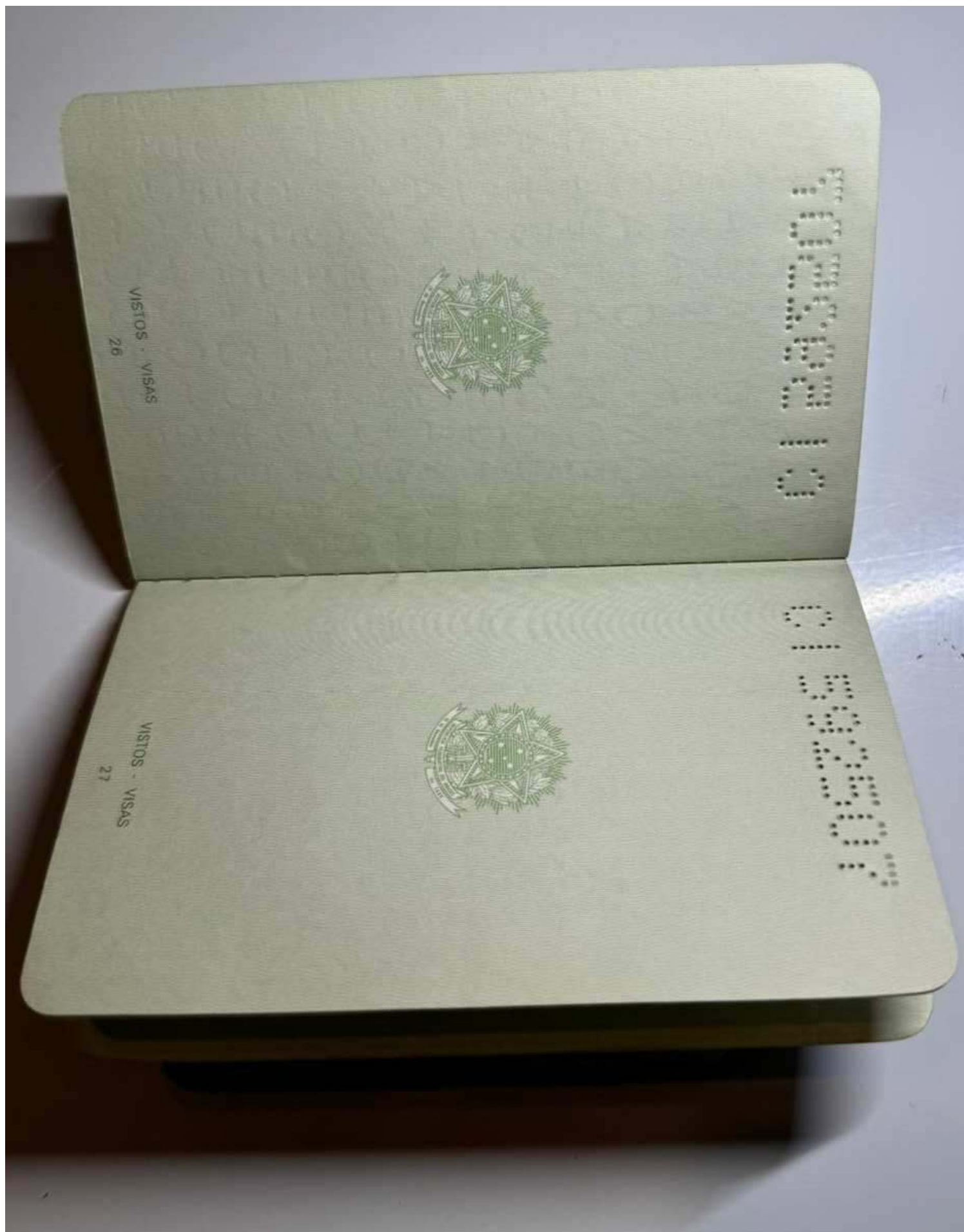
17

01 583507

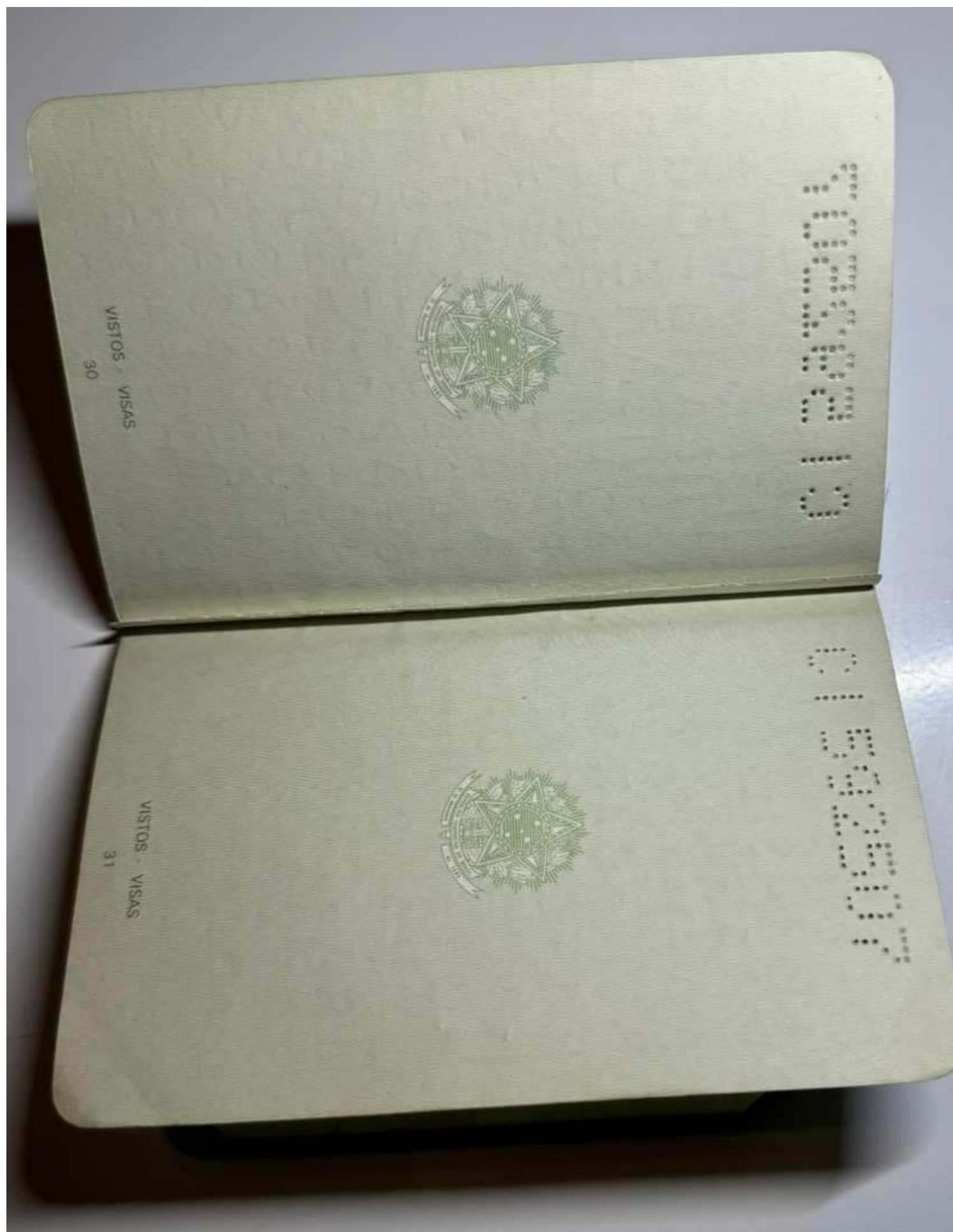












015050010

Boa viagem

As informações abaixo devem ser preenchidas pelo titular.
Como podem ser modificadas aconselha-se usar lápis preto.

ENDERECO PRINCIPAL E SECUNDARIO
ADDRESSES

Rua _____
Cidade _____
País _____
Rua _____
Cidade _____
País _____



EM CASO DE ACIDENTE, AVISE À
EN CAS D'ACCIDENT, PRIERE D'AVERTIR
IN THE OCCURENCE OF AN ACCIDENT, PLEASE CONTACT

Nome _____
Parentesco _____
Telefone _____
Rua _____
Cidade _____
País _____

015050010

INFORMAÇÕES PARA O TITULAR DESTES PASSAPORTE

O cidadão - sendo, sendo ou detentor - do passaporte é um fado muito grave, e deve ser acompanhado imediatamente a autoridade policial e a Embaixada ou no Consulado do Brasil. Para isso, recomenda-se que o titular copie as informações da página 2 do passaporte. Se o passaporte for entregue a uma pessoa ou serviço que não tenha ao Governo brasileiro por exemplo, para a obtenção de visto, compra de passagens, etc., a não for restituído, o titular deve considerá-lo como extraviado. A concessão de um novo passaporte em substituição a passaporte extraviado depende de investigação demorada.

É crime pelo Brasil, a falsificação, falsificação ou a cessão a outrem, pessoa que não seja o titular, para seu uso, de um passaporte brasileiro. Para restituir sua responsabilidade, o titular deve assinar seu passaporte imediatamente após recebê-lo, no local previsto na página 1. Sem sua assinatura, o passaporte não é válido e será apreendido pela autoridade competente.

O brasileiro residente no exterior ou de passagem por qualquer país estrangeiro deve manter-se na República consular do Brasil mais próxima. Caso não possa comparecer pessoalmente ao Consulado, deverá dirigir-se por carta ou telegrama dando o nome, endereço e número do passaporte.

Mantendo em dia o seu passaporte, e sob a sua renovação antes de vencer a sua validade, para certificar-se de poder viajar quando precisar. A renovação de passaporte vencido, pode depender de investigação demorada.

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

PEIXOTO HONAN G 27 NOV 1972



Surname
PEIXOTO

Given Name
HONAN G

USCIS#
205-907-511

Category Card#
A19 EAC1503850430

Country of Birth
Brazil

Terms and Conditions
None

Date of Birth Sex
27 NOV 1972 M

Valid From: **01/03/19**

Card Expires: **01/02/23**

NOT VALID FOR REENTRY TO U.S.



FORM I-766
Rev (02-2016)

33952168



DHS



This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.

81

If found, drop in any US Mailbox. USPS: Mail to USCIS, 7 Product Way, Lees Summit, MO 64002

IAUSA2059075118EAC1503850430<<
7211276M2301022BRA<<<<<<<<<<<9
PEIXOTO<<HONAN<GONCALVES<<<<<<

California

USA

DRIVER LICENSE

FEDERAL
LIMITS
APPLY



DL **F8476558**

CLASS C

EXP **11/27/2024**

END NONE

LN PEIXOTO

FN HONAN

509 DOUGLAS AVE
REDWOOD CITY, CA 94063

DOB **11/27/1972**

RSTR NONE

11271972

DONOR

SEX M

HAIR BLK

EYES BRN

HGT 5'-09"

WGT 210 lb

DP13

ISS

DD 01/04/2023548AS/BBFD/24

01/04/2023

Signature

 For: **HONAN GONCALVES PEIXOTO**



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/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 35144596807

Arrival/Issued Date: 2000 July 13

Class of Admission: B1

Admit Until Date: 2000 August 12

Details provided on the I-94 Information form:

Last/Surname: GONCALVES PEIXOTO

First (Given) Name: HONAN

Birth Date: 1972 November 27

Document Number: CI592507

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/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.
 - ▶ Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 06/30/2026

**Exhibit 2 - Honan
Goncalves Peixoto's
Approval Notice of
Form I-918,
Application for U
Nonimmigrant Status**

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number EAC1503850430		Case Type I918 - APPLICATION FOR U NONIMMIGRANT STATUS
Received Date 11/21/2014	Priority Date	Applicant A205 907 511 PEIXOTO, HONAN GONCALVES
Notice Date 01/03/2019	Page 1 of 1	Beneficiary A205 907 511 PEIXOTO, HONAN GONCALVES

HONAN GONCALVES PEIXOTO c/o DENISE FLORES LAW OFFICE OF ROBERT B JOBE 550 KEARNY STREET STE 200 SAN FRANCISCO CA 94108	Notice Type: Approval Notice Class: U1 Valid from 01/03/2019 to 01/02/2023
---	--

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.

