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

RE: Form I-918, Petition for U-1 Nonimmigrant Status
Petitioner: Thalita Coutinho de Oliveira
Qualifying Family Member: Kevin Alves Sarmento Oliveira (spouse)

Dear Sir or Madam,
Please find enclosed the Petition for U Nonimmigrant Status, filed by counsel on behalf of the petitioner, Thalita Coutinho de Oliveira and the beneficiary, Kevin Alves Sarmento Oliveira.

Summary of the Petition and Eligibility:
Ms. Thalita Coutinho de Oliveira meets all statutory requirements for U nonimmigrant status under INA § 101(a)(15)(U). Specifically, she was the victim of a qualifying criminal activity in the United States, suffered substantial physical and mental abuse as a result, possesses information concerning the offense, and has been helpful to law enforcement authorities investigating and prosecuting the crime. Her helpfulness and the qualifying criminal activity are duly certified via the enclosed Form I-918, Supplement B, executed by Lieutenant Miguel Aguiar of the Brentwood Police Department on July 6, 2026.

Immigration History, Precautionary Form I-192 Waiver and Statement of Criminal Activity:
Ms. Oliveira and her spouse initially entered the United States as nonimmigrant visitors under B-2 status and subsequently overstayed their authorized period of admission. Following a subsequent re-entry, both individuals were granted Humanitarian Parole by Department of Homeland Security (DHS) officials. Both Ms. Oliveira and Mr. Oliveira are currently in removal proceedings before the Executive Office for Immigration Review (EOIR) and have pending applications for asylum.

Out of an abundance of caution and to address all potential technical complexities, including prior entries, periods of unlawful presence, and active removal proceedings, accompanying Form I-192 (Application for Advance Permission to Enter as a Nonimmigrant) applications are submitted herewith pursuant to INA § 212(d)(14) for both the Principal Petitioner and the Qualifying Family Member. These applications respectfully request a waiver for any and all potential grounds of inadmissibility under INA § 212(a) that USCIS may deem applicable. A favorable exercise of discretion is fully warranted in light of the severe harm suffered, Ms. Oliveira's vital assistance to law enforcement leading to the suspect's arrest, and strong humanitarian equities, ensuring that the primary Form I-918 petition and derivative application may be fully adjudicated and approved.

On March 24, 2026, while working as a Lyft driver at 7460 Brentwood Blvd, Brentwood, California, Ms. Oliveira was the victim of a violent felonious assault committed by a passenger. As a direct result, she suffered physical injuries, including chemical burns, and was transported by ambulance to Sutter Delta Hospital for emergency medical treatment. Furthermore, she continues to experience substantial psychological trauma, anxiety, and emotional distress. Following the incident, Ms. Oliveira demonstrated full cooperation with law enforcement agencies in the investigation and prosecution of the offense.

The attached documentation is respectfully submitted to substantiate and satisfy all statutory and regulatory eligibility requirements for U nonimmigrant status.

Forms Submitted in Support of the Petition:

- **Thalita Coutinho de Oliveira's Signed Forms:**
  Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
  Form I-918, Petition for U Nonimmigrant Status
  Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient
  Form I-765, Application for Employment Authorization
  Form I-192, Application for Advance Permission to Enter as a Nonimmigrant
  Form I-918, Supplement B, U Nonimmigrant Status Certification (Brentwood Police Dept.)

- **Kevin Alves Sarmento Oliveira Signed Forms:**

Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
Form I-192, Application for Advance Permission to Enter as a Nonimmigrant
Form I-765, Application For Employment Authorization

Evidence Submitted in Support of the Petition:

I. Thalita Coutinho de Oliveira's Identification Documents

- Thalita Coutinho de Oliveira's Passport
- Thalita Coutinho de Oliveira's Birth Certificate with English translation

II. Kevin Alves Sarmento Oliveira's Identification Documents

- Kevin Alves Sarmento Oliveira's Passport
- Kevin Alves Sarmento Oliveira's Birth Certificate with English translation

III. Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira's Marriage Certificate

IV. Thalita Coutinho de Oliveira's Personal Declaration Regarding the Crime She Was a Victim

V. Evidence that Thalita Coutinho de Oliveira is the Victim of Qualifying Criminal Activity - Criminal Case File

- Police Report - Brentwood Police Department - March 24, 2026

VI. Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Psychological Harm

- Official Psychological Evaluation - Prepared by Anna Carolina Anjos
- Psychological Evaluation - Prepared by Iara Campos-Davids

VII. Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Physical Injury and Medical Treatment Resulting from the Qualifying Crime

- Medical Certificate Excusing Thalita from Work from March 24, 2026 to April 03, 2026
- Report of Medical Treatment at Brentwood Health Center on April 20, 2026
- Summary of the medical consultation on April 20, 2026
- Summary of the medical consultation on Mar 30, 2026
- Report of Medical Treatment at Brentwood Health Center on March 30, 2026
- Summary of Thalita's medical treatment on March 24, 2026
- Medical record documenting Thalita's medical treatment as a victim of a crime on March 24, 2026

- Emergency Room Identification Wristband - Sutter Delta Medical Center on March 24, 2026
- Hospital bills for Thalita's medical treatment
- Lyft Work Incident Claim Approval and Disability Payment Notice Confirming Income Disruption
- Screenshot of the Lyft Ride During Which the Crime Occurred
- Photographs of Thalita Documenting the Physical Injuries She Sustained

VIII. Evidence That Thalita Coutinho de Oliveira Was a Victim of a Qualifying Criminal Activity – Letters of Support

- Letter of Support delivered by Nara Alice Melo Lima de Araújo Houston with English Translation
- Letter of Support delivered by Edja Maria Máximo de Oliveira with English Translation
- Letter of Support delivered by Brittaney Ann Chellsen Pires

IX. Evidence of Bona Fide Marriage - Personal Declarations

- Thalita Coutinho de Oliveira's Personal Declaration about Marriage with English Translation
- Kevin Alves Sarmento Oliveira's Personal Declaration about Marriage with English Translation

X. Evidence of Bona Fide Marriage - Joint Life and Shared Liabilities

- Daughter's birth certificate: Maria Clara Coutinho Sarmento Oliveira's Official Birth Certificate (Joint Child) - 2019
- Brazilian Stable Union Agreement (De Facto Marriage / Common-Law Partnership) - 2016
- Proof of Residence
- Joint Auto Insurance Policy - 2026
- Joint Auto Insurance Policy - 2025
- Joint Auto Insurance Policy - 2024
- Joint Bank Account Statement – Wells Fargo - 2026
- Joint Bank Account Statement – Wells Fargo -2025
- Joint Bank Account Statement – Wells Fargo - 2024
- Tax Compliance Report

XI. Bona Fide Marriage - Letter of Support

- Letter of Support Delivered by Ivone Alves Francelino with English Translation

XII. Bona Fide Marriage - Photographic Evidence

- Photo Album Documenting the Couple's History with Family and Friends from 2008 to the Present

XIII. Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira's Evidence of Good Moral Character

- Official Driver License Status and Driving Records for Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira - California and Florida
- Thalita Coutinho de Oliveira's FBI Identity History Summary
- Kevin Alves Sarmento Oliveira's FBI Identity History Summary

XIV. Evidence of Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira's Pending Removal Proceedings

- Thalita Coutinho de Oliveira's Notice to Appear
- Kevin Alves Sarmento Oliveira's Notice to Appear
- Notice for In Person Hearing

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

Sincerely,



_____ 10/23/2026

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 2 6 2 5 4 3

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

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, disbarring, 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-918, I-918 Supp A, I-918 Supp B, I-765, I-192

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): COUTINHO DE OLIVEIRA

6.b. Given Name (First Name): Thalita

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 4 6 0 5 7 9 1 1

Client's Contact Information

10. Daytime Telephone Number

9254898504

11. Mobile Telephone Number (if any)

9254898504

12. Email Address (if any)

tousa89@icloud.com

Mailing Address of Client

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

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ Thalita Coutinho de Oliveira

2.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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) 09/16/2026

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): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

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

Petition for U Nonimmigrant Status

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

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

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

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

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

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

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

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

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

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

2.c. Middle Name: N/A

Home Address

3.a. Street Number and Name: 1131 Priory Circle

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: Winter Garden

3.d. State: FL **3.e.** ZIP Code: 34787

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Safe Mailing Address (if other than Home Address)

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

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

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

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

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country: USA

Other Information

5. Alien Registration Number (A-Number) (if any)
► A-246057911

6. U.S. Social Security Number (if any)
► 132452375

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

8. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

Part 1. Information About You (continued)

9. Sex ☐ Male ☒ Female

10. Date of Birth (mm/dd/yyyy) 12/01/1989

11. Country of Birth
Brazil

12. Country of Citizenship or Nationality
Brazil

13. Form I-94 Arrival-Departure Record Number
► 7 8 0 1 4 2 1 0 2 3 3

14. Passport Number YE737808

15. Travel Document Number N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 09/19/2024

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 09/18/2028

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

19.a. City or Town Los Angeles

19.b. State CA

20. Date of Last Entry into the United States (mm/dd/yyyy) 09/11/2024

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

22. Current Immigration Status
No status/Pending Asylum

Part 2. Additional Information About You

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

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

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

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). ☒ Yes ☐ No

2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. ☒ Yes ☐ No

3. I possess information concerning the criminal activity of which I was a victim. ☒ Yes ☐ No

4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. ☒ Yes ☐ No

5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. ☒ Yes ☐ No

6. I am under 16 years of age. ☐ Yes ☒ No

7.a. I was or am in immigration proceedings. ☒ Yes ☐ No

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

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

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

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

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

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

Part 2. Additional Information About You (continued)

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

8.a. Date of Entry (mm/dd/yyyy) 09/11/2024

Place of Entry into the United States

8.b. City or Town Los Angeles

8.c. State CA

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

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

Place of Entry into the United States

9.b. City or Town N/A

9.c. State N/A

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

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

Place of Entry into the United States

10.b. City or Town N/A

10.c. State N/A

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

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

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

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

11.b. City or Town N/A

11.c. State N/A

11.d. Country
N/A

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

12.a. Street Number and Name N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town N/A

12.d. Province N/A

12.e. Postal Code N/A

12.f. Country
N/A

Part 3. Processing Information

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

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

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

Have you **EVER**:

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

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

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

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

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

Part 3. Processing Information (continued)

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

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

2.a Why were you arrested, cited, detained, or charged?

CBP immigration inspection at LAX airport upon arrival.

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

09/11/2024

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

2.c. City or Town: Los Angeles

2.d. State: CA

2.e. Country

EUA

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

Removal Proceedings

3.a Why were you arrested, cited, detained, or charged?

N/A

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

N/A

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

3.c. City or Town: N/A

3.d. State: N/A

3.e. Country

N/A

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

N/A

Have you **EVER**:

4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

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

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

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

6.a. A terrorist organization under section 219 of the INA? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

Part 3. Processing Information (continued)

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Do you intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

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

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

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

10.b. Killing any person? ☐ Yes ☒ No

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

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

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

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

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

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

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

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Have you **EVER**:

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

Part 3. Processing Information (continued)

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

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

Have you **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

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

Have you **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? ☒ Yes ☐ No

17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? ☒ Yes ☐ No

18. Have you **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No

19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No

20. Have you **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

27. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

28. Have you **EVER** entered the United States as a stowaway? ☐ Yes ☒ No

29.a. Do you **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict? ☐ Yes ☒ No

Part 4. Information About Your Spouse and/or Children

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

1.a. Family Name (Last Name): ALVES SARMENTO OLIVEIRA

1.b. Given Name (First Name): Kevin

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 01/04/1992

3. Country of Birth: Brazil

4. Relationship: Spouse

5. Current Location: EUA

6.a. Family Name (Last Name): COUTINHO SARMENTO OLIVEIRA

6.b. Given Name (First Name): Maria

6.c. Middle Name: Clara

7. Date of Birth (mm/dd/yyyy): 08/01/2019

8. Country of Birth: EUA

9. Relationship: Daughter

10. Current Location: EUA

11.a. Family Name (Last Name): N/A

11.b. Given Name (First Name): N/A

11.c. Middle Name: N/A

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

13. Country of Birth: N/A

14. Relationship: N/A

15. Current Location: N/A

16.a. Family Name (Last Name): N/A

16.b. Given Name (First Name): N/A

16.c. Middle Name: N/A

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

18. Country of Birth: N/A

19. Relationship: N/A

20. Current Location: N/A

21.a. Family Name (Last Name): N/A

21.b. Given Name (First Name): N/A

21.c. Middle Name: N/A

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

23. Country of Birth: N/A

24. Relationship: N/A

25. Current Location: N/A

Filing On Behalf of Family Members

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

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

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

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

Petitioner's Statement

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

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

1.b. ☒ The interpreter named in **Part 6.** read to me every question and instruction on this petition and my answer to every question in

portuguese ,

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

2. ☒ At my request, the preparer named in **Part 7.**,

Otavio Haverroth Silva ,

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

9254898504

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

9254898504

5. Petitioner's Email Address (if any)

tousa89@icloud.com

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature

➡ Thalita Cardinalo de Oliveira

6.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO DE PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 5.**, **1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy): 09/16/2026

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

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

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 09/16/2026

Part 8. Additional Information

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

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 246057911

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 7b

3.d. Thalita is currently in removal proceedings under Section 240 of the Immigration and Nationality Act, pending before the Immigration Court in Concord, California. Her next hearing is scheduled for June 20, 2028. She is non-detained. The petitioner is a native and citizen of Brazil. She was paroled into the Unnited States at Los Angeles, CA, in

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 7b

4.d. September 2024 pursuant to INA § 212 (d)(5), and was subsequently placed in removal proceedings as an applicant for admission charged as inadmissible under INA § 212(a). She has not been ordered removed; her proceedings remain pending.On January 20, 2025, the petitioner filed an application for asylum and withholding of removal (Form I-589), which is currently

5.a. Page Number: 2 **5.b.** Part Number: 2 **5.c.** Item Number: 7b

5.d. pending before the Immigration Court. She now seeks U nonimmigrant status as the victim of a qualifying crime and respectfully requests that USCIS adjudicate this petition and, as appropriate, grant deferred action, while her removal proceedings remain pending.

6.a. Page Number: 3 **6.b.** Part Number: 3 **6.c.** Item Number: 1b

6.d. In September 2024, Thalita was detained and processed by CBP (DHS) at the Los Angeles port of entry, fingerprinted, and found inadmissible under INA § 212.administrative immigration encounter under INA § 212. She was paroled under § 212(d)(5) and placed in removal proceedings under § 240 (pending).

7.a. Page Number: 4 **7.b.** Part Number: 3 **7.c.** Item Number: 2a

7.d. CBP detained her at the Los Angeles port of entry for arriving without a valid entry document. She was found inadmissible under INA § 212, paroled in under § 212(d)(5), and placed in removal proceedings under § 240 — an administrative immigration matter.

Part 8. Additional Information

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

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 246057911

3.a. Page Number: 6 **3.b.** Part Number: 3 **3.c.** Item Number: 16

3.d. The petitioner is currently in removal proceedings under Section 240 of the Immigration and Nationality Act, pending before the Immigration Court in Concord, CA. She is not detained, and no final final order of removal has been entered. Her next hearing is scheduled for June 20, 2028. She has a pending application for for asylum and withholding of removal (Form I-589) before the court.

4.a. Page Number: 6 **4.b.** Part Number: 3 **4.c.** Item Number: 17

4.d. Removal proceedings under Section 240 of the Immigration and Nationality Act were initiated against the petitioner in or around 2024, following her encounter with U.S. Customs and Border Protection at the Los Angeles port of entry. These are the same proceedings that remain currently pending before the Immigration Court in Concord, CA. no final order of removal has been entered.

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

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

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

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

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

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

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

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

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

1. The family member that I am filing for is my:

☒ Spouse ☐ Parent ☐ Child

☐ Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

Other Information

2. Date of Birth (mm/dd/yyyy): 12/01/1989

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

► A- 246057911

4. USCIS Online Account Number (if any)

► N/A

5. Status of your Form I-918

☒ Pending ☐ Approved

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

1.a. Family Name (Last Name): ALVES SARMENTO OLIVEIRA

1.b. Given Name (First Name): Kevin

1.c. Middle Name: N/A

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

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

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

2.c. Middle Name: N/A

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

Residence or Intended Residence in the United States

3.a. Street Number and Name: 1131 Priory Circle

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: Winter Garden

3.d. State: FL **3.e.** ZIP Code: 34778

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

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name
Otavio Haverroth Silva

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

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

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

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country
USA

Other Information About Qualifying Family Member

5. A-Number (if any) ► A-: 246057910

6. U.S. Social Security Number (if any)
►: 010965011

7. USCIS Online Account Number (if any)
►: N/A

8. Date of Birth (mm/dd/yyyy): 01/04/1992

9. Country of Birth
Brazil

10. Country of Citizenship or Nationality
Brazil

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Sex ☒ Male ☐ Female

13. Form I-94 Arrival-Departure Record Number
►: 78014209333

14. Passport Number: YE643898

15. Travel Document Number: N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy): 09/23/2024

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 09/22/2028

Part 4. Additional Information About Your Qualifying Family Member

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

1.a. Date of Last Entry into the United States (mm/dd/yyyy): 09/11/2024

Place of Last Entry into the United States

1.b. City or Town: Los Angeles

1.c. State: CA

1.d. Current Immigration Status
Parolee

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

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

Place of Last Entry into the United States

2.b. City or Town: N/A

2.c. State: N/A

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

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

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

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

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

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

3.b. City or Town: N/A

3.c. State: N/A

3.d. Country: N/A

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

4.a. Street Number and Name: N/A

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: N/A

4.d. Province: N/A

4.e. Postal Code: N/A

4.f. Country: N/A

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

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

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

5.e. Where did the marriage end?: N/A

5.f. How did the marriage end?: N/A

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

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

6.e. Where did the marriage end?: N/A

6.f. How did the marriage end?: N/A

Other Information

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

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

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

7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy): N/A

7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy): N/A

7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy): N/A

7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy): N/A

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

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

Part 5. Processing Information

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

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

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

Has your family member **EVER**:

1.a. Committed a crime or offense for which he or she has not been arrested? ☐ Yes ☒ No

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

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

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

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

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been held in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

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

CBP immigration inspection at LAX airport upon arrival.

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

09/11/2024

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

2.c. City or Town: Los Angeles

2.d. State: CA

2.e. Country: EUA

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

Removal proceedings

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

N/A

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

N/A

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

3.c. City or Town: N/A

3.d. State: N/A

3.e. Country: N/A

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

N/A

Part 5. Processing Information (continued)

Has your family member **EVER**:

4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

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

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

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

6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

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

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

Part 5. Processing Information (continued)

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

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

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

10.b. Killing any person? ☐ Yes ☒ No

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

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

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

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

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

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

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

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Has your family member **EVER**:

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

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? ☐ Yes ☒ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? ☐ Yes ☒ No

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

Has your family member **EVER**:

14.a. Received any type of military, paramilitary, or weapons training? ☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? ☐ Yes ☒ No

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

Has your family member **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? ☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? ☐ Yes ☒ No

16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? ☒ Yes ☐ No

17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? ☒ Yes ☐ No

Part 5. Processing Information (continued)

18. Has your family member **EVER** been removed, excluded, or deported from the United States? ☐ Yes ☒ No

19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☒ No

20. Has your family member **EVER** been denied a visa or denied admission to the United States? ☐ Yes ☒ No

21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? ☐ Yes ☒ No

22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? ☐ Yes ☒ No

23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? ☐ Yes ☒ No

24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? ☐ Yes ☒ No

25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? ☐ Yes ☒ No

26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? ☐ Yes ☒ No

27. Does your family member plan to practice polygamy in the United States? ☐ Yes ☒ No

28. Has your family member **EVER** entered the United States as a stowaway? ☐ Yes ☒ No

29.a. Does your family member **NOW** have a communicable disease of public health significance? ☐ Yes ☒ No

29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? ☐ Yes ☒ No

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

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

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

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 12/01/1989

3. Country of Birth: Brasil

4. Relationship: Spouse

5.a. Family Name (Last Name): COUTINHO SARMENTO OLIVEIRA

5.b. Given Name (First Name): Maria

5.c. Middle Name: Clara

6. Date of Birth (mm/dd/yyyy): 08/01/2019

7. Country of Birth: USA

8. Relationship: Daughter

9.a. Family Name (Last Name): N/A

9.b. Given Name (First Name): N/A

9.c. Middle Name: N/A

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

11. Country of Birth: N/A

12. Relationship: N/A

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

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

Petitioner's Statement

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

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

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

portuguese,

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

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

9254898504

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

9254898504

5. Petitioner's Email Address (if any)

tousa89@icloud.com

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

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

➡ Thalita Cardinho de Oliveira

6.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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

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

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

Qualifying Family Member's Statement

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

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

1.b. ☒ The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in

portuguese,

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

2. ☒ At my request, the preparer named in **Part 10.,**

Otavio Haverroth Silva,

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

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

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number
   9257270399

4. Qualifying Family Member's Mobile Telephone Number (if any)
   9257270399

5. Qualifying Family Member's Email Address (if any)
   kousa92@icloud.com

Qualifying Family Member's Declaration and Certification

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

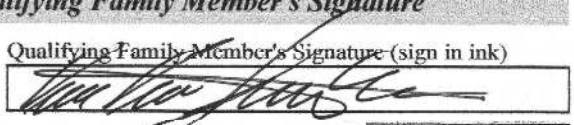
I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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

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

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

Qualifying Family Member's Signature

6.a. Qualifying Family Member's Signature (sign in ink)


6.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO DE PENNA MELLO

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Telephone Number (if any)
5102419336

6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this supplement on behalf of the petitioner and qualifying family member and with the petitioner's and qualifying family member's consent.

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 09/16/2026

Part 11. Additional Information

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

Your Full Name (Principal)

1.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: 246057911

3.a. Page Number: 3 **3.b.** Part Number: 4 **3.c.** Item Number: 7a

3.d.
Removal proceedings under INA § 240 were initiated against Kevin on September 12, 2024, following his encounter with U.S. Customs and Border Protection (CBP) at the LA/Long Beach port of entry. The case is currently pending before the Immigration Court in Concord, California, with no final order of removal.

4.a. Page Number: 4 **4.b.** Part Number: 5 **4.c.** Item Number: 1B

4.d.
On September 12, 2024, CBP (a DHS component) detained and processed Kevin at the Los Angeles/Long Beach port of entry when he sought admission without a valid entry document. He was fingerprinted, photographed, and found inadmissible under INA § 212 (8 U.S.C. § 1182(a)) — an administrative immigration matter, with no criminal charge or conviction. He was then placed in removal proceedings under INA § 240 (pending). No other arrests, citations, or detentions.

5.a. Page Number: 6 **5.b.** Part Number: 5 **5.c.** Item Number: 16

5.d.
Kevin is in removal proceedings under INA § 240 because he arrived at the Los Angeles/Long Beach port of entry in 2024 without a valid entry document. CBP found him inadmissible under INA § 212 (8 U.S.C. § 1182(a)) and issued a Notice to Appear. This is solely an administrative immigration matter — no criminal charge or conviction. The case is pending before the Immigration Court in Concord, California, with no final order of removal.

6.a. Page Number: 6 **6.b.** Part Number: 5 **6.c.** Item Number: 17

6.d.
Removal proceedings under Section 240 of the Immigration and Nationality Act were initiated against the beneficiary on September 12, 2024, following his encounter with U.S. Customs and Border Protection at the LA/Long Beach port of entry. These are the same proceedings that remain currently pending before the Immigration Court in Concord, CA.

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

7.d. N/A

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	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)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **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): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

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

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: 1131 Priory Circle

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Winter Garden

7.d. State: FL **7.e.** ZIP Code: 34787

Other Information

8. Alien Registration Number (A-Number) (if any)
► A-: 2 4 6 0 5 7 9 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).
► 1 3 2 4 5 2 3 7 5

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

Joao Pessoa

15.b. State/Province of Birth

Paraiba

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 12/01/1989

Information About Your Last Arrival in the United States

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

► 78014210233

18. Passport Number of Your Most Recently Issued Passport

YE737808

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) 09/18/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/11/2024

23. Place of Your Last Arrival Into the United States

Los Angeles

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

Parolee

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

Deferred Action

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

► N- N/A

Information About Your Eligibility Category

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

(c) (14) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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.

► N/A

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

portuguese,

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

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva,

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(925) 489-8504

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

(925) 489-8504

5. Applicant's Email Address (if any)

tousa89@icloud.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

➡ Thalita Coutinho de Oliveira

7.b. Date of Signature (mm/dd/yyyy) 09/18/2026

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: (415) 425-2508

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

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): 09/18/2026

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: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (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) 09/18/2026

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): COUTINHO DE OLIVEIRA

1.b. Given Name (First Name): Thalita

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 246057911

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

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

7.d. N/A

Application for Advance Permission to Enter as a Nonimmigrant

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

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

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

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1) _____
- ☐ INA 212(a)(2) _____
- ☐ INA 212(a)(3) _____
- ☐ INA 212(a)(4) _____
- ☐ INA 212(a)(6) _____
- ☐ INA 212(a)(7) _____
- ☐ INA 212(a)(8) _____
- ☐ INA 212(a)(9) _____
- ☐ INA 212(a)(10) _____
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

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

☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

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

Part 1. Application Type

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

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

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

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

Part 2. Information About You

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
COUTINHO DE OLIVEIRA	Thalita	N/A

2. Other Names Used (if any)

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

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

Other Information

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

► A- 2 4 6 0 5 7 9 1 1

4. USCIS Online Account Number (if any)

► N / A

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

12/01/1989

6. Place of Birth

City or Town	State or Province
Joao Pessoa	Paraiba

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☐ Male ☒ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name	Apt. Ste. Flr.	Number
1131 Priory Circle	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Winter Garden	FL	34787

Province	Postal Code	Country
N/A	N/A	USA

Dates of Residence

From (mm/dd/yyyy)	To (mm/dd/yyyy)
06/19/2026	PRESENT

11. Physical Address 2

Street Number and Name	Apt. Ste. Flr.	Number
435 Grovewood Loop North	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Brentwood	CA	94513

Province	Postal Code	Country
N/A	N/A	USA

Dates of Residence

From (mm/dd/yyyy)	To (mm/dd/yyyy)
06/09/2025	06/19/2026

Information About Your Marital History

12. What is your current marital status?

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

☐ Other N/A

13. How many times have you been married (including annulled marriages and marriages to the same person)? 1

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

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

14. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALVES SARMENTO OLIVEIRA	KEVIN	N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- 246057910

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) 01/04/1992

17. Date of Marriage (mm/dd/yyyy) 04/15/2026

18. Place of Birth

City or Town: Joao Pessoa

State or Province: Paraiba

Country: Brazil

19. Place of Marriage

City or Town: Martinez

State or Province: California

Country: USA

Information About Prior Marriages (if any)

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

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

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

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

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

Thalita requests a waiver under INA § 212(d)(14) for inadmissibility under INA § 212(a)(7)(A)(i)(I)(lacking valid entry document), INA § 212(a)(9)(B)(i)(II) (10-year unlawful presence bar due to prior departure), and any other applicable grounds. She was paroled under § 212(d)(5) and placed in § 240 removal proceedings.

Part 2. Information About You (continued)

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

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

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

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

USCIS Office or U.S. Port-of-Entry: N/A

City or Town: N/A

State or Province: N/A

Country: N/A

Receipt Number (if available) ► N / A

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

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

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

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

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

32. Type of application or petition filed

I-589 Application for Asylum and for Withholding of Removal .

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

Executive Office for Immigration Review (EOIR), Immigration Court, 1855 Gateway Blvd., Suite 850, Concord, CA 94520

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

Pending. Filed on January 20, 2025.

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

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

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

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

Part 2. Information About You (continued)

Travel Information

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

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

37. City
N/A

38. State
N/A

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
N/A

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company
Spark Driver Delivery

Address of Employer or Company

Street Number and Name
Various locations

Apt. Ste. Flr. ☐ ☐ ☐

Number
N/A

City or Town
N/A

State

ZIP Code
N/A

Province
N/A

Postal Code
N/A

Country
USA

Your Occupation
Rideshare driver / Delivery driver

Dates of Employment

From (mm/dd/yyyy)
04/2026

To (mm/dd/yyyy)
Current

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Lyft

Address of Employer or Company

Street Number and Name

Various locations

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

USA

Your Occupation

Lyft driver

Dates of Employment

From (mm/dd/yyyy)

01/2026

To (mm/dd/yyyy)

03/2026

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

925 489 8504

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

925 489 8504

3. Applicant's Email Address (if any)

tousa89@icloud.com

Applicant's Certification and Signature

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

4. Applicant's Signature

Thalita Coutinho de Oliveira

Date of Signature (mm/dd/yyyy)

09/16/2026

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO DE 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

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

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

09/16/2026

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

09/16/2026

Part 6. Additional Information

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

1. Family Name (Last Name): COUTINHO DE OLIVEIRA | Given Name (First Name): Thalita | Middle Name (if applicable): N/A

2. A-Number (if any) ► A- 246057911

3. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 3: 2250 Oak Hills, apt116, Pittsburg, CA, USA, 94565. From 10/18/2024 to 06/09/2025.

Physical Address 4: 3801 Camino Andres Road, Bay Point, CA, USA, 94565. From 09/13/2024 to 10/18/2024

4. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 5: Rua Professora Josenilda do Socorro Vieira, n. 553, Apto 201, Jardim Camboinha, Cabedelo, Paraiba, Brazil, 58103689. From 12/2023 to 09/2024.

Physical Address 6: Rua Engenheiro Jose Jaime Gomes Pessoa Filho, n. 120, apto 104, Aeroclub, João Pessoa, Paraiba, Brazil, 58036155. From 06/2022 to 12/2023.

5. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 7:Rua Evandil Bandeira, n. 230, Jardim Oceania, João Pessoa, Paraíba, Brazil, 58037690. From 01/2022 to 06/2022.

Physical Address 8:Rua Gilberto Paulo Cavalcanti, n.66, Cidade dos Colibris, João Pessoa, Paraíba, Brazil, 58073344. From 01/2021 to 12/2021

6. Page Number: 5 | Part Number: 2 | Item Number: 30

The applicant first entered the U.S. on 06/28/2018 as a B-2 visitor and remained until September 2024, overstaying her authorized period by over one year. She re-entered on 09/12/2024 through Los Angeles, was paroled under INA § 212(d)(5), and has remained in the U.S. while removal proceedings under § 240 are pending.

Part 6. Additional Information

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

1. Family Name (Last Name): COUTINHO DE OLIVEIRA | Given Name (First Name): Thalita | Middle Name (if applicable): N/A

2. A-Number (if any) ▶ A- 246057911

3. Page Number: 5 | Part Number: 2 | Item Number: 31

The applicant has filed the following application for immigration benefits: Form I-589, filed January 20, 2025 with the Immigration Court (EOIR) in Concord, California, in connection with her pending removal proceedings under INA § 240 (A# 246-057-911. This application remains pending.

4. Page Number: 5 | Part Number: 2 | Item Number: 36

Thalita's administrative immigration detention by CBP upon arrival at LAX on 09/12/2024. In Part 6 (Page 9), clarify that she was stopped and processed solely for entering without a valid document, resulting in an NTA and pending § 240 proceedings. Emphasize that this was strictly an administrative immigration encounter, not a criminal arrest or conviction.

5. Page Number: 6 | Part Number: 2 | Item Number: 44

Employer 3: Amazon Flex. Delivery Various Locations. USA. From: 11/2025 to 12/2025.
Employer 4 : Pizza Guys. Delivery. 8610 Brentwood Blvd, Brentwood, CA 94513. USA. From: 10/2025 to 11/2025.
Employer 5: Helper/Cleaner. Various locations. USA. From: 03/2025 to 09/2025.
Employer 6: Elizabeth Cimentos. Saleswoman. PB-028, Km 06, Gleba Andreza Mucatu, Alhandra – PB, Brasil, 58320-000. From 01/2021 to 09/2024.

6. Page Number: 6 | Part Number: 2 | Item Number: 44

During any period not reflected in the employment history above, the applicant was unemployed and had no employer. These gaps are attributable to her recent entry into the United States, her responsibilities caring for her minor U.S. citizen child.

Supplement B, U Nonimmigrant Status Certification

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

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

For USCIS Use Only	Remarks

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

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
► A- 246057911

2.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

2.b. Given Name (First Name): Thalita

2.c. Middle Name: N/A

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

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

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4. Date of Birth (mm/dd/yyyy): 12/01/1989

5. Sex ☐ Male ☒ Female

Part 2. Agency Information

1. Name of Certifying Agency
Brentwood Police Department

Name of Certifying Official

2.a. Family Name (Last Name): AGUIAR

2.b. Given Name (First Name): MIGUEL

2.c. Middle Name: /

3. Title and Division/Office of Certifying Official
Investigations Lieutenant

Name of Head of Certifying Agency

4.a. Family Name (Last Name): O'GRODNICK

4.b. Given Name (First Name): WALTER

4.c. Middle Name: /

Agency Address

5.a. Street Number and Name: 9100 Brentwood Blvd

5.b. ☐ Apt. ☐ Ste. ☐ Flr.