What the Official Notice Said

Your Petition for U Nonimmigrant Status has been approved. Attached below please find a completed Form I-94, Arrival-Departure Record, indicating that you have been granted U nonimmigrant status for a period of 4 years.

EMPLOYMENT AUTHORIZATION:
You are authorized to work in the United States for the validity period of your U nonimmigrant status. Your Employment Authorization Document will be mailed to you separately.

ADJUSTMENT OF STATUS:
Federal law provides that you may be eligible to adjust your status to that of a lawful permanent resident. A U-1 nonimmigrant may submit an application for adjustment of status after he/she has been physically present in the United States for a continuous period of at least 3 years after the date he/she was admitted as a U-1 nonimmigrant.

DERIVATIVE U NONIMMIGRANT CLASSIFICATION:
You may request derivative U nonimmigrant status for qualifying family members. To request derivative status, you must submit a Form I-918 with Supplement A in accordance with the instructions printed on the form. If you included qualifying family members on your original application, a notice of decision on the derivative petition(s) will be mailed to you separately.

DEPARTING FROM THE UNITED STATES:
Aliens with U nonimmigrant status may travel outside the United States. However, in order to return to the United States, you must obtain a U nonimmigrant visa for re-entry to the United States unless you are visa exempt or obtain a waiver. Also, if you accrued "unlawful presence" prior to obtaining U nonimmigrant status, you may be unable to re-enter the United States and may need to obtain a waiver of inadmissibility prior to or upon your return to the United States.

Contact the Vermont Service Center if you would like to be provided a list of nongovernmental organizations that may be of assistance to you.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 USCIS Contact Center: www.uscis.gov/contactcenter	
---	--

**Exhibit 3 - Evidence
of Extraordinary
Circumstances
Beyond the
Applicant's Control -
Explanation for Nunc
Pro Tunc Request:
Honan Goncalves
Peixoto's
Psychological
Evaluation**

Angela Canestraro, M.A, LMFT
Licensed Marriage and Family Therapist #104500
2440 Stanwell Drive, Suite A. Concord, CA 94520
(925) 471-1380 – Fax (925) 322-5877
angela_canestraro@hotmail.com

PSYCHOLOGICAL EVALUATION

Client Name: Honam Gonçalves Peixoto

Date of Evaluation: February 15, 2026

Evaluator: Angela Canestraro, Licensed Marriage and Family Therapist (LMFT)

License #: 104500

Referral Source: Immigration Attorney

Purpose of Evaluation: Psychological assessment to evaluate emotional and psychological well-being during the filing deadline for adjustment of status (Green Card application).

I. IDENTIFYING INFORMATION

Honam G. P. is a 53-year-old man originally from Brazil who has been living in the United States for about 26 years. He was referred for a psychological assessment to determine if his psychosocial environment and emotional distress contributed to missing the filing deadline for his adjustment of status application.

II. REASON FOR REFERRAL

Mr. Peixoto reports that, due to a misunderstanding of legal instructions, financial hardship, and significant stress at the time (including the loss of family members in the COVID pandemic), he failed to submit the required documentation before the deadline to apply for lawful permanent residency (Green Card). He experienced intense anxiety, insomnia, crying spells, and a fear of deportation during the application period.

The purpose of this evaluation is to assess his psychological functioning and the emotional effects of his situation at the time of the deadline application.

III. METHODS OF ASSESSMENT

- Clinical interview (2 sessions, 90 minutes each)
- Mental Status Examination

- Beck Anxiety Inventory (BAI)
 - Beck Depression Inventory-II (BDI-II)
-

IV. PSYCHOSOCIAL HISTORY

Mr. Peixoto reports no prior psychiatric hospitalizations. He describes a history of chronic stress related to immigration insecurity. At the time of the missed deadline, he reports experiencing:

- Financial difficulty: Mr. Peixoto lost his job and housing due to the COVID pandemic and had to support the family in Brazil financially.
- Work-related stress
- Loss of his stepmother to COVID and his father in Brazil.
- Language barriers
- Limited access to legal guidance
- Fear and confusion about immigration procedures

He stated that he misunderstood the due date and believed he had additional time to submit the required documents. He reports feeling “overwhelmed and paralyzed” during that period.

V. CURRENT SYMPTOMS

Mr. Peixoto reported the following symptoms:

- Excessive worry about deportation
- Depressive symptoms due to the grieving loss of a close family member in Brazil
- Persistent rumination about the due date and the mistake
- Feelings of guilt and self-blame
- Insomnia (difficulty falling and staying asleep)
- Loss of appetite
- Irritability
- Episodes of crying

- Difficulty concentrating
- Physical symptoms of anxiety (heart palpitations, chest tightness)

He reports that these symptoms began before and immediately after learning he had missed the deadline and have persisted for several months.

VI. MENTAL STATUS EXAMINATION

- Appearance: Well-groomed, appropriate attire
- Behavior: Cooperative but visibly anxious
- Mood: "Scared and ashamed."
- Affect: Constricted, tearful at times
- Thought Process: Logical but preoccupied with immigration concerns
- Thought Content: No delusions or hallucinations
- Orientation: Alert and fully oriented
- Insight: Good
- Judgment: Intact

No suicidal or homicidal ideation reported.

VII. TEST RESULTS

- **Beck Anxiety Inventory (BAI):** Moderate range
- **Beck Depression Inventory-II (BDI-II):** Moderate range

Results are consistent with clinical symptoms observed during interviews.

VIII. DIAGNOSTIC IMPRESSIONS (DSM-5-TR)

- Adjustment Disorder with Mixed Anxiety and Depressed Mood (F43.23)
 - Rule out: Generalized Anxiety Disorder
-

IX. CLINICAL FORMULATION

Mr. Peixoto's psychological distress appears directly related to the psychosocial environment and the immigration stressor of missing the adjustment of status filing deadline. The combination of chronic immigration-related stress, limited English proficiency, financial hardship, and misunderstanding of legal procedures contributed to impaired functioning and decision-making at the time.

His current symptoms are consistent with an adjustment disorder triggered by acute immigration insecurity and fear of potential deportation. These symptoms significantly interfere with his sleep, concentration, and overall emotional well-being.

X. PROGNOSIS

Prognosis is considered **good** with appropriate psychological treatment and stabilization of his immigration status. Continued uncertainty regarding his legal situation may prolong or worsen symptoms.

XI. RECOMMENDATIONS

1. Individual psychotherapy (weekly) focused on anxiety management and cognitive restructuring.
2. Psychoeducation regarding stress response and trauma related to immigration insecurity.
3. Coordination with his immigration attorney for clarification of legal options.
4. Development of coping strategies for managing uncertainty and rumination.
5. Consider psychiatric evaluation if symptoms worsen or persist beyond 6 months.

XII. SUMMARY AND SUPPORT STATEMENT

Based on clinical interviews, psychological testing, and behavioral observations, it is my professional opinion that Mr. Peixoto experienced significant emotional distress during the filing deadline for his adjustment of status application. His symptoms are genuine, clinically significant, and impairing.

This report is submitted in support of his case to provide context regarding the psychological impact of the missed deadline and the contributing stressors that affected his functioning at the time.

XIII. Evaluator's Declaration

I certify that this evaluation was conducted in accordance with professional ethical standards and reflects my independent clinical opinion.

If you have any questions concerning Mr. Peixoto's evaluation, please feel free to contact me at (925) 471-1380

Respectfully submitted,

A handwritten signature in black ink, reading "A. Canestraro". The signature is written in a cursive, flowing style with a large initial 'A'.

Angela Canestraro, LMFT 104500

**Exhibit 4 - Evidence
of Extraordinary
Circumstances
Beyond the
Applicant's Control -
Explanation for Nunc
Pro Tunc Request:
Honan Goncalves
Peixoto's Declaration
with English
Translation**

STATEMENT OF HONAN GONCALVES PEIXOTO

I, Honan Goncalves Peixoto, declare under penalty of perjury that the following statements are true and correct:

I respectfully write this statement to explain the circumstances that prevented me from renewing my U nonimmigrant status within the required deadline.

I entered the United States on July 13, 2000. After many years in the country, I was granted U-1 status on January 3, 2019. At the time, I believed that I was finally on a path toward stability and permanent residency.

Unfortunately, several circumstances beyond my control prevented me from seeking an extension of my U status before its expiration on January 2, 2023.

For many years, I have faced significant emotional and psychological difficulties. These challenges became even more severe due to a series of tragic family losses and financial difficulties.

My father passed away in 2014. His death was devastating to me. After his passing, my stepmother became one of the most important people in my life and one of my main sources of emotional support.

During the COVID-19 pandemic (a period during which I was also expected to be concerned with renewing my U visa), my stepmother passed away due to complications from the virus. Her death caused me deep emotional suffering and profound grief. I felt isolated and overwhelmed by the loss of the last parental figure I had in my life.

At the same time, I faced serious financial difficulties resulting from the economic consequences of the pandemic. Despite my own financial struggles, I sent all the money I had available to Brazil to help my family with funeral expenses and other costs associated with my stepmother's passing.

Unfortunately, I am unable to provide documentary evidence of these funeral expenses because my family members in Brazil did not retain the receipts and were unable, or unwilling, to provide me with the documentation, despite my requests. My family does not understand the importance of these records for immigration purposes and does not understand the seriousness of my situation in the United States.

The combination of financial hardship, grief, depression, anxiety, and emotional distress significantly affected my ability to manage important personal and legal matters during that period.

In addition, I did not fully understand the requirements for renewing my U status. I relied on the guidance of my former attorney and believed that, after maintaining U status for several years, the process for permanent residency would occur automatically.

When I later contacted my former attorney seeking clarification, I was informed that I should have been aware of the deadlines. After that conversation, my attempts to obtain

further assistance and guidance were unsuccessful, as he never returned my calls.

As a result of these circumstances, including severe psychological difficulties, traumatic family losses, financial hardship, and the lack of effective legal assistance, I did not file for an extension of my U status within the required timeframe.

Despite these difficulties, I continued to reside in the United States, remained a productive member of my community, and sought to comply with all requirements associated with my U status.

I respectfully request favorable consideration of my application and ask that USCIS take into account the extraordinary circumstances described in this statement.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

DATE: 06/07/2026


Honan Goncalves Peixoto

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



Date: June 16, 2026.

DECLARAÇÃO DE HONAN GONCALVES PEIXOTO

Eu, Honan Goncalves Peixoto, declaro sob pena de perjúrio que as seguintes afirmações são verdadeiras e corretas:

Escrevo respeitosamente esta declaração para explicar as circunstâncias que me impediram de renovar dentro do prazo o meu status de não-imigrante U.

Entrei nos Estados Unidos em 13 de julho de 2000. Após muitos anos no país, recebi o status U-1 em 3 de janeiro de 2019. Na época, acreditei que finalmente estava em um caminho rumo à estabilidade e à residência permanente.

Infelizmente, diversas circunstâncias alheias à minha vontade impediram que eu buscasse a extensão do meu status U antes do seu vencimento em 2 de janeiro de 2023.

Por muitos anos, enfrentei dificuldades emocionais e psicológicas significativas. Esses desafios tornaram-se ainda mais graves devido a uma série de perdas familiares trágicas e dificuldades financeiras.

Meu pai faleceu em 2014. Sua morte foi devastadora para mim. Após sua partida, minha madrasta tornou-se uma das pessoas mais importantes da minha vida e uma das minhas principais fontes de apoio emocional.

Durante a pandemia de COVID-19 (período que eu também deveria estar preocupado com o meu Visto U ser renovado) minha madrasta faleceu devido a complicações do vírus. Sua morte me causou um sofrimento emocional e um luto profundo. Me senti isolado e sobrecarregado pela perda da última figura parental que eu tinha na vida.

Ao mesmo tempo, enfrentei sérias dificuldades financeiras resultantes das consequências econômicas da pandemia. Apesar de minhas próprias lutas financeiras, enviei todo o dinheiro que tinha disponível para o Brasil para ajudar minha família com as despesas do funeral e outros custos associados ao falecimento da minha madrasta.

Infelizmente, não consigo fornecer comprovantes documentais dessas despesas funerárias porque meus familiares no Brasil não preservaram os recibos e não puderam, ou não quiseram, me fornecer a documentação, apesar dos meus pedidos. Minha família não entende a importância desses registros para fins imigratórios e não compreende a gravidade da minha situação nos Estados Unidos.

A combinação de dificuldades financeiras, luto, depressão, ansiedade e angústia emocional afetou significativamente minha capacidade de gerenciar assuntos pessoais e legais importantes durante aquele período.

Além disso, eu não compreendia totalmente os requisitos para a renovação do meu status U. Confiei na orientação do meu antigo advogado e acreditei que, após manter o status U por alguns anos, o processo para a residência permanente ocorreria de forma automática.

Quando mais tarde entrei em contato com meu antigo advogado em busca de esclarecimentos, fui informado de que eu deveria estar ciente dos prazos. Após essa

conversa, minhas tentativas de obter ajuda e orientação adicional não tiveram sucesso, e ele nunca mais retornou minhas ligações.

Como resultado dessas circunstâncias, incluindo dificuldades psicológicas graves, perdas familiares traumáticas, dificuldades financeiras e a falta de auxílio jurídico eficaz, não realizei o pedido de extensão do meu status U no prazo correto.

Apesar dessas dificuldades, continuei a residir nos Estados Unidos, permaneci um membro produtivo da minha comunidade e busquei cumprir todos os requisitos associados ao meu status U.

Peço respeitosamente a consideração favorável do meu pedido e solicito que o USCIS leve em conta as circunstâncias extraordinárias descritas nesta declaração.

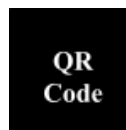
Declaro, sob pena de perjúrio de acordo com as leis dos Estados Unidos, que o conteúdo acima é verdadeiro e correto.

DATA: 06/07/2026



Honan Gonçalves Peixoto

**Exhibit 5 - Evidence
of Extraordinary
Circumstances
Beyond the
Applicant's Control -
Explanation for Nunc
Pro Tunc Request:
Honan Goncalves
Peixoto's Father and
Stepmother Death
Certificate with
English Translation**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

DEATH CERTIFICATE
JOÃO GONÇALVES PEREIRA
CPF No. 083.062.141-53
Registration: 026732 01 55 2014 4 00034 105 0013798 61

Gender male	Race ignored	Marital Status and Age married, 66 years old
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Birthplace Caiaponia-GO	Identification Document (Illegible)	Registered Voter YES
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Filiation and Residence
ALEXANDRE GONÇALVES PEREIRA and ALBINA GONÇALVES VILELA residents and domiciled in Avenida Bartolomeu Bueno, block 03 lot 33, Conjunto Cruzeiro do Sul, Aparecida de Goiania-GO

Date And Time Of Death FEBRUARY TWENTY-FIRST, TWO THOUSAND FOURTEEN, at 10:30 am	Day 21	Month 02	Year 2014
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Place of Death
At Encore Hospital. Aparecida de Goiania-GO, in Aparecida de Goiânia-GO

Cause of Death
septic cirrhosis, acute respiratory failure, diabetes mellitus.

Burial/Cremation (City and Cemetery (if known)) Jardim da Paz Cemetery	Declarant TEREZINHA MOREIRA NEVES GONÇALVES
---	---

Name And Document Number Of The Physician Who Certified The Death
GUILHERME DE OLIVEIRA BARBOSA, CRM 10950

ANNOTATIONS/NOTES
Registration Number: DO 20947255-3 Born on October 17, 1947, 083.062.141-53. The deceased was married to Terezinha Moreira Neves Gonçalves, in Bruno Quintiliano Registry Office - Nova Brasília, Aparecida de Goiânia/GO, in Book No. 06, page 86, term 1660. The deceased was a registered voter: YES, He leaves behind 4 adult children and no minor children. They did not leave a will but have assets to be inventoried. There is nothing further to declare. The deceased was married to Terezinha Moreira Neves Gonçalves, a registered voter: YES leaving behind 4 adult children and no minor children. They did not leave a will but have assets to be inventoried. There is nothing further to declare.

Registration notes
No information

Office Name:
CIVIL REGISTRY AND NOTARY PUBLIC OFFICE
CNS: 02 673-2
Registrar Officer: BRUNO QUINTILIANO SILVA VIEIRA
City: Aparecida de Goiânia/GO
Address: AVENIDA RIO VERDE, BLOCK 24- LOT 06/08
Stamp: 01012404113129930010266
Consult at <http://extrajudicial.tigo.jus.br/iselo>

The content of this certificate is true. I certify.
Aparecida de Goiânia /GO April 16, 2024

-----//signature//-----
RENATA FERREIRA SILVA
DEPUTY CLERK OFFICER
Fees: \$51.65, Court Fee: \$18.29 ISS (Service Tax) \$1.55, Funds \$10.58

I, Marina Viana 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.

Marina Viana

Date: May 15th, 2024



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE ÓBITO

JOÃO GONÇALVES PEREIRA

Matricula: 026732 01 55 2014 4 00034 105 0013798 61
CPF nº 083.062.141-53

Sexo
masculino

Cor
ignorada

Estado Civil e Idade
casado, com 66 anos

Naturalidade
Caiapônia - -GO

Documento de Identificação
CPF nº 08306214153, RG nº 11507107-4/6, SSP/GO, emitido em 28/08/2002, válido até 28/08/2014

Eleitor
SIM

Filiação e Residência

ALEXANDRE GONÇALVES PEREIRA e ALBINA GONÇALVES VILELA, residente e domiciliado Avenida Bartolomeu Bueno, quadra 03, lote 33, Conjunto Cruzeiro do Sul, Aparecida de Goiânia - -GO

Data e Hora de Falecimento

VINTE E UM DE FEVEREIRO DE DOIS MIL E QUATORZE, às 10:30 h

Dia
21

Mês
02

Ano
2014

Local de Falecimento

no Hospital Encore, Aparecida de Goiânia-GO, em Aparecida de Goiânia-GO

Causa da Morte

cirrose septica, insuficiência respiratória aguda, diabetes melitus,

Sepultamento/Cremação (Município e Cemitério, se conhecido)
Cemitério Jardim da Paz

Declarante
TEREZINHA MOREIRA NEVES GONÇALVES

Nome e Número de Documento do Médico que atestou o Óbito

GUILHERME DE OLIVEIRA BARBOSA, CRM 10950

Observações/Averbações

Número da D.O. 20947255-3. Nascido aos 17 de outubro de 1947, 083.062.141-53. Falecido era casado com TEREZINHA MOREIRA NEVES GONÇALVES, no Cartório Bruno Quintiliano - Distrito de Nova Brasília, de Aparecida de Goiânia/GO, no Livro nº 06, fls. 86, sendo (seu) era eleitor(a) SIM, deixa filhos maiores Sim: 4 filhos menores: 0, deixando bens a inventariar, não deixando testamento. Nada mais a declarar. O extinto era casado com a Sra. Terezinha Moreira Neves Gonçalves, era eleitor, deixa 04 filhos, não deixa testamento, deixa bens a inventariar. Nada mais a declarar.

Anotações de cadastro

Sem informações

Nome do Ofício

CARTÓRIO DE REG. CIVIL E TABEL. DE NOTAS
CNS: 02.673-2

Oficial Registrador: BRUNO QUINTILIANO SILVA VIEIRA

Município: Aparecida de Goiânia / GO

End: AVENIDA RIO VERDE, QD 24 - LOTE 06/08

Selo: 01012404113129930010266

Consultar: <http://extrajudicial.tfgo.jus.br/selo>

O conteúdo da certidão é verdadeiro. Dou Fé.
Aparecida de Goiânia / GO, 16 de abril de 2024

RENATA FERREIRA SILVA
SUB-OFFICIAL ESCRIVENTE

Emitido em: R\$ 51,00, Tx. Aus. R\$ 18,20 ISS, R\$ 1,55 Fundos, R\$ 10,30



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

DEATH CERTIFICATE
TEREZINHA MOREIRA NEVES GONÇALVES
CPF No. 193.940.631-53
Registration: 026732 01 55 2021 4 00081 138 0023678 39

Gender female	Race white	Marital Status and Age widow, aged 67
------------------	---------------	--

Birthplace Correntina -BA	Identification Document (Illegible)	Registered Voter YES
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Filiation and Residence
JOSÉ JOAQUIM DE OLIVEIRA and ANA MOREIRA DOS SANTOS, resident and domiciled Avenida Bartolomeu Bueno, block 03, lot 33, Cruzeiro do Sul, Aparecida de Goiânia - GO

Date And Time Of Death MARCH TWENTY-FIRST, TWO THOUSAND TWENTY-ONE, at 11:25 am	Day 21	Month 03	Year 2021
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Place of Death
at the Municipal Hospital of Aparecida, in Aparecida de Goiânia-GO

Cause of Death
Covid-19: Cardio-respiratory failure; Bradycardia; Polymerase Chain Reaction (CRP), Hypotension

Burial/Cremation (City and Cemetery (if known) Jardim da Paz Cemetery in Aparecida de Goiânia-GO	Declarant KESIA CRISTINE MOREIRA GONÇALVES
---	--

Name And Document Number Of The Physician Who Certified The Death
CAMILA DE MENEZES ARAÚJO, CRM 27296

ANNOTATIONS/NOTES
Registration Number: D.0.31085710-4, Born on July 10, 1953, 193.940.631-53. The deceased was a widow, at the Bruno Quintiliano Registry Office - District of Nova Brasília, Aparecida de Goiânia, GO in Book 06-B, page 86, entry 1660, registered to vote: YES. leaves behind adult children: Yes - 2. leaves behind minor children: No - 0; João Andre Gonçalves, 36 years old; Késia Cristine Moreira Gonçalves, 40 years old, leaving assets to be inventoried, did not leave a will. There is nothing further to declare.