5.c. City or Town: Brentwood

5.d. State: CA 5.f. ZIP Code: 94513

5.g. Province:

5.h. Postal Code:

5.i. Country: USA

Other Agency Information

6. Agency Type
☐ Federal ☐ State ☒ Local

7. Case Status
☒ On-going ☐ Completed
☐ Other

8. Certifying Agency Category
☐ Judge ☒ Law Enforcement ☐ Prosecutor
☐ Other

9. Case Number: 2601251

10. FBI Number or SID Number (if applicable): N/A

Part 3. Criminal Acts

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

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

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

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy) 03/24/2026

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

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

2.d. Date (mm/dd/yyyy)

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

245(A)(4) PC
~~22810(A) PC~~

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

☒ Yes ☐ No

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

Brentwood, California

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

☐ Yes ☒ No

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

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

On March 24, 2026, the Victim/ ~~Petitioner was working as a driver~~ when she was feloniously assaulted by a passenger. Following a dispute ~~regarding vehicle rules, the suspect~~ physically attacked the Petitioner by ~~repeatedly kicking and striking her~~ while she was seated in the vehicle. The suspect then pepper-sprayed the ~~Petitioner directly in the face. The~~ suspect was arrested on view, and the case was referred to the Contra Costa District Attorney's Office for prosecution under California Penal ~~Code § 245(a)(4) (Assault with Force~~ Likely to Produce GBI) and § 22810(a) (Unlawful Use of Tear Gas).

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

The victim suffered physical injuries ~~from being kicked and struck multiple~~ times and from being pepper-sprayed in the face. According to the victim/ ~~Petitioner, she has continued to~~ experience significant psychological ~~trauma, including ongoing anxiety,~~ fear, emotional distress, and persistent concerns for her personal ~~safety, which continue to affect her~~ daily life and ability to work.

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3.**? ☒ Yes ☐ No

2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No

3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

The victim/Petitioner posseses direct knowledge of the criminal activity as she was the primary victim of the assault. She demonstrated full and helpful cooperation throughout the investigation. Despite a language barrier, she provided a detailed statement to officers with the assistance of an interpreter. She further assisted in the immediate identification of the suspect through an in-field show-up procedure, which led to the suspect's arrest. Additionally, she signed a Medical Record Release Form to assist law enforcement in documenting the extent of her injuries for prosecution purposes. The victim/Petitioner has expressed a clear willingness to continue to assist in any further investigation or court proceedings.

4. Other. Include any additional information you would like to provide.

Part 5. Family Members Culpable In Criminal Activity

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

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

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

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

1. Signature of Certifying Official (sign in ink) #182

2. Date of Signature (mm/dd/yyyy) 7/6/26

3. Daytime Telephone Number 925-809-7769

4. Fax Number 925-809-7799

Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (A-Number) (if any) at the top of each sheet; indicate the **Page Number, Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

Brentwood Police Department

Petitioner's Name

2.a. Family Name (Last Name): COUTINHO DE OLIVEIRA

2.b. Given Name (First Name): Thalita

2.c. Middle Name: N/A

3. A-Number (if any)

► A- 2 4 6 0 5 7 9 1 1

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

4.d.

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

5.d.

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

6.d.

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

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, disbarring, 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-918 Supp A, I-765, I-192

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): ALVES SARMENTO OLIVEIRA

6.b. Given Name (First Name): Kevin

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 4 6 0 5 7 9 1 0

Client's Contact Information

10. Daytime Telephone Number

9257270399

11. Mobile Telephone Number (if any)

9257270399

12. Email Address (if any)

kousa92@icloud.com

Mailing Address of Client

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

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 09/16/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 09/16/2026

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): ALVES SARMENTO OLIVEIRA

1.b. Given Name (First Name): Kevin

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 for Advance Permission to Enter as a Nonimmigrant

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

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

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

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1) _____
- ☐ INA 212(a)(2) _____
- ☐ INA 212(a)(3) _____
- ☐ INA 212(a)(4) _____
- ☐ INA 212(a)(6) _____
- ☐ INA 212(a)(7) _____
- ☐ INA 212(a)(8) _____
- ☐ INA 212(a)(9) _____
- ☐ INA 212(a)(10) _____
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

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

☒ **Select this box if Form G-28 or Form G-28I is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

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

Part 1. Application Type

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

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

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

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

Part 2. Information About You

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALVES SARMENTO OLIVEIRA	Kevin	N/A

2. Other Names Used (if any)

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

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

Other Information

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

► A- 2 4 6 0 5 7 9 1 0

4. USCIS Online Account Number (if any)

► N / A

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

01/04/1992

6. Place of Birth

City or Town	State or Province
Joao Pessoa	Paraiba

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☒ Male ☐ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name	Apt. Ste. Flr.	Number
1131 Priory Circle	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Winter Garden	FL	34787

Province	Postal Code	Country
N/A	N/A	USA

Dates of Residence

From (mm/dd/yyyy)	To (mm/dd/yyyy)
06/19/2026	PRESENT

11. Physical Address 2

Street Number and Name	Apt. Ste. Flr.	Number
435 Grovewood Loop North	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Brentwood	CA	94513

Province	Postal Code	Country
N/A	N/A	USA

Dates of Residence

From (mm/dd/yyyy)	To (mm/dd/yyyy)
06/09/2025	06/19/2026

Information About Your Marital History

12. What is your current marital status?

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

☐ Other

13. How many times have you been married (including annulled marriages and marriages to the same person)? 1

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

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

14. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
COUTINHO DE OLIVEIRA	Thalita	N/A

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- 246057911

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) 12/01/1989

17. Date of Marriage (mm/dd/yyyy) 04/15/2026

18. Place of Birth

City or Town: Joao Pessoa

State or Province: Paraiba

Country: Brazil

19. Place of Marriage

City or Town: Martinez

State or Province: California

Country: USA

Information About Prior Marriages (if any)

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

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

22. Date of Marriage (mm/dd/yyyy) N/A

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

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

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

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

As the derivative spouse of Thalita's U petition, Kevin requests a waiver under INA § 212(d)(14) for INA § 212(a)(7)(A)(i)(I) (lacking valid entry document), INA § 212(a)(9)(B)(i)(II) (10-year unlawful presence bar due to prior departure), and any other applicable grounds. He was paroled under § 212(d)(5) and placed in § 240 removal proceedings.

Part 2. Information About You (continued)

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

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

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

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

USCIS Office or U.S. Port-of-Entry: N/A

City or Town: N/A

State or Province: N/A

Country: N/A

Receipt Number (if available) ► N / A

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

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

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

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

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

32. Type of application or petition filed

I-589 - Application for Asylum and for Withholding of Removal

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

Executive Office for Immigration Review (EOIR), Immigration Court, 1855 Gateway Blvd., Suite 850, Concord, CA, 94520

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

Pending. Filed on January 20,2025.

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

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

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

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

Part 2. Information About You (continued)

Travel Information

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

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

37. City
N/A

38. State
N/A

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
N/A

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company
Booming Vacation

Address of Employer or Company

Street Number and Name
8600 Commodity Cir

Apt. Ste. Flr. ☐ ☒ ☐

Number
104

City or Town
Orlando

State
FL

ZIP Code
32819

Province
N/A

Postal Code
N/A

Country
USA

Your Occupation
Handyman

Dates of Employment

From (mm/dd/yyyy)
06/2026

To (mm/dd/yyyy)
Current

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

DoorDash

Address of Employer or Company

Street Number and Name	Apt. Ste. Flr.	Number
Various locations	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
N/A	N/A	N/A

Province	Postal Code	Country
N/A	N/A	USA

Your Occupation

Delivery driver

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
02/2026	05/2026

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

9257270399

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

9257270399

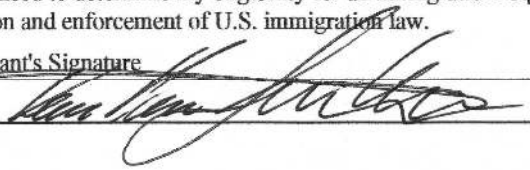
3. Applicant's Email Address (if any)

kousa92@icloud.com

Applicant's Certification and Signature

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

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

09/16/2026

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
INACIO DE 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

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)
09/16/2026

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
09/16/2026

Part 6. Additional Information

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

1. Family Name (Last Name): ALVES SARMENTO OLIVEIRA | Given Name (First Name): Kevin | Middle Name (if applicable): N/A

2. A-Number (if any) ► A- 246 057 910

3. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 3: 2250 Oak Hills, apt116, Pittsburg, CA, USA, 94565. From 10/18/2024 to 06/09/2025.

Physical Address 4: 3801 Camino Andres Road, Bay Point, CA, USA, 94565. From 09/13/2024 to 10/18/2024

4. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 5: Rua Professora Josenilda do Socorro Vieira, n. 553, Apto 201, Jardim Camboinha, Cabedelo, Paraiba, Brazil, 58103689. From 12/2023 to 09/2024.

Physical Address 6: Rua Engenheiro Jose Jaime Gomes Pessoa Filho, n. 120, apto 104, Aeroclub, João Pessoa, Paraiba, Brazil, 58036155. From 06/2022 to 12/2023.

5. Page Number: 3 | Part Number: 2 | Item Number: 11

Physical Address 7:Rua Evandil Bandeira, n. 230, Jardim Oceania, João Pessoa, Paraíba, Brazil, 58037690. From 01/2022 to 06/2022.

Physical Address 8:Rua Gilberto Paulo Cavalcanti, n.66, Cidade dos Colibris, João Pessoa, Paraíba, Brazil, 58073344. From 01/2021 to 12/2021

6. Page Number: 5 | Part Number: 2 | Item Number: 30

The applicant has been continuously present in the United States for more than six months. He last entered on September 12, 2024, at the Los Angeles port of entry, where he was paroled under INA § 212(d)(5), and he remains here to the present while in pending § 240 removal proceedings.

Part 6. Additional Information

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

1. Family Name (Last Name): ALVES SARMENTO OLIVEIRA | Given Name (First Name): Kevin | Middle Name (if applicable): N/A

2. A-Number (if any) ► A- 246059910

3. Page Number: 5 | Part Number: 2 | Item Number: 31

The applicant has filed the following application for immigration benefits: Form I-589, filed January 20, 2025 with the Immigration Court (EOIR) in Concord, California, in connection with his pending removal proceedings under INA § 240 (A# 246-057-911). This application remain pending.

4. Page Number: 5 | Part Number: 2 | Item Number: 36

Due to administrative immigration detention by CBP upon arrival at LAX on 09/12/2024. He was processed for entering without a valid document, resulting in an NTA and pending § 240 proceedings. This was strictly an administrative immigration encounter, with no criminal history.

5. Page Number: 6 | Part Number: 2 | Item Number: 44

Employer 3:Self-employed. Helper. Various locations. From 01/2025 to 01/2026.

Employer 4:Aditex Paraíba. Salesman. Av. João Cancio da Silva, 620, Manaíra, João Pessoa – Paraíba, Brazil, 58038-341. From 08/2023 to 09/2024.

Employer 5: Suanni Catharina Mendes Tavares Trindade. Salesman. BR-230, KM 13, Jardim

6. Page Number: 6 | Part Number: 2 | Item Number: 44

América, Cabedelo – Paraíba, Brazil, 58102-085. From 08/2022 to 08/2023.
Employer 6: Garagem 05 – Unidade Bessa. Manager. Rua Hortêncio Osterne Carneiro, 200, Bessa, João Pessoa – Paraíba, Brazil, 58035-120. From 01/2022 to 06/2022.
Employer 7: Garagem 05 – Unidade José Américo. Manager. Rua Rosa de Paula Barbosa,16 José Américo, João Pessoa – PB, Brasil, 58073-370. From 01/2021 to 12/2021.

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-		
	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)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **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): ALVES SARMENTO OLIVEIRA

1.b. Given Name (First Name): Kevin

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

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: 1131 Priory Circle

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Winter Garden

7.d. State: FL **7.e.** ZIP Code: 34787

Other Information

8. Alien Registration Number (A-Number) (if any)
► A-: 2 4 6 0 5 7 9 1 0

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).
► 0 1 0 9 6 5 0 1 1

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

Joao Pessoa

15.b. State/Province of Birth

Paraiba

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 01/04/1992

Information About Your Last Arrival in the United States

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

► 78014209333

18. Passport Number of Your Most Recently Issued Passport

YE643898

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) 09/22/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/11/2024

23. Place of Your Last Arrival Into the United States

Los Angeles

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

B-2

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

Deferred Action

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

► N- N/A

Information About Your Eligibility Category

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

(C) (14) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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.

► N/A

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

2. ☒ At my request, the preparer named in **Part 5.,** Otavio Haverroth Silva, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
(925) 727-0399

4. Applicant's Mobile Telephone Number (if any)
(925) 727-0399

5. Applicant's Email Address (if any)
kousa92@icloud.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

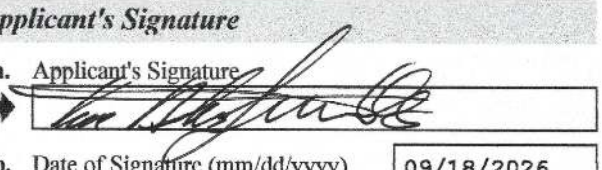
2) I understood all of the information contained in, and submitted with, my application; and

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) 09/18/2026

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: (415) 425-2508

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

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): 09/18/2026

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: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (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) 09/18/2026

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): ALVES SARMENTO OLIVEIRA

1.b. Given Name (First Name): Kevin

1.c. Middle Name: N/A

2. A-Number (if any) ► A- 246057910

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

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Thalita Coutinho de Oliveira's Identification Documents	
Thalita Coutinho de Oliveira´s Passport	1-17
Thalita Coutinho de Oliveira's Birth Certificate with English translation	18-22
Thalita Coutinho de Oliveira’s Parole Document	23
Exhibit 2 - Kevin Alves Sarmento Oliveira's Identification Documents	
Kevin Alves Sarmento de Oliveira' Passport	24-40
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Kevin Alves Sarmento Oliveira’s Parole Document	46
Exhibit 3 - Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira’s Marriage Certificate	
Marriage Certificate	47-48
Exhibit 4 - Thalita Coutinho de Oliveira’s Personal Declaration Regarding the Crime She Was a Victim	
Thalita's Personal Declaration	49-56
Exhibit 5 - Evidence that Thalita Coutinho de Oliveira is the Victim of Qualifying Criminal Activity - Criminal Case File	
Police Report - Brentwood Police Department - March 24, 2026	57-64
Exhibit 6 - Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Psychological Harm	

Official Psychological Evaluation - Prepared by Anna Carolina Anjos	65-75
Psychological Evaluation - Prepared by Iara Campos-Davids	76

Exhibit 7 - Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Physical Injury and Medical Treatment Resulting from the Qualifying Crime

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Kevin Alves Sarmento Oliveira’s Notice to Appear 345

Notice for In Person Hearing 346-347

Exhibit 1 – Thalita Coutinho de Oliveira's Identification Documents

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.

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REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

1



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YE737808

SOBRENOME / SURNAME
COUTINHO DE OLIVEIRA

NOME / GIVEN NAMES
THALITA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
01 DEZ/DEC 1989

IDENTIDADE Nº / PERSONAL No.
076078484-10

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
JOÃO PESSOA, PB, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
19 SET/SEP 2024

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
18 SET/SEP 2028

PPBRACOUTINHO<DE<OLIVEIRA<<THALITA<<<<<<<<<<

YE737808<1BRA8912019F2809182<<<<<<<<<<<<<<08



INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, 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 ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

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

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

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

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

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

5

BRA

CASA DA MOEDA DO BRASIL

BRA

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CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

120

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

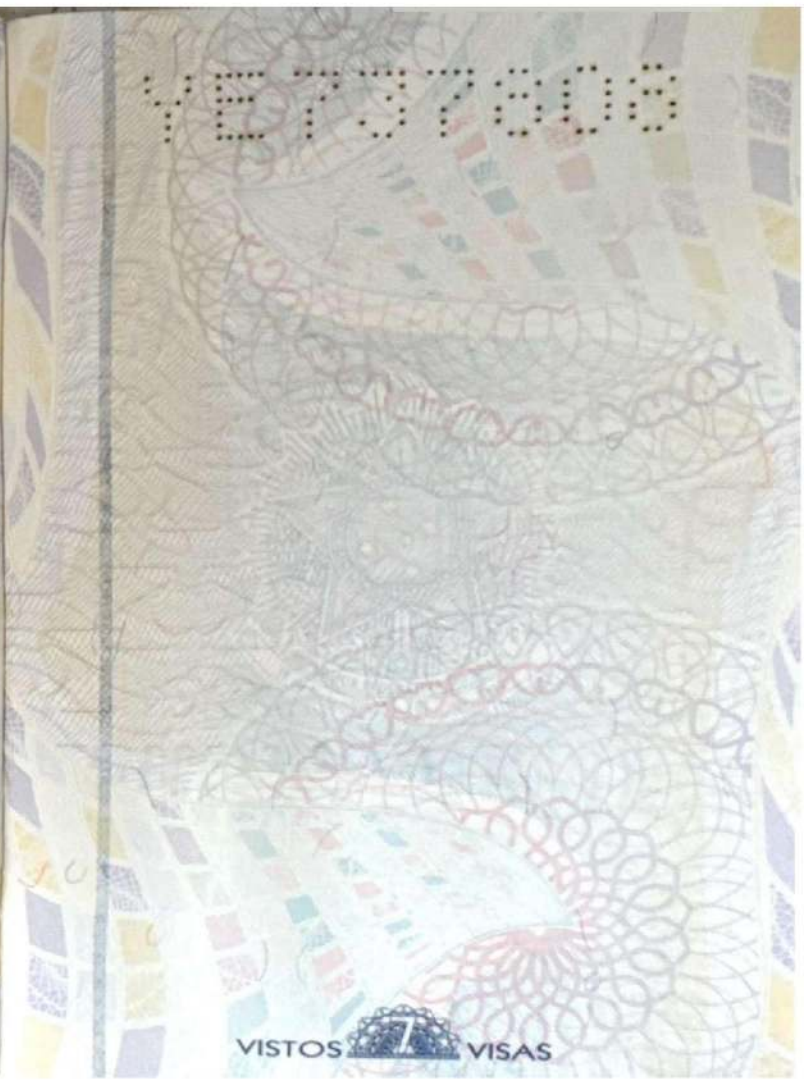
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US$ 120.00
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YE737808

19 SET/SEP 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL





VISTOS 8 VISAS

VISTOS 9 VISAS





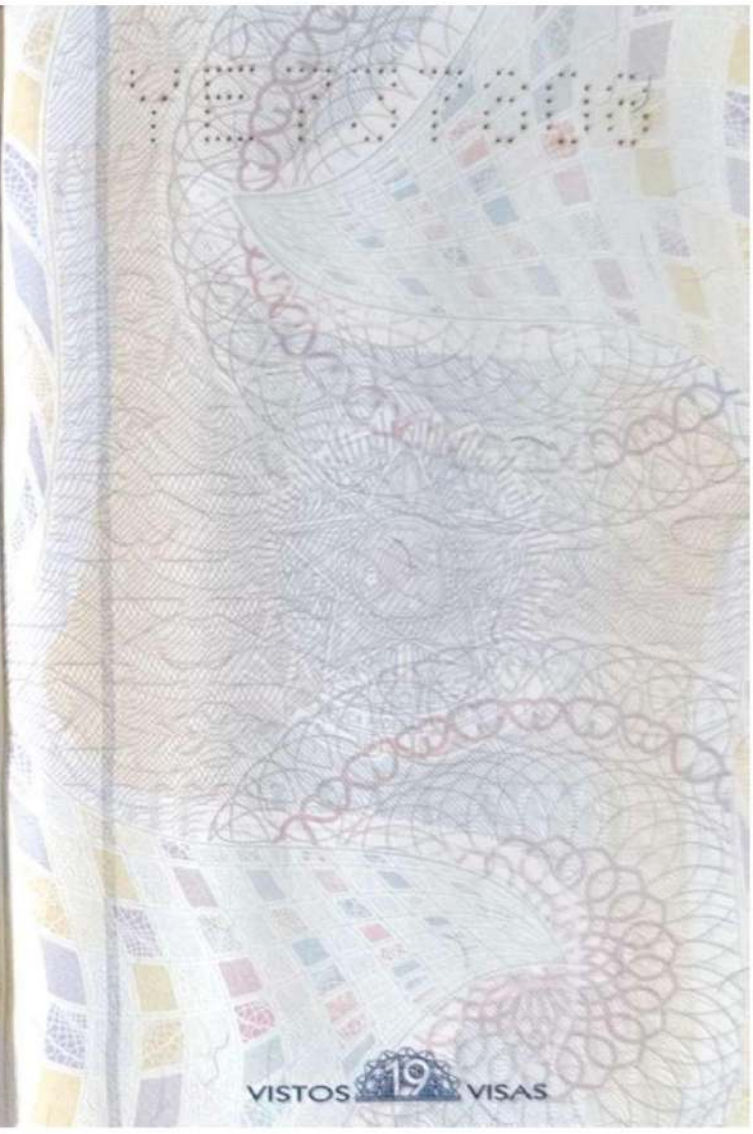


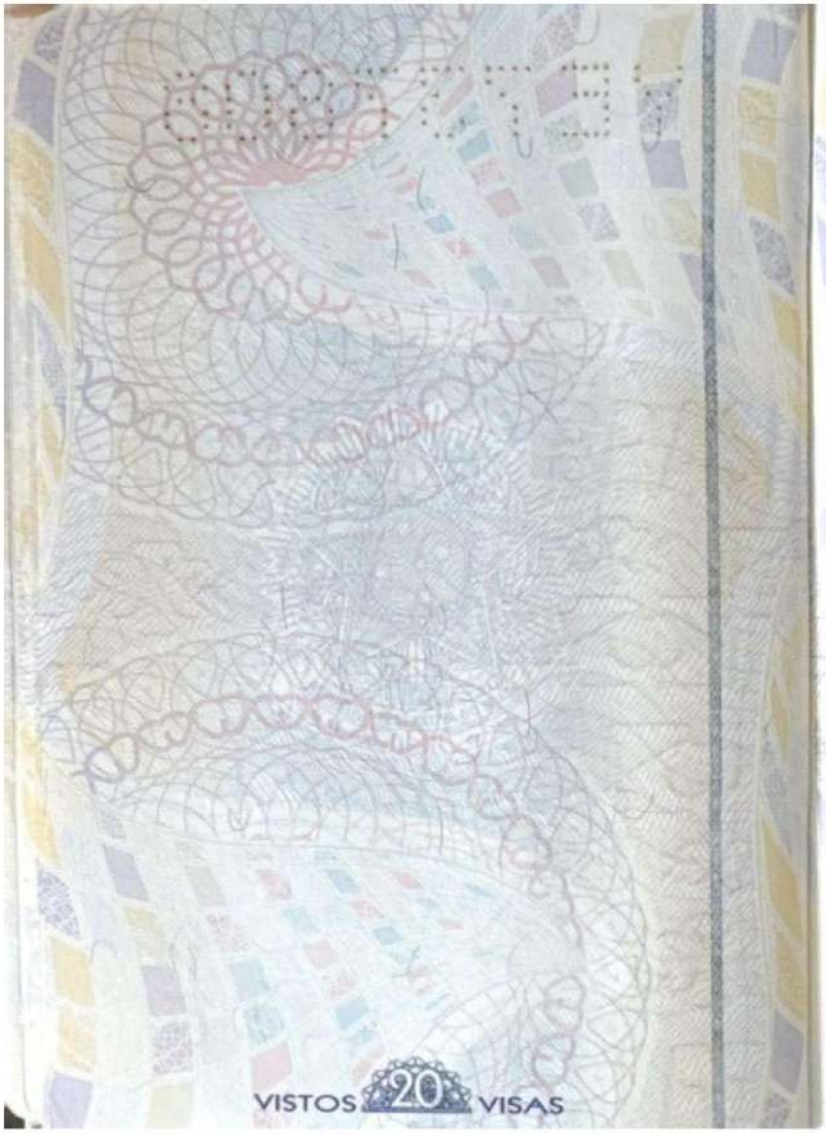





VISTOS 16 VISAS
VISTOS 17 VISAS





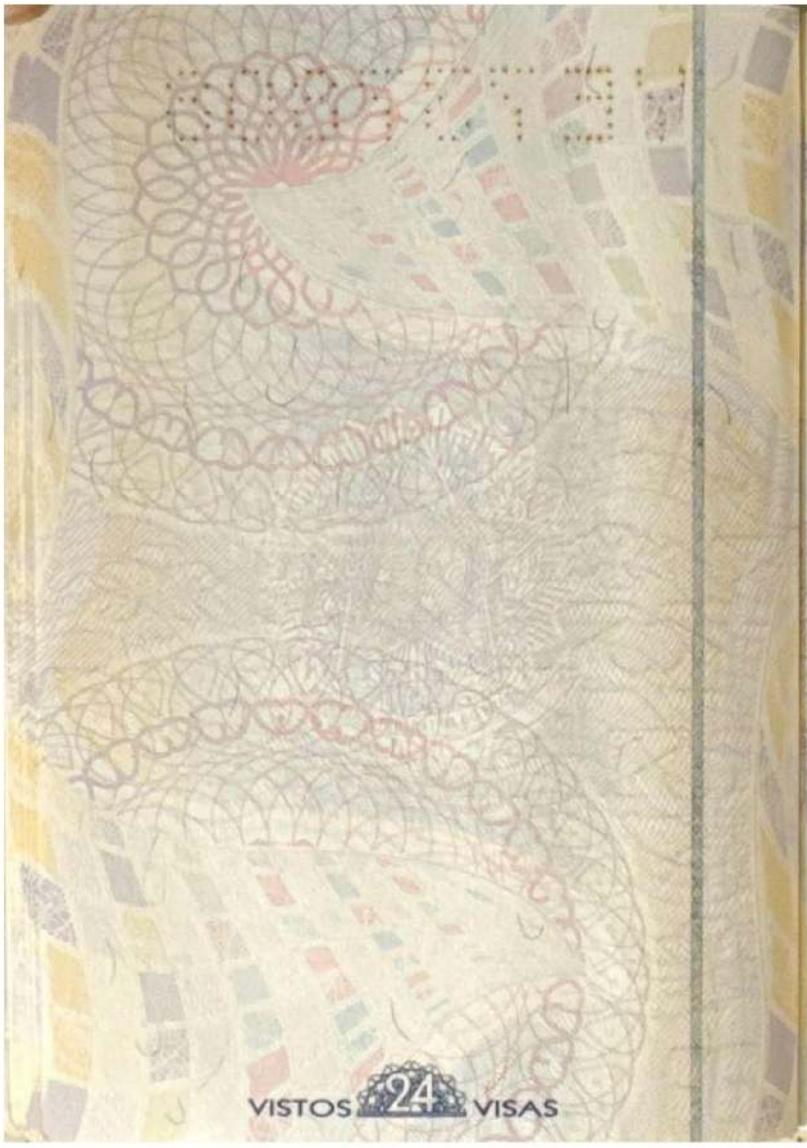


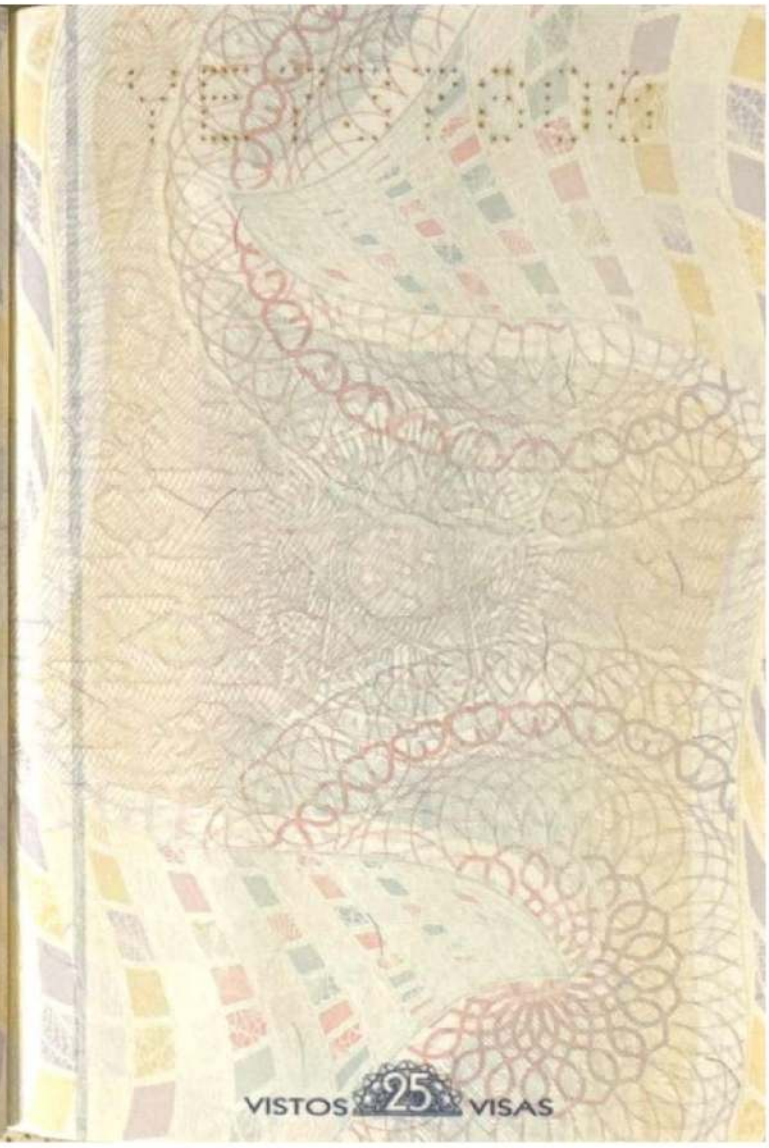
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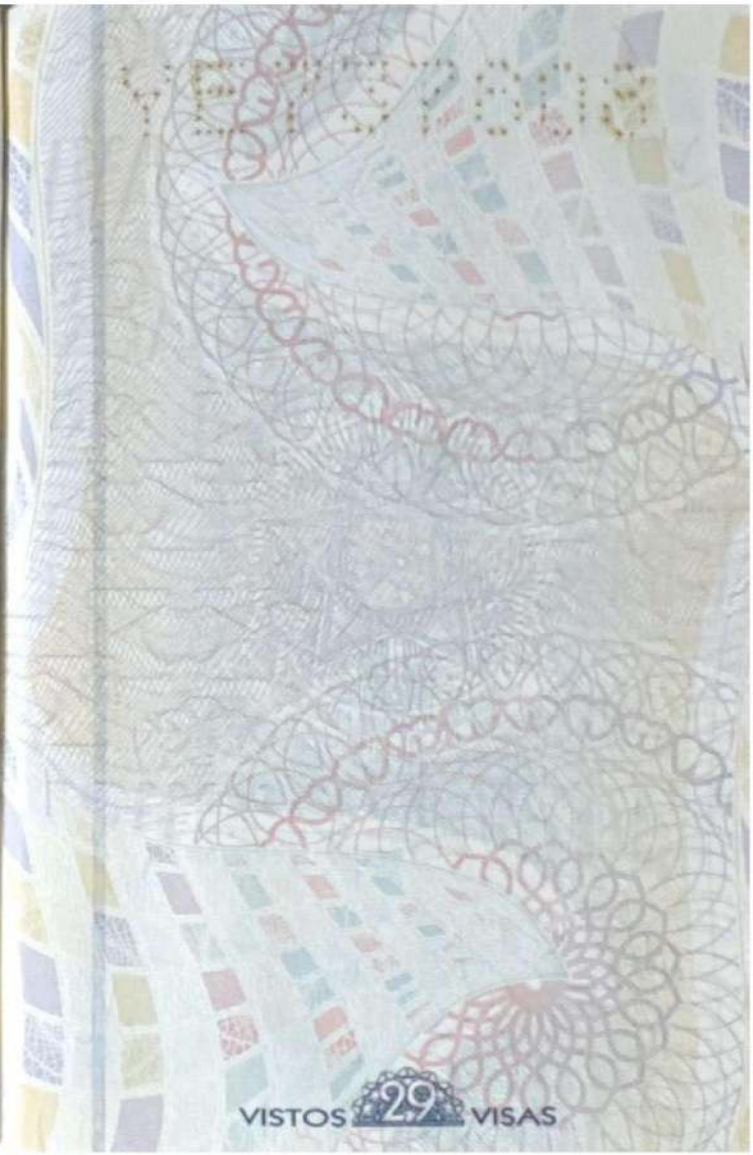
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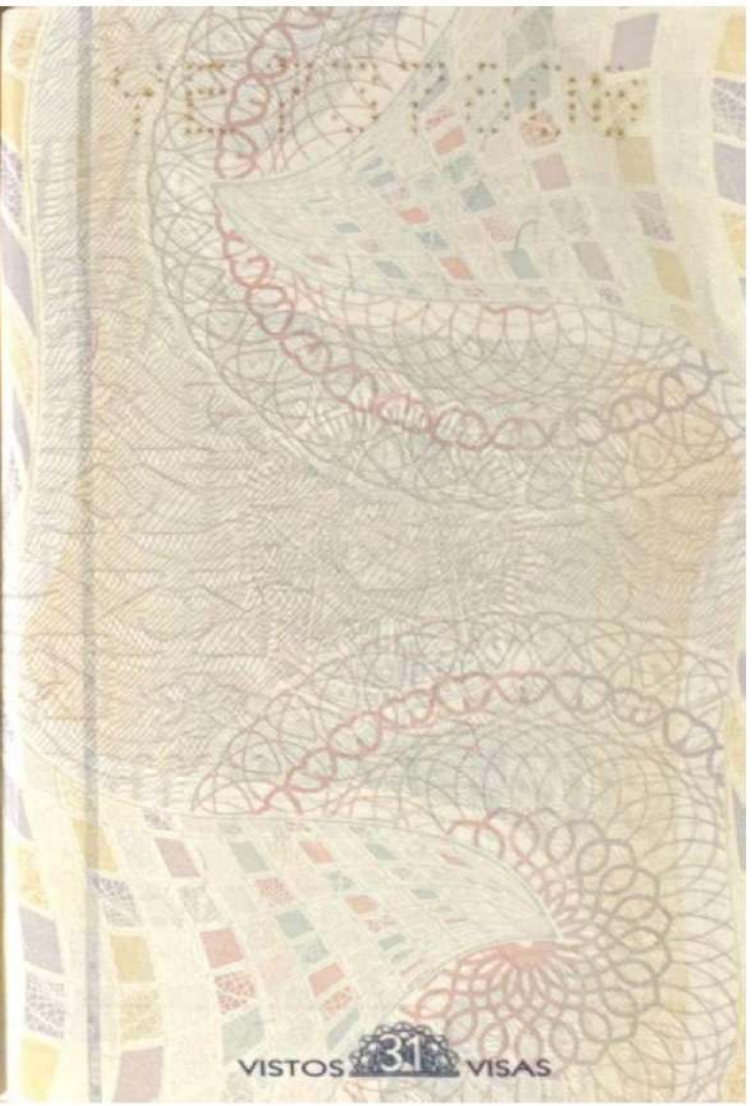












Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

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

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

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

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

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

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

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

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

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Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FEDERATIVE REPUBLIC OF BRAZIL

BIRTH CERTIFICATE

NAME

THALITA COUTINHO DE OLIVEIRA

CPF
076.078.484-10

REGISTRATION: 072710 01 55 1989 1 00002 310 0001510 80

DATE OF BIRTH (IN FULL)	DAY	MONTH	YEAR
December one, nineteen eighty-nine	01	12	1989

TIME OF BIRTH	MUNICIPALITY OF BIRTH AND FEDERATION UNIT
06:45 PM	João Pessoa - PB

MUNICIPALITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
João Pessoa - STATE OF PARAÍBA	at Maternidade Santa Isabel	Female

FILIATION
daughter of EDY ERBETH MAXIMO DE OLIVEIRA and ADRIANA FERREIRA COUTINHO DE OLIVEIRA

GRANDPARENTS
SEVERINO ALFREDO DE OLIVEIRA and MARIA FERNANDES MAXIMO DE OLIVEIRA (paternal) and EDSON DE OLIVEIRA COUTINHO and ANA MARIA FERREIRA COUTINHO (maternal)

TWINS	NAME AND REGISTRATION OF TWIN(S)
No	N/A

DATE OF REGISTRATION (IN FULL)	LIVE BIRTH REGISTRATION NUMBER
December four, nineteen eighty-nine	No Record

ANNOTATIONS / NOTES TO BE ADDED
Date of birth of the registrant: December 1, 1989.
01) Annotation: Pursuant to Provision 63/2017, Article 6, the CPF was annotated according to the consultation conducted in the national database of the Federal Revenue Service of Brazil, on 02/22/2018.

REGISTRATION NOTES
N/A
* The registration notes above do not exempt the presentation of the original document, when required by the requesting agency.

Name of Registry Office: Cartório Lima Gomes
Civil Registrar: Lindalva Lima Gomes
Municipality/State: João Pessoa-PB
Address: Av Juscelino Kubitschek, 265, Geisel
Telephone: (83) 3231-6518
Email: cartoriolimagomes@hotmail.com

The content of this certificate is true. I certify.
João Pessoa-PB, February 22, 2018.

[ ] Bela.* Lindalva Lima Gomes - Registrar
[ ] Bela. Mary Anni Lima Gomes - Deputy Registrar
[x] Bela. Roberta Lima Gomes - Deputy Registrar

Digital Seal AGJ18331-JQ9X Verify authenticity at https://selodigital.tjpb.jus.br/

LIMA GOMES REGISTRY OFFICE
13th Office
Célia Roberta Lima Gomes
Deputy Registrar
JOÃO PESSOA PARAÍBA

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No. 624386 B



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Translation Note: “Bela.” is the abbreviation for “Bacharela,” a female holder of a bachelor’s degree.

I, Thainá de Brito Oliveira, 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: September 20, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

CERTIDÃO DE NASCIMENTO

NOME:

THALITA COUTINHO DE OLIVEIRA

CPF
076.078.484-10

MATRÍCULA: 072710 01 55 1989 1 00002 310 0001510 80

DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS	ANO
Um de dezembro de mil novecentos e oitenta e nove.	01	12	1989

HORA DE NASCIMENTO	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
18h45min	João Pessoa - PB

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL DE NASCIMENTO	SEXO
João Pessoa - ESTADO DA PARAÍBA	na Maternidade Santa Isabel	Feminino

FILIAÇÃO
filha de EDY ERBETH MAXIMO DE OLIVEIRA e ADRIANA FERREIRA COUTINHO DE OLIVEIRA

AVÓS
SEVERINO ALFREDO DE OLIVEIRA e MARIA FERNANDES MAXIMO DE OLIVEIRA (paternos) e EDSON DE OLIVEIRA COUTINHO e ANA MARIA FERREIRA COUTINHO (maternos)

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não	Nada consta.

DATA DE REGISTRO (POR EXTENSO)	NÚMERO DA DNV
Quatro de dezembro de mil novecentos e oitenta e nove.	Não informado.

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
Data de nascimento da registrada: 1 de dezembro de 1989.
01) Averbação:: Conforme Provimento 63/2017, do artigo 6º, foi averbado o CPF, de acordo com a consulta realizada na base Nacional da Receita Federal do Brasl, em: 22/02/2018.

ANOTAÇÕES DE CADASTRO
Nada consta.
* As anotações de cadastro acima não dispensam a apresentação do documento original, quando exigida pelo órgão solicitante.

Nome do Cartório: Cartório Lima Gomes
Registradora Civil: Lindalva Lima Gomes
Município/UF: João Pessoa-PB
Endereço: Av Juscelino Kubitschek, 265, Geisel
Telefone:(83) 3231-6518
Email: cartoriolimagomes@hotmail.com

O conteúdo da certidão é verdadeiro. Dou fé.
João Pessoa-PB, 22 de fevereiro de 2018.

[ ]Bela. Lindalva Lima Gomes-Oficiala
[ ]Bela. Mary Anni Lima Gomes-Oficiala Substituta
[ ]Bela. Roberta Lima Gomes-Oficiala Substituta

Selo digital AGJ18331-JQ9X Consulte a autenticidade em https://selodigital.tjpb.jus.br/

CARTÓRIO LIMA GOMES
13º Ofício
Bela Roberta Lima Gomes
Oficiala Substituta
JOÃO PESSOA PARAÍBA

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VÁLIDO EM TODO TERRITÓRIO NACIONAL. QUALQUER ADULTERAÇÃO OU RASURA INVALIDA ESTE DOCUMENTO

Nº 624386 B



VÁLIDO EM TODO TERRITÓRIO NACIONAL. QUALQUER ADULTERAÇÃO OU RASURA INVALIDA ESTE DOCUMENTO

OMB No. 1651-0111

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

U.S. DEPARTMENT OF HOMELAND SECURITY
PAROLED
Until FEB 26, 2025
Purpose: Notice to Appear Removal proceeding
45724
Sept 12, 2024 LAX 19906
(Date) (Location) (Officer)
U.S. DEPARTMENT OF HOMELAND SECURITY

Departure Record

Admission Number

~~88142182 33~~

163767369A7

18. Family Name
COUTINHO DE OLIVEIRA

19. First (Given) Name
THALITA

20. Birth Date (DD/MM/YY)
01 11 2891

21. Country of Citizenship
BRAZIL

CBP Form I-94 (05/08)

See Other Side

STAPLE HERE

Exhibit 2 - Kevin Alves Sarmento Oliveira's Identification Documents



Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

Se 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.

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This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

YE643898

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

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL



TIPO / TYPE: PP
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE643898

SOBRENOME / SURNAME
ALVES SARMENTO OLIVEIRA

NOME / GIVEN NAMES
KEVIN

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH: 04 JAN/JAN 1992
IDENTIDADE Nº / PERSONAL No.: 092614221-03

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: JOÃO PESSOA, PB, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 23 SET/SEP 2024
AUTORIDADE / AUTHORITY: SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
22 SET/SEP 2028

PPBRAALVES<SARMENTO<OLIVEIRA<<KEVIN<<<<<<<<<
YE643898<8BRA9201040M2809229<<<<<<<<<<<<<<00

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 resguardar sua responsabilidade, o titular deve assinar seu passaporte, no espaço previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou que for viajar por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximos. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

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

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

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

BRA

BRA 634829MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE EXTRAVIADO.

120

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

YE643898

23 SET/SEP 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL


YE043698
VISTOS VISAS
VISTOS VISAS


VISTOS VISAS
VISTOS VISAS


VISTOS VISAS
VISTOS VISAS

VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS VISAS
VISTOS VISAS


VISTOS VISAS
VISTOS VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS

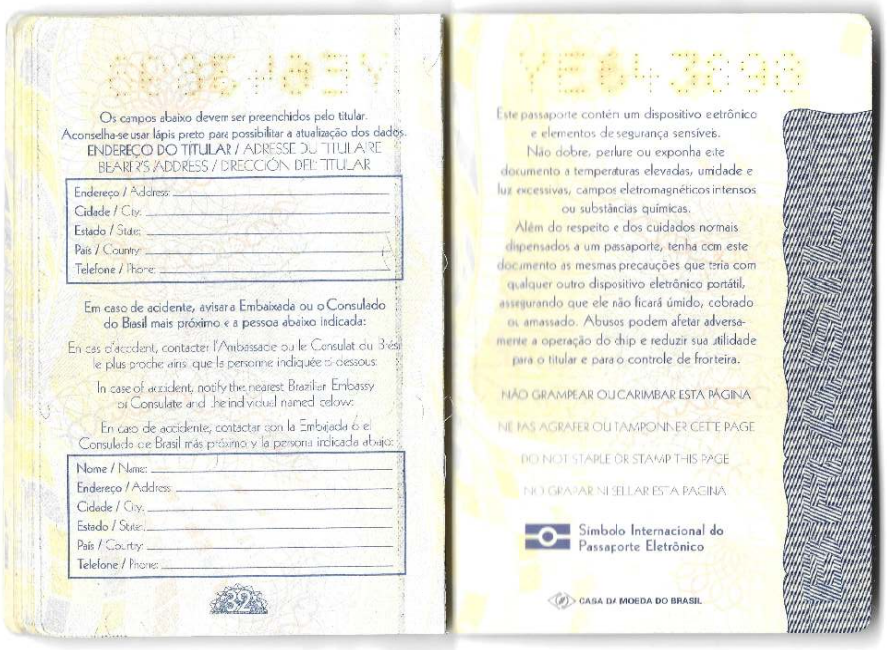

VISTOS VISAS
VISTOS VISAS


VISTOS 924 VISAS
VISTOS 925 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS



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

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

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

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

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

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

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

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

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
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NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PÁGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Birth Certificate

NAME:

KEVIN ALVES SARMENTO OLIVEIRA

REGISTRATION:

0689160155 1992 1 00001 240 0000958 14

DATE OF BIRTH (IN FULL)	DAY	MONTH	YEAR
January four, nineteen ninety-two	04	01	1992

TIME OF BIRTH	MUNICIPALITY OF BIRTH AND FEDERATION UNIT
06:40 AM	João Pessoa-PB

MUNICIPALITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
João Pessoa-PB	Hospital Universitário Lauro Wanderley - João Pessoa-PB	Male

FILIATION

JOSÉ SARMENTO DE OLIVEIRA and IVONE ALVES FRANCELINO

GRANDPARENTS

Paternal: INÁCIO OLIVEIRA DA SILVA and SEVERINA SARMENTO DE OLIVEIRA
Maternal: JOSÉ ALVES FILHO and JURALICE FRANCELINO

TWINS	NAME AND REGISTRATION OF TWIN(S)
NO	---------- N/A ----------

DATE OF REGISTRATION (IN FULL)	LIVE BIRTH REGISTRATION
March five, nineteen ninety-two (03/05/1992).	— N/A

NOTES / ANNOTATIONS

2ND COPY. Record drawn up on 03/05/1992, in Book A-00001, No. 958, page 240.

CIVIL REGISTRY OFFICE
8TH REGISTRY SERVICE FAUSTO DE OLIVEIRA
Av. São Judas Tadeu, 542 - Rangel - João Pessoa - PB
CNPJ 06.203.879/0001-55 - PHONE 3223-5575
GIVANILDO FAUSTO DE OLIVEIRA
(Acting Registrar)

NAME OF THE OFFICE

8TH REGISTRY SERVICE FAUSTO DE OLIVEIRA

REGISTRAR

Givanildo Fausto de Oliveira

MUNICIPALITY / FEDERATION UNIT

Jolo Pessoa-PB

ADDRESS

Avenida São Judas Tadeu, No. 542, Rangel João Pessoa-PB - ZIP Code 58070100
Phone: (83) 3223-5575
Email: cartfaustodeoliveira@outlook.com

The content of this certificate is true. I certify.

João Pessoa-PB, January 18, 2017.

------ SIGNATURE ------

Charlene Mary Nóbrega
Sworn Clerk

Digital Seal: **ADZ66799-0AEV**
Verify authenticity at: https://selodigital.tjpb.jus.br

Charlene Mary Nóbrega
CLERK

CASA DA MOEDA DO BRASIL

AA 015.363.054

Registration Details

Registration	0018830155 1987 1 0003 050 0000533 31
Standard	aaaaaabbcc dddd e ffff ggg hhhhhhh ii
	Detailing
aaaaa (00188-3)	National Registry Office Code (unique identification of the registry office)
bb (01)	Archive Code, being: 01 - Own Archive Others - Incorporated Archives
cc (55)	Type of Service Provided, being: 51: Notary Service 52: Title Protest Service 53: Real Estate Registration Service 54: Title and Document Registration Service and Civil Registration of Legal Entities 55: Civil Registration Service of Natural Persons 56: Maritime Contract Registration Service 57: Distribution Registry
dddd (1987)	Year of Registration
e (1)	Type of Book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Registration of religious marriage for civil purposes) 4: Book C (Death) 5: Auxiliary Book C (Stillbirth Registration) 6: Book D (Registration of Banns) 7: Book E (Other acts related to Civil Registration)
ffff (0003)	Book Number
ggg (050)	Page Number
hhhhhhh (0000533)	Entry Number
ii (31)	Checking Digit

For exclusive use in the issuance of certificates of registration and transcription of birth, marriage and death

I, Thainá de Brito Oliveira, 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: September 21, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Certidão de Nascimento

NOME:

KEVIN ALVES SARMENTO OLIVEIRA

MATRÍCULA

0689160155 1992 1 00001 240 0000958 14

DATA DE NASCIMENTO(POR EXTENSO)	DIA	MÊS	ANO
quatro de janeiro de um mil novecentos e noventa e dois	04	01	1992

HORA DE NASCIMENTO	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
06:40	João Pessoa-PB

MUNICÍPIO DE REGISTRO/UF	LOCAL DE NASCIMENTO	SEXO
João Pessoa-PB	Hospital Universitário Lauro Wanderley - João Pessoa-PB	masculino

FILIAÇÃO
JOSÉ SARMENTO DE OLIVEIRA e IVONE ALVES FRANCELINO

AVÓS
Paterno(s): INÁCIO OLIVEIRA DA SILVA e SEVERINA SARMENTO DE OLIVEIRA
Materno(s): JOSÉ ALVES FILHO e JURALICE FRANCELINO.

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
NÃO	---------- NÃO POSSUI ----------

DATA DO REGISTRO (POR EXTENSO)	DNV (DEC. NASC. VIVO)
cinco de março de um mil novecentos e noventa e dois (05/03/1992).	---- NADA CONSTA ----

OBSERVAÇÕES / AVERBAÇÕES

2ªVIA. Registro lavrado em 05/03/1992, no livro A-00001, Nº 958, folha 240.

CARTÓRIO DO REGISTRO CIVIL
8º SERVIÇO REGISTRAL FAUSTO DE OLIVEIRA
Av. São Judas Tadeu, 542 - Rangel - João Pessoa - PB
CNPJ 06.203.879/0001-55 - FONE 3223-5575
GIVANILDO FAUSTO DE OLIVEIRA
(Oficial Titular Interino)

NOME DO OFÍCIO
8º SERVIÇO REGISTRAL FAUSTO DE OLIVEIRA

OFICIAL REGISTRADOR
Givanildo Fausto de Oliveira

MUNICÍPIO/UF
João Pessoa-PB

ENDEREÇO
Avenida São Judas Tadeu, Nº 542, Rangel João Pessoa-PB - CEP 58070100 Fone: (83)3223-5575 E-mail: cartfaustodeoliveira@outlook.com

O conteúdo da certidão é verdadeiro. Dou fé.

João Pessoa-PB, 18 de janeiro de 2017.

Charlene Mary Nóbrega
Escrevente Compromissada

Selo Digital: **ADZ66799-0AEV**

Consulte a autencidade em: **https://selodigital.tjpb.jus.br**

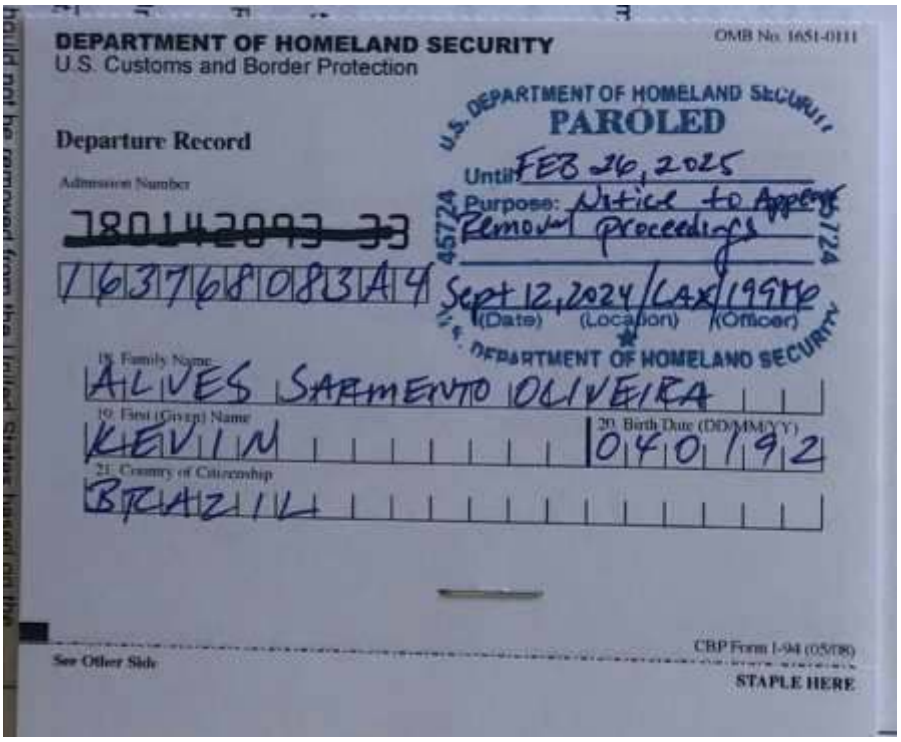
Charlene Mary Nóbrega
ESCREVENTE

CASA DA MOEDA DO BRASIL

Detalhamento da Matrícula

Matrícula	0018830155 1987 1 0003 050 0000533 31
Padrão	aaaaaabbcc dddd e ffff ggg hhhhhhh ii
	Detalhamento
aaaaa (00188-3)	Código Nacional da Serventia (identificação única do cartório)
bb (01)	Código do Acervo, sendo: 01 - Acervo Próprio Outros - Acervos Incorporados
cc (55)	Tipo de Serviço Prestado, sendo: 51: Serviço de Notas 52: Serviço de Protesto de Títulos 53: Serviço de Registro de Imóveis 54: Serviço de Registro de Títulos e Documento Civil de pessoa jurídica 55: Serviço de Registro Civil das Pessoas Naturais 56: Serviço de Registro de Contratos Marítimos 57: Registro de Distribuição
dddd (1987)	Ano do Registro
e (1)	Tipo do livro, sendo: 1: Livro A (Nascimento) 2: Livro B (Casamento) 3: Livro B Auxiliar (Registro de casamento religioso para fins civis) 4: Livro C (Óbito) 5: Livro C Auxiliar (Registro de Natimortos) 6: Livro D (Registro de Proclamas) 7: Livro E (Demais atos relativos os Registro Civil)
ffff (0003)	Número do livro
ggg (050)	Número da folha
hhhhhhh (0000533)	Número do Termo
ii (31)	Dígito Verificador

Uso exclusivo para emissão de certidões de registro e transcrição de nascimento, casamento e óbito



DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB No. 1651-0111

Departure Record

U.S. DEPARTMENT OF HOMELAND SECURITY
PAROLED
Until FEB 26, 2025
Purpose: Notice to Appear Removal proceedings
45724 1724
Sept 12, 2024 / LAX / 19910
(Date) (Location) (Officer)
U.S. DEPARTMENT OF HOMELAND SECURITY

Admission Number
~~80142093 33~~
16376808 3A4

18. Family Name
ALVES SARMENTO OLIVEIRA

19. First (Given) Name
KEVIN

20. Birth Date (DD/MM/YY)
04/09/2

21. Country of Citizenship
BRAZIL

See Other Side

CBP Form I-94 (05/08)

STAPLE HERE

Exhibit 3 – Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira’s Marriage Certificate

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA

MARTINEZ, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER

4202607000840
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (☐ Groom ■ Bride)

1A. FIRST NAME	1B. MIDDLE
THAIYTA	--

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
COUTINHO DE OLIVEIRA	--

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
12/01/1989	BRAZIL	0	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
435 GROVEWOOD LOOP N	BRENTWOOD	CA	94513

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
EDY ERBETH MAXIMO DE OLIVEIRA	BRAZIL

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
ADRIANA FERREIRA COUTINHO	BRAZIL

SECOND PERSON DATA (■ Groom ☐ Bride)

12A. FIRST NAME	12B. MIDDLE
KEVIN	--

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
ALVES SARMENTO OLIVEIRA	--

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
01/04/1992	BRAZIL	0	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
435 GROVEWOOD LOOP N	BRENTWOOD	CA	94513

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
JOSE SARMENTO DE OLIVEIRA	BRAZIL

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
IVONE ALVES FRANCELINO	BRAZIL

AFFIDAVIT

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Thaiyta Coutinho de Oliveira	▶

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREOF IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME, ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
04/15/2026	07/13/2026	KRISTIN B. CONNELLY	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
202640001009	CONTRA COSTA	555 ESCOBAR STREET, MARTINEZ, CA 94553

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	RICARDO DE OLIVEIRA PIRES

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 3801 CAMINO ANDRES, BAY POINT, CA 94565

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	EDVANIA SILVA DOS SANTOS

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 435 GROVEWOOD LOOP N, BRENTWOOD, CA 94513

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
04/15/2026	MARTINEZ	CONTRA COSTA

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶	--

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
Leonarda F. Uy	DEPUTY COMMISSIONER

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 555 ESCOBAR STREET, MARTINEZ, CA 94553

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
--	--	--

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
--	--	--

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
KRISTIN B. CONNELLY	BY ▶	04/15/2026

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VSAFF 03/01/2010

0 0 0 0 0 1 4 5 3 8

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } ss

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST:

DATE ISSUED: 04/15/2026

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.

Kristin B. Connelly
KRISTIN B. CONNELLY
CONTRA COSTA COUNTY RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Thalita Coutinho de Oliveira's Personal Declaration Regarding the Crime She Was a Victim

Declaration regarding the events that occurred in the United States

My name is Thalita Coutinho de Oliveira. I was born on December 1, 1989, in João Pessoa, Paraíba, Brazil. I currently reside at 1131 Priory Circle, Winter Garden, FL 34787. I make this declaration to share a little about myself and also to report the events and the consequences of a crime of which I was a victim, which occurred on the night of March 24, 2026, in Brentwood, CA, United States.

My life story began with a childhood marked by family adversities and emotional vulnerability, in a context of family conflicts and a lack of emotional support. Just after my parents separated, I was raised by my paternal grandmother and my aunts. Despite the adversities I faced, I have always sought to build a stable life and move forward with responsibility.

I graduated from high school in Brazil, completed my studies in Commercial Management, and later started a graduate program, but did not complete it. I met my partner in 2008, with whom I built a lasting relationship and a family. We have a daughter named Maria Clara, born in 2019. We legally formalized our marriage in April 2026.

I have always been an independent, optimistic, and ambitious person, dedicated to work and, above all, to my family. In 2024, we came to the United States to take care of our daughter's health, certain that she would receive proper treatment here, in addition to safety and a good education.

I worked as a Lyft driver, and transporting unknown passengers was part of my daily work routine. Even given the diversity of passengers I transported, I never imagined that one day I would be the victim of such a violent assault. I have always sought to act with politeness, respect, and professionalism.

I was working on the night of the crime, I had just washed the car and was heading toward Costco to refuel and have everything ready for the next day, as the car only had approximately 45 miles of range left.

Right after passing McDonald's, I received a ride request for $7.00 and accepted it, as the route would be from Brentwood to Brentwood and I would have enough range to complete the ride without running out of gas.

The ride was accepted at 8:40 PM. When I arrived at the 7-Eleven pickup location, I saw that they were a young couple and that they were eating. I had not yet indicated on the app that I had arrived at the pickup location, but they were already walking toward the car.

When the passengers opened the car door, I politely asked them to put away their food, as eating inside the vehicle was not allowed. I reinforced the request courteously, with a smile on my face, and apologized to avoid any discomfort.

I explained that I had just left the car wash located next to the 7-Eleven, but despite my efforts to maintain a respectful attitude and communicate the best I could in English, as I am not fluent, they were resistant to my request.

They were unnecessarily reactive. My entire request had been made in a humble and polite tone. To avoid unwanted behaviors, thinking of my safety and also the rating they could give to my Lyft account, I preferred to ask them to get out of the car. I even said please to avoid conflicts.

The male passenger asked if I could cancel the ride. I replied yes. He thanked me, and I replied, "YOU'RE WELCOME." The female passenger, however, verbally abused me, even insulting my family. I chose not to respond because I just wanted to get out of that situation unharmed. There were two of them, and I was alone. After that, they got out of the car.

Immediately, I called my partner to report what had happened, as it was the first time I had ever experienced that kind of situation. It was 8:47 PM when I called him; he answered and heard everything.

At that time, I had not yet indicated on the app that I had arrived at the pickup location. Therefore, this would not financially disadvantage the customer nor affect their rating, especially since he showed concern about whether or not I would cancel the ride. In fact, I was going to cancel it.

To my surprise, the female passenger who had cursed at me walked back toward my car. At that moment, I felt there were two possibilities: either she had forgotten something, or, given her agitated behavior and the unnecessary insults, she might try to harm me. Since she came toward the passenger seat (and not toward my seat), I preferred to believe she had forgotten something, and therefore, I did not lock the door.

As soon as she opened the door, she asked again if I was going to cancel the ride. She was so agitated that she didn't even notice that I had not yet started the trip on the app. Even so, I kept saying that I was going to cancel the ride. She sat in the seat and said she was not going to get out of my car.

At that moment, I felt completely vulnerable knowing that I was alone. Although she was wrong for wanting to eat in my car and for having verbally abused me, she seemed to believe she was right and that she could remain in my car against my will. It was at that exact moment that I knew for certain I was in danger.

I immediately took off my seatbelt, got out of the car, opened the passenger door where she was sitting, and asked her to get out of my car. I asked five times, without having to touch her, and she got out.

When I was on my way to the driver's seat to get back into my car, the assault began. I could not close the door to prevent the attack. I tried to hold her arms, but I couldn't. She punched, struck, and kicked me. The young man who was with her did not assault me, or at least I have no recollection of it. When I least expected it, she sprayed pepper spray at me and told me that now I would lose my sight. That is exactly what happened: I lost my sight, began to breathe with great difficulty, and lost the strength to try to defend myself or hold her back in any way.

They were fast. Even though I warned them that everything was being recorded and that I would call the police, it was not enough. They left and did not provide me with any assistance.

All of this surprised and deeply shocked me. I never imagined I would go through a situation like this, especially here in the United States. I am very grateful for the service I received and for the way the police treated me. The police immediately located the attacker, and while I was already in the ambulance, the officer asked me to identify her. Shortly after, my partner, who heard the entire assault over the phone, arrived at the crime scene.

Even without being able to see clearly, I saw it was her. I will never forget her face. I shook from head to toe upon seeing her again and relived, in seconds, everything I had gone through minutes before. I signed a form that the police asked me to sign, confirming her identity. They did not give me a copy of the document I signed, and then I was taken to the hospital.

At the hospital, they washed my body and eyes to remove part of the chemical substance from the pepper spray. They also applied ice packs to the burns and bruises that were preventing me from opening my mouth. I took medication and underwent CT scans to check if anything was fractured. Finally, I had eye exams and was discharged.

The next day, I went to the police station to request the Police Report. They asked for a ten-day period. They did not hand over the identification form I had signed and also stated that they would not need my statement or my dashcam videos.

On that same day, I went to the 7-Eleven to thank them for helping me and to pay for the water and milk they gave me in an attempt to minimize the burning effects of the pepper spray. They were very helpful and refused the payment. They did not give me the footage from the establishment's security cameras, but they allowed me to watch it without recording, and informed me that they had turned over all the footage to the police. Perhaps for this reason, the authorities did not accept my videos and my statement.

I became afraid of returning to my activities, of letting unknown people in my car, of developing lasting traumas, and, above all, that they might come after me, since they had my car details from being my passengers. I sought psychological help and drew even closer to God in search of strength to live well and feel safe, just as I did before. On several occasions, I had panic attacks upon seeing people with the same physical characteristics as the attacker; I began to avoid public environments precisely because of this and spent sleepless nights, always on alert, frightened, and in silence. I became the complete opposite of who I was before.

Friends and family who knew me before and after this incident noticed a stark contrast in my behavior, with fear being the main one. Even though it was a difficult decision to make, I understood that I needed to move from California to the farthest place possible within national territory, and that was when we decided to go to Florida. I needed to feel safer, I changed my car's license plate, and today, I am far away from the place where I was assaulted and from

the attacker. I still cannot hold back my tears when recounting this incident, and I still have nightmares, terrible memories, and fear of what this person might do to me and my family.

I provide this declaration to report what I experienced and the damages I suffered. I am willing to fully cooperate with law enforcement authorities and to provide additional information whenever necessary.

I declare, under penalty of perjury under the laws of the United States of America, that the foregoing information is true and correct to the best of my knowledge and recollection.

Thalita Coutinho de Oliveira

Date: 08/31/2026

Signature: Thalita Coutinho de Oliveira

Phone: +1 925 489 8504

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: October 1, 2026.

Declaração sobre os fatos ocorridos nos Estados Unidos

Meu nome é Thalita Coutinho de Oliveira. Nasci em 01 de dezembro de 1989, em João Pessoa, Paraíba, Brasil. Atualmente resido em 1131 Priory Circle, Winter Garden, FL 34787. Faço esta declaração para falar um pouco sobre mim e também para relatar os fatos, e as consequências de um crime do qual eu fui vítima, ocorrido na noite de 24 de março de 2026 em Brentwood, CA, Estados Unidos.

Minha história de vida começou com uma infância marcada por adversidades familiares e vulnerabilidade emocional, em um contexto de conflitos familiares e falta de amparo afetivo. Logo que meus pais se separaram, passei a ser criada pela minha avó paterna e por minhas tias. Apesar das adversidades que enfrentei, sempre procurei construir uma vida estável e seguir em frente com responsabilidade.

Concluí o ensino médio no Brasil, formei-me em Gestão Comercial e posteriormente comecei uma pós-graduação, mas não a concluí. Conheci meu companheiro em 2008, com quem construí uma relação duradoura e uma família. Somos pais de Maria Clara, nascida em 2019. Formalizamos nosso casamento legalmente em abril de 2026.

Sempre fui uma pessoa independente, otimista, ambiciosa, dedicada ao trabalho, e principalmente, à minha família. Em 2024, viemos para os Estados Unidos para cuidar da saúde da nossa filha, na certeza de que aqui ela teria um tratamento assertivo, além de segurança e uma boa educação.

Eu trabalhava como motorista de aplicativo (Lyft driver) e transportar passageiros desconhecidos fazia parte da minha rotina diária de trabalho. Mesmo diante da diversidade de passageiros que eu transportava, nunca imaginei que um dia seria vítima de uma agressão tão violenta. Sempre busquei agir com educação, respeito e profissionalismo.

Na noite do crime eu estava trabalhando, tinha acabado de lavar o carro e fui em direção ao Costco para abastecer, e já deixar tudo preparado para o dia seguinte, pois o carro só tinha aproximadamente 45 milhas de autonomia.

Logo depois de passar pelo McDonald's, recebi uma corrida no valor de $7,00 e a aceitei, pois o trajeto seria de Brentwood para Brentwood e eu teria autonomia suficiente para realizar a corrida sem ficar sem gasolina.

A corrida foi aceita às 8h40. Quando cheguei ao 7-Eleven, local de embarque, vi que se tratava de um jovem casal e que eles estavam comendo. Eu ainda não havia informado no aplicativo que tinha chegado ao local de embarque, mas eles já estavam vindo em direção ao carro.