Registration notes
No information

Office Name:
CIVIL REGISTRY AND NOTARY PUBLIC OFFICE
CNS: 02 673-2
Registrar Officer: BRUNO QUINTILIANO SILVA VIEIRA
City: Aparecida de Goiânia/GO
Address: AVENIDA RIO VERDE, BLOCK 24- LOT 06/08
Stamp: 01012404113129930010267
Consult at <http://extrajudicial.tigo.jus.br/iselo>

The content of this certificate is true. I certify.
Aparecida de Goiânia /GO April 16, 2024

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

RENATA FERREIRA SILVA
DEPUTY CLERK OFFICER

Fees: \$51.65, Court Fee: \$18.29 ISS (Service Tax) \$1.55, Funds \$10.58

NOTARY OFFICE
BRUNO
QUINTILIANO
District of Nova Brasília
Aparecida de Goiânia - GOIÁS
BRUNO QUINTILIANO SILVA VIEIRA OFFICIAL NOTARY
Avenida Rio Verde, Block 24- LOT 06/08 Vila Rosa
74.035-851 Phone/Fax: (62) 3230-2820



I, Marina Viana 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.

Marina Viana

Date: May 15th, 2024



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE ÓBITO

TEREZINHA MOREIRA NEVES GONÇALVES

CPF n. 193.940.631-53

Matricula: 026732 01 55 2021 4 00081 138 0023678 39

Sexo feminino	Cor branca	Estado Civil e Idade viúva, com 67 anos
Naturalidade Correntina - -BA	Documento de Identificação CPF n. 193.940.631-53, RG n. 457.475 PC-GO, emitido 03/12/2016, órgão emissor: SSP/GO/DEPREG 03/12/2016	Eletor SIM
Filiação e Residência JOSÉ JOAQUIM DE OLIVEIRA e ANA MOREIRA DOS SANTOS, residente e domiciliada Avenida Bartolomeu Bueno, quadra 03, lote 33, Cruzeiro do Sul, Aparecida de Goiânia - -GO		

Data e Hora de Falecimento VINTE E UM DE MARÇO DE DOIS MIL E VINTE E UM, às 11:25 h	Dia 21	Mês 03	Ano 2021
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Local de Falecimento
no Hospital Municipal de Aparecida, em Aparecida de Goiânia-GO

Causa da Morte
Covid-19; Insuficiência cardio respiratória; Bradicardia; PCR; Hipotensão

Sepultamento/Cremação (Município e Cemitério, (se conhecido) Cemitério Jardim da Paz em Aparecida de Goiânia-GO	Declarante KÉSIA CRISTINE MOREIRA GONÇALVES
--	--

Nome e Número de Documento do Médico que atestou o Óbito
CAMILA DE MENEZES ARAÚJO, CRM 27296

Observações/Averbações
Número da D.O.: 31085710-4, Nascida aos 10 de julho de 1953, 193.940.631-53. Falecida era viúva, no Cartório Bruno Quintiliano - Distrito de Nova Brasília, de Aparecida de Goiânia-GO, no Livro nº 06-B, fls. 86, termo 1660, era eleitor(a): SIM, deixa filhos maiores Não: 2, filhos menores: Não: 0; João André Gonçalves 36 Anos, Késia Cristine Moreira Gonçalves 40 Anos., deixando bens à inventariar, não deixando testamento. Nada mais a declarar.

Anotações de cadastro

Sem informações

Nome do Ofício:
CARTÓRIO DE REG. CIVIL E TABEL. DE NOTAS
CNS: 02.673-2
Oficial Registrador: BRUNO QUINTILIANO SILVA VIEIRA
Município: Aparecida de Goiânia / GO
End.: AVENIDA RIO VERDE, QD 24 - LOTE 06/08
Selo: 01012404113129930010267
Consulte: <http://extrajudicial.tigo.jus.br/selo>

O conteúdo da certidão é verdadeiro. Dou Fé.
Aparecida de Goiânia / GO, 16 de abril de 2024

RENATA FERREIRA SILVA
SUB-OFFICIAL ESCRIVENTE

Emitido R\$ 51,65; Taxa Just. R\$ 18,20 ISS: R\$ 1,55 Fundos R\$ 10,98

CARTÓRIO BRUNO QUINTILIANO
REGISTRO CIVIL E
TABELIONATO DE NOTAS
Distrito de Nova Brasília
Aparecida de Goiânia GOIÁS
BRUNO QUINTILIANO SILVA VIEIRA, OFICIAL TABELIÃO
Av. Rio Verde Qd. 24 Lt. 06/08 Vila Rosa
14.035-851 Fone/Fax: (62) 3230-2826



**Exhibit 6 - Honan
Goncalves Peixoto's
Declaration of
Continuous Physical
Presence with
English Translation**

DECLARATION OF CONTINUOUS PHYSICAL PRESENCE OF HONAN GONCALVES PEIXOTO

I, Honan Goncalves Peixoto, declare under penalty of perjury that the following statements are true and correct to the best of my knowledge:

1. I entered the United States on July 13, 2000, with a B-1 visa and was permitted to remain until August 12, 2000.
2. Since my entry into the United States, I have continuously resided in the country and maintained physical presence in the United States. I have not left the country at any time up to the present date.
3. I was granted U-1 nonimmigrant status on January 3, 2019, which was valid until January 2, 2023. However, due to circumstances beyond my control, including significant psychological difficulties, traumatic family events, and lack of effective legal assistance, I missed the deadline to renew my status. I am currently seeking to extend its validity through the filing of Form I-539.
4. Since obtaining U-1 status, I have remained continuously physically present in the United States.
5. I continue to reside in the United States during the processing of my Form I-485.
6. Throughout this period, I have maintained strong ties to the United States through my residence, employment, community involvement, and personal relationships.

I declare, under penalty of perjury under the laws of the United States, that the foregoing is true and correct.

DATE: 06/07/2026

A handwritten signature in dark ink, appearing to read 'Honan Goncalves Peixoto', is written over a horizontal line.

Honan Goncalves Peixoto

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



Date: June 11, 2026.

DECLARAÇÃO DE PRESENÇA FÍSICA CONTÍNUA DE HONAN GONCALVES PEIXOTO

Eu, Honan Goncalves Peixoto, declaro sob pena de perjúrio que as seguintes afirmações são verdadeiras e corretas, de acordo com o meu melhor conhecimento:

1. Eu entrei nos Estados Unidos no dia 13 de julho de 2000 com visto B-1 e tinha permissão de ficar até dia 12 de Agosto de 2000.
2. Desde a minha entrada nos Estados Unidos, resido continuamente no país e mantive presença física nos Estados Unidos. Não saí do país em nenhum momento até a presente data.
3. Recebi o status de não imigrante U-1 em 3 de janeiro de 2019, o qual foi válido até 2 de janeiro de 2023. No entanto, devido a circunstâncias alheias à minha vontade, incluindo dificuldades psicológicas significativas, eventos familiares traumáticos e falta de assistência jurídica eficaz, perdi o prazo para renovar meu status. Atualmente, busco estender sua validade por meio do protocolo do Formulário I-539.
4. Desde a obtenção do status U-1, permaneci continuamente presente de forma física nos Estados Unidos.
5. Continuo a residir nos Estados Unidos durante o protocolo do meu Formulário I-485.
6. Durante todo o período, mantive fortes laços com os Estados Unidos através de minha residência, trabalho, envolvimento comunitário e relacionamentos pessoais.

Declaro, sob pena de perjúrio de acordo com as leis dos Estados Unidos, que o conteúdo acima é verdadeiro e correto.

DATA: 06/07/2026



Honan Goncalves Peixoto

**Exhibit 7 - Evidence
of Continuous
Physical Presence in
the United States
(2016-2026)**

Your Platinum invitation is here.

\$0 annual
fee

\$0 fraud liability
for unauthorized
charges

0078321 007 007 0526
Honan Peixoto
190 Castleton Way
San Bruno, CA 94066-1643



Take advantage of this invitation
before June 16, 2026.

Hello Honan,

Good news! You're invited to apply for the **Capital One Platinum card**, which can help you build credit with responsible use.

Once approved, you'll enjoy these features:

\$0 annual fee

\$0 fraud liability for unauthorized charges

If your card is lost or stolen.

Automatic credit line reviews

Be considered for a higher credit line in as little as 6 months.

Flexible payment due dates

Choose the date that works best for you.

Tap-to-pay convenience

Check out quickly and securely with contactless payments.

Apply today. The tools you want are just a few clicks away.

This invitation expires June 16, 2026, so apply now.

Apply now. Get a
response in seconds.



Scan your QR code
with your phone

— or —

Visit
getmyoffer.capitalone.com

Entering codes will be required:

Reservation #:

007-8321-2453-56164

Access code:

072453

This invitation expires:

June 16, 2026

See the enclosed Terms for eligibility and rate, fee, and other cost information.

A 0000 69797 V007 000423974

FM430764-78321-a

NAIC#: 20260

Kemper Auto Commercial11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten by: Infinity Select Insurance Company

CALIFORNIA EVIDENCE OF LIABILITY INSURANCEThis policy complies with Sections 16056 or 16500.5 of the
California Vehicle Code and is a commercial or fleet policy.

Policy Number	Effective Date	Expiration Date
50020149201	12/05/2024	06/05/2025

Year	Make	Model	VIN
2014	TOYOTA	CAMRY L	4T1BF1FK6EU303818

Insured:

GPEIXOTO LLC
190 Castleton Way
San Bruno, CA 94066

Agent:

Insmall Financial&Insurance
1080 Sullivan Ave
Daly City, CA 94015-1668

50461IDC03

NAIC#: 20260

Kemper Auto Commercial11700 Great Oaks Way, Suite 450
Alpharetta, GA 30022

Underwritten by: Infinity Select Insurance Company

CALIFORNIA EVIDENCE OF LIABILITY INSURANCEThis policy complies with Sections 16056 or 16500.5 of the
California Vehicle Code and is a commercial or fleet policy.

Policy Number	Effective Date	Expiration Date
50020149201	12/05/2024	06/05/2025

Year	Make	Model	VIN
2002	FORD	RANGER SUPER CAB	1FTZR45E32PA38048

Insured:

GPEIXOTO LLC
190 Castleton Way
San Bruno, CA 94066

Agent:

Insmall Financial&Insurance
1080 Sullivan Ave
Daly City, CA 94015-1668

50461IDC03

**CALIFORNIA INSURANCE IDENTIFICATION CARD**

THIS POLICY MEETS THE REQUIREMENTS OF § 16056 OF THE CALIFORNIA VEHICLE CODE

EVIDENCE OF LIABILITY INSURANCE**POLICY NUMBER:**

CAN24012940-00

EFFECTIVE DATE:

5/1/2024

EXPIRATION DATE:

11/1/2024

INSURANCE COMPANY:KNIGHTBROOK INSURANCE COMPANY
4751 WILSHIRE BLVD
LOS ANGELES, CA 90010**NAIC NUMBER:**

13722

VEHICLE INFORMATION**YEAR/MAKE/MODEL:**

2014/TOYOTA/CAMRY

VIN:

4T1BF1FK6EU303818

DRIVER INFORMATION**INSURED:**HONAN PEIXOTO
509 DOUGLAS AVE
REDWOOD CITY, CA 94063**DRIVERS:**HONAN PEIXOTO
JAMYSON MUNIZ MORALES**TO REPORT A CLAIM****CALL 833-966-8366****KEEP IN VEHICLE**



CUSTOMER RECEIPT COPY

PARKING/TOLL EVASION CITATION PAYMENT

PAGE: 01 OF 02

LICENSE#: 7BZG411

MAKE: TOYT

DATE ISSUED: 12/02/24

VEHICLE ID NUMBER: 4T1BF1FK6EU303818

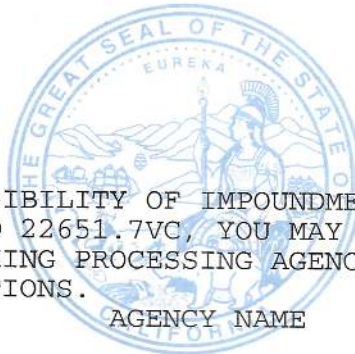
PEIXOTO HONAN
509 DOUGLAS AVE

BAIL: 355

AMOUNT PAID: 355.00

REDWOOD CITY
CA

94063



IN ORDER TO REDUCE THE POSSIBILITY OF IMPOUNDMENT (TOWING) OR IMMOBILIZATION (BOOTING) UNDER 22651VC AND 22651.7VC, YOU MAY SEND A COPY OR OTHER EVIDENCE OF THIS RECEIPT TO THE PARKING PROCESSING AGENCY. TOWING OR BOOTING DOES NOT APPLY TO TOLL EVASION CITATIONS.

CITATION NO.	VIODATE	AGENCY NAME	AGENCY CODE	BAIL	DISPO
2397016233	10/02/23	DALY CITY	41315	082	PAIDDMV
2349035773	03/19/24	DALY CITY	41315	082	PAIDDMV
977478132	08/09/24	SAN FRANCISCO	38302	191	PAIDDMV

ECONOMY SMOG CHECK

1480 BROADWAY

BURLINGAME, CA 94010

(650) 343-7777

ARD #282949

California Toxic Waste # 352

EPA # CAL000395997

Customer: HONAN PEIXOTO

Owner/Driver: _____

Address: 204 SAN FERNANDO WAYDALY CITY, CA 94015Phone: 415 602 9740

Registration Due Date: _____

Email Address: _____

INVOICE # 032382

Date/Time In 12/6/2022 04:05 PM

Date/Time Out 12/6/2022 04:09 PM

Results: FAIL Certificate # _____

Manual Estimate # _____

PO # _____

License: 7BZG411 State: CA Year/Make/Model: 2014 TOYOTA CAMRYOdometer: 210478 Vehicle VIN Number: 4T1BF1FK6EU303818Reason For Service: Smog Test

Quantity	Item #	Description	Unit Price	Discount	Extended Price
1	01-TEST	Smog Inspection 1996 & Newer	56.75	\$20.00	36.75
0	08-CERT	Smog Certificate	8.25		0.00

Notes: _____

Subtotal Parts:	\$0.00
Sales Tax:	0.00
State Certificate:	0.00
Subtotal Labor:	36.75
DMV Fees:	\$0.00
TOTAL PRICE:	\$36.75
PAID BY: ATM/DEBIT	\$36.75

Notice: You may choose another Smog Check Station to perform the needed repairs, installations, adjustments, or subsequent tests.

Change: No Change
Approval Code: _____

No retest included with discounted inspections*. One free retest on regular price inspections.
1000 Miles or 6 month over oil change interval maximum allowed whichever comes first.
Check oil level between oil change intervals, and add if needed. Oil in safe area on dipstick required upon return.
I acknowledge receipt of the above services and/or products:

Authorized by (customer signature): _____

Recommend changing oil and filter every 5000 miles or 6 months whichever comes first with Synthetic Blend oil.
Recommend changing oil and filter every 7500 miles or 9 months whichever comes first with Full Synthetic oil.
Recommend changing oil and filter every 10000 miles or 1 year whichever comes first with Mobil 1 Euro oil.
Recommend changing oil and filter every 15000 miles or 1 year whichever comes first with Mobil 1 Ext Performance oil.



California USA DRIVER LICENSE FEDERAL LIMITS APPLY

DL **F8476558** CLASS C
EXP **11/27/2024** END NONE

LN PEIXOTO
FN HONAN
509 DOUGLAS AVE
REDWOOD CITY, CA 94063
DOB **11/27/1972**
RSTR NONE

SEX M HAIR BLK EYES BRN
HGT 5'-09" WGT 210 lb
DD 01/04/2023548AS/BBFD/24 ISS 01/04/2023

11271972

Peixoto

CALIFORNIA USA DRIVER LICENSE FEDERAL LIMITS APPLY

DL **F8476558** CLASS C
EXP **11/27/2019** END NONE

LN GONCALVES PEIXOTO
FN HONAN
1040 EL CAMINO REAL APT 302
BURLINGAME, CA 94010
DOB **11/27/1972**
RSTR NONE

SEX M HAIR BLK EYES BRN
HGT 5'-09" WGT 200 lb
DD 09/03/201550322/DDFD/19 ISS 09/26/2016

11271972

Peixoto

Exhibit 8 - Letters of Support

Full name: Raykes Oliveira Gomes
Address: 1137 El Camino Real apt 05 Bulingame California
Phone: 1 860 209 1591
Date 26/05/2024

I am writing this letter to assist with the regularization of Honan Peixoto, a Brazilian born in Goiânia, who faced several issues while I was present when we shared an apartment. During this time, he had problems with work, finances, and psychological issues, facing significant financial difficulties and the loss of loved ones, which I noticed deeply affected him psychologically. Unfortunately, I could not assist him at the time because I was also struggling financially during the pandemic.

I have known Honan since I arrived here; he is an honest person, a good friend, and also has good friendships. He is someone I related to during the time we lived together.

During this period of living together, I noticed that he was very unwell, frequently visiting the doctor with severe headaches. He was experiencing multiple difficulties, having already lost his father and, during the pandemic, his stepmother was taken by COVID-19. He often expressed concerns about losing his green card due to not having the money to apply, and at that time, we were struggling to pay the rent. We eventually had to give up the apartment and move in with others. Today, I am writing this letter to explain what he went through. As a friend who witnessed his suffering, I sincerely request that the Immigration Department forgive and assist him with his immigration status.

I am available if you need any clarification.

Sincerely: _____ ----//signature//----

Date 25/05/2024

I, André Vinícius Inacio Penna Mello, 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: August 16, 2024.

Nome Completo: Raykes Oliveira Gomes
Endereco: 1137 El Camino Real apt 05 Burlingame California
Telefone: 1 860 209 1591
Data 05/26/2024

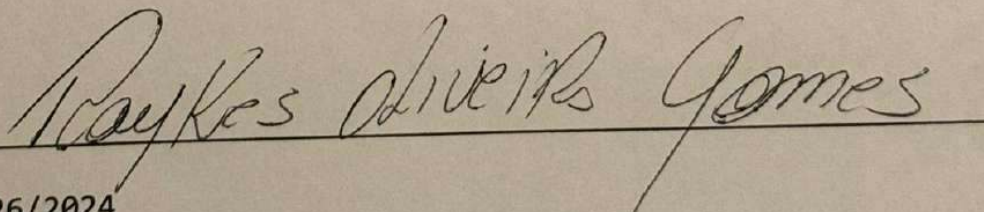
Estou escrevendo esta carta para ajudar a regularizacao de Honan Peixoto, Brasileiro nascido em Goiania, que teve varios problemas que tive presente quando dividia-mos um apartamento, neste tempo teve problemas com trabalho, financeiros e psicologico, muita dificuldades financeiras e tambem percas de intes queridos eu percebi que o afetou muito psicologicamente, infelicamente na epoca nao pude ajuda-lo nao estava bem financeiramente epoca de pandemia.

Conheco o Honan desde quando cheguei aqui, uma pessoa boa honesta, bom amigo e tambem tem boa amizades, pessoa que me relacionei neste periodo de tempo que moramos juntos.

Neste periodo de convivencia percebi que ele estava muito mal foi varias vezes ao medico sentia fortes dor de cabeca, ele estava passando por varias dificuldades ja tinha perdido seu pai e na pandemia o covide levou sua Madrasta e sempre falava que ia perde seu greecard por nao ter dinheiro para fazer as aplicacao, e nesta epoca nos passavamos a perder para pagar o aluguel, chegamos a entregar o apartamentos e fomos morar de homeide, hoje estou escrevendo esta carta tentando explicar o que ele passou, eu como amigo por ter viveciado o sofrimento que ele passou peço com sinceridade que o Departamento de Imigracao perdoe e o ajude com seus status Imigratorio.

Estou disponivel se precisar de algum esclarecimento.

Atenciosamente:



Data 05/26/2024

California

USA

DRIVER LICENSE

FEDERAL
LIMITS
APPLY



DL **Y8100087**

CLASS C

EXP **06/02/2026**

END NONE

LN DE OLIVEIRA GOMES

FN RAYKES

124 SANTA HELENA AVE APT 6
SAN BRUNO, CA 94066

DOB **06/02/1983**

RSTR NONE

06021983

Raykas Oliveira Gomes

SEX M

HAIR BLK

EYES BLK

HGT 5'-09"

WGT 149 lb

ISS

DD 03/22/202259317/04F0/26

08/29/2022

Full Name: Carolina Peixoto Garcia

Address: Rua Humaitá, Residencial Eco Vilaggio, apt. 1604, tower 01 (Brazil, Goiânia – Goiás)

Phone number: +55 (62)99808-1199

Date: May 17, 2024

I am writing this letter in support of **Honan Gonçalves Peixoto's** request for status regularization who is Brazilian and unfortunately faced various psychological difficulties that prevented him from regularizing his legal status within the proposed timeframe.

I have known Honan Gonçalves Peixoto for 24 years, since the day of my birth, and can confidently attest to his exemplary character and integrity. Honan is a respectable, honest person, dedicated to everything he undertakes, and has significantly contributed to our community, as he has always worked with honor and determination, is extremely competent in his duties, and dedicated to his family.

Unfortunately, Honan faced serious economic and psychological difficulties that affected him severely, namely:

- The loss of his father João Gonçalves Pereira, with whom he maintained frequent contact and who was the foundation of his psychological and fraternal support, even from a distance, was his faithful confidant;
- The loss of his stepmother Terezinha Moreira Neves Gonçalves, who unfortunately passed away, which caused further disruption to his mental health, as she, together with her deceased husband, was Honan's cornerstone;
- Additionally, with the advent of the COVID-19 pandemic, Honan has been facing serious economic difficulties up to the present day, as there has been a decline in work demand.
- Furthermore, the distance from his biological family has made these adversities more severe and affected him more deeply.

I sincerely request that the Immigration Department consider this request with compassion, empathy, and solidarity, and grant **Honan Gonçalves Peixoto** an extension of his immigration status.

I am available to provide further information or clarification if needed.

Sincerely,

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

Date: May 17, 2024

I, André Vinícius Inacio Penna Mello, 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: August 15, 2024.

Nome Completo: Carolina Peixoto Garcia

Domicílio: Rua Humaitá, Residencial Eco Vilaggio, apt. 1604, torre 01 (Brasil, Goiânia-Goiás)

Número de telefone: +555 (62)99808-1199

Data: 17 de maio de 2024

Escrevo esta presente carta, em apoio ao pedido de regularização de status de **Honan Gonçalves Peixoto**, que possui nacionalidade Brasileira, e que infelizmente, enfrentou diversas dificuldades psicológicas e psicológicas que o impediram de regularizar seu status legal dentro do prazo proposto.

Conheço o Honan Gonçalves Peixoto, há 24 anos, desde o dia de meu nascimento, e posso atestar com segurança o seu caráter e integridade exemplares. Honan, é uma pessoa respeitável, honesta, dedicada a tudo que se propõe a fazer e que, contribuiu significativamente para a nossa comunidade, pois, sempre trabalhou com honra, garra, é extremamente competente com seus afazeres, e dedicado à sua família.