Quando os passageiros abriram a porta do carro, pedi gentilmente que guardassem a comida, pois não era permitido embarcar comendo. Reforcei o pedido com cortesia, com um sorriso no rosto e pedindo desculpas para evitar qualquer mal-estar.

Expliquei que tinha acabado de sair do lava-jato que ficava ao lado do 7-Eleven, mas, apesar dos meus esforços para manter uma postura respeitosa e me comunicar da melhor forma possível em inglês, pois eu não sou fluente, eles foram reativos ao meu pedido.

Eles foram reativos sem necessidade. Todo o meu pedido havia sido feito em tom humilde e educado. Para evitar atitudes indesejadas, pensando na minha segurança e também na avaliação que poderiam dar à minha conta da Lyft, preferi pedir que saíssem do carro. Pedi inclusive por favor para evitar conflitos.

O passageiro de sexo masculino perguntou se eu poderia cancelar a corrida. Respondi que sim. Ele me agradeceu, e eu respondi: "YOU'RE WELCOME." Já a passageira de sexo feminino me ofendeu verbalmente, inclusive ofendendo minha família. Preferi não responder, pois eu só queria sair daquela situação ilesa. Eram duas pessoas, e eu estava sozinha. Depois disso, eles saíram do carro.

Imediatamente liguei para meu companheiro para relatar o que havia acontecido, pois era a primeira vez que eu vivia aquele tipo de situação. Eram 8h47 da noite quando liguei para ele; ele atendeu e ouviu tudo.

Naquele momento, eu ainda não havia informado no aplicativo que tinha chegado ao local de embarque. Portanto, isso não prejudicaria financeiramente o cliente nem sua pontuação, especialmente porque ele demonstrava preocupação sobre eu cancelar ou não a corrida. De fato, eu iria cancelá-la.

Para minha surpresa, a passageira que me xingou voltou em direção ao meu carro. Nesse momento, senti que havia duas possibilidades: ou ela havia esquecido alguma coisa, ou, diante do comportamento alterado e dos xingamentos desnecessários, ela poderia tentar me fazer algum mal. Como ela veio em direção ao banco do passageiro (e não em direção ao meu banco), preferi acreditar que ela havia esquecido alguma coisa e, por isso, não tranquei a porta.

Assim que ela abriu a porta, perguntou novamente se eu iria cancelar a corrida. Ela estava tão alterada que nem percebeu que eu ainda não havia iniciado a viagem no aplicativo. Mesmo assim, continuei dizendo que iria cancelar a corrida. Ela se sentou no banco e disse que não iria sair do meu carro.

Naquele momento, me senti totalmente vulnerável por saber que eu estava sozinha. Embora ela estivesse errada por querer comer no meu carro e por ter me ofendido verbalmente, ela parecia acreditar que tinha razão e que poderia permanecer no meu carro contra a minha vontade. Foi nesse momento que tive certeza de que eu estava em perigo.

Imediatamente tirei o meu cinto de segurança, saí do carro, abri a porta do passageiro onde ela estava sentada e pedi que ela saísse do meu carro. Pedi cinco vezes, sem precisar tocá-la, e ela saiu.

Quando eu estava a caminho do banco do motorista para entrar novamente no meu carro, começaram as agressões. Não consegui fechar a porta para impedir a agressão. Tentei segurar os braços dela, mas não consegui. Ela me deu socos, murros e chutes. O rapaz que estava com ela não me agrediu, pelo menos não tenho lembrança disso. Quando eu menos esperava, ela jogou spray de pimenta em mim e falou que agora eu iria perder a visão. Foi exatamente isso que aconteceu: eu perdi a visão, passei a respirar com muita dificuldade e perdi a força para tentar me defender ou segurá-la de alguma maneira.

Eles foram rápidos. Mesmo eu avisando que tudo estava sendo gravado e que chamaria a polícia, isso não foi suficiente. Eles foram embora e não me prestaram socorro.

Tudo isso me surpreendeu e me chocou profundamente. Eu nunca imaginei que passaria por uma situação como essa, principalmente aqui nos Estados Unidos. Sou muito grata pelo atendimento que recebi e pela forma como a polícia me tratou. A polícia localizou imediatamente a agressora e, quando eu já estava na ambulância, o policial pediu que eu a reconhecesse. Logo em seguida, meu companheiro, que ouviu toda a agressão por telefone, chegou até o local do crime.

Mesmo sem enxergar direito, eu vi que era ela. Eu nunca vou esquecer o rosto dela. Eu tremia da cabeça aos pés após vê-la novamente e revivi, em segundos, tudo o que havia passado minutos antes. Assinei um termo que a polícia me pediu para assinar, confirmando a identidade dela. Não me entregaram uma cópia do documento que assinei, e depois fui levada ao hospital.

No hospital, fizeram uma lavagem no meu corpo e nos meus olhos para retirar parte da substância química do spray de pimenta. Também fizeram compressas de gelo nas queimaduras e nos hematomas que estavam me impedindo de abrir a boca. Tomei medicação e fiz exames de tomografia para verificar se havia fraturado alguma coisa. Por fim, fiz exames de vista e fui liberada.

No dia seguinte, fui à delegacia solicitar o *Police Report*. Pediram um prazo de dez dias. Não me entregaram o termo de reconhecimento que assinei e também falaram que não iriam precisar do meu relato e dos meus vídeos da câmera veicular.

Neste mesmo dia, fui ao 7-Eleven para agradecer por terem me ajudado e para pagar pela água e pelo leite que eles me deram na tentativa de minimizar os efeitos da queimadura do spray de pimenta. Eles foram muito prestativos e não aceitaram o pagamento. Eles não me deram as gravações das câmeras de segurança do estabelecimento, mas permitiram que eu as assistisse sem que eu gravasse, e me informaram que entregaram todas as filmagens à polícia. Talvez por esse motivo as autoridades não tenham aceitado meus vídeos e meu relato.

Fiquei com medo de voltar às minhas atividades, de colocar pessoas desconhecidas no meu carro, de adquirir traumas duradouros e, principalmente, de que eles pudessem ir atrás de mim, pois por eles terem sido meus passageiros, eles tinham os dados do meu carro. Procurei ajuda psicológica, me aproximei ainda mais de Deus em busca de forças para viver bem e de me sentir segura, como era antes. Por várias vezes eu tive crises de pânico ao ver pessoas com as mesmas características físicas da agressora; passei a evitar ambientes públicos justamente por causa disso e passava noites em claro, sempre em alerta, assustada e em silêncio. Eu passei a ser o oposto do que era antes.

Amigos e familiares que me conheciam antes e depois deste incidente registraram um contraste marcante em meu comportamento, sendo o medo o principal deles. Mesmo sendo uma decisão difícil de ser tomada, entendi que precisava me mudar da Califórnia para o lugar mais distante possível em território nacional, e foi quando decidimos ir para a Flórida. Precisava me sentir mais segura, troquei a placa do meu carro e, hoje, me encontro distante do local onde fui agredida e da agressora. Ainda não consigo relatar esse ocorrido sem conter

as lágrimas, ainda tenho pesadelos, péssimas lembranças e medo do que essa pessoa possa fazer a mim e a minha família.

Eu forneço esta declaração para relatar o que vivi e os danos que sofri. Estou disposta a cooperar plenamente com as autoridades policiais e a fornecer informações adicionais sempre que necessário.

Declaro, sob pena de perjúrio e sob as leis dos Estados Unidos da América, que as informações acima são verdadeiras e corretas, conforme meu conhecimento e minha memória.

Thalita Coutinho de Oliveira

Data: 08/31/2026

Assinatura: Thalita Coutinho de Oliveira

Telefone: +1 925 489 8504

Exhibit 5 - Evidence that Thalita Coutinho de Oliveira is the Victim of Qualifying Criminal Activity - Criminal Case File

BRENTWOOD POLICE DEPARTMENT

9100 BRENTWOOD BLVD BRENTWOOD, CA 94513 925-634-6911

FELONY REPORT

Page 1

Case 2601251

OFFENSES

F/M	A/C	Offenses (A/C - Attempt/Completed)
F	C	245(A)(4) PC Adw with force:possible gbi
F	C	22810(A) PC Unlawfl poss/use tear gas

BRENTWOOD POLICE
CONFIDENTIAL
CONTROLLED DOCUMENT
RELEASED TO Thalita Coutinhodeoliveira
DATE 4-2-26 BY JH
CONFIDENTIAL

Date Occurred	Time Occurred	Incident #
03/24/2026	2052	2603240129

Date Reported	Time Reported
03/24/2026	2052

Related Cases

Date Printed	Time Printed	Printed By
04/02/2026	14:51:56	488J

Latitude	Longitude
37.946950	-121.695550

Location	Beat	Area	Disposition	Dispo Date
Seven Eleven, 7460 Brentwood Blvd, Brentwood, CA 94513	2	203B	Cleared by Arrest	03/24/2026

Location Type	Location of Entry	Method of Entry	Point of Entry	Alarm System	Means of Attack (Robbery)

Victim	Drivers License	Cell Phone	Email			
Coutinhodeoliveira, Thalita	Y5513880 CA					

Residence Address	Notified of Victim Rights	Residence Phone	DOB	Age	Sex	Race
435 Grovewood Loop, Brentwood, CA 94513	No		12/01/1989	36	F	H

Business Name and Address	Business Phone	Height	Wt	Hair	Eyes
		5`3"	231	BRO	BRO

Assistance Rendered/Victim Disposition	Transporting Agency	Means of Attack (Assaults)
Taken To Hospital		

Description of Injuries	Other Information
Apparent Minor Injury	

Mentioned - Other	Drivers License	Cell Phone	Email			
Alvessarmentooliveira, Kevin	[redacted]					

Residence Address	Residence Phone	DOB	Age	Sex	Race
[redacted]		[redacted]	34	M	H

Business Name and Address	Business Phone	Height	Wt	Hair	Eyes
		5`7"	253	BRO	BRO

Suspect Arrested	Action Taken	Charges
Bragg, Kelliz Marie Jamayah	On-View Arrest	245(A)(4) PC, 22810(A) PC

Residence Address	Residence Phone	DOB	Age	Sex	Race
[redacted]	[redacted]	12/15/2007	18	F	B

Business Name and Address	Business Phone	Height	Wt	Hair	Eyes
		5`1"	117	BLK	BRO

Identifying Features	Cell Phone	Drivers License	Arrest Number
	[redacted]	[redacted]	6952

Aliases	CII
Kelliz Bragg, Kelliz Marie Bragg, Kelliz Marie Jamaya Bragg	[redacted]

VEHICLES

Status	Vehicle Make and Model	License/State	VIN	Val Damgd
Involved	2020 Blue Ford	9PYZ537 CA		

OFFICERS

Prepared By	Date	Assisted By	Approved By	Date
626T - Kephart, Tanner	03/24/2026		610B - Bascom, Brandon	03/31/2026

Routed To	Date	Routed To	Date	Notes

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JH

CC: DA 4-2-26

Mentioned - Other	Drivers License	Cell Phone	Email			
Martin, Dominick Rodgers	[redacted]					
Residence Address		**Residence Phone**	**DOB**	**Age**	**Sex**	**Race**
[redacted]			[redacted]	19	M	B
Business Name and Address		**Business Phone**	**Height**	**Wt**	**Hair**	**Eyes**
			5'10"	125	BLK	BRO

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ID No.	Status/Disposition	Property Description	Value	Val Recovered	Val Damaged
1	AXON	626T - 1 Bwc - AXON BWC FOOTAGE			
2	AXON	676K - 1 Axon Bwc - BODY-WORN CAMERA AND SURVEILLANCE VIDEO.			
3	Evidence	626T - 1 Dosage Units/Items Pepper Spray - LAVENDER HANDHELD PEPPER SPRAY CANISTER			

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Personnel Involved:

Officer Kephart, Officer Valadez, Officer Meyer, Officer Beltran, Officer Reininger, Officer Canales, Officer Deacon, Officer Torres

Narrative:

On 03/24/2026 at approximately 2052 hours, I was dispatched to 7460 Brentwood Boulevard (Seven Eleven) for the report of a Lyft driver that had been assaulted by someone they dropped off.

While responding, Dispatch advised that the suspect, a black female adult wearing unknown clothing, pepper sprayed the Lyft driver, and fled the scene running towards Taco Bell, located at 7814 Brentwood Boulevard.

As I was driving north on Brentwood Boulevard, towards Seven Eleven, I noticed two subjects, a black male and female carrying a large bag, running across the roadway, which I found suspicious. Based on the call details, the suspect description, the direction of where they were running and proximity to where they were in relation to the Seven Eleven, I made contact with them at the intersection of Brentwood Boulevard and Broderick Drive.

I exited my patrol vehicle and made contact with the subjects, later identified as SA-Kelliz BRAGG and DX-Dominick MARTIN. I ordered them to stop and sit where they were, which they cooperated with. Once additional units arrived on scene, BRAGG and MARTIN were detained in handcuffs without incident and placed into nearby patrol vehicles.

Once BRAGG and MARTIN were detained, I made contact with the victim, later identified as V-Thalita COUTINHODEOLIVEIRA. Immediately after contacting COUTINHODEOLIVEIRA, I could see that she was visibly in pain from being pepper sprayed in her face. COUTINHODEOLIVEIRA advised that the passengers that she had previously been driving were the ones that had sprayed her in the face after she asked them not eat inside of her vehicle. COUTINHODEOLIVEIRA primarily spoke Portuguese, so Officer Reininger ultimately arrived on scene and obtained a statement from her as to what happened (refer to Officer Reininger's supplemental narrative for further). Officer Reininger advised that COUTINHODEOLIVEIRA indicated she would be able to identify the suspect if she saw them again.

While on scene, Officer Beltran retrieved surveillance footage from inside Seven Eleven that captured the incident (refer to Officer Beltran's supplemental narrative for further). Per the surveillance footage, BRAGG is seen instigating the incident, physically assaulting COUTINHODEOLIVEIRA, and MARTIN is seen trying to get in the middle of BRAGG and COUTINHODEOLIVEIRA to break it up.

Several minutes later, Officer Deacon and Officer Canales transported BRAGG and MARTIN to Seven Eleven to partake in an in-field show up. Officer Reininger read COUTINHODEOLIVEIRA the in-field show up admonishment, which she understood. COUTINHODEOLIVEIRA ultimately positively identified BRAGG as the suspect, however could not remember who MARTIN was.

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626T	KEPHART, TANNER	03/31/2026	610B	BASCOM, BRANDON	03/31/2026

I later completed a Brentwood PD Medical Record Release form, which COUTINHODEOLIVEIRA signed.

COUTINHODEOLIVEIRA was later transported to Sutter Delta Hospital in Antioch by AMR Unit #81 to receive further medical treatment.

I made contact with BRAGG, who was seated in the rear seat of Officer Canales' patrol vehicle. I read BRAGG her Miranda Rights from my department issued Miranda waiver card. After reading each right, BRAGG replied "yes," indicating she understood her rights. I asked BRAGG what happened, and she stated the following to me in summary.

BRAGG's statement

Her and MARTIN had ordered a Lyft to take them back to her house. When the Lyft got there, they both got into the car. After getting into the car, her and MARTIN began eating donuts. After eating their donuts, the driver, COUTINHODEOLIVEIRA, told them that they needed to get out of her vehicle if they were going to eat donuts. COUTINHODEOLIVEIRA explained to them that the last people she drove around, left a mess inside of her car. She replied to COUTINHODEOLIVEIRA and told her that her and MARTIN were not the ones to do that.

Her and MARTIN got out of the car and told COUTINHODEOLIVEIRA to cancel their Lyft ride. MARTIN looked at her and told her that COUTINHODEOLIVEIRA did not cancel the ride, so she walked to the rear door to open it and asked COUTINHODEOLIVEIRA again if she was going to cancel the ride. COUTINHODEOLIVEIRA told her that she was going to do it.

She reached into the car to grab her belongings, and that was when COUTINHODEOLIVEIRA got out and started yelling at her and MARTIN. She could not understand what COUTINHODEOLIVEIRA was saying. COUTINHODEOLIVEIRA eventually got close to her and came towards her, attempting to grab onto her. At one point, she watched COUTINHODEOLIVEIRA push MARTIN, so she kicked COUTINHODEOLIVEIRA to defend MARTIN, which caused to sit back on the driver seat of the car. After she kicked COUTINHODEOLIVEIRA, COUTINHODEOLIVEIRA grabbed her foot, which is when she told COUTINHODEOLIVEIRA that she had pepper spray. COUTINHODEOLIVEIRA did not let go of her foot, so she pepper sprayed her in the face. After pepper spraying COUTINHODEOLIVEIRA, her and MARTIN left the parking lot back toward her house.

End of statement.

I conducted a search of BRAGG's bags that she had with her, and while doing so, located a lavender colored small canister of pepper spray. I collected the pepper spray, took photographs of it, and later booked it into the Brentwood Depository as evidence.

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After speaking with BRAGG, she was later transported to the Martinez Detention Facility for booking by Officer Deacon.

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626T	KEPHART, TANNER	03/31/2026	610B	BASCOM, BRANDON	03/31/2026

I recontacted MARTIN, issued him an 849(b) PC form, and released him from the scene a short time later.

Recommendations:

I recommend this case be forwarded to the Contra Costa District Attorney's Office for review.

Digital Evidence:

The following digital evidence was uploaded to Evidence.com:

- 626T - Axon body worn camera footage and photographs.

Case Status:

Closed by adult arrest.

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SUPPLEMENTAL REPORT:

On 03/24/2026 at approximately 2052 hours, I was assigned to the Brentwood Police Department Patrol Division with Officer Meyer in Contra Costa County. I was operating a fully marked patrol vehicle and we were wearing full patrol uniforms.

At the above date and time, officers were dispatched to a report of an assault involving a Lyft driver.

Upon arrival, I observed officers and fire personnel assisting V- Thalita COUTINHODEOLIVEIRA, who had been peppered sprayed.

I then entered the 7-Eleven to inquire about surveillance footage. A clerk inside advised that she did not have access to the cameras but would contact her manager to determine whether officers could review the footage. The manager granted permission for officers to view the surveillance.

Officer Meyer and I proceeded to the surveillance room. Using my department-issued cellphone, I recorded video footage of the incident that occurred outside the 7-Eleven between COUTINHODEOLIVEIRA and SA-Kelliz BRAGG. I uploaded the video into Evidence.com.

SURVEILLANCE VIDEO REVIEW:

The video showed BRAGG exiting COUTINHODEOLIVEIRA blue 2020 Ford (CA #9PYZ53). DX-Domonick MARTIN was seen walking around the back of the Ford towards BRAGG's. Both BRAGG and MARTIN begin walking toward 7-Eleven.

BRAGG then turned around and opened the left rear passenger door of the Ford. MARTIN also returned toward the vehicle. At that time, COUTINHODEOLIVEIRA opened the driver's door and stepped out. She walked to the left rear passenger side, after which BRAGG exits the vehicle. COUTINHODEOLIVEIRA closed the rear passenger door and re-entered the driver's seat.

BRAGG then began kicking COUTINHODEOLIVEIRA multiple times while she was seated in the driver's seat and proceeds to strike her. MARTIN was seen attempting to restrain or pull BRAGG away.

BRAGG then looked inside her purse, retrieves an item, and pointed it toward COUTINHODEOLIVEIRA. It appeared BRAGG was spraying COUTINHODEOLIVEIRA with the item.

Shortly after, BRAGG walked away. COUTINHODEOLIVEIRA was seen wiping her face

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DIGITAL EVIDENCE:

I uploaded the following into Evidence.com

- Body-worn camera

Prepared By:		Date:	Approved By:		Date:
676K	BELTRAN, KIMBERLY	03/25/2026	610B	BASCOM, BRANDON	03/26/2026

- Video of surveillance video from 7-Eleven.

RECOMMENDATION:

Refer to the original report.

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Prepared By:		Date:	Approved By:		Date:
676K	BELTRAN, KIMBERLY	03/25/2026	610B	BASCOM, BRANDON	03/26/2026

Exhibit 6 - Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Psychological Harm

Mind Healing Counseling

Licensed Clinician: **Anna Carolina Anjos, MA, LPC, CCTP**
NJ License #37PC01062800, FL License #TPMC5876
5 Merchant Street, Mezzanine – Suite 1, Newark, New Jersey 07105
Ph: 201.779.6743 annaanjospsi@gmail.com

CLINICAL PSYCHOSOCIAL EVALUATION

Report Date:	08/10/2026 (August 10th, 2026)
Name:	**Thalita Coutinho De Oliveira**
DOB:	12/01/1989 (December 1st, 1989)
Age:	36 years old
D/O/Evaluation:	08/03/2026 (120 min)
	08/07/2026 (60 min)
Applicant's Address:	1131 Priory Cir, Winter Garden, FL, 34787
Place of Evaluation:	Telehealth
Language Spoken:	Portuguese
Evaluator:	Anna Carolina Anjos, MA, LPC, CCTP

Summary of Findings

Mrs. Coutinho De Oliveira was a victim of a violent criminal assault in which she was repeatedly struck, and sprayed directly in the face with pepper spray by her assailant. Since the incident, she has exhibited clear avoidance behaviors; she remains unable to return to work as a rideshare driver, as the thought of transporting strangers triggers feelings of insecurity and anxiety. Consequently, she has transitioned to delivery work to maintain her livelihood while managing her trauma. She continues to experience occasional physical reactions when encountering individuals who share physical characteristics with her attacker or when experiencing intrusive memories. While she has demonstrated remarkable resilience and a significant reduction in symptom severity since relocating to Florida, these trauma-related symptoms remain clinically relevant and continue to influence her daily functioning and sense of security.

Diagnosis: [F43.10] Posttraumatic Stress Disorder, in partial remission

1. Evaluation Procedure

- ✓ Clinical interviews
- ✓ PCL-5 – Posttraumatic Stress Disorder Checklist
- ✓ PHQ-9 – Patient Health Questionnaire
- ✓ GAD-7 – Generalized Anxiety Disorder Questionnaire
- ✓ Suicide Assessment

The above procedures were performed via HIPAA-compliant interactive telehealth. The interview was conducted in Portuguese, the applicant's native language.

All historical information is based on the statements from Mrs. Coutinho De Oliveira.

I am a multilingual Licensed Professional Counselor (LPC) and Certified Clinical Trauma Professional (CCTP), in good standing with the New Jersey Board of Marriage and Family Therapy Examiners and the Florida Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling. I earned my Master's degree in Mental Health Counseling from New Jersey City University in 2021, following the completion of my undergraduate degree in Psychology in Brazil. I bring over 13 (thirteen) years of clinical experience in mental health, as well as family and child welfare, having worked across a range of inpatient and outpatient settings.

In addition to my clinical experience, I have completed specialized training in immigration evaluations through the Immigration Evaluation Institute, which has further strengthened my ability to conduct comprehensive and clinically sound assessments in the context of legal proceedings. As a therapist, I have experience working with individuals presenting with trauma, anxiety, and depression, which allows me to efficiently recognize and assess psychological symptoms. My evaluations reflect careful clinical observation, cultural competence, and a nuanced ability to differentiate between normative stress responses and trauma-related conditions.

I met Mrs. Coutinho De Oliveira solely for the purpose of this psychosocial evaluation as an impartial, objective assessor, with no vested interest in the outcome of her immigration case.

In accordance with the guidelines of the APA (American Psychological Association), I do not provide therapeutic services to clients for whom I have completed an evaluation. The APA guidelines state that "providing forensic and therapeutic psychological services to the same

individual or closely related individuals involve multiple relationships that may impair objectivity and/or cause exploitation or other harm." [1]

Therefore, if the results of the assessment conclude that therapeutic services are recommended for the applicant, in compliance with the above regulation and guidelines, it is my practice to refer the applicant to another qualified clinician rather than engage in psychotherapy with the same subject.

2. Identifying Information and Reason for Referral

Mrs. Coutinho De Oliveira is a 36 (thirty-six) year old woman originally from Brazil. She is married, the mother of one daughter and currently resides in Florida with her family.

In 2026, the applicant was the victim of a violent physical assault while working as a professional driver. She was subjected to physical aggression and the use of a pepper spray by a stranger.

Following the incident, she needed immediate emergency care and engaged with law enforcement, providing a statement and identifying 1 (one) of the perpetrators.

At this time, Mrs. Coutinho De Oliveira is being evaluated to determine the psychosocial effects resulting from the traumatic events she endured.

3. Behavioral Observations and Mental Status

Mrs. Coutinho De Oliveira appeared visibly anxious throughout the evaluation. Her mood and tone reflected a level of apprehension. She made a noticeable effort to contain her emotions, particularly when discussing her recent experiences with the physical assault; however, at times she became overwhelmed, tearful, and had to close her eyes to focus on the events.

Despite her emotional vulnerability, the applicant maintained good hygiene and was appropriately dressed for the interview. Rapport was easily established, and she was punctual to the sessions.

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[1] American Psychological Association. (2013). Specialty guidelines for forensic psychology. *American Psychologist, 68*(1), 7–19. https://doi.org/10.1037/a0029889

The applicant demonstrated good eye contact and was cooperative and engaged in the evaluation process. She was oriented to person, place, and time. Her speech was coherent and goal-directed, though occasionally interrupted by emotional reactions. Thought processes were logical and organized, and no evidence of psychosis or cognitive impairment was observed. Insight and judgment were assessed as fair.

In the evaluator's opinion, Mrs. Coutinho De Oliveira presented as a reliable and credible reporter.

4. Personal History and Education

Mrs. Coutinho De Oliveira was born in João Pessoa, Brazil. Her childhood was characterized by instability and emotional hardship, including exposure to domestic aggression and abuse within the home. She was raised primarily by her paternal grandmother and aunts, as her relationship with her parents was marked by conflict and a lack of maternal support. Despite these early adversities, she demonstrated resilience and a commitment to her education.

The applicant completed her secondary education in Brazil and went on to obtain a bachelor's degree in Commercial Management. While she later pursued postgraduate studies, financial constraints prevented her from completing the degree.

She met her husband in 2008, and they have been together for 18 (eighteen) years, legally marrying in April 2026. They have 1 (one) daughter:

- Maria Clara Coutinho Sarmento Oliveira – D.O.B.: 08/01/2019

Currently, Mrs. Coutinho De Oliveira resides in Florida, where she is focused on her family's well-being and is pursuing English language studies to further her career in international trade. She maintains a supportive social network and relies on her faith and family bonds as primary sources of stability.

5. Relevant Trauma History

5.1 Childhood Trauma: Abandonment and Sexual Abuse

Mrs. Coutinho De Oliveira's childhood was marked by intense emotional and physical instability. She was raised primarily by her paternal grandmother and aunts, as her home environment with

her biological father was characterized by domestic aggression and a specific instance of sexual assault when she was approximately 10 (ten) years of age.

When she disclosed these traumatic events to her mother, she was met with disbelief and rejection, which resulted in a profound sense of abandonment and emotional distress. Following this disclosure, she was further pressured by her paternal family to retract her account, leading to a period of intense isolation and a persistent lack of maternal support.

During her childhood, she was also subjected to severe physical abuse by her father, who utilized corporal punishment to enforce discipline for even minor infractions. In one notable instance, when the applicant expressed a fear of dogs, her father stated he would "teach her" not to be afraid; he subsequently beat her with a heavy, rusty metal chain. This assault left her with extensive bruising across her body that persisted for many days. These formative years caused a lasting sense of vulnerability and a deep-seated emotional wound regarding the lack of protection and affection she received during her development.

5.2 Physical Assault and Criminal Victimization – March 2026

On March 24, 2026, while working as a rideshare driver, Mrs. Coutinho De Oliveira was the victim of a violent criminal event. After picking up 2 (two) passengers, she politely requested that they refrain from eating in her vehicle. This request triggered an immediate and aggressive verbal escalation, with the passengers directing derogatory language toward her.

Seeking to de-escalate, she asked the passengers to exit the vehicle. Although they initially complied, the female passenger soon returned, re-entered the vehicle, and refused to exit. Mrs. Coutinho De Oliveira stepped out of the vehicle and opened the rear door, again requesting that the passenger exit. As the applicant returned to the driver’s seat, she was surprised by the female assailant launching a physical attack, repeatedly punching and kicking her.

The applicant felt a profound sense of helplessness and terror. The violence reached a critical point when the female assailant retrieved a canister of pepper spray and deployed it directly into Mrs. Coutinho De Oliveira’s face. The chemical agent caused immediate, agonizing pain, temporary blindness, respiratory distress, and a brief loss of consciousness.

A bystander contacted emergency services (911), and an ambulance was dispatched to the scene. Emergency responders provided immediate care for her injuries. They insisted that she be transported to the hospital for further evaluation, expressing deep concern over her compromised vision and noting that the swelling and bruising on her face indicated a potential concussion or facial fracture.

When law enforcement arrived and brought the assailant to the scene for identification, Mrs. Coutinho De Oliveira experienced a severe anxiety crisis; she began to tremble uncontrollably and sobbed while confirming the perpetrator's identity. Throughout this process, she endured the unrelenting, burning sensation of the chemical spray on her face and eyes, which caused intense physical agony.

At the hospital, medical staff performed a decontamination wash to remove the chemical residue and conducted a CT scan to assess the severity of her injuries. Recognizing her highly distressed emotional state, the attending physician strongly encouraged her to seek follow-up medical care with her primary care doctor.

This event fundamentally shattered her sense of safety, leaving her to navigate a daily life defined by residual fear, hypervigilance, and the ongoing psychological trauma of the attack.

6. Physical and Mental Health

Mrs. Coutinho De Oliveira reports generally good physical health. She has a history of psoriasis, managed with topical medication, and underwent a bariatric procedure in Brazil in 2017, followed by a cholecystectomy due to gallbladder complications and a skin removal procedure. She denies any other history of chronic medical conditions, major surgeries, or hospitalizations. She is not currently taking any prescribed medications for physical ailments.

Mental Health History: The applicant has no documented history of mental health treatment or formal diagnoses prior to the events related to the physical attack in March 2026. Immediately following the assault, she was encouraged by a physician to seek professional support and has been engaged in consistent, weekly trauma-focused psychotherapy to address the psychological distress resulting from the incident.

It is clinically important to note that the applicant's symptoms were most intense in the immediate aftermath of the assault. Following her recent relocation to Florida and the implementation of proactive security measures—which have mitigated her fear of being located by her assailant—there has been a notable reduction in the frequency and severity of her symptoms. While she continues to experience psychological distress, her current presentation reflects a more stable level of functioning compared to the period immediately following the crime.

Her residual symptoms include:

Sleep Disturbance: While improved, she occasionally experiences restless nights and recurring nightmares related to the assault, which can leave her feeling tense upon waking.

Panic and Anxiety: The applicant describes episodes of anxiety characterized by a racing heart and muscle tension. These are now less frequent and are typically triggered by specific reminders of the assault or encounters with individuals who share physical characteristics with her attackers.

Hypervigilance and Avoidance: Hypervigilance is a clinical state of being constantly on guard or alert for potential threats. Although she feels significantly safer in her current environment, she remains cautious in public spaces. Consequently, she continues to avoid certain activities, such as working as a rideshare driver, and prefers the company of others to feel fully secure.

Depressive Symptoms: Mrs. Coutinho De Oliveira reports a low mood and feelings of vulnerability, though she has shown progress in re-engaging with her daily routines and social network.

Despite the impact of these events, the applicant denies any current suicidal ideation. She identifies her religious faith, her husband, her daughter, and the support of her friends as primary protective factors that provide her with the motivation to continue her recovery.

The Diagnostic and Statistical Manual of Psychiatric Disorders 5-Text Revision (DSM-5-TR) offers the official diagnostic criteria for diagnosing:

Posttraumatic Stress Disorder (PTSD)[2]

The first criterion for a diagnosis of Posttraumatic Stress Disorder (PTSD) requires that an individual has been exposed to actual or threatened death, serious injury, or sexual violence. Mrs. Coutinho De Oliveira meets this criterion through her direct experience of a violent criminal event.

The second and most extensive criterion for the diagnosis of PTSD states that a person needs to have a specified number of 20 symptoms across 4 (four) areas. These areas are:

- Intrusion symptoms – 1 symptom needed for diagnosis
- Avoidance symptoms – 1 symptom needed for diagnosis
- Cognitive and mood symptoms – 2 symptoms needed for diagnosis
- Arousal and reactivity symptoms – 2 symptoms needed for diagnosis

It is possible that an individual could be diagnosed with PTSD with as few as 6 (six) of these

[2] American Psychiatric Association. (2022). Trauma and stressor-related disorders. In *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).

symptoms provided, that there is at least one symptom of intrusive and avoidance and 2 (two) symptoms for the categories of cognitive and mood symptoms as well as arousal and reactivity symptoms.

Mrs. Coutinho De Oliveira is experiencing 8 (eight) of the 20 (twenty) symptoms, including enough from each of the 4 (four) symptom areas to meet the second criterion for PTSD. Her symptoms include:

Intrusion Symptoms

- Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Avoidance Symptoms

- Avoidance of memories, thoughts, or feelings associated with the traumatic events
- Avoidance of external reminders of the traumatic events

Cognitions and Mood Symptoms

- Exaggerated negative beliefs or expectations
- Diminished interest or participation in activities

Arousal and Reactivity Symptoms

- Hypervigilance
- Exaggerated startle response

The final criterion for a diagnosis of PTSD is that the symptoms have lasted longer than a month and have caused significant distress.

They are not the result of any medication, substance use, or other illness, as she is not taking any medicines or other substances regularly.