Lamentavelmente, Honan enfrentou sérias dificuldades econômicas e psicológicas que o afetou gravemente, sendo elas:

- A perda de seu pai João Gonçalves Pereira, o qual mantinha contanto frequentemente e era a base de seu apoio psicológico e fraterno, mesmo à distância, era o seu fiel confidente;
- A perda de sua madrasta Terezinha Moreira Neves Gonçalves, lamentavelmente também veio a falecer o que gerou mais transtornos em sua saúde mental, pois, ela em conjunto com seu falecido esposo, era o alicerce de Honan;
- Somado a isso, com o advento da pandemia de Covid-19, Honan vem enfrentando sérias dificuldades econômicas até os dias atuais, visto que, houve uma queda na demanda de trabalho.
- Ademais, a distância de sua família sanguínea, fez com que tais adversidades ficassem mais graves e o afetassem de maneira mais severa.

Assim, rogo com sinceridade que o Departamento de Imigração considere este pedido com compaixão, empatia e solidariedade, e conceda a **Honan Gonçalves Peixoto**, a extensão do seu status de imigrante.

Estou à disposição para fornecer mais informações ou esclarecimentos, se caso for necessário.

Atenciosamente,

Carolina Peixoto Garcia

Data: 17 de maio de 2024

FEDERATIVE REPUBLIC OF BRAZIL

GOVERNMENT OF THE STATE OF GOIÁS
SECRETARIAT OF PUBLIC SECURITY
IDENTIFICATION DEPARTMENT

Fingerprint

RIGHT THUMB

Picture

_____/signature/_____
Signature of the Holder

IDENTITY CARD

VALID IN ALL NATIONAL TERRITORY	
GENERAL RECORD: 6457143	ISSUING DATE: JAN/03/2014
NAME CAROLINA PEIXOTO GARCIA	
FILIATION GERSON GARCIA DOS SANTOS HONAY GONCALVES PEIXOTO	
GOIANIA-GO PLACE OF BIRTH	NOV/11/1999 DATE OF BIRTH
ORIGIN DOCUMENT Birth Certificate no. 302205, Pages 05 Book A1461 GOIANIA - GO 2ZN ON 12/03/2013	
CPF 705247031-40	-----/signature/----- DIRECTOR'S SIGNATURE
6784378	47720417
LAW No. 7.116 OF 08/29/83	

I, André Vinícius Inacio Penna Mello, 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: August 16, 2024.

REPÚBLICA FEDERATIVA DO BRASIL

GOVERNO DO ESTADO DE GOIÁS
SECRETARIA DE SEGURANÇA PÚBLICA
INSTITUTO DE IDENTIFICAÇÃO



POLEGAR DIREITO



Carndine Pereira Exorcis
ASSINATURA DO TITULAR

CARTEIRA DE IDENTIDADE

THOMAS GREG & SONS

VÁLIDA EM TODO O TERRITÓRIO NACIONAL

REGISTRO
GERAL 6457143

DATA DE
EXPEDIÇÃO 03/JAN/2014

NOME CAROLINA PEIXOTO GARCIA

FILIAÇÃO GERSON GARCIA DOS SANTOS
HONAY GONCALVES PEIXOTO

GOIANIA-GO

11/NOV/1999

NATURALIDADE

DATA DE NASCIMENTO

DOC. ORIGEM C.NAS. 302205 FLS. 05 L. A1461 GOIANIA -
GO 22N EM 03/12/2013

CPF 705247031-40

6784378

47720417

LEI Nº 7.414 DE 29/08/87

INFORMAÇÕES E SERVIÇOS

Full Name: Honay Gonçalves Peixoto

Address: Rua 210, number 210, Setor Coimbra (Brazil, Goiânia – Goiás)

Phone number: +55 (62)98148-0163

Date: May 14, 2024

I am writing this letter in support of **Honan Gonçalves Peixoto's** request for status regularization who is Brazilian and unfortunately faced various psychological difficulties that prevented him from regularizing his legal status within the proposed timeframe.

I have known Honan Gonçalves Peixoto since the day of my birth, as he is my older brother, he has always been present in my upbringing, provided support when needed, and has always been by my side. I can confidently attest to Honan's exemplary character and integrity. He is a valued, sincere, and dedicated person who is committed to everything he undertakes. Honan has made significant contributions to our community, always working with dignity and perseverance. He is highly competent in his responsibilities and devoted to his family.

Unfortunately, Honan faced serious economic and psychological difficulties that affected him severely, namely:

- The loss of our father João Gonçalves Pereira, with whom he maintained frequent contact and who was the foundation of his psychological and fraternal support, even from a distance, was his faithful confidant;
- The loss of our stepmother Terezinha Moreira Neves Gonçalves, who unfortunately also passed away, caused further disruption to his mental health, as she, together with her deceased husband, was his cornerstone;
- Additionally, with the advent of the COVID-19 pandemic, Honan has been facing serious economic difficulties up to the present day, as there has been a drastic decline in work demand, which leaves him worried and insecure.
- Furthermore, the distance from his biological family has made these adversities more severe and affected him more deeply.

I sincerely request that the Immigration Department consider this request with compassion, empathy, and solidarity, and grant **Honan Gonçalves Peixoto** an extension of his immigration status.

I am available to provide further information or clarification if needed.

Sincerely,

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

Date May 14, 2024

I, André Vinícius Inacio Penna Mello, 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: August 16, 2024.

Nome Completo: Honay Gonçalves Peixoto

Domicílio: Rua 210, número 210, Setor Coimbra (Brasil, Goiânia-Goiás)

Número de telefone: +555 (62)98148-0163

Data: 14 de maio de 2024

Escrevo esta presente carta, em apoio ao pedido de regularização de status de **Honan Gonçalves Peixoto**, que possui nacionalidade Brasileira, e que infelizmente, enfrentou diversas dificuldades psicológicas e psicológicas que o impediram de regularizar seu status legal dentro do prazo proposto.

Conheço o Honan Gonçalves Peixoto, desde o dia de meu nascimento, pois ele é o meu irmão mais velho, sempre esteve presente em minha criação, meu deu suporte quando necessário e sempre esteve ao meu lado. Posso afirmar com confiança o caráter e a integridade notáveis de Honan. Ele é uma pessoa estimada, sincera e comprometida com tudo o que se propõe a fazer. Honan tem contribuído de maneira significativa para a nossa comunidade, sempre trabalhando com dignidade e perseverança. Ele é altamente competente em suas responsabilidades e devotado à sua família.

Lamentavelmente, Honan enfrentou sérias dificuldades econômicas e psicológicas que o afetou gravemente, sendo elas:

- A perda de nosso querido pai João Gonçalves Pereira, com quem mantinha contato frequente e que era a base de seu apoio emocional e fraternal, mesmo à distância, sendo seu leal confidente, após seu falecimento, nossa família sofreu muito, pois nosso pai era o elo de nossa linhagem;
- A perda de nossa madrastra Terezinha Moreira Neves Gonçalves, lamentavelmente, também veio a falecer, o que causou mais transtornos em sua saúde mental, pois ela, junto com seu falecido esposo, era o seu alicerce, pois Honan desde a adolescência sempre foi muito apegado à sua madrastra que sempre o ajudou e o aconselhou em diversos momentos;
- Somado a isso, com o advento da pandemia de Covid-19, Honan vem enfrentando graves dificuldades econômicas até os dias atuais, visto que houve uma drástica queda na demanda de trabalho, o que o deixa preocupado e inseguro.
- Ademais, a distância de sua família biológica intensificou essas adversidades, tornando-as mais críticas e afetando-o de maneira preocupante.

Assim, rogo com sinceridade que o Departamento de Imigração considere este pedido com compaixão, empatia e solidariedade, e conceda a **Honan Gonçalves Peixoto**, a extensão do seu status de imigrante.

Estou à disposição para fornecer mais informações ou esclarecimentos, se caso for necessário.

Atenciosamente,

Jonay Gonçalves Peirato

Data: 14 de maio de 2024

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF GOIÁS
STATE SECRETARIAT OF PUBLIC SECURITY
CIVIL POLICE
IDENTIFICATION DEPARTMENT

NAME **HONAY GONÇALVES PEIXOTO**

Picture

FILIATION
JOÃO GONÇALVES PEREIRA

HOSANA PEREIRA PEIXOTO

DATE OF BIRTH
02/01/1974

PLACE OF BIRTH
GOIÂNIA - GO

NOTES

BLOOD TYPE/RH FACTOR

-----//signature//-----
SIGNATURE OF THE HOLDER

IDENTITY CARD

LAW No. 7.116 OF AUGUST 29, 1983

CPF **628769101-87**
ID **3290797 2nd COPY**

ISSUING DATE: **03/13/2020**

CIVIL REGISTRY
BIRTH CERTIFICATE 181665, A-170 Pages 1 ZN
GOIÂNIA-GO ON 10/01/1990

VOTER ID *****	CTPS (Employment Record Book) *****	SERIES	STATE
NIS/PIS/PASEP *****	PROFESSIONAL ID *****		

MILITARY CERTIFICATE

CNH (Driver's License)

CNS (National Health Card)

6370624E

-----//signature//-----
Deusny Aparecida Silva Filho
DIRECTOR'S SIGNATURE

RIGHT THUMB

Fingerprint

VALID IN ALL NATIONAL TERRITORY

I, André Vinícius Inacio Penna Mello, 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: August 16, 2024.

REPÚBLICA FEDERATIVA DO BRASIL		LEI Nº 7.116 DE 29 DE AGOSTO DE 1983	
ESTADO DE GOIÁS SECRETARIA DE SEGURANÇA PÚBLICA POLÍCIA CIVIL INSTITUTO DE IDENTIFICAÇÃO			
NOME	HONAY GONÇALVES PEIXOTO		
	FILIAÇÃO	JOÃO GONÇALVES PEREIRA	
	HOSANA PEREIRA PEIXOTO		
	DATA NASCIMENTO	01/02/1974	
	NATURALIDADE	GOIÂNIA - GO	
	OBSERVAÇÃO	*****	
	TIPO/FATOR RH	*****	
Assinatura do Titular: <i>Honay Gonçalves Peixoto</i> ASSINATURA DO TITULAR			
CARTEIRA DE IDENTIDADE			
CPF 628769101-87 DNI***** RG 3290797 2ª VIA DATA DE EXPEDIÇÃO 13/03/2020 REGISTRO CIVIL CERTIDÃO DE NASCIMENTO 181665 A-170 FLS289 1 ZN GOIÂNIA-GO EM 01/10/1990			
T. ELEITOR *****	CTPS *****	SÉRIE UF	POLEGAR DIREITO 
NIS/PIS/PASEP *****	IDENTIDADE PROFISSIONAL *****		
CERT. MILITAR *****			
CNH *****	CNS *****		
 Deusny Aparecido Silva Filho ASSINATURA DO DIRETOR			
6370624E	P0003		
VALIDA EM TODO O TERRITÓRIO NACIONAL			

Marco Antonio Talaveira Junqueira

3155 Fronteira Way apt 228
Burlingame California 94010
06/15/2026

I, Marco Antonio Junqueira, hereby declare that I have known Honan Peixoto for more than 23 years and that I am aware of his integrity regarding his commitments.

Some time ago, during the pandemic period, I know that Honan went through difficult moments in his life, both financially and emotionally, after losing his stepmother, who played the role of a mother in his life. One year earlier, he also lost his father, which made his life significantly more difficult.

These factors had a strong emotional impact on him and affected his ability to manage his U Visa process, making it difficult to proceed and causing some complications in the process.

I believe that, despite these events, Honan deserves a second chance to continue his process with the same integrity that I recognize in him.



Marco Antonio Talaveira Junqueira.

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



Date: June 17, 2026.

Marco Antonio Talaveira Junqueira

3155 Fronteira Way apt 228
Burlingame California 94010
06/15/2026

Eu, Marco Antonio Junqueira, venho por meio desta carta declarar que conhece Honan Peixoto a mais de 23 anos e sei de sua integridade a respeito de seus compromissos.

Honan Peixoto tempos atras na epoca da pandemia sei que ele passou por momentos dificeis em sua vida, tanto no financeiro quantos emocional, depois de ter perdido sua Madrasta, que exerceu papeu de mae na sua vida e um ano antes perdeu seu pai isso dificultou bastante sua vida.

Esse fatores o influenciou muito emocionalmente para cuidar de seu processe U Visa, dificultou a continuidade no andamento do seu processo, causando alguns transtorno no mesmo.

Acredito que, mesmo por esses acontecidos, Honan merece uma segunda chance de continuar seu processo com a mesma integridade e que reconheco que ele tem.



Marco Antonio Talaveira Junqueira.

California USA DRIVER LICENSE

 DL **D2494214** CLASS C
EXP **08/15/2026** END NONE
LN JUNQUEIRA
FN MARCO ANTONIO TALAVEIRA
3155 FRONTERA WAY 228
BURLINGAME, CA 94010
DOB **08/15/1979**
RSTR NONE


 081519

SEX: M HAIR: BRN EYES: BRN
HGT: 5'-05" WGT: 187 lb
DD 06/29/2021593C6/CCFD/26 ISS 06/29/20

California USA DRIVER LICENSE

 DL **D2494214** CLASS C
EXP **08/15/2026** END NONE
LN JUNQUEIRA
FN MARCO ANTONIO TALAVEIRA
3155 FRONTERA WAY 228
BURLINGAME, CA 94010
DOB **08/15/1979**
RSTR NONE


 081519

SEX: M HAIR: BRN EYES: BRN
HGT: 5'-05" WGT: 187 lb
DD 06/29/2021593C6/CCFD/26 ISS 06/29/20

**Exhibit 9 - Evidence
of Marital Status:
Honan Goncalves
Peixoto's Proof of
Marital Status -
Dissolution of Prior
Marriage**

SEP 25 2012

FL-180

2

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): HONAN PEIXOTO PO BOX 40613 SAN FRANCISCO, CA 94140-0613 TELEPHONE NO. 510-260-9997 FAX NO. (Optional) E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name):		FOR COURT USE ONLY 2012 NOV 29 P 4:47 K. TORRES, CLERK OF SUPERIOR COURT BY: <i>[Signature]</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: FAMILY LAW BUILDING MAILING ADDRESS: 751 PINE ST. PO BOX 911 CITY AND ZIP CODE: MARTINEZ, CA 94553 BRANCH NAME: SUPERIOR COURT- MARTINEZ		
MARRIAGE OR PARTNERSHIP OF PETITIONER: HONAN PEIXOTO RESPONDENT: IRIS ESCOBAR		
JUDGMENT ☒ DISSOLUTION ☐ LEGAL SEPARATION ☐ NULLITY ☐ Status only ☐ Reserving jurisdiction over termination of marital or domestic partnership status ☐ Judgment on reserved issues Date marital or domestic partnership status ends: <i>09/25/12</i>		CASE NUMBER: D10-02000

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
 The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____
2. This proceeding was heard as follows: ☒ Default or uncontested ☒ By declaration under Family Code section 2336
☐ Contested ☐ Agreement in court
 a. Date: _____ Dept.: *12* Room: _____
 b. Judicial officer (name): **CHARLES S. TREAT** ☐ Temporary judge
 c. ☐ Petitioner present in court ☐ Attorney present in court (name): _____
 d. ☐ Respondent present in court ☐ Attorney present in court (name): _____
 e. ☐ Claimant present in court (name): _____
 f. ☐ Other (specify name): _____
3. The court acquired jurisdiction of the respondent on (date): *09/01/2011*
 a. ☒ The respondent was served with process.
 b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☒ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 (1) ☒ on (specify date): *9/25/12*
 (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
- b. ☐ Judgment of legal separation is entered.
- c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify): _____
- d. ☐ This judgment will be entered nunc pro tunc as of (date): _____
- e. ☐ Judgment on reserved issues.
- f. The ☐ petitioner's ☐ respondent's former name is restored to (specify): _____
- g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
- h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party):

CASE NUMBER:

D10-02000

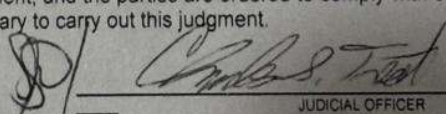
4. i. ☐ The children of this marriage or domestic partnership are:(1) ☐ Name Birthdate(2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnershipj. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached(1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).(2) ☐ Child Custody and Visitation Order Attachment (form FL-341).(3) ☐ Stipulation and Order for Custody and/or Visitation of Children (form FL-355).(4) ☐ Previously established in another case. Case number: Court:k. ☐ Child support is ordered as set forth in the attached(1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).(2) ☐ Child Support Information and Order Attachment (form FL-342).(3) ☐ Stipulation to Establish or Modify Child Support and Order (form FL-350).(4) ☐ Previously established in another case. Case number: Court:l. ☒ Spousal, domestic partner, or family support is ordered:(1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent(2) ☒ Jurisdiction terminated to order spousal or partner support to ☒ petitioner ☒ respondent(3) ☐ As set forth in the attached Spousal, Partner, or Family Support Order Attachment (form FL-343).(4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.(5) ☐ Other (specify):m. ☒ Property division is ordered as set forth in the attached(1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.(2) ☐ Property Order Attachment to Judgment (form FL-345).(3) ☒ Other (specify):

There are no community assets or debts to be divided by the court.

n. ☐ Attorney fees and costs are ordered as set forth in the attached(1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.(2) ☐ Attorney Fees and Costs Order (form FL-346).(3) ☐ Other (specify):o. ☐ Other (specify):

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: 11/27/12



JUDICIAL OFFICER

5. Number of pages attached: 0

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

...SUPER...

This document is a correct copy
of the original on file in this office

ATTEST: MAY 22 2026

S. LIND CLERK OF THE COURT
SUPERIOR COURT OF CALIFORNIA
COUNTY OF CONTRA COSTA

By L. Souza Deputy Clerk

This document is a correct copy
of the original on file in this office.

ATTEST: MAY 22 2026

S. LIND CLERK OF THE COURT
SUPERIOR COURT OF CALIFORNIA
COUNTY OF CONTRA COSTA

By L. Souza Deputy Clerk

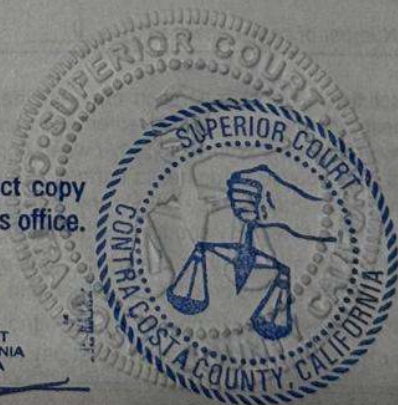


**Exhibit 10 - Evidence
of Compliance with
Reasonable Requests
for Assistance in the
Investigation or
Prosecution of the
Qualifying Criminal
Activity**



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

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or
Accredited Representative

Name and Address of Attorney or Accredited Representative

- 1.a. Family Name (Last Name) FLORES
- 1.b. Given Name (First Name) Denise
- 1.c. Middle Name
2. Name of Law Firm or Recognized Organization
Law Office of Robert B Jobe
3. Name of Law Student or Law Graduate
n/a
4. State Bar Number 291218
- 5.a. Street Number 550
- 5.b. Street Name Kearny Street
- 5.c. Apt. ☐ Ste. ☒ Flr. ☐ 200
- 5.d. City or Town San Francisco
- 5.e. State CA 5.f. Zip Code 94108
- 5.g. Postal Code
- 5.h. Province
- 5.i. Country
United States
6. Daytime Phone Number (415) 956 - 5513
7. E-Mail Address of Attorney or Accredited Representative
denise@jobelaw.com

Part 2. Eligibility Information For Attorney or
Accredited Representative

(Check applicable item(s) below)

1. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.
- 1.a. California Supreme Court
- 1.b. I (choose one) ☒ am not ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)
- 1.b.1.
2. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
- 2.a. Name of Recognized Organization
- 2.b. Date Accreditation expires
(mm/dd/yyyy) ▶
3. ☐ I am associated with
- 3.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 is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).
4. ☐ 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)(iv).

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

1. ☒ USCIS - List the form number(s)

1.a. I-918, 1-192

2. ☐ ICE - List the specific matter in which appearance is entered

2.a.

3. ☐ CBP - List the specific matter in which appearance is entered

3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one: ☒ Applicant ☐ Petitioner
☐ Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

5.a. Family Name (Last Name) GONCALVES PEIXOTO

5.b. Given Name (First Name) HONAN

5.c. Middle Name

5.d. Name of Company or Organization, if applicable
N/A

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

6.a. Street Number and Name 860 HENSLEY AVENUE

6.b. Apt. ☐ Ste. ☐ Flr. ☐

6.c. City or Town SAN BRUNO

6.d. State CA 6.e. Zip Code 94066

7. Provide A-Number and/or Receipt Number

none

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

- 8.a. Signature of Applicant, Petitioner, or Respondent

- 8.b. Date

(mm/dd/yyyy)

10/31/2014

Part 4. 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 the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative

2. Signature of Law Student or Law Graduate

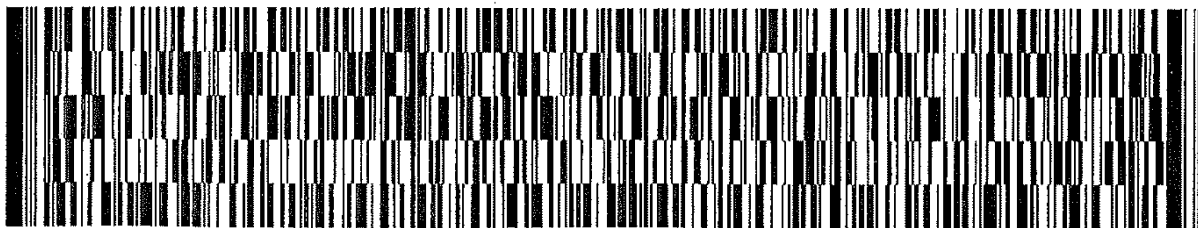
3. Date

(mm/dd/yyyy)

10/3/2014

Part 5. Additional Information

1.