7. Test Result

As part of this psychosocial evaluation, the following standardized self-report screening instruments were administered to assess the applicant's responses and the presence and severity of trauma-related, depressive, and anxiety symptoms:

- The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that evaluates the presence and severity of posttraumatic stress symptoms in alignment with DSM-5 diagnostic criteria. It is widely used in clinical and research settings to screen for PTSD, monitor symptom change, and inform diagnostic assessment.
  Score: Symptoms are highly consistent with trauma.

- The Patient Health Questionnaire-9 (PHQ-9) is a 9-item instrument used to assess the presence and severity of depressive symptoms over the past two weeks. It is based on the diagnostic criteria for Major Depressive Disorder outlined in the DSM-5 and serves as a reliable and validated screening tool in both primary care and mental health settings.
  Score: Mild symptoms of depression.

- The Generalized Anxiety Disorder-7 (GAD-7) is a 7-item self-report measure designed to screen for symptoms of generalized anxiety disorder and to assess symptom severity. It is widely utilized in clinical practice due to its brevity, ease of administration, and strong psychometric properties.
  Score: Mild symptoms of anxiety.

Each of these instruments is validated and considered clinically appropriate for adult populations. The tools were administered in Portuguese in an interview format, with the evaluator asking each question and exploring the answers to ensure comprehension and accuracy.

8. Summary and Clinical Impressions

Mrs. Coutinho De Oliveira participated openly and cooperatively in the clinical evaluation. Her narrative remained detailed and consistent throughout the session, and her emotional presentation—marked by visible distress and tearfulness when discussing her traumas—was congruent with the severe history of layered trauma she described. There was no indication of malingering or symptom exaggeration. The findings of this evaluation are considered an accurate representation of her current emotional and psychosocial functioning.

In the evaluator's professional opinion, Mrs. Coutinho De Oliveira's clinical presentation is best understood as the result of cumulative trauma, beginning with childhood abuse and culminating in the violent criminal assault she endured in 2026.

An important shift in the applicant's functioning is evident when comparing her life before and after the assault. Previously, she was a highly independent and ambitious woman, having

achieved a postgraduate degree and successfully navigating life in a foreign country. Following the assault, her daily functioning changed; she now lives in a state of lingering fear, experiences hypervigilance, and struggles with a damaged sense of safety.

However, the applicant demonstrates remarkable resilience—a term used to describe the ability to adapt and bounce back from adversity. This strength has been evident throughout her life, from her determination to pursue higher education despite a difficult childhood, to her commitment to providing a stable, loving home for her daughter. Her resilience was particularly evident in the aftermath of the crime: despite being terrified, she returned to work just 2 (two) weeks later due to financial necessity. During this time, she would shake behind the steering wheel, requiring her husband or a friend to accompany her and alternate driving duties until she felt sufficiently secure. Her determination to reclaim her life led her to make the difficult decision to leave her established life in California and relocate to Florida, a preventative safety measure taken to ensure her attacker could not locate her. She has further reinforced her safety by installing security cameras and specialized locks, demonstrating a dedicated commitment to her recovery and protection. Her friends and family have been, and continue to be, a vital support system, providing the physical and emotional scaffolding necessary for her to function.

Based on my clinical observations, her report of symptoms, and the tests administered, I have diagnosed Mrs. Coutinho De Oliveira with:

- **[F43.10] Posttraumatic Stress Disorder, in partial remission**

History of:

- [Z65.4] Victim of a crime
- [Z62.810] Personal History of physical and/or sexual abuse in childhood

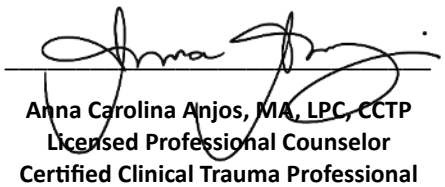
The specifier "in partial remission" has been added to this diagnosis to reflect Mrs. Coutinho De Oliveira's notable resilience and her active efforts to rebuild her life. This specifier acknowledges her functional progress, such as her ability to maintain employment and her proactive steps to ensure her physical safety. These milestones demonstrate a desire to move beyond her past traumas. However, despite these strengths, she continues to meet the core criteria for PTSD, as her symptoms of anxiety, hypervigilance, and avoidance remain clinically significant and warrant ongoing support.

9. Recommendations

Based on the clinical findings, the following recommendations are made to support Mrs. Coutinho De Oliveira's recovery and functional stability:

- Trauma-Focused Psychotherapy: It is strongly recommended that she continue her engagement in individual psychotherapy with a clinician specializing in trauma-related disorders. Modalities such as Eye Movement Desensitization and Reprocessing (EMDR) or Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) would be highly beneficial to help her process her history of childhood adversity and the recent violent assault, further assisting in the reduction of her hypervigilance and avoidance behaviors.
- Psychiatric Consultation: A referral for a psychiatric evaluation is recommended to determine if pharmacological intervention could assist in managing her persistent sleep disturbances, anxiety, and depressive symptoms, which continue to impact her overall quality of life.
- Safety and Support Network: It is recommended that she maintain her current support system, including the involvement of family and friends, as these relationships serve as essential protective factors. Continuing to utilize safety measures, such as home and vehicle security systems, is encouraged to help maintain her sense of security while she continues her therapeutic progress.

Respectfully Submitted,



Anna Carolina Anjos, MA, LPC, CCTP
Licensed Professional Counselor
Certified Clinical Trauma Professional
NJ License: #37PC01062800
FL License: #TPMC5876

IARA CAMPOS-DAVIDS • LICENSED MARRIAGE AND FAMILY THERAPIST
CALIFORNIA LICENSE: MFC # 78179
2940 CAMINO DIABLO SUITE 300, WALNUT CREEK, CALIFORNIA 94597 • TEL. 925-822-4396
ICDAVIDSLMT@GMAIL.COM

May 4th, 2026

To Ms. Thalita Oliveira,

I am writing this letter to verify you have been receiving counseling services at my office located at 2940 Camino Diablo suite 200 in Wanut Creek from 04/02/2026 to the present date.

The focus of the counseling services has been on decreasing psychological and behavioral symptoms associated with trauma as they relate to your experience of being a victim of a crime that happened in 03/24/2026 as you reported.

We have developed a treatment plan based on the symptoms that you have presented during the therapeutic process. The psychological and behavioral symptoms associated with the trauma are as follows: 1) Anxiety and fear related to the trauma of being a victim of crime 2) Depression and low self-esteem, and 3) Recurrent thoughts that a crime will reoccur as you report in sessions. Based on the symptoms that you have presented I worked in collaboration with you to ameliorate the symptoms of the trauma by providing coping skills such as relaxation techniques and breathing control; challenging cognitive distortions as they relate to the reality, and encouraging continuous self-disclosure of thoughts and feelings associated with the trauma during the therapeutic process.

Please feel free to call me if you have any questions. I can be reached at: 925-822-4396.

Best regards,

Iara C. Davids LMFT

Iara Campos-Davids LMFT
MFC # 78179 valid until 07/31/27

Exhibit 7 - Evidence that Thalita Coutinho de Oliveira Has Suffered Substantial Physical or Mental Abuse - Evidence of Physical Injury and Medical Treatment Resulting from the Qualifying Crime

Name: Thalita Oliveira | DOB: 12/1/1989 | MRN: 300290247 | PCP: Deidra Francis, FNP | Legal Name: Thalita Oliveira

Grant Colfax, MD
Health Services Director

David Culberson
Chief Executive Officer
Contra Costa Regional Medical,
Health Centers and
Detention Health

BRENTWOOD HEALTH CENTER ADULT MEDICINE

171 SAND CREEK ROAD, SUITE A
BRENTWOOD CA 94513
800-495-8885

05/04/26

Preferred Name:	**Thalita Oliveira**
Legal Name:	**Thalita Oliveira**

To Whom It May Concern:

Thalita Oliveira was evaluated 5/4/2026. Please excuse her from work from 3/24/26-4/3/26.
Please follow up with her PCP if there are any questions.

Sincerely,

Maddiha Payami, DO

"Electronically signed by: Maddiha Payami, DO on 05/04/26"

FAQs Contact Us (844) 622-5465
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Progress Notes

Progress Notes by Sanchez, Kimberly M., CMA at 4/20/2026 3:35 PM Version 1 of 1

Author: Sanchez, Kimberly M., CMA | Service: — | Author Type: Certified Medical Assistant
Filed: 4/20/2026 4:09 PM | Encounter Date: 4/20/2026 | Status: Signed
Editor: Sanchez, Kimberly M., CMA (Certified Medical Assistant)

Pt was roomed and discharged using 2 identifiers,avs was given,all questions were answered.
Labs scheduled

Electronically signed by Sanchez, Kimberly M., CMA on 4/20/2026 4:09 PM

Progress Notes by Francis, Deidra, FNP at 4/20/2026 3:35 PM Version 1 of 1

Author: Francis, Deidra, FNP | Service: — | Author Type: Nurse Practitioner
Filed: 4/20/2026 4:09 PM | Encounter Date: 4/20/2026 | Status: Signed
Editor: Francis, Deidra, FNP (Nurse Practitioner)

Subjective:

Problem Focused Visit Based on Chief Complaint Today

Patient ID: Thalita Oliveira is a 36 y.o. female.

HPI

Reason for Visit:

Patient is a Lyft driver
Was assaulted and pepper sprayed on March 24
Seen in the emergency room at Sutter delta
Brentwood police notified, person arrested
Patient is still having lots of anxiety PTSD
Plans to move to Florida because she is afraid that attacker will find out where she lives
Requesting labs prior to moving because may lose healthcare coverage

No other concerns addressed today.

SUTTER DELTA ED PROVIDER NOTE 3/24/2026

Patient presents with:
Assault: Was at 7-11 eating in her car, another woman came and assaulted her through the window, was hit repeatedly and maced, Brentwood PD was @ scene, arrested the woman. Pt speaks portuguese, husband translate for pt

HISTORY

HPI
Thalita Oliveira, 36 year old female who presents with injuries due to assault today. Patient was assaulted by a stranger she was driving. She is a driver. Incident occurred outside of the vehicle.

Progress Notes (continued)

Progress Notes by Francis, Deidra, FNP at 4/20/2026 3:35 PM (continued) Version 1 of 1

Patient was punched, kicked, and hit with pepper spray. Patient reports having a loss of consciousness

LMP 2024, due to implanon

Surgery: bariatic cholecystectomy, abdominal plasty,

Last tetanus vaccine 5 years ago

I utilized language line translator during course

PMH
Medical History

Diagnosis Date Comment Source
No significant past medical history (No Bill)
ASSESSMENT

Thalita Oliveira, 36 year old, female with medical history as noted above who presents with injuries due to an assault

Procedures & Interventions: Pain treated with Norco. I applied proparacaine drops to right eye and flushed with normal saline, patient reported improvement of pain with these interventions.

PLAN / MEDICAL DECISION MAKING / ED COURSE

Dr. Kanzaria was supervising physician for this patient

DDX: Includes, not limited to head injury, facial fracture, chemical conjunctivitis
36-year-old female evaluated for injuries due to an assault today. The patient reported a loss of consciousness, so brain imaging performed and is negative for intracranial bleed or skull fracture. The patient has normal neurologic examination. The patient complained of jaw pain and facial bone CT is negative for fracture. The patient head injuries due to a pepper spray with report of eye involvement as well are ill as skin involvement. Eye exam is negative for corneal abrasion, no apparent keratitis or foreign body.

Pt was seen and evaluated by me, and had orders that were placed as described.

After initial evaluation, the patient has signs and symptoms consistent with multiple injuries due to assault

Patient with a relatively benign exam and does not appear to require additional emergent imaging and appears stable for discharge home

Imaging done, and were read by radiology as:
Head CT:
Unremarkable examination.

Progress Notes (continued)

Progress Notes by Francis, Deidra, FNP at 4/20/2026 3:35 PM (continued) Version 1 of 1

CT facial bones:
No CT evidence of acute traumatic maxillofacial injury.

Plan:
Ibuprofen and liquid tears prescribed. Patient to follow-up with employee health or primary care provider for a recheck. The patient to return if needed for worsening condition.

History obtained from: Patient and Family member-has been

Consideration of escalation of care: Not medically necessary at this time

Consideration of prescription medications: See above

Social determinants: Patient demonstrates no obvious challenges to following up as an outpatient

I independently reviewed all images and agree with the radiology report.

PLAN AND DISPOSITION

Discharge

Condition: stable

DIAGNOSIS

Final diagnoses:
[S00.83XA] Facial contusion, initial encounter (Primary)
[S09.90XA] Head injury due to trauma
[H10.211] Chemical conjunctivitis of right eye
[T65.893A] Toxic effect of pepper spray, assault, initial encounter
[Y09] Assault
[S00.511A] Lip abrasion

Discharge Prescriptions:

Review of Systems
Psychiatric/Behavioral: Positive for decreased concentration and sleep disturbance. Negative for agitation, behavioral problems, confusion, dysphoric mood, hallucinations, self-injury and suicidal ideas. The patient is nervous/anxious. The patient is not hyperactive.

Objective:

Physical Exam

Constitutional:

Progress Notes (continued)

Progress Notes by Francis, Deidra, FNP at 4/20/2026 3:35 PM (continued) Version 1 of 1

Appearance: Normal appearance.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Neurological:
Mental Status: She is alert and oriented to person, place, and time.
Psychiatric:
Mood and Affect: Affect is tearful.
Behavior: Behavior normal.

Assessment/Plan

1. **PTSD (post-traumatic stress disorder)**
   continue with BH appt
   behavioral health/crisis line info given

2. Hospital discharge follow-up

3. Healthcare maintenance

   CBC
   Comprehensive metabolic panel
   Lipid Panel, Fasting
   Hemoglobin A1c
   TSH
   Hepatitis panel, chronic

   labs ordered
   advised to follow up after labs completed

Healthcare Maintenance/Preventative Healthcare addressed to what the patient agrees to

Electronically signed by Francis, Deidra, FNP on 4/20/2026 4:09 PM

END OF REPORT

CONSULTATION SUMMARY

Thalita Oliveira Birth.: 12/1/1989
CEID: CCC-M59P-0FZP-3HD8

4/20/2026 3:35 PM Brentwood Health Center Adult Medicine 800-495-8885

Instructions from Deidra Francis

MENTAL HEALTH:
No SI/HI
You may also call mental health access line at 1-888-678-7277
You may call the crisis line at 1-800-233-2900
National Suicide Hotline Number is 988
Please go to nearest ED for severe symptoms

George & Cynthia Miller Wellness Center
25 Allen Street
Martinez,CA 94553
(925) 313-7932
M-F 12pm-9pm
Sat. 8am-5pm

Orders placed today

CBC
Complete as directed by your medical provider.
Go to CCHS LAB

Comprehensive metabolic panel
Complete as directed by your medical provider.
Go to CCHS LAB

Hemoglobin A1c
Complete as directed by your medical provider

Go to CCHS LAB Hepatitis

panel, chronic
Complete as directed by your medical provider.
Go to CCHS LAB

Lipid Panel, Fasting

Today's Visit

You had an appointment with Deidra Francis on Monday, April 20, 2026 due to: Emergency Room Follow Up.
The following issues were addressed:

- PTSD (post-traumatic stress disorder)
- Hospital discharge follow-up
- Healthcare maintenance

Blood Pressure
120/72

Weight
203 lb 11.2 oz

MyChart

View your Consultation Summary and more online at https://mychart.cchealth.org/mychart/. If you have questions, email mychart.support@cchealth.org or call 1-844-622-5465 to speak with our MyChart team.

Instructions (continues) from Deidra Francis

Complete as directed by your medical provider. Go to
CCHS LAB
Fasting test: no food or drink—only water—for 12 hours. If you have diabetes do not take your diabetic medicines (insulin, glipizide, etc.) before the test. Instead, bring some food and your medicines with you so you can eat and medicate as soon as the test is complete.

Prueba en ayunas: No coma ni tome nada–solo agua—por 12 horas. Si Ud. Tiene diabetes no tome su medicamentos para diabetes (insulina, glipizide, etc.) antes de la prueba. En lugar de eso traiga alguna comida y su medicinas con Ud. Podrá comer y tomar sus medicinas después de que le tomen las pruebas.

TSH
Complete as directed by your medical provider. Go to
CCHS LAB

Next Steps

APR. 27 2026
Office Visit with Jon Y Willingham
Monday, April 27 10:30 AM

Pittsburg Health Center Dental
2311 Loveridge Road
Pittsburg CA 94565
925-431-2501

APR. 29 2026
Lab
Wednesday, April 29 8:30 AM

Brentwood Health Center Lab
171 Sand Creek Road, Suite A
Brentwood CA 94513
800-495-8885

MAY 4 2026
Office Visit with Jon Y Willingham
Monday, May 4 10:30 AM

Pittsburg Health Center Dental
2311 Loveridge Road
Pittsburg CA 94565
925-431-2501

Your Medication List

on April 20, 2026 4:09 PM

ⓘ Always use your most recent medication list.

acetaminophen 500 MG tablet Also known as: Typhen	Take as needed for pain. Take 1 tablet by mouth four times a day.
* clobetasol 0.05 % ointment Also known as: TEMOVATE	Apply topically 2 (two) times daily While has psoriasis rash
* clobetasol 0.05 % cream Also known as: TEMOVATE	Apply to SKIN. Use medication twice a day.
cyanocobalamin 1000 MCG tablet	Take 1 tablet by mouth once a day.
etonogestrel 68 mg Also known as: NEXPLANON	Inject 1 each into the skin once
hydrOXYzine 50 MG tablet Also known as: ATARAX	Take 1 tablet by mouth every 6 (six) hours as needed for Anxiety (or for sleep)
pantoprazole 20 MG tablet,delayed release Also known as: PROTONIX	Take 1 tablet by mouth once a day.
tacrolimus 0.1 % ointment Also known as: PROTOPIC	Apply topically every morning before breakfast To keep rash away
tazarotene 0.05 % gel Also known as: TAZORAC	Apply topically nightly Apply 1 Application topically daily Apply before applying clobetasol to thickest parts of the rash only
* subcutaneous pen tirzepatide 5 mg/0.5 mL Also known as: Zepbound	Inject medication into the skin. Use 0.5 mL every 7 days.
* tirzepatide (weight loss) 15 mg/0.5 mL Pnij	Inject medication into the skin. Use 15 mg every 7 days.

* This list contains medications that are the same as other medications prescribed to you. Read the instructions carefully and ask your doctor or other healthcare provider to review them with you.

Ask your doctor or healthcare provider to help you with any instructions you do not understand.

Reason for Visit

Emergency Room Follow Up

Scheduling Appointments

To schedule an appointment with your primary care provider, call us at 1-800-495-8885 or go online to *mychart.cchealth.org*.

Advice Nurse



Have an urgent medical question? Call our advice nurses at 1(877)661-6230, 24 hours a day, 7 days a week. They can make urgent care appointments, order certain medications, give medical advice or in some cases connect you with a doctor over the phone.

Upcoming Health Maintenance

Full history report not available

COVID-19 Vaccine (1 - 2025-26 season)	Never done
Hepatitis C Screening Adults (Once)	Order placed this encounter
Hemoglobin A1C (Yearly)	Order placed this encounter
TdaP then Td-TdaP Q10yr Adults non-pregnant (2 - Td or Tdap)	Next due on 5/8/2029
Pap Smear/HPV, Age 30-65 or Dyplasia (Every 5 Years)	Next due on 4/17/2030

Community Resources:

For Dental Care Resources: Call Denti-Cal at 1-800-322-6384
https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en

We Want Your Feedback

In the coming days, you may get a phone or email survey asking about your visit today. Please take a couple of minutes to answer the questions. We really do look at your responses and your participation helps us improve our care for you.

Eating Healthy

By changing your diet, you can reduce many of your risk factors. You can lower your cholesterol, blood pressure, and weight. Your diet does not need to be bland or boring to be considered healthy. Just follow these 3 steps: eat less fat, less salt, and eat more fiber. Your whole family can benefit from these healthy eating habits.



1. Eat less fat

- Eat less fatty meat and more fish.
- Avoid using butter and lard, and use less margarine.
- Avoid foods containing palm oil, coconut oil, or hydrogenated oils.
- Eat fewer high-fat dairy products, such as cheese, ice cream, and whole milk.
- Look for a healthy cookbook and try out some light recipes.

2. Eat less salt

- Do not add salt when cooking food, and keep the salt shaker off the table.
- Do not use ingredients with high amounts of salt, such as monosodium glutamate, soy sauce, baking soda, and baking powder.
- In place of salt, season food with herbs and other seasonings such as lemon, garlic, and onions.

3. Eat more fiber

- fresh fruits and vegetables.
- Add oatmeal, brown rice, and wheat bran to your diet.
- Beans and potatoes are excellent sources of fiber.
- When eating more fiber, try to drink more water to avoid constipation.

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



Date: October 1, 2026.

RESUMO DA CONSULTA

Thalita Oliveira Nasc.: 12/1/1989
CEID: CCC-M59P-0FZP-3HD8

4/20/2026 3:35 PM Brentwood Health Center Adult Medicine 800-495-8885

Instruções de Deidra Francis

MENTAL HEALTH:
No SI/HI
You may also call mental health access line at 1-888-678-7277
You may call the crisis line at 1-800-233-2900
National Suicide Hotline Number is 988
Please go to nearest ED for severe symptoms

George & Cynthia Miller Wellness Center
25 Allen Street
Martinez,CA 94553
(925) 313-7932
M-F 12pm-9pm
Sat. 8am-5pm

Pedidos feitos hoje

CBC
Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB

Comprehensive metabolic panel
Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB

Hemoglobin A1c
Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB

Hepatitis panel, chronic
Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB

Lipid Panel, Fasting

Consulta de Hoje

Você se consultou com Deidra Francis em Segunda-feira Abril 20, 2026 devido a: Emergency Room Follow Up.
Os seguintes problemas foram abordados:

- PTSD (post-traumatic stress disorder)
- Hospital discharge follow-up
- Healthcare maintenance

Pressão Arterial
120/72

Peso
203 lb 11.2 oz

MyChart

Veja seu Resumo da Consulta e muito mais online em https://mychart.cchealth.org/mychart/. Se tiver dúvidas, envie um e-mail para **mychart.support@cchealth.org** ou ligue para **1-844-622-5465** para falar com nossa equipe do MyChart.

Instruções (continua) de Deidra Francis

Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB
Fasting test: no food or drink—only water—for 12 hours. If you have diabetes do not take your diabetic medicines (insulin, glipizide, etc.) before the test. Instead, bring some food and your medicines with you so you can eat and medicate as soon as the test is complete.

Prueba en ayunas: No coma ni tome nada–solo agua—por 12 horas. Si Ud. Tiene diabetes no tome su medicamentos para diabetes (insulina, glipizide, etc.) antes de la prueba. En lugar de eso traiga alguna comida y su medicinas con Ud. Podrá comer y tomar sus medicinas después de que le tomen las pruebas.

TSH
Preencha conforme indicado pelo seu provedor médico.
Ir para CCHS LAB

Próximos Passos

ABR. 27 2026
Office Visit com Jon Y Willingham
Segunda-feira Abril 27 10:30 AM

Pittsburg Health Center Dental
2311 Loveridge Road
Pittsburg CA 94565
925-431-2501

ABR. 29 2026
Lab
Quarta-feira Abril 29 8:30 AM

Brentwood Health Center Lab
171 Sand Creek Road, Suite A
Brentwood CA 94513
800-495-8885

MAI. 4 2026
Office Visit com Jon Y Willingham
Segunda-feira Maio 4 10:30 AM

Pittsburg Health Center Dental
2311 Loveridge Road
Pittsburg CA 94565
925-431-2501

Sua Lista de Medicamentos às Abril 20, 2026 4:09 PM

ⓘ Sempre use sua lista de medicamentos mais recente.

acetaminophen 500 MG tablet Conhecido como: Typhen	Use conforme necessário para dor. Tome 1 comprimido por via oral, quatro vezes ao dia.
* **clobetasol** 0.05 % ointment Conhecido como: TEMOVATE	Apply topically 2 (two) times daily While has psoriasis rash
* **clobetasol** 0.05 % cream Conhecido como: TEMOVATE	Aplique à PELE. Use o medicamento duas vezes ao dia.
cyanocobalamin 1000 MCG tablet	Tome 1 comprimido por via oral, uma vez ao dia.
etonogestrel 68 mg Conhecido como: NEXPLANON	Inject 1 each into the skin once
hydrOXYzine 50 MG tablet Conhecido como: ATARAX	Take 1 tablet by mouth every 6 (six) hours as needed for Anxiety (or for sleep)
pantoprazole 20 MG tablet,delayed release Conhecido como: PROTONIX	Tome 1 comprimido por via oral, uma vez ao dia.
tacrolimus 0.1 % ointment Conhecido como: PROTOPIC	Apply topically every morning before breakfast To keep rash away
tazarotene 0.05 % gel Conhecido como: TAZORAC	Apply topically nightly Apply 1 Application topically daily Apply before applying clobetasol to thickest parts of the rash only
* **subcutaneous pen tirzepatide** 5 mg/0.5 mL Conhecido como: Zepbound	Injete o medicamento na pele. Use 0,5 mL a cada 7 dias.
* **tirzepatide (weight loss)** 15 mg/0.5 mL Pnij	Injete o medicamento na pele. Use 15 mg a cada 7 dias.

*** Esta lista contém medicamentos que são iguais aos outros medicamentos receitados para você. Leia as instruções cuidadosamente e peça ao seu médico ou outro provedor de cuidados para revisá-las com você.**

Peça ao seu médico ou outro prestador de cuidados para ajudá-lo com quaisquer instruções que você não entenda.

Reason for Visit

Emergency Room Follow Up

Scheduling Appointments

To schedule an appointment with your primary care provider, call us at 1-800-495-8885 or go online to *mychart.cchealth.org*.

Advice Nurse



Have an urgent medical question? Call our advice nurses at 1(877)661-6230, 24 hours a day, 7 days a week. They can make urgent care appointments, order certain medications, give medical advice or in some cases connect you with a doctor over the phone.

Upcoming Health Maintenance

Full history report not available

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Pap Smear/HPV, Age 30-65 or Dyplasia (Every 5 Years)	Next due on 4/17/2030

Community Resources:

For Dental Care Resources: Call Denti-Cal at 1-800-322-6384
https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en

We Want Your Feedback

In the coming days, you may get a phone or email survey asking about your visit today. Please take a couple of minutes to answer the questions. We really do look at your responses and your participation helps us improve our care for you.

Alimentando-se de forma saudável

Mudando a sua alimentação, você pode reduzir muitos dos seus fatores de risco. Você pode baixar o seu colesterol, a pressão arterial e diminuir o seu peso. A sua dieta não precisa ser monótona ou sem sabor para ser considerada saudável. Siga apenas estes 3 passos: coma menos gordura, menos sal e coma mais fibras. Toda a sua família pode se beneficiar desses hábitos alimentares saudáveis.



1. Coma menos gordura

- Coma menos carnes gordurosas e mais peixe.
- Evite usar manteiga e banha e use menos margarina.
- Evite alimentos contendo óleo de dendê, de côco ou óleos hidrogenados.
- Coma menos laticínios ricos em gordura, tais como queijos, sorvetes e leite integral.
- Procure um livro de receitas saudáveis e experimente algumas receitas light.

2. Coma menos sal

- Não adicione sal ao cozinhar os alimentos e mantenha o saleiro longe da mesa.
- Não use ingredientes com altas quantidades de sal, como glutamato monossódico, molho de soja (shoyu), bicarbonato de sódio e fermento em pó.
- No lugar de sal, tempere a comida com ervas e outros temperos tais como limão, alho e cebolas.

3. Coma mais fibras

- Coma frutas frescas e vegetais.
- Acrescente aveia, arroz integral e farelo de trigo à sua dieta.
- O feijão e a batata são excelentes fontes de fibra.
- Ao comer mais fibras, procure beber mais água para evitar a prisão de ventre.

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Emergency Department - Mar 24, 2026

at Delta Medical Center Emergency Services

After Visit Summary®

This page contains your personal health information related to a specific office visit.

CONSULTATION SUMMARY

Sutter Health

Thalita Oliveira MRN: 67994350
Birth.: 12/1/1989
CEID: ST1-42GJ-534Z-2NZH

3/24/2026 Delta Medical Center
Emergency Services 925-779-7273

Instructions

FOLLOW UP WITH EMPLOYEE HEALTH OR WITH PRIMARY CARE CLINIC IN 2-3 DAYS IF NOT IMPROVING. RETURN IF NEEDED FOR WORSENING SYMPTOMS

Your medications were changed today

Refer to your updated medication list for details.

Read the attached information

1. Head Injury Adult (Portuguese)
2. Facial or Scalp Contusion Easy-to-Read (English)
3. Chemical Conjunctivitis Adult (Portuguese)
4. Pepper Spray Exposure (English)
5. General Assault (Portuguese)
6. Abrasion (Portuguese)

Pick up these medications at WALGREENS #06871 - BRENTWOOD, CA - 4520 BALFOUR RD AT SEC OF WALNUT & BALFOUR

carboxymethylcellulose · ibuprofen

Address: 4520 BALFOUR RD, BRENTWOOD CA 94513-1529
Telephone: 925-513-4055

Follow up with Deidra Francis-Lofton, NP

When: Around 3/28/2026
Specialty: Family Nurse Practitioner
Contact: 171 SAND CREEK RD
STE A
Brentwood CA 94513
925-655-3918

Follow up with Delta Medical Center Emergency Services

Why: As needed, If symptoms worsen
Specialty: Emergency Medicine
Contact: 3901 Lone Tree Way
Antioch California 94509
925-779-7273

Today's Visit

You were seen by Dennis O'Connell

Reason for Visit

Assault

Diagnoses

- Facial contusion, initial encounter
- Head injury due to trauma
- Chemical conjunctivitis of right eye
- Toxic effect of pepper spray, assault, initial encounter
- Assault
- Lip abrasion

Diagnostic Imaging

CT BRAIN WO CONTRAST

CT MAXILLOFACIAL WO CONTRAST

Administered Medications

fluorescein (BIO GLO, FUL-GLO) Last administered on 3/25/2026 12:12 AM

HYDROcodone/acetaminophen (NORCO 5) Last administered on 3/24/2026 11:53 PM

ibuprofen (MOTRIN) Last administered on 3/25/2026 1:57 AM

proparacaine (ALCAINE) Last administered on 3/25/2026 12:12 AM

Next Steps

You currently do not have any scheduled appointments.

Allergies (Fully Reviewed on: 09/09/25)

No Known Allergies

You were seen by: Kanzaria, Bhavik Ramesh, O'Connell, Dennis E

ED Disposition

ED Disposition	Condition	Comment
Discharge	--	--

Help us to better help you!
Thank you for choosing Sutter Health for your Emergency Department visit today. At Sutter, we always strive to provide the very best care. You may receive a short text or email survey about your experience. Your opinion matters and taking a few minutes to complete the survey will help us provide the very best care for all of our patients.

Thank you,

Your Emergency Department Care Team

AFTER CARE INSTRUCTIONS

The examination, treatment and interpretation of diagnostic studies and laboratory tests you received in the emergency department have been provided to you on an emergency basis only and should not be considered to be a substitute for comprehensive, all-inclusive medical care. Any specialty tests (e.g., EKG, x-rays, etc.) that you may have been provided have been interpreted by the Emergency Physician on a preliminary basis. You will be notified promptly of any findings that we feel are significant. A copy of your medical record and the results of any laboratory and other diagnostic studies are available to your follow-up doctor upon request. Your follow-up physician should evaluate you for any new or continuing problems because it is impossible to recognize and treat all elements of injury or illness in an emergency department visit. IF YOU BELIEVE THAT YOUR CONDITION HAS WORSENED OR NEW PROBLEMS DEVELOP, PLEASE RETURN TO THE EMERGENCY DEPARTMENT OR SEE YOUR DOCTOR IMMEDIATELY.

Take this sheet with you to your physician on your next visit.

Your medication list is based on information given by or verified by you (patient) and your family or other sources. It is not meant to substitute for advice/directions given by the prescribing physician, your pharmacist or primary care physician. Please contact them with questions. Discard old lists and update any records with all medication providers or retail pharmacies. Check with your physician before continuing over-the-counter medications, herbals and/or supplements.

* Do not drive, drink alcohol, or operate machinery for at least 8 hours if you received narcotic or sedative medications.

PUBLIC SERVICE INFORMATION:

CHILD SAFETY LAWS

California Law (Vehicle Code 27632.5) requires any child under the age of 8 or less than 4 feet 9 inches tall to be restrained in a federally

approved car safety seat whenever traveling in a motor vehicle.

IF YOU SMOKE

Stopping smoking is one of the most important steps you can take to improve your health. Please call 1-800-NO-BUTTS (800-662-8887) for information on stopping smoking.

SUICIDE PREVENTION

You can contact a suicide hotline, crisis center, or local suicide prevention center for help right away:
1-800-273-TALK (1-800-273-8255)
1-800-SUICIDE (1-800-784-2433) or for TTY Users: 1-800-799-4TTY
Text/SMS/Call: 988 or Text "HOME" to 741741 (https://www.crisistextline.org/)
Web: National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/ provides education and online chat support.
Español: la Red Nacional de Prevención del Suicidio es confidencial y está siempre disponible, llame 1-888-648-9454

ANTIBIOTIC MEDICINE

Antibiotic medicines are used to treat infections caused by **bacteria**. They work by injuring or killing the bacteria that are making you sick. It is important to know that resistance to antibiotics is a growing problem. If taken improperly, antibiotics are more likely to cause resistance in bacteria.Take the prescribed antibiotic exactly as your healthcare professional tells you: for as long as prescribed and in the dose prescribed.
We encourage you to keep your immunizations for pneumonia and influenza up to date, as these will help reduce the possibility of an infection and avoid unnecessary antibiotic exposure.