San Francisco Police Department INCIDENT REPORT

130174266

Report Type: Initial

I N C I D E N T	Incident Number 130-174-266	Occurrence From Date / Time 03/01/2013 02:20	Occurrence To Date / Time	Reported Date / Time 03/01/2013 02:24	CAD Number 130600253	
	Type of Incident ASSAULT, AGGRAVATED, W/ FORCE 04014 RESISTING, DELAYING, OR OBSTRUCTING PEACE OFFICER DUTIES 27170					
	Location of Occurrence: 2418 31ST AV				District TARAVAL	
	Confidential Report? ☐	Arrest Made? ☒	Suspect Known? ☐	Suspect Unknown? ☐	Non-Suspect Incident? ☐	Domestic Violence? ☐
	Location Seen / On View: 30TH AV				Reporting Unit 3112D	
At Intersection with TARAVAL STREET						
How Cleared? 6	Reported to Bureau	Name	Star	Date/Time	Elder Victim ☐	
					Gang Related? ☐	
					Juvenile Subject? ☐	
					Prajudice Based? ☐	

O F F I C E R I N F O R M A T I O N	I declare under penalty of perjury, this report of 5 pages is true and correct, based on my personal knowledge, or is based on information and belief following an investigation of the events and parties involved. PROP 115 CERTIFIED Post Training					
	Reporting Officer HERNANDEZ, JOSE A	Star 2327	Station Taraval Station	Watch 1800-0400	Date 03/01/13 05:44	
	Reviewing Officer TACK, JOHN M	Star 1758	Station Taraval Station	Watch 2100-0700	Date 03/01/13 05:45	
	OIC KATO, JODY L	Star 692	Station Taraval Station	Watch 2100-0700	Date 03/01/13 05:52	
	Related Case	Related Case	Re-assigned to Copies to 3*300	Assigned to 3*300 Add'l Copies	Assigned by JH 2327	

R V I C T I M	Code RV 1	Name (Last, First Middle) PEIXOTO, HONAN GONÇALVES	Alias	Email
	Day Phone (415) 577-8088	Type Call	Home Address 880 HENSLEY AVENUE	City SAN FRANCISCO
	Night Phone (415) 681-2222	Type Work	Work Address 2416 19TH AVENUE	City SAN FRANCISCO
	DOB 11/27/72	Age 40	DOB Unk. ☐	or age between and
	Confidential Person ☐	Violent Crime Notification ☐	293 PC Notification ☐	Star
	School (If Juvenile)	Injury/Treatment MEDIC AMR 22	Follow-up Form YES ☒	Statement YES ☒
	Relationship to Subject STRANGER/NONE			
	Other Information/If Interpreter Needed Specify Language			

W I T N E S S	Code W 1	Name (Last, First Middle) O'CONNOR, BRENDAN	Alias	Email
	Day Phone [REDACTED]	Type Cell	Home Address [REDACTED]	City SAN FRANCISCO
	Night Phone [REDACTED]	Type	Work Address	City
	DOB [REDACTED]	Age	DOB Unk. ☐	or age between and
	Confidential Person ☐	Violent Crime Notification ☐	293 PC Notification ☐	Star
	School (If Juvenile)	Injury/Treatment [REDACTED]	Follow-up Form YES ☒	Statement YES ☒
	Relationship to Subject STRANGER/NONE			
	Other Information/If Interpreter Needed Specify Language			

Incident# 130174266

**San Francisco Police Department
INCIDENT REPORT**

Report Type: Initial

130174266

B O O K E D	Code B 1	Name (Last, First Middle) BROWN, TYLER				Alias				Email			
	Day Phone (000) 000-0000		Type Refused	Home Address [REDACTED]				City SAN FRANCISCO		State CA		Zip Code 94132-	
	Night Phone		Type	Work Address				City		State		Zip Code	
	DOB Unknown ☐		Date of Birth [REDACTED]	Age [REDACTED]	or age between and		Race [REDACTED]	Sex [REDACTED]	Height [REDACTED]	Weight [REDACTED]	Hair Color [REDACTED]	Eye Color [REDACTED]	
	SFNO	J/D# (If Juvi)		ID Type/Jurisdiction/Number DL CA E2170182				ID Type/Jurisdiction/Number		ID Type/Jurisdiction/Number			
	Booking Charge(s) N/W 245(a)(1) PC / 148(a)(1) PC								Booking Location TARAVAL STATION				
	Warrant #		Court#		Action#		Dept#		Enroute to				
	Warrant Violation(s)								Bail (\$)				
	Citation#		Violation(s)				Appear Date/Time		Location of Appearance				
	☐ CA Form Booked Copy Attached		Mirandized: Star ☐		Date Time		CWB Check LOMEDA		Star 6221				
Book/Cite Approval SGT.WONG		Star 1945		Mass Arrest Code		M X-Rays ☐		School (If Juvenile)		Statement ☐			
Other Information: Citation/Warrant/Booking Charge(s)/Missing Person-Subject Description: Scars, Marks, Tattoos LSW: BLACK SHIRT BLUE JEANS													

S U B S P E C T	Code S 1	Name (Last, First Middle) UNKNOWN, UNKNOWN				Alias				Email			
	Day Phone		Type	Home Address				City		State		Zip Code	
	Night Phone		Type	Work Address				City		State		Zip Code	
	DOB Unknown ☒		Date of Birth	Age	or age between 20 and 25		Race W	Sex M	Height 5'8	Weight 160	Hair Color	Eye Color	
	SFNO	J/D# (If Juvi)		ID Type/Jurisdiction/Number				ID Type/Jurisdiction/Number		ID Type/Jurisdiction/Number			
	Booking Charge(s)								Booking Location				
	Warrant #		Court#		Action#		Dept#		Enroute to				
	Warrant Violation(s)								Bail (\$)				
	Citation#		Violation(s)				Appear Date/Time		Location of Appearance				
	☐ CA Form Booked Copy Attached		Mirandized: Star ☐		Date Time		CWB Check		Star				
Book/Cite Approval		Star		Mass Arrest Code		M X-Rays ☐		School (If Juvenile)		Statement ☐			
Other Information: Citation/Warrant/Booking Charge(s)/Missing Person-Subject Description: Scars, Marks, Tattoos													

Incident# 130174266

Page 2 of 5

San Francisco Police Department
INCIDENT REPORT

130174266

Report Type: Initial

P R O P E R T Y	Code/No	Item Description				Brand		Model	
	EVD 1	COMPACT DISK							
	Serial No.	Gun Make	Caliber	Color	Narcotics Lab No.	Quantity	Value		
				SIL		1			
	Seized by (Star)		From Where						
	Additional Description/Identifying Numbers								
	Compact disk with pictures of RV/1 Peñoles								

Incident# 130174266

Page 3 of 5

Report Type: Initial

San Francisco Police Department
INCIDENT REPORT

130174266

NARRATIVE

On 03/01/13, at approximately 0220 hours, while in full Police uniform and driving a marked police vehicle, Officer McKelley # 2343 and I were driving Westbound Taraval near the intersection with 31st Ave. when we were flagged down by a male subject standing on the southeast corner of Taraval and 31st Ave. I turned our patrol vehicle around and spoke with the subject.

The male, who we later identified as (RW/1) Brendan O'Connor said: "they just beat up the pizza guy." Then another male subject, who we later identified as (RV/1) Honan Goncalves Peixoto, walked up to us and said: "the black guy beat me up." and pointed to two male subjects walking Eastbound Taraval toward 30th Ave. We then drove our patrol vehicle Eastbound Taraval to 30th Ave where we detained a black male, who we later identified as (B/1) Tyler Brown. Brown was walking with (S/1) Unknown male subject, who fled in an unknown direction. It should be noted that at the time of the incident there was no one else on either sidewalk besides (B/1) Brown and (S/1). Peixoto followed us to Taraval and 30th Ave., where we had Brown detained and positively identified him. Due to the fact that Peixoto maintained a constant visual of Brown no Cold shows were performed.

I then spoke with Peixoto, who was trembling, visibly distraught and fighting back tears. Peixoto, who by this time had followed us to 30th and Taraval, and said "yeah that's the guy that punched me." Peixoto said he's a delivery man for Seniore's Pizza and was making a delivery to 2418 31st Ave. Peixoto said he exited his vehicle and was on the sidewalk in front of 2418 31st Ave when he was approached by Brown and (S/1). Peixoto stated that Brown said "you work at Seniore's Pizza, right? You better give me a ride." Peixoto then said Brown walked to the passenger side of his delivery vehicle and said "you better give me a ride, or I'm going to kick your ass." "I'm going to count to five." Peixoto said Brown proceeded to count to five real fast and then without provocation punched him with his closed right fist on the left side of his face. Peixoto said Brown then continued to punch him numerous times on the head and face. Peixoto said that he believes that he lost consciousness for a few seconds because he does not remember how he ended up on the ground. Peixoto said that once he was on the ground, Brown kicked him all over his body including his head multiple times. It was at this time that Peixoto revealed to me that (S/1) also kicked him while he was down. Peixoto said he was carrying a credit card machine, which he used as a defensive weapon and struck Brown on the lower lip causing a small laceration on Brown's lip. Peixoto complained of pain to his left jaw, his whole upper body area and said his head felt "weird."

We summoned an ambulance for Peixoto. Medic AMR 22 and Engine 18 arrived on scene and rendered aid to Peixoto. Peixoto refused to go with the medics, stating he would go to the hospital if he felt worst.

Officer McKelley took pictures of Peixoto and later of Brown, which he later saved onto (E/1) compact disk.

Officer McKelley spoke with (RW/1) Brendan O'Connor, who said he was arriving home when he saw Brown, along with (S/1) punch Peixoto numerous times. O'Connor also said that once Peixoto fell to the ground, Brown and (S/1) kicked Peixoto numerous times. O'Connor said that once Brown and (S/1) stopped their attack of Peixoto, Brown and (S/1) walked Northbound 31st Ave to Eastbound Taraval.

I then approached Brown and attempted to speak with him. Brown looked in my direction and then attempted to walk away from me. I grabbed Brown by his right wrist and ordered him to stay, but he continued to walk away. Officer McKelley and I then put Brown in a rear wrist lock, but Brown continued to pull himself away from us. We ordered Brown to stop resisting, Brown however continued to attempt to pull away from us. Brown then made his body limp and fell to the ground. It was then that we managed to place handcuffs on Brown, checking for proper degree of tightness and double locking them. Brown did not complain of pain as a result of the incident and we did not notice any visible injuries on Brown.

3112E, Officer Sugintan # 2482 and Officer Chu # 2402 responded to the scene and transported Brown to Taraval Station without further incident.

Officer McKelley gave Peixoto an SFPD 105 Follow Up Form with the assigned case number, a Victim of Violent

Incident# 130174266

Page 4 of 5

San Francisco Police Department
INCIDENT REPORT

130174266

Report Type: Initial

Crime Form and a Marsy's Card and explained the forms to him.

At Taraval Station, I ran a query of Brown's personal information which revealed he has no prior criminal history.

With the approval of Sgt. Wong, Brown was booked for the above listed charges.

At Taraval Station, Officer McKelley asked Brown if he wanted to make any statements regarding the incident. Brown refused and said he wanted to talk to his lawyer first.

Later at Taraval Station Officer McKelley booked (E/1) compact disk accordingly.

**Exhibit 11 - Evidence
of Good Moral
Character: Criminal
History Records -
Federal Bureau of
Investigation (FBI)**



HONAN GONCALVES PEIXOTO
C/O: HONAN GONCALVES PEIXOTO
190 CASTLETON WAY
SAN BRUNO, CA 94066





U.S. Department of Justice

Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

HONAN GONCALVES PEIXOTO
C/O: HONAN GONCALVES PEIXOTO
190 CASTLETON WAY
SAN BRUNO, CA 94066

Date: 07-02-2026

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

HONAN GONCALVES PEIXOTO

Search Completed Result

07-02-2026 E2026183000000445679

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 11/27/1972

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

A handwritten signature in black ink, reading "Chris Ormerod".

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division