NARCOTIC (OPIOID) PAIN MEDICATION INFORMATION AND RESOURCES

If you are taking narcotic pain relievers, such as hydrocodone or oxycodone, please be aware that these can be addictive and may put you at risk of injury or death.

To protect others from overdose and misuse:

- Never share your narcotics
- Store them safely
- Dispose of them promptly when no longer needed

To learn about Safe Storage and Disposal visit, https://www.end-opioid-epidemic.org.

Talk to your health care provider about ways to manage your pain without narcotics. Options with fewer risks may include: non-narcotic medicine and alternative treatments such as nutrition, meditation, massage, essential oils and/or applying heat or cold.

For concerns about narcotic usage, ask your health care provider for a referral to resources in your area. Other resources available are:

- National Institute on Drug Abuse: www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Nar-Anon at 1-800-477-6291 or https://www.nar-anon.org/find-a-meeting

NATIONAL HUMAN TRAFFICKING HOTLINE

If you or someone you know is a victim of human trafficking, please contact the National Human Trafficking Hotline for support and resources. Human trafficking is a serious crime and a violation of human rights. It involves the use of force, fraud, or coercion to exploit people for labor, services, or commercial sex.

Phone: 1-888-373-7888
Text: 233733 (Text "HELP" or "INFO")
Website: humantraffickinghotline.org

Changes to Your Medication List

on March 25, 2026 2:00 AM

START taking these medications

carboxymethylcellulose 0.5% Ophth Soln Also known as: Refresh Tears	Apply two Drops to both eyes four times daily as needed (eye iritation, redness)
ibuprofen 600mg Tab Also known as: MOTRIN	Take one Tab by mouth every 8 hours as needed for Pain

Ask your doctor or healthcare provider to help you with any instructions you do not understand.

Release of Results to MHO

Results for tests that were ordered during your visit will be available to you in My Health Online as soon as they are finalized. This means you may see a result before your provider has had a chance to review it.

Facial or Scalp Contusion

A facial or scalp contusion is a bruise (*contusion*) on the face or head. Bruises happen when an injury causes bleeding under the skin. The bruise may turn blue, purple, or yellow (*discoloration*). Minor injuries may cause a bruise that is not painful. Some bruises are painful and swollen for a few weeks.

Injuries to the face and head usually cause a lot of swelling, especially around the eyes. You may have other injuries as well, such as broken bones or cuts.

What are the causes?

- An injury to the face or head from an object.
- A fall.
- A hit to the face or head area.
- Car accidents.
- Sports injuries.
- Attacks from another person (*assaults*).

What are the signs or symptoms?

- Swelling in the area of the injury. The swelling may be in a small areas and very noticeable.
- The injured area being a different color than normal.
- Pain or soreness in the injured area.

If you also have broken bones, your nose might be a different shape, you may be unable to close your mouth and you might have vision changes.

How is this treated?

- Applying cold compresses to the hurt area. This is often the best treatment.
- Taking over-the-counter medicines to help take the pain away, if your doctor tells you to take them.
- If there are any cuts, these will need to be repaired as well.
- Any deeper injuries may require treatment and follow up with a

specialist, such as a surgeon or eye specialist.

Follow these instructions at home:

Managing pain, stiffness, and swelling



- If told, put ice on the injured area. To do this:
    - Put ice in a plastic bag.
    - Place a towel between your skin and the bag.
    - Leave the ice on for 20 minutes, 2–3 times a day.
    - Take off the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.
- Raise the injured area above the level of your heart while you are sitting or lying down.

General instructions

- Take over-the-counter and prescription medicines only as told by your doctor.
- Rest as told by your doctor.
- Return to your normal activities when your doctor says that it is safe.
- **Do not** blow your nose if you have any broken bones in your face.
- Eat soft foods if you are having jaw pain.
- Keep all follow-up visits.

Contact a doctor if:

- You have trouble biting or chewing.
- Your pain or swelling gets worse.
- The bruised area gets worse.

Get help right away if:

- You have very bad pain or a headache, and medicine does not help.

- You are very tired or confused.
- Your personality changes.
- You vomit.
- You have a nosebleed that does not stop.
- You see two of everything (*double vision*) or have blurry vision.
- You have clear fluid coming from your nose or ear, and it does not go away.
- You have problems walking or using your arms or legs.
- You feel very dizzy.

Summary

- A facial or scalp contusion is a bruise on the face or head.
- Bruises happen when an injury causes bleeding under the skin.
- Minor injuries will cause a bruise that is not painful, but worse bruises can stay painful and swollen for a few weeks.
- Go to a doctor if you have problems seeing, bleeding from your face or nose, or you have trouble biting or chewing.
- Applying cold compresses to the hurt area is often the best treatment.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 01/21/2022 Document Reviewed: 01/24/2022

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Pepper Spray Exposure

Pepper spray is a chemical product that is meant for self-defense against humans and animals. Law enforcement officers sometimes use pepper spray to control crowds or riots. Pepper spray is usually made from an alcohol-based solution and a substance that is found in chili peppers.

Pepper spray exposure causes uncomfortable physical symptoms, but they are usually short-lived and go away over time with treatment at home.

What are the causes?

The symptoms of pepper spray exposure are caused by the chemical capsaicin (*oleoresin capsicum*, or OC).

What are the signs or symptoms?

Symptoms of this condition include:

- A burning feeling in the eyes, nose, and mouth.
- Coughing, sneezing, or difficulty breathing.
- Redness, irritation, or a burning sensation on the skin.
- Nausea and vomiting.

How is this diagnosed?

This condition is diagnosed based on:

- A physical exam.
- Your symptoms.
- Your history of contact with pepper spray.

How is this treated?

This condition may be managed by relieving symptoms. This may include:

- Rinsing (*flushing*) your eyes with water.
- Drinking cold milk or sucking on ice chips if your mouth was affected.
- Washing the affected skin with soap and water or shampoo.

Follow these instructions at home:

Managing pain and discomfort



- Take off any clothes that were sprayed with pepper spray. Place them in a plastic bag. **Do not** wear clothes again that were sprayed with pepper spray until you have washed them.
- Shower with soap and water as soon as possible.
- Flush your eyes with a steady stream of water that flows over your nose, eyes, and ears. You can also put your face underwater (*submerge* your face) in a sink or large bowl full of water, then open and close your eyes underwater repeatedly.
- Drink cold milk or suck on ice chips if the pepper spray affected your mouth.
- Keep the affected area exposed to fresh air.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** bandage the exposed area.
- **Do not** apply lotion, cream, or oil to the affected area. These substances will trap the OC particles on your skin.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You develop a rash or other problems that you think are related to the spray.
- Your symptoms do not get better after home care treatments.
- You have vision problems that continue after treatment.

Get help right away if:

- You have increasing pain in your eyes, mouth, throat, or any other areas that were exposed to the pepper spray.
- You have difficulty breathing or shortness of breath.

- You have a loss of vision.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

Summary

- Pepper spray is a chemical product that is meant for self-defense against humans and animals. It is also used by law enforcement for crowd or riot control.
- Pepper spray is usually made from an alcohol-based solution and a substance found in chili peppers called capsaicin (*oleoresin capsicum*, or OC).
- Pepper spray exposure causes uncomfortable physical symptoms that go away over time with home treatment.
- Treatments may include washing the skin with soap and water, rinsing the eyes with water, and drinking cold milk or sucking on ice chips if your mouth was affected.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 10/11/2022 Document Reviewed: 10/11/2022

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



Date: October 1, 2026.

Emergency Department - Mar 24, 2026

at Delta Medical Center Emergency Services

After Visit Summary®

This page contains your personal health information related to a specific office visit.

RESUMO DA CONSULTA

Sutter Health

Thalita Oliveira MRN: 67994350
Nasc.: 12/1/1989
CEID: ST1-42GJ-534Z-2NZH

3/24/2026 Delta Medical Center
Emergency Services 925-779-7273

Instruções

FOLLOW UP WITH EMPLOYEE HEALTH OR WITH PRIMARY CARE CLINIC IN 2-3 DAYS IF NOT IMPROVING. RETURN IF NEEDED FOR WORSENING SYMPTOMS

Seus medicamentos mudaram hoje

Consulte sua lista atualizada de medicamentos para obter detalhes.

Leia as informações em anexo

1. Head Injury Adult (Portuguese)
2. Facial or Scalp Contusion Easy-to-Read (English)
3. Chemical Conjunctivitis Adult (Portuguese)
4. Pepper Spray Exposure (English)
5. General Assault (Portuguese)
6. Abrasion (Portuguese)

Recolhe esses medicamentos em WALGREENS #06871 - BRENTWOOD, CA - 4520 BALFOUR RD AT SEC OF WALNUT & BALFOUR

carboxymethylcellulose • ibuprofen

Endereço: 4520 BALFOUR RD, BRENTWOOD CA 94513-1529
Telefone: 925-513-4055

Fazer acompanhamento com Deidra Francis-Lofton, NP

Quando: Por volta de 3/28/2026
Especialidade: Family Nurse Practitioner
Contato: 171 SAND CREEK RD
STE A
Brentwood CA 94513
925-655-3918

Fazer acompanhamento com Delta Medical Center Emergency Services

Por que: As needed, If symptoms worsen
Especialidade: Emergency Medicine
Contato: 3901 Lone Tree Way
Antioch California 94509
925-779-7273

Consulta de Hoje

Você foi atendido por Dennis O'Connell

Razão para a consulta

Assault

Diagnósticos

- Facial contusion, initial encounter
- Head injury due to trauma
- Chemical conjunctivitis of right eye
- Toxic effect of pepper spray, assault, initial encounter
- Assault
- Lip abrasion

Exames de Imagem

CT BRAIN WO CONTRAST

CT MAXILLOFACIAL WO CONTRAST

Medicamentos Administrados

fluorescein (BIO GLO, FUL-GLO) Última vez administrado em 3/25/2026 12:12 AM

HYDROcodone/acetaminophen (NORCO 5) Última vez administrado em 3/24/2026 11:53 PM

ibuprofen (MOTRIN) Última vez administrado em 3/25/2026 1:57 AM

proparacaine (ALCAINE) Última vez administrado em 3/25/2026 12:12 AM

Próximos Passos

No momento você não tem nenhuma consulta marcada.

Allergies (Fully Reviewed on: 09/09/25)

No Known Allergies

You were seen by: Kanzaria, Bhavik Ramesh, O'Connell, Dennis E

ED Disposition

ED Disposition	Condition	Comment
Discharge	--	--

Help us to better help you!
Thank you for choosing Sutter Health for your Emergency Department visit today. At Sutter, we always strive to provide the very best care. You may receive a short text or email survey about your experience. Your opinion matters and taking a few minutes to complete the survey will help us provide the very best care for all of our patients.

Thank you,

Your Emergency Department Care Team

AFTER CARE INSTRUCTIONS

The examination, treatment and interpretation of diagnostic studies and laboratory tests you received in the emergency department have been provided to you on an emergency basis only and should not be considered to be a substitute for comprehensive, all-inclusive medical care. Any specialty tests (e.g., EKG, x-rays, etc.) that you may have been provided have been interpreted by the Emergency Physician on a preliminary basis. You will be notified promptly of any findings that we feel are significant. A copy of your medical record and the results of any laboratory and other diagnostic studies are available to your follow-up doctor upon request. Your follow-up physician should evaluate you for any new or continuing problems because it is impossible to recognize and treat all elements of injury or illness in an emergency department visit. IF YOU BELIEVE THAT YOUR CONDITION HAS WORSENED OR NEW PROBLEMS DEVELOP, PLEASE RETURN TO THE EMERGENCY DEPARTMENT OR SEE YOUR DOCTOR IMMEDIATELY.

Take this sheet with you to your physician on your next visit.

Your medication list is based on information given by or verified by you (patient) and your family or other sources. It is not meant to substitute for advice/directions given by the prescribing physician, your pharmacist or primary care physician. Please contact them with questions. Discard old lists and update any records with all medication providers or retail pharmacies. Check with your physician before continuing over-the-counter medications, herbals and/or supplements.

* Do not drive, drink alcohol, or operate machinery for at least 8 hours if you received narcotic or sedative medications.

PUBLIC SERVICE INFORMATION:

CHILD SAFETY LAWS

California Law (Vehicle Code 27632.5) requires any child under the age of 8 or less than 4 feet 9 inches tall to be restrained in a federally

approved car safety seat whenever traveling in a motor vehicle.

IF YOU SMOKE
Stopping smoking is one of the most important steps you can take to improve your health. Please call 1-800-NO-BUTTS (800-662-8887) for information on stopping smoking.

SUICIDE PREVENTION
You can contact a suicide hotline, crisis center, or local suicide prevention center for help right away:
1-800-273-TALK (1-800-273-8255)
1-800-SUICIDE (1-800-784-2433) or for TTY Users: 1-800-799-4TTY
Text/SMS/Call: 988 or Text "HOME" to 741741 (https://www.crisistextline.org/)
Web: National Suicide Prevention Lifeline https://suicidepreventionlifeline.org/ provides education and online chat support.
Español: la Red Nacional de Prevención del Suicidio es confidencial y está siempre disponible, llame 1-888-648-9454

ANTIBIOTIC MEDICINE
Antibiotic medicines are used to treat infections caused by **bacteria**. They work by injuring or killing the bacteria that are making you sick. It is important to know that resistance to antibiotics is a growing problem. If taken improperly, antibiotics are more likely to cause resistance in bacteria.Take the prescribed antibiotic exactly as your healthcare professional tells you: for as long as prescribed and in the dose prescribed.
We encourage you to keep your immunizations for pneumonia and influenza up to date, as these will help reduce the possibility of an infection and avoid unnecessary antibiotic exposure.

NARCOTIC (OPIOID) PAIN MEDICATION INFORMATION AND RESOURCES
If you are taking narcotic pain relievers, such as hydrocodone or oxycodone, please be aware that these can be addictive and may put you at risk of injury or death.

To protect others from overdose and misuse:
- Never share your narcotics
- Store them safely
- Dispose of them promptly when no longer needed

To learn about Safe Storage and Disposal visit, https://www.end-opioid-epidemic.org.

Talk to your health care provider about ways to manage your pain without narcotics. Options with fewer risks may include: non-narcotic medicine and alternative treatments such as nutrition, meditation, massage, essential oils and/or applying heat or cold.

For concerns about narcotic usage, ask your health care provider for a referral to resources in your area. Other resources available are:

- National Institute on Drug Abuse: www.drugabuse.gov
- Substance Abuse and Mental Health Services Administration: www.samhsa.gov
- Nar-Anon at 1-800-477-6291 or https://www.nar-anon.org/find-a-meeting

NATIONAL HUMAN TRAFFICKING HOTLINE

If you or someone you know is a victim of human trafficking, please contact the National Human Trafficking Hotline for support and resources. Human trafficking is a serious crime and a violation of human rights. It involves the use of force, fraud, or coercion to exploit people for labor, services, or commercial sex.

Phone: 1-888-373-7888
Text: 233733 (Text "HELP" or "INFO")
Website: humantraffickinghotline.org

Alterações na Sua Lista de Medicamentos

às Março 25, 2026 2:00 AM

COMECE a usar esses medicamentos

carboxymethylcellulose 0.5% Ophth Soln Conhecido como: Refresh Tears	Apply two Drops to both eyes four times daily as needed (eye iritation, redness)
ibuprofen 600mg Tab Conhecido como: MOTRIN	Take one Tab by mouth every 8 hours as needed for Pain

Peça ao seu médico ou outro prestador de cuidados para ajudá-lo com quaisquer instruções que você não entenda.

Release of Results to MHO

Results for tests that were ordered during your visit will be available to you in My Health Online as soon as they are finalized. This means you may see a result before your provider has had a chance to review it.

Facial or Scalp Contusion

A facial or scalp contusion is a bruise (*contusion*) on the face or head. Bruises happen when an injury causes bleeding under the skin. The bruise may turn blue, purple, or yellow (*discoloration*). Minor injuries may cause a bruise that is not painful. Some bruises are painful and swollen for a few weeks.

Injuries to the face and head usually cause a lot of swelling, especially around the eyes. You may have other injuries as well, such as broken bones or cuts.

What are the causes?

- An injury to the face or head from an object.
- A fall.
- A hit to the face or head area.
- Car accidents.
- Sports injuries.
- Attacks from another person (*assaults*).

What are the signs or symptoms?

- Swelling in the area of the injury. The swelling may be in a small areas and very noticeable.
- The injured area being a different color than normal.
- Pain or soreness in the injured area.

If you also have broken bones, your nose might be a different shape, you may be unable to close your mouth and you might have vision changes.

How is this treated?

- Applying cold compresses to the hurt area. This is often the best treatment.
- Taking over-the-counter medicines to help take the pain away, if your doctor tells you to take them.
- If there are any cuts, these will need to be repaired as well.
- Any deeper injuries may require treatment and follow up with a

specialist, such as a surgeon or eye specialist.

Follow these instructions at home:

Managing pain, stiffness, and swelling



- If told, put ice on the injured area. To do this:
    - Put ice in a plastic bag.
    - Place a towel between your skin and the bag.
    - Leave the ice on for 20 minutes, 2–3 times a day.
    - Take off the ice if your skin turns bright red. This is very important. If you cannot feel pain, heat, or cold, you have a greater risk of damage to the area.
- Raise the injured area above the level of your heart while you are sitting or lying down.

General instructions

- Take over-the-counter and prescription medicines only as told by your doctor.
- Rest as told by your doctor.
- Return to your normal activities when your doctor says that it is safe.
- **Do not** blow your nose if you have any broken bones in your face.
- Eat soft foods if you are having jaw pain.
- Keep all follow-up visits.

Contact a doctor if:

- You have trouble biting or chewing.
- Your pain or swelling gets worse.
- The bruised area gets worse.

Get help right away if:

- You have very bad pain or a headache, and medicine does not help.

- You are very tired or confused.
- Your personality changes.
- You vomit.
- You have a nosebleed that does not stop.
- You see two of everything (*double vision*) or have blurry vision.
- You have clear fluid coming from your nose or ear, and it does not go away.
- You have problems walking or using your arms or legs.
- You feel very dizzy.

Summary

- A facial or scalp contusion is a bruise on the face or head.
- Bruises happen when an injury causes bleeding under the skin.
- Minor injuries will cause a bruise that is not painful, but worse bruises can stay painful and swollen for a few weeks.
- Go to a doctor if you have problems seeing, bleeding from your face or nose, or you have trouble biting or chewing.
- Applying cold compresses to the hurt area is often the best treatment.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 01/21/2022 Document Reviewed: 01/24/2022

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Pepper Spray Exposure

Pepper spray is a chemical product that is meant for self-defense against humans and animals. Law enforcement officers sometimes use pepper spray to control crowds or riots. Pepper spray is usually made from an alcohol-based solution and a substance that is found in chili peppers.

Pepper spray exposure causes uncomfortable physical symptoms, but they are usually short-lived and go away over time with treatment at home.

What are the causes?

The symptoms of pepper spray exposure are caused by the chemical capsaicin (*oleoresin capsicum*, or OC).

What are the signs or symptoms?

Symptoms of this condition include:

- A burning feeling in the eyes, nose, and mouth.
- Coughing, sneezing, or difficulty breathing.
- Redness, irritation, or a burning sensation on the skin.
- Nausea and vomiting.

How is this diagnosed?

This condition is diagnosed based on:

- A physical exam.
- Your symptoms.
- Your history of contact with pepper spray.

How is this treated?

This condition may be managed by relieving symptoms. This may include:

- Rinsing (*flushing*) your eyes with water.
- Drinking cold milk or sucking on ice chips if your mouth was affected.
- Washing the affected skin with soap and water or shampoo.

Follow these instructions at home:

Managing pain and discomfort



- Take off any clothes that were sprayed with pepper spray. Place them in a plastic bag. **Do not** wear clothes again that were sprayed with pepper spray until you have washed them.
- Shower with soap and water as soon as possible.
- Flush your eyes with a steady stream of water that flows over your nose, eyes, and ears. You can also put your face underwater (*submerge* your face) in a sink or large bowl full of water, then open and close your eyes underwater repeatedly.
- Drink cold milk or suck on ice chips if the pepper spray affected your mouth.
- Keep the affected area exposed to fresh air.

General instructions

- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** bandage the exposed area.
- **Do not** apply lotion, cream, or oil to the affected area. These substances will trap the OC particles on your skin.
- Keep all follow-up visits. This is important.

Contact a health care provider if:

- You develop a rash or other problems that you think are related to the spray.
- Your symptoms do not get better after home care treatments.
- You have vision problems that continue after treatment.

Get help right away if:

- You have increasing pain in your eyes, mouth, throat, or any other areas that were exposed to the pepper spray.
- You have difficulty breathing or shortness of breath.

- You have a loss of vision.

These symptoms may be an emergency. Get help right away. Call 911.

- **Do not wait to see if the symptoms will go away.**
- **Do not drive yourself to the hospital.**

Summary

- Pepper spray is a chemical product that is meant for self-defense against humans and animals. It is also used by law enforcement for crowd or riot control.
- Pepper spray is usually made from an alcohol-based solution and a substance found in chili peppers called capsaicin (*oleoresin capsicum*, or OC).
- Pepper spray exposure causes uncomfortable physical symptoms that go away over time with home treatment.
- Treatments may include washing the skin with soap and water, rinsing the eyes with water, and drinking cold milk or sucking on ice chips if your mouth was affected.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 10/11/2022 Document Reviewed: 10/11/2022

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Progress Notes

Progress Notes by Payami, Maddiha, DO at 3/30/2026 9:15 AM Version 1 of 1

Author: Payami, Maddiha, DO | Service: — | Author Type: Physician
Filed: 3/30/2026 11:43 AM | Encounter Date: 3/30/2026 | Status: Signed
Editor: Payami, Maddiha, DO (Physician)

Interpreter ID #: **492379**

Subjective:
36y/o F presents today for ED f/u. She went to Sutter Delta ED on 3/24/26 due to assault. She's a Lyft driver. A passenger assaulted her when she told her to stop eating in the car.
Since then she has been getting headaches and jaw pain. The headache pain is only in the middle of the forehead where she got hit. She feels like her jaw will fall from her face. States her eyes are sensitive to light due to the pepper spray. She's having trouble chewing.

She was discharged with a prescription for Ibuprofen. She has been taking it twice a day but it's not helping. It's upsetting her stomach.
She stopped using the eye drops after 3 days.

(-) phonophobia, nausea, vomiting

She has been feeling anxious since this happened. She's afraid of leaving her home and she hasn't been able to sleep. She's interested in seeing a therapist.

(-) suicidal ideation

She's tried to get an appointment with a dentist but they haven't called her back, requesting to be referred to them.

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• clobetasoL (TEMOVATE) 0.05 % cream	Apply topically 2 (two) times daily (Patient not taking: Reported on 11/13/2025)	30 g	0
• clobetasoL (TEMOVATE) 0.05 % ointment	Apply topically 2 (two) times daily While has psoriasis rash (Patient not taking: Reported on 11/13/2025)	30 g	0
• cyanocobalamin 1000 MCG tablet	Take 1 tablet by mouth daily (Patient not taking: Reported on 11/13/2025)	90 tablet	3
• etonogestreL (NEXPLANON) 68 mg	Inject 1 each into the skin once (Patient		

Progress Notes (continued)

Progress Notes by Payami, Maddiha, DO at 3/30/2026 9:15 AM (continued) Version 1 of 1

	not taking: Reported on 11/13/2025)		
• pantoprazole (PROTONIX) 20 MG tablet,delayed release	TAKE 1 TABLET BY MOUTH DAILY	90 tablet	0
• subcutaneous pen tirzepatide (ZEPBOUND) 5 mg/0.5 mL	Inject 0.5 mLs into the skin every 7 days	2 mL	0
• tacrolimus (PROTOPIC) 0.1 % ointment	Apply topically every morning before breakfast To keep rash away (Patient not taking: Reported on 11/13/2025)	30 g	0
• tazarotene (TAZORAC) 0.05 % gel	Apply topically nightly Apply 1 Application topically daily Apply before applying clobetasol to thickest parts of the rash only (Patient not taking: Reported on 11/13/2025)	30 g	0
• tirzepatide, weight loss, 15 mg/0.5 mL Pen Injector	Inject 15 mg into the skin every 7 days	2 mL	5

No current facility-administered medications on file prior to visit.

BP 101/68 | Pulse 70 | Temp 97.3 °F (36.3 °C) | Ht 1.651 m (5' 5") | Wt 94.4 kg (208 lb 1.6 oz) | SpO2 97% | BMI 34.63 kg/m²

Physical Exam
Vitals reviewed.
Constitutional:
General: She is not in acute distress.
HENT:
Head:
Jaw: Tenderness and pain on movement present. No swelling.
Comments: **TTP of mid forehead, right above nose.**
Skin:
Comments: **Ecchymosis noted right-side of the jaw**
Neurological:

Progress Notes (continued)

Progress Notes by Payami, Maddiha, DO at 3/30/2026 9:15 AM (continued) Version 1 of 1

Mental Status: She is alert.

Assessment/Plan:
Hospital discharge follow-up
Very limited ED records on file.

Contusion of face, subsequent encounter
Stop Ibuprofen. Trial of Tylenol. Advised her to continue icing. F/U with PCP if symptoms don't improve.
- acetaminophen (TYPHEN) 500 MG tablet Dispense: 90 tablet; Refill: 0

Assault
List of dental providers given.

Anxiety
PHQ-9 reviewed. Trial of Atarax. MH referral placed. F/U with PCP as needed.
- hydrOXYzine (ATARAX) 50 MG tablet Dispense: 30 tablet; Refill: 0
- Universal Behavioral Health Referral - Adult

Insomnia, unspecified type
- hydrOXYzine (ATARAX) 50 MG tablet Dispense: 30 tablet; Refill: 0
- Universal Behavioral Health Referral - Adult

Electronically signed by Payami, Maddiha, DO on 3/30/2026 11:43 AM

Progress Notes by Oroquita, Shantel, CMA at 3/30/2026 9:15 AM Version 1 of 1

Author: Oroquita, Shantel, CMA | Service: — | Author Type: Certified Medical Assistant
Filed: 3/30/2026 11:43 AM | Encounter Date: 3/30/2026 | Status: Signed
Editor: Oroquita, Shantel, CMA (Certified Medical Assistant)

Verified 2 pt identifiers at intake
Pt is waiting for provider exam : 9:11 AM
9:38 AM : Patient verbalized two patient identifiers. Gave patient AVS with instructions and verbalized understanding. PT left in stable condition

Electronically signed by Oroquita, Shantel, CMA on 3/30/2026 11:43 AM

END OF REPORT

CONSULTATION SUMMARY

Thalita Oliveira Birth.: 12/1/1989
CEID: CCC-M59P-0FZP-3HD8

3/30/2026 9:15 AM Brentwood Health Center Adult Medicine 800-495-8885

Instructions from Maddiha Payami

Medication Changes Today

START taking: acetaminophen (Typhen) Prescribed by: Maddiha Payami

hydrOXYzine (ATARAX) Prescribed by: Maddiha Payami

CONTINUE all other medications as prescribed
Yes

Prescribed on March 30, 2026 11:43 AM.

Pick up these medications at WALGREENS #06871 - BRENTWOOD, CA - 4520 BALFOUR RD AT SEC OF WALNUT & BALFOUR

acetaminophen • hydrOXYzine

Address: 4520 BALFOUR RD, BRENTWOOD CA 94513-1529
Telephone: 925-513-4055

Universal Behavioral Health Referral - Adult

Where: Mental Health
Telephone: 877-905-4545
Expiry date: 9/26/2026 (required)

Today's Visit

You had an appointment with Maddiha Payami on Monday, March 30, 2026 due to:

- Hospital Follow-up
- Migraine

The following issues were addressed:

- Hospital discharge follow-up
- Contusion of face, subsequent encounter
- Assault
- Anxiety
- Insomnia, unspecified type

Blood Pressure
101/68

Weight
208 lb 1.6 oz

Height
5' 5"

This document is available in alternative formats.

Next Steps

APR. 20 2026

Patient Follow up with Deidra Francis
Monday, April 20 3:35 PM

Brentwood Health Center Adult Medicine
171 Sand Creek Road, Suite A
Brentwood CA 94513
800-495-8885



View your Consultation Summary and more online at https://mychart.cchealth.org/mychart/. If you have questions, email mychart.support@cchealth.org or call 1-844-622-5465 to speak with our MyChart team.

Your Medication List

on March 30, 2026 11:43 AM

ⓘ Always use your most recent medication list.

acetaminophen 500 MG tablet Also known as: Typhen Prescribed by: Maddiha Payami	Take as needed for pain. Take 1 tablet by mouth four times a day.
* clobetasol 0.05 % ointment Also known as: TEMOVATE	Apply topically 2 (two) times daily While has psoriasis rash
* clobetasol 0.05 % cream Also known as: TEMOVATE	Apply to SKIN. Use medication twice a day.
cyanocobalamin 1000 MCG tablet	Take 1 tablet by mouth once a day.
etonogestrel 68 mg Also known as: NEXPLANON	Inject 1 each into the skin once
hydrOXYzine 50 MG tablet Also known as: ATARAX Prescribed by: Maddiha Payami	Take 1 tablet by mouth every 6 (six) hours as needed for Anxiety (or for sleep)
pantoprazole 20 MG tablet,delayed release Also known as: PROTONIX	Take 1 tablet by mouth once a day.
tacrolimus 0.1 % ointment Also known as: PROTOPIC	Apply topically every morning before breakfast To keep rash away
tazarotene 0.05 % gel Also known as: TAZORAC	Apply topically nightly Apply 1 Application topically daily Apply before applying clobetasol to thickest parts of the rash only
* subcutaneous pen tirzepatide 5 mg/0.5 mL Also known as: Zepbound	Inject medication into the skin. Use 0.5 mL every 7 days.
* tirzepatide (weight loss) 15 mg/0.5 mL Pnij	Inject medication into the skin. Use 15 mg every 7 days.

* This list contains medications that are the same as other medications prescribed to you. Read the instructions carefully and ask your doctor or other healthcare provider to review them with you.

Ask your doctor or healthcare provider to help you with any instructions you do not understand.

Reason for Visit

Hospital Follow-up
Migraine

Scheduling Appointments

To schedule an appointment with your primary care provider, call us at 1-800-495-8885 or go online to *mychart.cchealth.org*.

Advice Nurse



Have an urgent medical question? Call our advice nurses at 1(877)661-6230, 24 hours a day, 7 days a week. They can make urgent care appointments, order certain medications, give medical advice or in some cases connect you with a doctor over the phone.

Upcoming Health Maintenance

Full history report not available

Hepatitis C Screening Adults (Once)	Never done
COVID-19 Vaccine (1 - 2025-26 season)	Never done
Hemoglobin A1C (Yearly)	Next due on 8/19/2026
TdaP then Td-TdaP Q10yr Adults non-pregnant (2 - Td or Tdap)	Next due on 5/8/2029
Pap Smear/HPV, Age 30-65 or Dyplasia (Every 5 Years)	Next due on 4/17/2030

Community Resources:

For Dental Care Resources: Call Denti-Cal at 1-800-322-6384
https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en

We Want Your Feedback

In the coming days, you may get a phone or email survey asking about your visit today. Please take a couple of minutes to answer the questions. We really do look at your responses and your participation helps us improve our care for you.

Eating Healthy

By changing your diet, you can reduce many of your risk factors. You can lower your cholesterol, blood pressure, and weight. Your diet does not need to be bland or boring to be considered healthy. Just follow these 3 steps: eat less fat, less salt, and eat more fiber. Your whole family can benefit from these healthy eating habits.



1. Eat less fat

- Eat less fatty meat and more fish.
- Avoid using butter and lard, and use less margarine.
- Avoid foods containing palm oil, coconut oil, or hydrogenated oils.
- Eat fewer high-fat dairy products, such as cheese, ice cream, and whole milk.
- Look for a healthy cookbook and try out some light recipes.

2. Eat less salt

- Do not add salt when cooking food, and keep the salt shaker off the table.
- Do not use ingredients with high amounts of salt, such as monosodium glutamate, soy sauce, baking soda, and baking powder.
- In place of salt, season food with herbs and other seasonings such as lemon, garlic, and onions.

3. Eat more fiber

- Eat fresh fruits and vegetables.
- Add oatmeal, brown rice, and wheat bran to your diet.
- Beans and potatoes are excellent sources of fiber.
- When eating more fiber, try to drink more water to avoid constipation.

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



Date: October 1, 2026.

RESUMO DA CONSULTA

Thalita Oliveira Nasc.: 12/1/1989
CEID: CCC-M59P-0FZP-3HD8

3/30/2026 9:15 AM Brentwood Health Center Adult Medicine 800-495-8885

Instruções de Maddiha Payami

Mudanças de Medicamentos Hoje

COMECE a usar:

acetaminophen (Typhen)
Começado por: Maddiha Payami

hydrOXYzine (ATARAX)
Começado por: Maddiha Payami

CONTINUE usando seus outros medicamentos

Yes

Precisa às Março 30, 2026 11:43 AM.

Recolhe esses medicamentos em WALGREENS #06871 - BRENTWOOD, CA - 4520 BALFOUR RD AT SEC OF WALNUT & BALFOUR

acetaminophen • hydrOXYzine

Endereço: 4520 BALFOUR RD, BRENTWOOD CA 94513-1529
Telefone: 925-513-4055

Universal Behavioral Health Referral - Adult

Onde: Mental Health
Telefone: 877-905-4545
Expira em: 9/26/2026 (solicitado)

Consulta de Hoje

Você se consultou com Maddiha Payami em Segunda-feira Março 30, 2026 devido a:

- Hospital Follow-up
- Migraine

Os seguintes problemas foram abordados:

- Hospital discharge follow-up
- Contusion of face, subsequent encounter
- Assault
- Anxiety
- Insomnia, unspecified type

Pressão Arterial
101/68

Peso
208 lb 1.6 oz

Altura
5' 5"

Próximos Passos

ABR.
20
2026

Return Patient Visit com Deidra Francis
Segunda-feira Abril 20 3:35 PM

Brentwood Health Center Adult Medicine
171 Sand Creek Road, Suite A
Brentwood CA 94513
800-495-8885

Veja seu Resumo da Consulta e muito mais online em **https://mychart.cchealth.org/mychart/**. Se tiver dúvidas, envie um e-mail para **mychart.support@cchealth.org** ou ligue para **1-844-622-5465** para falar com nossa equipe do MyChart.

Sua Lista de Medicamentos às Março 30, 2026 11:43 AM

ⓘ Sempre use sua lista de medicamentos mais recente.

acetaminophen 500 MG tablet Conhecido como: Typhen Começado por: Maddiha Payami	Use conforme necessário para dor. Tome 1 comprimido por via oral, quatro vezes ao dia.
*** clobetasol** 0.05 % ointment Conhecido como: TEMOVATE	Apply topically 2 (two) times daily While has psoriasis rash
*** clobetasol** 0.05 % cream Conhecido como: TEMOVATE	Aplique à PELE. Use o medicamento duas vezes ao dia.
cyanocobalamin 1000 MCG tablet	Tome 1 comprimido por via oral, uma vez ao dia.
etonogestrel 68 mg Conhecido como: NEXPLANON	Inject 1 each into the skin once
hydrOXYzine 50 MG tablet Conhecido como: ATARAX Começado por: Maddiha Payami	Take 1 tablet by mouth every 6 (six) hours as needed for Anxiety (or for sleep)
pantoprazole 20 MG tablet,delayed release Conhecido como: PROTONIX	Tome 1 comprimido por via oral, uma vez ao dia.
tacrolimus 0.1 % ointment Conhecido como: PROTOPIC	Apply topically every morning before breakfast To keep rash away
tazarotene 0.05 % gel Conhecido como: TAZORAC	Apply topically nightly Apply 1 Application topically daily Apply before applying clobetasol to thickest parts of the rash only
*** subcutaneous pen tirzepatide** 5 mg/0.5 mL Conhecido como: Zepbound	Injete o medicamento na pele. Use 0,5 mL a cada 7 dias.
*** tirzepatide (weight loss)** 15 mg/0.5 mL Pnij	Injete o medicamento na pele. Use 15 mg a cada 7 dias.

*** Esta lista contém medicamentos que são iguais aos outros medicamentos receitados para você. Leia as instruções cuidadosamente e peça ao seu médico ou outro provedor de cuidados para revisá-las com você.**

Peça ao seu médico ou outro prestador de cuidados para ajudá-lo com quaisquer instruções que você não entenda.

Reason for Visit

Hospital Follow-up
Migraine

Scheduling Appointments

To schedule an appointment with your primary care provider, call us at 1-800-495-8885 or go online to *mychart.cchealth.org*.

Advice Nurse



Have an urgent medical question? Call our advice nurses at 1(877)661-6230, 24 hours a day, 7 days a week. They can make urgent care appointments, order certain medications, give medical advice or in some cases connect you with a doctor over the phone.

Upcoming Health Maintenance

Full history report not available

Hepatitis C Screening Adults (Once)	Never done
COVID-19 Vaccine (1 - 2025-26 season)	Never done
Hemoglobin A1C (Yearly)	Next due on 8/19/2026
TdaP then Td-TdaP Q10yr Adults non-pregnant (2 - Td or Tdap)	Next due on 5/8/2029
Pap Smear/HPV, Age 30-65 or Dyplasia (Every 5 Years)	Next due on 4/17/2030

Community Resources:

For Dental Care Resources: Call Denti-Cal at 1-800-322-6384
https://dental.dhcs.ca.gov/find-a-dentist/home?locale=en

We Want Your Feedback

In the coming days, you may get a phone or email survey asking about your visit today. Please take a couple of minutes to answer the questions. We really do look at your responses and your participation helps us improve our care for you.

Alimentando-se de forma saudável

Mudando a sua alimentação, você pode reduzir muitos dos seus fatores de risco. Você pode baixar o seu colesterol, a pressão arterial e diminuir o seu peso. A sua dieta não precisa ser monótona ou sem sabor para ser considerada saudável. Siga apenas estes 3 passos: coma menos gordura, menos sal e coma mais fibras. Toda a sua família pode se beneficiar desses hábitos alimentares saudáveis.



1. Coma menos gordura

- Coma menos carnes gordurosas e mais peixe.
- Evite usar manteiga e banha e use menos margarina.
- Evite alimentos contendo óleo de dendê, de côco ou óleos hidrogenados.
- Coma menos laticínios ricos em gordura, tais como queijos, sorvetes e leite integral.
- Procure um livro de receitas saudáveis e experimente algumas receitas light.

2. Coma menos sal

- Não adicione sal ao cozinhar os alimentos e mantenha o saleiro longe da mesa.
- Não use ingredientes com altas quantidades de sal, como glutamato monossódico, molho de soja (shoyu), bicarbonato de sódio e fermento em pó.
- No lugar de sal, tempere a comida com ervas e outros temperos tais como limão, alho e cebolas.

3. Coma mais fibras

- Coma frutas frescas e vegetais.
- Acrescente aveia, arroz integral e farelo de trigo à sua dieta.
- O feijão e a batata são excelentes fontes de fibra.
- Ao comer mais fibras, procure beber mais água para evitar a prisão de ventre.

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Emergency Department - Mar 24, 2026

at Delta Medical Center Emergency Services

Notes from Care Team

This page contains your personal health information related to a specific office visit.

You can review details about your clinician's location, upcoming appointments and visit instructions, current medications, and allergies.

Please note: This is the After-Visit Summary (AVS) for your visit, which provides a summary of the visit and any related information.

You will also see a **Notes** tab at the top of most visits that contains clinical notes written by your provider after 10/29/2020. For more information, please refer to our MHO FAQ site.

To **report an inaccuracy** about a provider's note in your After-Visit Summary or patient record:

- For services received at a location in the Sutter Health network, please visit our Contact Us page and call the number associated with your location.
- For services received at any other location (e.g. a community doctor's office), call your doctor's office directly.

ED Provider Notes by Dennis O'Connell at 03/24/26 2325

SUTTER DELTA ED PROVIDER NOTE

Patient presents with:
Assault: Was at 7-11 eating in her car, another woman came and assaulted her through the window, was hit repeatedly and maced, Brentwood PD was @ scene, arrested the woman. Pt speaks portuguese, husband translate for pt

HISTORY

HPI

Thalita Oliveira, 36 year old female who presents with injuries due to assault today. Patient was assaulted by a stranger she was driving. She

is a driver. Incident occurred outside of the vehicle. Patient was punched, kicked, and hit with pepper spray. Patient reports having a loss of consciousness

LMP 2024, due to implanon

Surgery: bariatic cholecystectomy, abdominal plasty,

Last tetanus vaccine 5 years ago

I utilized language line translator during course

PMH

Medical History

Diagnosis	Date	Comment	Source
No significant past medical history (No Bill)			

PSH

Past Surgical History:

Procedure	Laterality	Date
• HX NO SIGNIFICANT PAST SURG HIST		

SH

Social History

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use
- Vaping status: Never Used

Substance Use Topics
- Alcohol use: Never
- Drug use: Never

Medications
Medications Taking
No outpatient medications have been marked as taking for the 3/24/26 encounter (Hospital Encounter).

Allergies
Review of patient's allergies indicates no known allergies.

PHYSICAL EXAM

ED Triage Vitals [03/24/26 2200]	
Enc Vitals Group	
BP	**125/78**
Pulse	**80**
Heart Rate (monitor)	**105**
Respiratory Rate	**16**
Temp	**37.2 °C (98.9 °F)**
Temp Source	**Oral**
Weight	**99.6 kg (219 lb 9.6 oz)**
Height	
SpO2	**99 %**
Oxygen Therapy	**None (Room Air)**
O2 Interface Device	
O2 Flow Rate (L/min)	
FIO2 (%)	

Physical Exam
Constitutional:
General: She is in acute distress **(Mild painful distress)**.
HENT:

Head:
Jaw: Tenderness **(Left mandibular body.)** and pain on movement present.
Comments: **No facial or scalp hematoma appreciated**
Nose: No nasal deformity, signs of injury or nasal tenderness.
Right Nostril: No epistaxis.
Left Nostril: No epistaxis.
Mouth/Throat:
Dentition: Normal dentition.
Comments: **Small abrasions on right lower lip and right upper lip**
Eyes:
Extraocular Movements: Extraocular movements intact.
Pupils: Pupils are equal, round, and reactive to light.
Comments: **Right eye without significant conjunctival injection. PH normal. No fluorescein uptake**
Visual acuity: Left 2020, right 2020
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Abdomen is flat. Bowel sounds are normal. There is no distension.
Tenderness: There is no abdominal tenderness.
Musculoskeletal:
General: No signs of injury.
Cervical back: Neck supple. No tenderness.
Skin:
Comments: **Patches of mild skin erythema upper chest and upper back reportedly due to the pepper spray injury**
Neurological:
General: No focal deficit present.
Mental Status: She is alert and oriented to person, place, and time.
Cranial Nerves: No dysarthria.
Motor: No pronator drift.
Coordination: Finger-Nose-Finger Test normal. Rapid alternating movements normal.
Psychiatric:
Mood and Affect: Mood normal.

Behavior: Behavior normal.

DIAGNOSTIC STUDIES

LABS and Imaging have all been reviewed and acted upon.

Results for orders placed or performed during the hospital encounter of 03/24/26

CT BRAIN WO CONTRAST

Narrative

EXAMINATION: CT brain without contrast 70450

HISTORY: (Female 36 years)
Status post assault with head injury

COMPARISON: No priors

TECHNIQUE: A volumetric axial acquisition was obtained from the skull vertex to base. Radiation dose: DLP: 894 mGy-cm, CTDI volume: 64 mGy CT dose reduction technique utilized with one of more the following: Automated exposure control and/or adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

FINDINGS: There is no evidence of mass, edema or hemorrhage. Ventricles are symmetrical and midline. The basal ganglia appear unremarkable. Gray-white matter junctions are sharp throughout. No extra-axial fluid collections are seen. The basilar cisterns are patent.

The visualized paranasal sinuses and mastoid air cells are well pneumatized. There is no evidence of fracture.

Impression
IMPRESSION:
Unremarkable examination.

Electronically Signed by: Linda Gordon, MD 3/25/2026 12:52 AM

CT MAXILLOFACIAL WO CONTRAST

Narrative
EXAMINATION: Maxillofacial CT without contrast

TECHNIQUE: Noncontrast imaging was performed from the frontal sinuses through the C5 level. Volumetric axial acquisition was obtained with sagittal and coronal reconstructions. Radiation dose: DLP: 308 mGy-cm, CTDI volume: 17.8 mGy.
CT dose reduction technique utilized with one of more the following: Automated exposure control and/or adjustment of the mA and/or kV according to patient size and/or use of iterative reconstruction technique.

INDICATIONS: 36-year-old, status post assault with tenderness over the left mandible

COMPARISON: No priors

FINDINGS: The mandible is intact without evidence of fracture. The mandibular condyle is well located with

normal morphology.

There is no evidence of missing teeth on the left. There is missing right anterior lower molar. This appears chronic.

The nasal bones are intact. Walls of the orbit are intact. The zygomatic arches and pterygoid plates are intact.

Paranasal sinuses are well pneumatized without mucoperiosteal thickening or air-fluid levels. The airway appears widely patent.

There is normal articulation at the skull base. Upper cervical levels appear unremarkable.

Orbits and retrobulbar regions appear unremarkable.

Impression
IMPRESSION:
No CT evidence of acute traumatic maxillofacial injury.

Electronically Signed by: Linda Gordon, MD 3/25/2026 12:58 AM

MEDICATIONS GIVEN IN THE ED

ED Medication Administration from 03/24/2026 2152 to 03/25/2026 0407

Dos

Date/Time	Order	e	Route	Action	Action by
03/25/2026 0012 PDT	**proparacaine (ALCAINE) 0.5% Ophth Soln 2 Drop**	2 Drop	Both Eyes	Given	Pesnell, C
03/24/2026 2353 PDT	**HYDROcodone/acetaminophen (NORCO 5) 5mg/325mg 1 Tab**	1 Tab	Oral	Given	Pesnell, C
03/25/2026 0012 PDT	**fluorescein (BIO GLO, FUL-GLO) 1mg Ophth Strip**	1 Strip	Left Conjunctival Sac	Given	Pesnell, C
03/25/2026 0157 PDT	**ibuprofen (MOTRIN) Tab 600 mg**	600 mg	Oral	Given	Pesnell, C

ASSESSMENT

Thalita Oliveira, 36 year old, female with medical history as noted above who presents with injuries due to an assault

Procedures & Interventions: Pain treated with Norco. I applied proparacaine drops to right eye and flushed with normal saline, patient reported improvement of pain with these interventions.

PLAN / MEDICAL DECISION MAKING / ED COURSE

Dr. Kanzaria was supervising physician for this patient

DDX: Includes, not limited to head injury, facial fracture, chemical conjunctivitis
36-year-old female evaluated for injuries due to an assault today. The patient reported a loss of consciousness, so brain imaging performed and is negative for intracranial bleed or skull fracture. The patient has normal neurologic examination. The patient complained of jaw pain and facial bone CT is negative for fracture. The patient head injuries due to a pepper spray with report of eye involvement as well are ill as skin

involvement. Eye exam is negative for corneal abrasion, no apparent keratitis or foreign body.

Pt was seen and evaluated by me, and had orders that were placed as described.

After initial evaluation, the patient has signs and symptoms consistent with multiple injuries due to assault

Patient with a relatively benign exam and does not appear to require additional emergent imaging and appears stable for discharge home

Imaging done, and were read by radiology as:
Head CT:
Unremarkable examination.

CT facial bones:
No CT evidence of acute traumatic maxillofacial injury.

Plan:
Ibuprofen and liquid tears prescribed. Patient to follow-up with employee health or primary care provider for a recheck. The patient to return if needed for worsening condition.

History obtained from: Patient and Family member-has been

Consideration of escalation of care: Not medically necessary at this time

Consideration of prescription medications: See above

Social determinants: Patient demonstrates no obvious challenges to following up as an outpatient

I independently reviewed all images and agree with the radiology report.

PLAN AND DISPOSITION

Discharge

Condition: stable

DIAGNOSIS

Final diagnoses:
[S00.83XA] Facial contusion, initial encounter (Primary)
[S09.90XA] Head injury due to trauma
[H10.211] Chemical conjunctivitis of right eye
[T65.893A] Toxic effect of pepper spray, assault, initial encounter
[Y09] Assault
[S00.511A] Lip abrasion

Discharge Prescriptions:

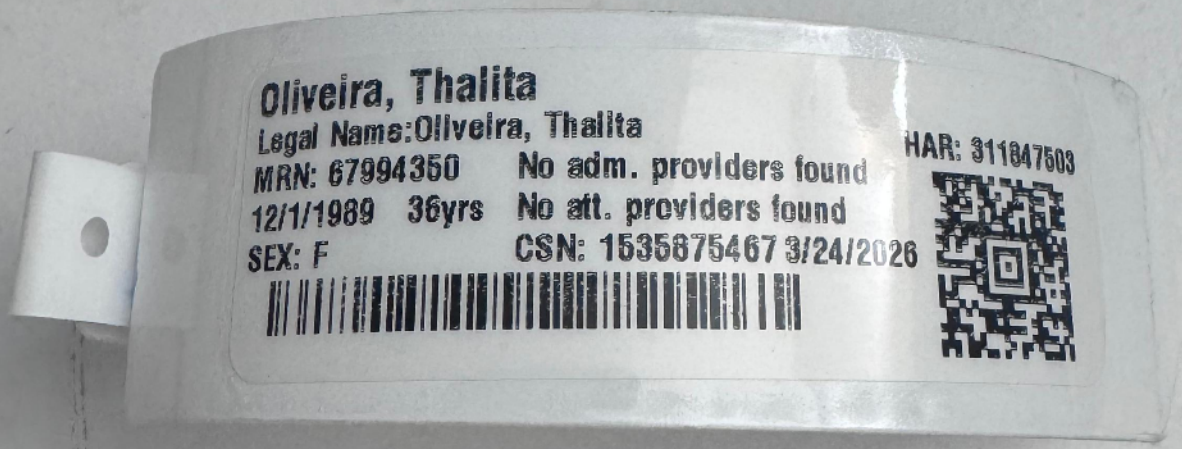
Active medications

	Instructions
carboxymethylcellulose 0.5% Ophth Soln Commonly known as: Refresh Tears	Apply two Drops to both eyes four times daily as needed (eye iritation, redness) Quantity: 15 mL Refills: 0
ibuprofen 600mg Tab Commonly known as: MOTRIN	Take one Tab by mouth every 8 hours as needed for Pain Quantity: 20 Tab Refills: 0

Dennis O'Connell, PA-C
Physician Assistant
Sutter Delta Medical Center



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Oliveira, Thalita
Legal Name:Oliveira, Thalita
MRN: 67994350
No adm. providers found
HAR: 311847503
12/1/1989 36yrs
No att. providers found
SEX: F
CSN: 1535875467 3/24/2026

BAY IMAGING CONSULTANTS
MEDICAL GROUP, INC

Reference Number	4744796
Statement Date	05/15/2026
Due Date	UPON RECEIPT
Account Name	THALITA OLIVEIRA

Amount Due $512.00

Customer Service

Hours:	Monday - Friday, 8am-4:30pm GMT-7
Phone Number:	(925) 276-9051
Online:	https://app.bicrad.com

Account Statement

This bill represents the charge for your Radiology service read by Bay Imaging Consultants.

THALITA OLIVEIRA
435 GROVEWOOD LOOP N
BRENTWOOD, CA 94513-2022

Why did I receive two bills for my exam?

You will receive one bill from the hospital/facility which covers the equipment and their employee who performed the exam. Bay Imaging Consultants Radiologists are experts in Radiology who review your images and provide you with the best explanation of your study. If you have further questions about receiving two different statements please visit our website at **www.bicrad.com**

Quick Access Code

Scan the QR code to quickly access your account online.

Notice to Consumer

A holder of this medical debt contract is prohibited by Section 1785.27 of the Civil Code from furnishing any information related to this debt to a consumer credit reporting agency. In addition to any other penalties allowed by law, if a person knowingly violates that section by furnishing information regarding this debt to a consumer credit reporting agency, the debt shall be void and unenforceable.

ACCOUNT#: 1490244 **PATIENT: THALITA OLIVEIRA**

Date	Description	Location	Charges	Payments/ Adjustments	Balance
03/25/2026	7045026 CT HEAD SCAN W/O CONTRAST	SUTTER DELTA	$265.00	$0.00	$265.00
03/25/2026	7048626 CT COMPLEX MAXILLOFACIAL AND/O	SUTTER DELTA	$247.00	$0.00	$247.00
		Total Charges	**$512.00**		
		Amount Due			**$512.00**

Detach Lower Portion and Return with Payment

Payment Options

Pay online with a check, debit, credit, HSA or FSA.

Pay Online	https://app.bicrad.com
Reference Number	4744796
Pay by Mail	Send a money order or check payable to Bay Imaging Consultants
Pay by Phone	(925) 276-9051

Bay Imaging Consultants and our affiliated sites participate with most major insurance companies. We are happy to file claims for your studies regardless of our in-network participation

Reference Number	4744796
Statement Date	05/15/2026
Due Date	UPON RECEIPT
Account Name	THALITA OLIVEIRA
Amount Due	**$512.00**

Bay Imaging Consultants
PO Box 845071
Los Angeles, CA 90084-5071

051526 00004744796 00000051200 1834 00000001834 4

Sutter Health

For billing inquiries, please contact us at 855-398-1633.
Office hours Monday through Friday 7:00 AM to 5:00 PM.
You may email us at S3ContactCenterCBO@sutterhealth.org.

Services Provided at:
Delta Medical Center
PO BOX 276108
Sacramento, CA 95827-6108

Patient Name	Patient Account #
Oliveira,Thalita	311847503

Tax ID #	940562680	Date of Bill	Admit Date	Discharge Date
		05/05/26	03/24/26	03/25/26

Lyft
185 Berry St Suite 400
SAN FRANCISCO, CA 94107

Insurance Company	Group #	Policy Number:
Workers Compensation - WC Other		xxxxx2375

Charges

Svc Date	Rev Code	CPT(R)/HCPCS Code	Px Number	Description	Qty	Amt
03/24/2026	0250		81000000	HYDROCODONE/ACETAMINOPHEN 5MG/325MG TABS	1	10.00
03/24/2026	0351	70450	30400012	HCHG CT BRAIN WO CONTR	1	4,312.00
03/24/2026	0351	70486	30400019	HCHG CT MAXILLOFACIAL WO CONTR	1	4,272.00
03/24/2026	0450	99285	55000037	HCHG ED LEVEL 5 W/PROC	1	8,003.00
03/25/2026	0250		81000000	PROPARACAINE 0.5% SOLN 15 ML BOTTLE	1	219.38
03/25/2026	0250		81000000	FLUORESCEIN 1MG STRP	1	50.00
				Total Charges		**16,866.38**

Payments and Adjustments

Date	Description	Amount
4/15/2026	Contra Costa CO Health Plan Pmt Insurance	(528.25)

Summary of Account

Charges

Rev Code	Description	Amount
0250	Pharmacy - General Classification	279.38
0350	CT Scan - General Classification	8,584.00
0450	Emergency Room - General Classification	8,003.00

Total Charges: $16,866.38

Payments and Adjustments

Date	Description	Amount
4/15/2026	Contra Costa CO Health Plan Pmt Insurance	(528.25)

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed.

Sutter Health

Patient Name	Patient Acct #	Date of Bill
Oliveira,Thalita	311847503	05/05/26

Current Balance: $16,338.13

Please refer to hospital account numbers for all inquiries and correspondence. This detail bill reflects charges, payments, and adjustments posted on this hospital account as of the date this detail was printed.

21001 North Tatum Blvd., Suite 1630-646
Phoenix, AZ 85050
Main Phone: (480) 579-2501
Main Fax: (480) 579-2476
Main Email: serviceteam@bluestarclaims.com

www.bluestarclaims.com

Billing Phone: (480) 579-2426
Billing Email: billing@bluestarclaims.com
Subrogation Phone: (480) 579-2450
Subrogation Email: subrogation@bluestarclaims.com

June 8, 2026

Sent Via Email

Thalita Coutinho De Oliveira
1131 Priority Circle
Winter Garden, FL 34787

Re: Occupational Accident Claim – **CLAIM ACCEPTANCE – MEDICAL AND DISABILITY**
Insured: Thalita Coutinho De Oliveira
Claim Number: OCC260362677
Date of Injury: 3/24/2026

Dear ***Thalita Coutinho De Oliveira***:

We are the Third Party Administrator of claims on behalf of ***United States Fire Insurance Company*** Occupational Accident Policy ***US2148552*** in reference to this accident claim. The purpose of this letter is to update you on the status of your claim. After review of your completed claim form along with medical documentation, your claim for injuries sustained on ***3/24/2026.*** has been accepted for occupational accident health and indemnity benefits. Your accepted body parts are the following: ***Head, Jaw, Eye***

We will review the medical bills associated with treatment as well as any out-of-pocket medical expenses you may have related to your occupational accident injuries for payment if they qualify under your Policy. Your Policy may be primary or secondary for accident health coverage. Please reference your policy and coordination of benefits letter for additional information. If you do not currently have health insurance and later obtain it during your medical treatment, please notify us immediately and provide a copy of your health insurance card at that time so we can review for updated coordination of benefits.

These benefits are typically issued in biweekly increments. Indemnity benefits under the Policy are contingent on medical notes and your cooperation and may continue until you are released to work for your compensable injuries. Please be aware, you are responsible for ensuring we are provided up to date work status reports and supportive medical treatment notes from your treating medical provider. We cannot pay benefits without these. Acknowledgement is made by cashing your indemnity checks that you are not working and are abiding by your restrictions. You are required to notify us immediately if you are released to return to work by your doctor. We need a completed Disability Benefit Declaration. You may fax or email the completed form to me.

If you are receiving any benefits from any other carriers for this same date of loss, you must notify us immediately. As a reminder, the amount of your Indemnity Benefits may be reduced by the amount of any Other Income Benefits. Please refer to your Policy for a complete list of offsets that may be used to reduce your Disability Income benefit and for information regarding policy expiration. If you have any questions, please ask us.

In addition, please note the Right of Recovery / Subrogation clause in your policy, if applicable. This clause states that you must refund to us any overpayment of benefits that occurs because a third party was liable to pay certain of your expenses due to a wrongful act, negligence or omission. This refund will equal the amount we paid under this certificate. If the refund is due from another person or organization, you must help us obtain the refund.

Please feel free to call me with any questions you may have or if you would like to go over your Policy in more detail.

Nothing contained in this communication should be construed as a waiver of any rights or defenses under the policy. This determination has been made in good faith and without prejudice under the terms and conditions of the contract, whether or not specifically mentioned herein. If you believe we have misinterpreted any of the information provided to us, or if there is any additional information you would like us to review, please feel free to contact us.

Should you require an interpreter for telephonic needs, please call Ilingo2.com at 800-311-8331. Please reference your Claim Number above.
Si necesita un intérprete para necesidades telefónicas, llame a Ilingo2.com al 800-311-8331. Por favor, consulte su número de reclamo arriba.

21001 North Tatum Blvd., Suite 1630-646
Phoenix, AZ 85050
Main Phone: (480) 579-2501
Main Fax: (480) 579-2476
Main Email: serviceteam@bluestarclaims.com

www.bluestarclaims.com

Billing Phone: (480) 579-2426
Billing Email: billing@bluestarclaims.com
Subrogation Phone: (480) 579-2450
Subrogation Email: subrogation@bluestarclaims.com

June 8, 2026

Sincerely,
Morgan Hamblin

BLUE STAR CLAIMS LLC
Morgan Hamblin
P. (480) 579-2481 | F: (480) 579-2476 | mhamblin@bluestarclaims.com

Enclosure: Coordination of Benefits & Disability Benefit Declaration

Should you require an interpreter for telephonic needs, please call Ilingo2.com at 800-311-8331. Please reference your Claim Number above.
Si necesita un intérprete para necesidades telefónicas, llame a Ilingo2.com al 800-311-8331. Por favor, consulte su número de reclamo arriba.

June 8, 2026

COORDINATION OF BENEFITS

Blue Star Claims LLC ("Blue Star") is handling your Occupational Accident claim. Please be advised it is your responsibility to update your treating providers with our insurance information to ensure all applicable bills are paid on time. Please contact your provider's billing department and provide the following information:

Insured / Claimant: Thalita Coutinho De Oliveira
Date of Birth: 12/1/1989
Date of Injury / Effective Date: 3/24/2026
Claim Number (Member ID): OCC260362677

There is no group number for this policy.

Per the policy, Blue Star is: Primary per Policy. Please advise provider we are PRIMARY to other health plans.

Our claims address:
Blue Star Claims LLC
21001 North Tatum Blvd. Suite 1630-646
Phoenix, AZ 85050
Billing Phone: 480-579-2426
Billing Fax: 480-579-2476
Billing Email: billing@bluestarclaims.com

Providers may contact Blue Star with any questions or for clarification.

Thank you,
Morgan Hamblin

BLUE STAR CLAIMS LLC
Morgan Hamblin
P: (480) 579-2481 | F: (480) 579-2476 | mhamblin@bluestarclaims.com

NOTE TO MEDICAL PROVIDER:
THIS FORM/COB IS NOT A GUARANTEE OF PAYMENT. THE CHARGES BILLED MUST BE IN RELATION TO THE OCCUPATIONAL ACCIDENT/INJURY AND MEDICALLY NECESSARY. PLEASE SUBMIT ANY RELEVANT CHARGES ON PROPER HCFA1500 / UB92 / UB04 FORMAT WITH MEDICAL RECORDS FOR REVIEW.

NOTE TO CLAIMANT AND/OR ATTORNEY REPRESENTATIVE
Blue Star Claims LLC is the primary payer for all covered services related to this injury. If you maintain personal health insurance, you must update your providers with Blue Star Claims information and advise them that this policy is your primary insurance for this accident. Blue Star Claims LLC is not responsible for facilitating reimbursement to another health carrier in the event of duplicate payments by both Blue Star Claims LLC and your personal health insurance. If your personal health insurance has made payment on related bills, please have them submit a lien to us immediately. Should duplicate payments occur, your personal health carrier is responsible for recovering any overpayment directly from the providers, as Blue Star Claims LLC will process and pay all related bills as the primary carrier.

DECLARATION AND CERTIFICATION OF INDEPENDENT CONTRACTOR STATUS / OCCUPATIONAL ACCIDENT DISABILITY BENEFIT

Insured/Independent Contractor: ***Thalita Coutinho De Oliveira***
Blue Star Claim Number: ***OCC260362677***
Date of Occupational Accident Injury: ***3/24/2026***

I, ***Thalita Coutinho De Oliveira***, Date of Birth: ***12/1/1989*** whose Social Security Number ends in _____, certify as follows:

1. **INDEPENDENT CONTRACTOR STATUS:** I acknowledge that I am an Independent Contractor and that is how I qualify for Occupational Accident Benefits.

2. **CURRENT BENEFITS:** I am currently eligible for Temporary Total Disability ("TTD") income benefits and Accident Medical / Dental Expense Benefits (the "Occ Acc Benefits") under the Occupational Accident Policy SysAdmin PN OA Unit 1 (the "Policy") issued by United States Fire Insurance Company ("Carrier") and administered by Blue Star Claims LLC ("Blue Star"), the third party administrator for Carrier. I understand that the Policy has an expiration date for Occ Acc Benefits from the Incident Date.

3. **WORK STATUS / TERMINATION OF BENEFIT:** In accordance with the terms of the Policy, I understand I am required to provide ongoing current and updated work status from my treating physician(s) when so requested by Blue Star. I understand that my eligibility for ongoing TTD benefits will cease the date I am released to return to work to my regular occupation and/or am no longer eligible for Occ Acc Benefits under the terms of the Policy. I certify I have not returned to work in any capacity (to my regular occupation or any other occupation) since the date of my occupational accident (the "Incident Date").

4. **OVERPAYMENTS:** I understand that if I fail to notify Blue Star of my return-to-work status and it results in an overpayment of TTD benefits, I will be responsible to reimburse Blue Star, on behalf of Carrier, in full. Any subsequent check(s) received after my eligibility for TTD has stopped will be sent back to my adjuster to be corrected, if necessary. I understand that any overpayments on my TTD claim must be reimbursed to Blue Star in full (including any lump sum benefit(s) I may receive that is/are categorized as Other Income, as further described below). In the event I am unable to reimburse the overpayment in full, Blue Star, in its sole discretion, will determine whether to withhold partial or full monthly benefits until such overpayment is recovered. If applicable, in the event I qualify for Continuous Total Disability ("CTD") or Permanent Total Disability ("PTD") benefits under the Policy and have not fully satisfied any TTD overpayment as of the expiration of my TTD benefits, Blue Star will continue to recover any remaining overpayment balance incurred during my TTD claim against my CTD or PTD claim, if applicable.

5. **OTHER INCOME: _____NO or _____YES* – Amount: $_____ per _____**
I understand that if I have any other source(s) of income, I must immediately notify Blue Star. Under the terms of the Policy, I understand that indemnity benefits may be reduced by different types of Other Income including, but not limited to, income from working or running a business; and Social Security Retirement / Income / Disability Benefits; and Unemployment Benefits; and other insurance benefits. The Policy defines Other Income, if applicable.

***If YES, please list Other Income source(s) and attach documentation of the income to this Declaration. If Social Security, provide copy of award or acceptance letter. Put N/A if not applicable.**

1. _____ **2.** _____ **3.** _____

6. **OTHER HEALTH INSURANCE: _____NO or _____YES****
I have other health insurance, Medicare or Medicaid?

****If YES, provide the Company / Source and ID # and attach a copy of the card. Put N/A if not applicable.**

Name: _____ **ID#:** _____ **Other:** _____

MY AUTO CARRIER IS:_____ **POLICY #:**_____ **PIP/ MED LIMIT:**_____
(Must be filled in if you were in an auto accident – please supply a copy of your auto insurance card)

7. **OTHER CONTRACTED WORK: _____NO or _____YES*****
Prior to, on, or after the Incident Date, have you contracted with any other Delivery Network Company (DNC) or Transportation Network Company (TNC) where the Company is active and/or engaged in either: 1) Delivering Goods/Services; or 2) Driving Passengers (with or without Goods/Services)?

*****If YES, please provide the name of the company(ies), your status with the Company (Active or Inactive), as well as the dates you began and ended contracting with such company(ies). Put N/A if not applicable.**

Name of Company	Current Status	Begin Date	End Date
1.			
2.			
3.			

Were you under the app or platform for any other Delivery Network Company (DNC) or Transportation Network Company (TNC) at the time of this Occupational Accident Injury? _____NO or _____YES - If yes, please list name of company:_____

8. **RIGHT OF RECOVERY / SUBROGATION:** If applicable, I also understand that if I make a claim for damages against another person or entity arising out of my occupational accident and/or injuries, Blue Star may assert US Fire's Right of Recovery rights under the Policy and file a Right of Recovery for indemnity benefits and/or any "Covered Expenses" (as that term is defined in Policy) that were paid through the Accident Medical / Dental Expense provision under the Policy against any third-party recovery I may receive.

SIGNATURE_____ **DATE**_____

FRAUD WARNING

Should you require an interpreter for telephonic needs, please call Ilingo2.com at 800-311-8331. Please reference your Claim Number above.
Si necesita un intérprete para necesidades telefónicas, llame a Ilingo2.com al 800-311-8331. Por favor, consulte su número de reclamo arriba.

Any person who knowingly, and with intent to defraud or deceive Us or any other person, makes a Request for Insurance or any claim for the proceeds of the Policy containing any false, incomplete or misleading information may be guilty of a crime.
Please see following pages for state specific requirements.

FRAUD WARNING: RESIDENTS OF NEW YORK: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION

CLAIM FORM FRAUD STATEMENT - FOR RESIDENTS OF ALL STATES OTHER THAN THOSE LISTED BELOW:
Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARIZONA: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ALASKA: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

CALIFORNIA: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

FLORIDA WARNING: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

IDAHO: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

KANSAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

KENTUCKY: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MARYLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW HAMPSHIRE: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NEW MEXICO and **PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TENNESSEE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

TEXAS: Any person who knowingly presents a false or fraudulent claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

VIRGINIA: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

CF 0117

Should you require an interpreter for telephonic needs, please call Ilingo2.com at 800-311-8331. Please reference your Claim Number above.
Si necesita un intérprete para necesidades telefónicas, llame a Ilingo2.com al 800-311-8331. Por favor, consulte su número de reclamo arriba.

3:19 5G 76

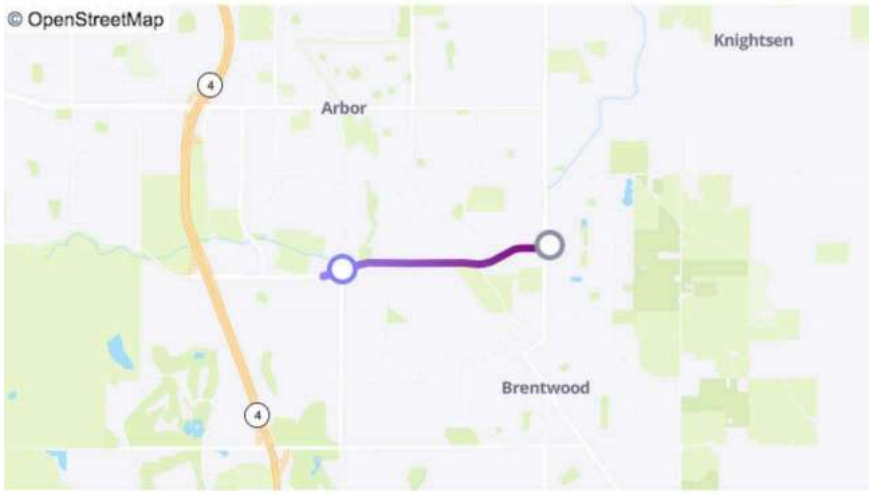
24 mar. 20:40

Seus ganhos

US$ 0,00 Lyft

Tempo com o passageiro e a distância

0 s	0 mi



Rota da corrida

Corrida aceita	20:40
passageiro embarcou 11 min 16 s • 1,93 mi	20:52
Motorista cancelou a corrida	21:02

Ganhos

Taxa de cancelamento	US$ 0,00
Seus ganhos	**US$ 0,00**

Saiba como os ganhos são calculados.



Lyft

Corrida atual

US$ 7,08

Pegar Domo
7-Eleven
7460 Brentwood Blvd,
Brentwood, CA

Deixar Domo
225 Broderick Dr
Brentwood, CA

Cancelar Contatar Editar

Solicitações de corrida ligadas ✓
Toque para desligar

Ganhos

Ganhos de hoje Oculto

Confirme o desembarque





3M
Red Dot









Exhibit 8 - Evidence That the Individual Was a Victim of a Qualifying Criminal Activity – Letters of Support

Nara Alice Melo Lima de Araújo Houston
1211 Versona Circle
Folsom, CA 95630
Phone: 916-620-2095
Email: naramhouston@gmail.com
August 10, 2026

SUPPORT LETTER FOR THE U VISA PETITIONER

To Whom It May Concern,

My name is Nara Alice Melo Lima de Araújo Houston, and I am writing this letter to declare my support for Thalita Coutinho De Oliveira and to share, based on my personal acquaintance with her over the years, what I know about her character, her family, and the consequences that the incident of violence she suffered has had on her life.

I met Thalita in 2019 when I moved to the United States. At that time, we lived together in the same house, along with her husband, Kevin. This interaction allowed me to know them closely and build a friendship that remains to this day. After I moved out, even though we no longer lived together, we never lost touch. We continued talking through social media and WhatsApp, and we always sought to maintain our friendship, even when we were far apart.

During this period, we also had the opportunity to meet when I went to Brazil on vacation. Our friendship continued to be very important to us, despite the distance and the changes that took place in our lives.

In 2024, Thalita and Kevin returned to the United States because Clarinha needed medical treatment that could be performed here. The day after their arrival in the Bay Area, we met again. I was very happy when they came to my son's birthday party. To me, that moment meant a lot because it showed that despite all the years and the distance, our friendship and the affection between our families remained the same.

Thalita is a very dear person to me and my family. I have always known her to be a kind-hearted, hardworking, and responsible woman who is deeply dedicated to her family. She and Kevin have always worked very hard to care for their family and provide a better life for Clarinha. I have also always seen Thalita as someone willing to help others whenever someone was in need. She values her family, strives to do what is right, and demonstrates great love and care for those around her.

Because of this, it was especially difficult for me to see what happened after Thalita suffered an assault while at work. I was able to directly notice the impact that this incident had on her. After the assault, she began to feel immense fear of leaving the house and walking the streets. She no longer felt safe as she did before and began to demonstrate constant concern for her own safety and the safety of her family.

I also closely witnessed the fear she felt regarding the possibility of retaliation, especially since the person involved in the incident had been arrested. This fear was so significant that Thalita left California and moved to Florida, as she no longer felt safe remaining in the place where she had built her life and where many of her friends and people she considered her family lived.

For me, it was very painful to see her reach this point. The Thalita I know has always been a cheerful, hardworking, affectionate woman who is deeply connected to her family. After what happened, I noticed a change in her: she became more frightened, cautious, and insecure. The incident affected not only her routine but also the sense of safety and peace of mind she had in her own life.

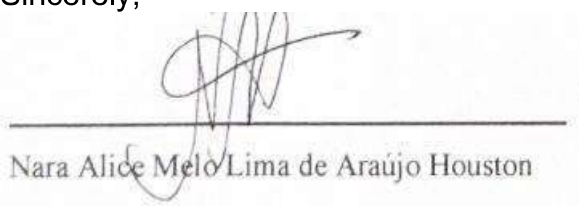
Our friendship is a long-standing one, built through shared experiences, distance, reunions, and important milestones. I consider Thalita, Kevin and Clarinha very dear to me and my family. Therefore, I can sincerely state that what happened to Thalita has had real and profound consequences in her life, and has also affected the people who love her and care about her.

I am writing this letter of my own free will to share what I witnessed and personally know about Thalita. I hope my statement can help demonstrate the impact that this incident has had on her and her family.

I declare, under penalty of perjury, that the foregoing information is true and correct to the best of my knowledge and belief.

Should any additional information be required, I am available to be contacted at the phone number or email address provided above.

Sincerely,



Nara Alice Melo Lima de Araújo Houston

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: October 1, 2026.

Nara Alice Melo Lima de Araújo Houston
1211 Versona Circle
Folsom, CA 95630
Telefone: 916-620-2095
E-mail: naramhouston@gmail.com
10 de agosto de 2026

CARTA DE APOIO AO PETICIONÁRIO DO VISTO U

A quem possa interessar,

Meu nome é Nara Alice Melo Lima de Araújo Houston, e escrevo esta carta para declarar meu apoio a Thalita Coutinho De Oliveira e para compartilhar, com base na minha convivência pessoal com ela ao longo dos anos, o que conheço sobre seu caráter, sua família e as consequências que o episódio de violência que sofreu teve em sua vida.

Conheci a Thalita em 2019, quando me mudei para os Estados Unidos. Naquela época, nós moramos juntas na mesma casa, junto com seu esposo, Kevin. Essa convivência me permitiu conhecê-los de perto e construir uma amizade que permanece até hoje. Depois que me mudei, mesmo não morando mais juntas, nunca perdemos o contato. Continuamos conversando pelas redes sociais e pelo WhatsApp e sempre procuramos manter nossa amizade, mesmo quando estávamos distantes.

Durante esse período, também tivemos a oportunidade de nos encontrar quando fui ao Brasil de férias. A nossa amizade continuou sendo muito importante para nós, mesmo com a distância e as mudanças que aconteceram em nossas vidas.

Em 2024, Thalita e Kevin retornaram aos Estados Unidos porque Clarinha precisava de tratamento médico que pudesse ser realizado aqui. No dia seguinte à chegada deles à Bay Area, nós nos encontramos novamente. Fiquei muito feliz quando eles vieram ao aniversário do meu filho. Para mim, aquele momento representou muito, porque mostrou que, apesar de todos os anos e da distância, nossa amizade e o carinho entre nossas famílias continuavam os mesmos.

Thalita é uma pessoa muito querida para mim e para minha família. Sempre conheci nela uma mulher de bom coração, trabalhadora, responsável e muito dedicada à família. Ela e Kevin sempre trabalharam muito para cuidar de sua família e proporcionar uma vida melhor para Clarinha. Também sempre vi na Thalita uma pessoa disposta a ajudar os outros quando alguém precisava. Ela valoriza sua família, procura fazer o que é correto e demonstra muito amor e cuidado por aqueles que estão ao seu redor.

Por isso, foi especialmente difícil para mim ver o que aconteceu depois que Thalita sofreu uma agressão durante o trabalho que estava realizando. Eu pude perceber diretamente o impacto que esse episódio teve nela. Depois da agressão, ela passou a sentir muito medo de sair de casa e de circular pelas ruas. Ela não se sentia mais segura como antes e passou a demonstrar uma preocupação constante com sua própria segurança e com a segurança de sua família.

Também acompanhei de perto o medo que ela sentia em relação à possibilidade de retaliação, especialmente porque a pessoa envolvida no episódio havia sido presa. Esse medo foi tão significativo que Thalita deixou a Califórnia e se mudou para a Flórida, pois já não se sentia segura permanecendo no lugar onde havia construído sua vida e onde estavam muitos de seus amigos e pessoas que considerava sua família.

Para mim, foi muito doloroso vê-la chegar a esse ponto. A Thalita que eu conheço sempre foi uma mulher alegre, trabalhadora, carinhosa e muito ligada à família. Depois do ocorrido, eu percebi uma mudança nela: ela ficou mais assustada, cautelosa e insegura. O episódio não afetou apenas sua rotina, mas também a sensação de segurança e tranquilidade que ela tinha em sua própria vida.

Nossa amizade é uma amizade de muitos anos, construída através de convivência, distância, reencontros e momentos importantes. Eu considero Thalita, Kevin e Clarinha pessoas muito queridas para mim e para minha família. Por isso, posso afirmar com sinceridade que o que aconteceu com Thalita teve consequências reais e profundas em sua vida e também afetou as pessoas que a amam e se preocupam com ela.

Escrevo esta carta de livre e espontânea vontade para compartilhar aquilo que testemunhei e conheço pessoalmente sobre Thalita. Espero que minha declaração possa ajudar a demonstrar o impacto que esse episódio teve sobre ela e sobre sua família.

Declaro, sob pena de perjúrio, que as informações acima são verdadeiras e corretas, de acordo com meu conhecimento e crença.

Caso sejam necessárias informações adicionais, estou à disposição para ser contatada pelo telefone ou e-mail informados acima.

Atenciosamente,

Nara Alice Melo Lima de Araújo Houston

California USA DRIVER LICENSE



DL Y6874401 CLASS C

EXP 07/11/2028 END NONE

LN MELO LIMA DE ARAUJO HOUSTON

FN NARA ALICE

3943 RILEY ANTON WAY
RNCHO CORDOVA, CA 95742

DOB 07/11/1987

RSTR NONE

07111987

DONOR

SEX F HAIR BRN EYES BRN

HGT 5'-03" WGT 136 lb

DD 08/14/202365502/DDFD/28

ISS 09/27/2023

CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None

This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

071187

Rev 08/29/2017
23270Y68744010401

Edja Maria Maximo de Oliveira
Rua Clodoaldo Pinheiro de Araújo, 386 - Apartment 202
Gramame - João Pessoa/Paraíba
ZIP Code: 58067-257
(83) 9 9411-8319
ediaoli56@gmail.com
August 4, 2026

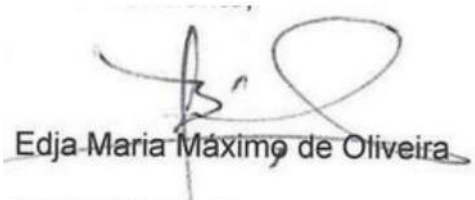
SUPPORT LETTER FOR THE U VISA PETITIONER

Thalita Coutinho de Oliveira is my niece, my older brother Edy Erbeth Máximo de Oliveira 's daughter. She was raised by my mother after her parents separated, and since then, my mother and I assumed the responsibility of caring for and raising her, teaching her values of proper conduct and integrity above all else. She was always a calm child and a teenager who upheld these values, making us very proud to have succeeded in raising an exceptional adult with strong principles, which she now passes on to her 7 (seven) year-old daughter. With a magnificent, unparalleled character and an admirable personality, she stands out for her joy of life, her determination, and her courage to face all the challenges that life has imposed upon her. She has always shown herself to be persevering, and her fearless posture is accompanied by an excellent sense of responsibility and, I believe, solid values instilled during her upbringing. These values were guided by her faith and fear of God, the result of an upbringing centered around family and good deeds. Living alongside Thalita, we know how much she transmits optimism, dedication, and trust to those around her, especially by being helpful to everyone who approaches her with any kind of problem, seeking solutions to help in any way possible, which has brought many friends close to her throughout her entire life.

Seeking improvements in her daughter's health, Thalita went to the United States in search of a cure for the child's medical issues, as she presented with several chronic conditions that failed to improve despite all the treatments and surgeries performed in Brazil. Since arriving in the United States, Thalita has dedicated herself fully to the treatments provided by this country's healthcare system, while working various jobs in her available time to help support the family alongside her husband. Everything was moving forward normally until, during one of her workdays as a rideshare driver, a female passenger assaulted her, leaving her unable to react. With the help of bystanders, the police were able to reach Thalita, who was taken to a hospital emergency room and received proper medical care. The attacker was detained immediately. From that moment on, Thalita began to experience panic regarding everything: she could no longer work as a rideshare driver, she could no longer drive, and she started taking anxiolytic medications to calm her nervous system and tranquilizers to be able to sleep. Furthermore, she lost trust in people with the same physical characteristics as the attacker. As a solution, she saw no other choice but to leave California and move to the farthest state possible (Florida), in an attempt to make herself feel safer so she could continue her life normally, as before, without giving up on her initial purpose, which is to take care of her daughter's health.

All the contents of this letter are true, and I declare, under penalty of law, that it is true, and I assume civil and criminal liability for any false statements.

Sincerely,



Edja Maria Máximo de Oliveira

ID 690.544.874-53

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: October 1, 2026.

Edja Maria Maximo de Oliveira
Rua Clodoaldo Pinheiro de Araújo, 386 - Ap. 202
Gramame - João Pessoa/PB
CEP: 58067-257
(83) 9 9411-8319
edjaoli56@gmail.com
04 de agosto de 2026

CARTA DE APOIO AO PETICIONÁRIO DO VISTO U

Thalita Coutinho de Oliveira é minha sobrinha, filha do meu irmão mais velho, Edy Erbeth Máximo de Oliveira. Foi criada por minha mãe quando os pais dela se separaram e, desde então, eu e minha mãe assumimos a responsabilidade de cuidar e criar a mesma, ensinando valores de condutas corretos e integridade acima de qualquer preço. Sempre foi uma criança tranquila e uma adolescente que manteve esses valores em evidência, dos quais ficamos muito orgulhosos de termos conseguido criar um adulto ímpar, com princípios valorosos, dos quais hoje ela estende à sua filha de 07 (sete) anos. De caráter magnifico, inigualável e personalidade admirável, ela se destaca por sua alegria de viver, por sua determinação e coragem para enfrentar todos os desafios que a vida lhe impusera. Sempre demonstrou ser perseverante e sua postura destemida é acompanhada de um excelente senso de responsabilidade e, acredito, de valores sólidos instituídos em sua criação. Esses valores foram pautados na fé e no temor a Deus que a mesma tem, fruto de uma criação voltada para a família e para os bons procedimentos. Convivendo com Thalita, sabemos o quanto ela transmite otimismo, dedicação e confiança naqueles que a circulam, principalmente sendo solícita para todos que a procuram com algum tipo de problema, buscando solução para ajudar no que fosse possível, o que aproximou muitos amigos durante toda sua vida.

Buscando melhorias na saúde de sua filha, Thalita foi para os Estados Unidos à procura da cura para os problemas da criança, que apresentava várias doenças crônicas que, apesar de todos os tratamentos e cirurgias realizados no Brasil, não conseguiu evoluir. Desde que chegou aos Estados Unidos, Thalita se dedicou integralmente aos tratamentos disponibilizados na saúde deste país e trabalhando no tempo disponível em empregos diversos para ajudar no sustento da família, junto com seu esposo. Tudo estava seguindo seu fluxo normal até que, em um desses dias de trabalho como motorista de aplicativo, uma passageira a agrediu, deixando-a sem reação e, com ajuda de algumas pessoas, a polícia conseguiu chegar à Thalita, que foi levada à emergência de um hospital e teve o devido atendimento. A agressora foi detida imediatamente, A partir desse momento, Thalita passou a ter pânico em tudo: não conseguia mais trabalhar como motorista de aplicativo, não conseguia mais dirigir, passou a tomar medicamentos ansiolíticos para acalmar seu sistema nervoso e tranquilizantes para poder dormir. Além disso, perdeu a confiança nas pessoas com as mesmas características físicas da agressora. Como solução, não viu outra saída a não ser sair da Califórnia e seguir para o Estado mais distante possível (Flórida), na tentativa de fazer com que ela se sentisse mais segura para poder seguir sua vida normalmente, como antes, sem desistir do seu propósito inicial, que é o de cuidar da saúde de sua filha.

Todo o conteúdo dessa carta é verdadeiro e o declaro, sob as penas da lei, que é verdadeiro e me responsabilizo civil e criminalmente por qualquer falsidade.

Atenciosamente,

Edja Maria Máximo de Oliveira

RG 690.544.874-53





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: October 1, 2026.

Brittaney Chellsen Pires

3801 Camino Andres
Bay Point, CA 94565
209-747-8916
brittaneypires@gmail.com
August 5, 2026

To Whom It May Concern,

I have known Thalita Coutinho De Oliveira since 2020 when I met her through my husband who is the godfather of Thalita's seven year old daughter.

In these last six years of friendship I have seen the person that Thalita is- she is outgoing and fun to be around, she is kind to everyone she meets and she truly loves people. She loves helping others and will do everything she can to help someone else. Thalita is a person that does what is right morally and civilly and teaches her daughter to do the same.

In 2024, Thalita and her family moved to the United States to care for her daughter's health and while doing so her and her husband have worked tirelessly to provide for their family. In the two years they spent in California, we have grown closer, spending many weekends together and most major holidays. My son loves Thalita's daughter and she is his best friend.

When Thalita was attacked by a passenger she was driving, I saw a few things change in Thalita. She became more cautious and scared. Her spark remained but now tinged with distrust. I remember many times talking to her and her crying saying she didn't feel safe anymore in the house she had made a home, in the neighborhood that she had once loved and how she didn't even feel safe anymore to remain in California where most of her friends lived (and friends whom she considered family). Thalita no longer wanted to drive and could see her only option being to start over in Florida. This was hard for both of us as my husband, son and I consider Thalita, her husband and daughter like family. I felt like I lost a family member. To this day, my son doesn't understand that we can't just go over to visit. This unfortunate circumstance not only affected Thalita but her whole family and those who love them.

I declare under penalty of perjury that the foregoing is true and correct to best of my knowledge and belief.

Feel free to contact me if further information is needed.

Sincerely,



Brittaney Chellsen Pires


California USA DRIVER LICENSE
DL E1952574
CLASS C
EXP 06/11/2027
END NONE
LN CHELLSEN PIRES
FN BRITTANEY ANN
3801 CAMINO ANDRES RD
BAY POINT, CA 94565
DOB 06/11/1991
RSTR NONE
06111991
DONOR
SEX F
HAIR BLN
EYES GRN
HGT 4'-10"
WGT 100 lb
ISS 06/10/2022
DD 06/10/202259220/CCFD/27

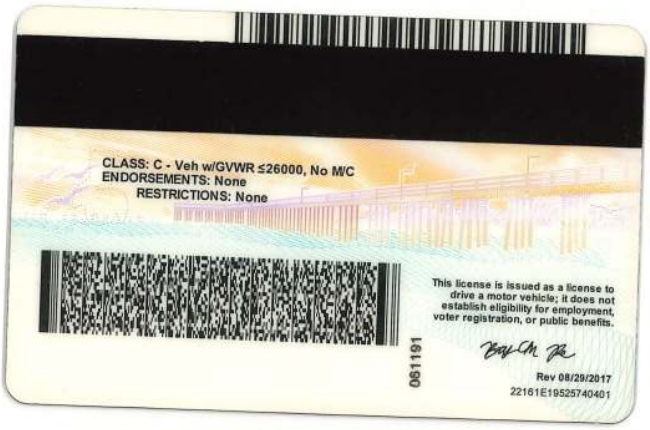

CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.
061191
Rev 08/29/2017
22161E19525740401

Exhibit 9 - Bona Fide Marriage - Personal Declaration

Thalita Coutinho de Oliveira
1131 Priory Cir
Winter Garden, FL 34787
(925) 489-8504

August 31, 2026

BONA FIDE MARRIAGE DECLARATION

Speaking about my marriage reminds me of how generous God has been to me and to the family we have built.

I met Kevin in 2008. We happened to meet at the birthday party of a mutual friend, Paola, and exchanged our contact information. Shortly after, we arranged our first date. I remember the details of that day and even the music that was playing. After that date, we were never apart again.

Kevin started visiting my house frequently and would take an approximately two-hour bus ride just so we could be together. I also started visiting his house. Kevin was very well received by my family, as everyone could see how good he was for me and the way he treated me. He was always very romantic: he wrote sweet notes, brought flowers, made small handmade gifts, and ensured he was always present in my life.

As time went by, Kevin began to frequent the same social circles as I did, and we always made a point of being together. At that time, I was already working, and Kevin said that he would start working as soon as his employment record book was ready, as he wanted to build a life with me. It was through my aunt that he got his first job. When he received his first paycheck, he gifted me with a beautiful silver solitaire ring, which I still keep to this day.

Unlike many relationships where people spend years dating and being engaged before moving in together, for us, it happened very naturally. After only a short time dating, we decided to start living together. It was a bit shocking for our families, especially because they were quite conservative. Some relatives even thought I was pregnant.

My family was also afraid that I might face some kind of prejudice, as they knew that malicious comments could arise, even among relatives. I was not pregnant. I simply wanted to live alongside the person I loved and who did everything to be with me.

The marriage proposal was the simplest and, at the same time, the most meaningful one possible. Kevin asked me, "Will you be happy with me forever?" And, of course, I accepted. We did not have an engagement ring, but we had a romantic dinner that he prepared himself.

We rented a house and moved in together. At that time, we only had a used twin mattress and our clothes. We didn't even have a refrigerator. We looked like two teenagers starting an adventure together. But for me, it was never an adventure. I always felt safe when I was by his side.

As time went by, it brought the certainty that it had been one of the best decisions of my life. Our relationship has always been based on respect, ease, companionship, and affection. To this day, we have a simple routine, which to me represents the true meaning of a life together: shared moments, conversations, caring for one another, and even our breakfasts in silence.

For many years, we did not feel the need to formalize our relationship through a civil marriage. To us, what defined our relationship was not a document, but the life we built together on a daily basis. I felt like Kevin's wife, and he felt like my husband, regardless of whether or not we had a marriage formalized on paper.

Therefore, we never paid much attention to the comments from relatives who said that we were not married or that we were merely "shacking up." This was never a source of offense for us, because we knew what we lived within our home and the commitment we had to one another.

I always prayed to God that our relationship would be a promise in my life, and I believe that is exactly what happened.

At a certain point in our journey, we decided to formalize our common-law marriage at a registry office, as a way to safeguard our family and bring greater legal security to our life together.

To us, marriage has always meant living well, with happiness, respect, love, and companionship. Our union has always been built upon these values.

After many years of living together and building our life as a couple, our daughter, Maria Clara, arrived. With her arrival, our family became even more complete. We built a home based on love, respect, and emotional security.

I am very proud of the family we have built. My daughter is being raised in a loving, respectful, and healthy environment. Unlike what we experienced in our own childhoods, we want to provide her with a childhood surrounded by love, security, and respect. I am proud to say that we are breaking cycles and choosing to offer our daughter a different reality from the one we knew.

It is so good to look back and realize how generous God has been to me. My family is the most precious asset I have. Without them, I would have nothing, even if I had thousands of dollars in my account. When I speak of wealth, I am speaking of emotional wealth, of genuine love, and of a life built with the people I love and who stand by my side.

After 18 years of relationship, we finally decided to formalize our union through a civil marriage, which took place in 2026. This decision did not represent the beginning of our relationship, but the formalization of a life that had already been built over many years.

Our civil marriage represents the officialization of a true, lasting relationship built on love,

respect, companionship, and the formation of a family. Kevin is my life partner, my husband, and the father of my daughter. It is with him that I chose to build my family and it is by his side that I intend to continue building our future.

I declare, under penalty of law, that all information contained in this declaration is true and corresponds to my experience and the history of my relationship with Kevin. I accept full civil and criminal liability for the veracity of the information presented herein.

Sincerely,

Thalita Coutinho de Oliveira

Thalita Coutinho de Oliveira

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: October 1, 2026.

Thalita Coutinho de Oliveira
1131 Priory Cir
Winter Garden, FL 34787
(925) 489-8504

31 de agosto de 2026

DECLARAÇÃO DE CASAMENTO DE BOA-FÉ

Falar sobre meu casamento me faz lembrar o quanto Deus foi generoso comigo e com a família que construímos.

Conheci Kevin em 2008. Nós nos encontramos por acaso no aniversário de uma amiga em comum, Paola, e trocamos nossos contatos. Pouco tempo depois, marcamos nosso primeiro encontro. Lembro-me dos detalhes daquele dia e até da música que estava tocando. Depois daquele encontro, não nos separamos mais.

Kevin passou a frequentar minha casa e fazia um percurso de aproximadamente duas horas de ônibus para que pudéssemos ficar juntos. Eu também passei a frequentar a casa dele. Kevin foi muito bem recebido pela minha família, pois todos percebiam o bem que ele me fazia e a maneira como eu era tratada por ele. Ele sempre foi muito romântico: escrevia cartinhas, levava flores, fazia pequenos presentes artesanais e fazia questão de estar presente na minha vida.

Com o passar do tempo, Kevin passou a frequentar os mesmos ambientes que eu e nós sempre fazíamos questão de estar juntos. Naquela época, eu já trabalhava, e Kevin dizia que começaria a trabalhar assim que sua carteira de trabalho ficasse pronta, pois queria construir uma vida comigo. Foi por meio da minha tia que ele conseguiu seu primeiro emprego. Quando recebeu seu primeiro salário, ele me presenteou com um lindo anel solitário de prata, que guardo até hoje.

Diferentemente de muitos relacionamentos em que as pessoas passam anos namorando e noivando antes de morar juntas, conosco aconteceu de forma muito natural. Com pouco tempo de namoro, decidimos começar a morar juntos. Foi um pouco impactante para nossas famílias, especialmente porque eram bastante conservadoras. Alguns familiares chegaram a pensar que eu estava grávida.

Minha família também tinha receio de que eu sofresse algum tipo de preconceito, pois sabiam que comentários maldosos poderiam surgir, inclusive entre parentes. Eu não estava grávida. Eu simplesmente queria viver ao lado da pessoa que amava e que fazia de tudo para estar comigo.

O pedido de casamento foi o mais simples e, ao mesmo tempo, o mais significativo possível. Kevin me perguntou: "Aceita ser feliz comigo para sempre?". E, é claro, eu aceitei. Não tivemos um anel de noivado, mas tivemos um jantar romântico que ele mesmo preparou.

Alugamos uma casa e fomos morar juntos. Naquela época, tínhamos apenas um colchão usado de solteiro e nossas roupas. Nem geladeira tínhamos. Parecíamos dois adolescentes começando uma aventura juntos. Mas, para mim, nunca foi uma aventura. Eu sempre me senti segura quando estava ao lado dele.

O tempo foi passando e, com ele, veio a certeza de que aquela havia sido uma das melhores decisões da minha vida. Nossa relação sempre foi baseada em respeito, leveza, companheirismo e carinho. Até hoje, temos uma rotina simples, que para mim representa o verdadeiro significado de uma vida a dois: momentos juntos, conversas, cuidados um com o outro e até nossos cafés da manhã em silêncio.

Por muitos anos, não sentimos necessidade de formalizar nosso relacionamento por meio do casamento civil. Para nós, o que definia nosso relacionamento não era um documento, mas a vida que construíamos diariamente juntos. Eu me sentia esposa de Kevin, e ele se sentia meu marido, independentemente de termos ou não um casamento formalizado no papel.

Por isso, nunca demos muita importância aos comentários de familiares que diziam que não éramos casados ou que éramos apenas "amancebados". Isso nunca foi motivo de ofensa para nós, porque sabíamos o que vivíamos dentro da nossa casa e o compromisso que tínhamos um com o outro.

Sempre pedi muito a Deus que nosso relacionamento fosse uma promessa em minha vida, e acredito que foi exatamente isso que aconteceu.

Em determinado momento de nossa trajetória, decidimos formalizar nossa união estável em cartório, como uma forma de resguardar nossa família e trazer maior segurança jurídica à nossa vida em comum.

Para nós, casamento sempre significou viver bem, com felicidade, respeito, amor e companheirismo. Nossa união sempre foi construída sobre esses valores.

Depois de muitos anos vivendo juntos e construindo nossa vida a dois, chegou nossa filha, Maria Clara. Com a chegada dela, nossa família se tornou ainda mais completa. Construímos um lar baseado no amor, no respeito e na segurança emocional.

Tenho muito orgulho da família que construímos. Minha filha está sendo criada em um ambiente amoroso, respeitoso e saudável. Diferentemente do que vivenciamos em nossas próprias infâncias, queremos proporcionar a ela uma infância cercada de amor, segurança e respeito. Tenho orgulho de dizer que estamos quebrando ciclos e escolhendo oferecer à nossa filha uma realidade diferente daquela que conhecemos.

É muito bom olhar para trás e perceber o quanto Deus foi generoso comigo. Minha família é o bem mais precioso que tenho. Sem eles, eu não teria nada, mesmo que tivesse milhares de dólares em minha conta. Quando falo em riqueza, estou falando de riqueza afetiva, de amor genuíno e de uma vida construída com pessoas que amo e que estão ao meu lado.

Depois de 18 anos de relacionamento, decidimos finalmente formalizar nossa união por meio do casamento civil, realizado em 2026. Essa decisão não representou o início da nossa relação, mas a formalização de uma vida que já havia sido construída ao longo de muitos anos.

Nosso casamento civil representa a oficialização de uma relação verdadeira, duradoura e construída com base no amor, no respeito, no companheirismo e na

formação de uma família. Kevin é meu companheiro de vida, meu marido e o pai da minha filha. É com ele que escolhi construir minha família e é ao lado dele que pretendo continuar construindo nosso futuro.

Declaro, sob as penas da lei, que todas as informações contidas nesta declaração são verdadeiras e correspondem à minha experiência e à história do meu relacionamento com Kevin. Responsabilizo-me civil e criminalmente pela veracidade das informações aqui apresentadas.

Atenciosamente,

Thalita Coutinho de Oliveira

Thalita Coutinho de Oliveira

Kevin Alves Sarmento Oliveira
1131 Priory Cir
Winter Garden - FL 34787
(925) 489-8504
August 30, 2026

BONA FIDE MARRIAGE DECLARATION

My name is Kevin Alves Sarmento Oliveira, and I make this declaration of my own free will to prove that my relationship and marriage to Thalita Coutinho de Oliveira is a bona fide union, legitimate, genuine, and built on love.

As I usually say, I am not the most detail-oriented person when it comes to exact dates, but we have been together for so many years that it is hard to even remember my life before meeting Thalita. What I never forget is the day we met, back in 2008, at the birthday party of a mutual friend, Paola. Since our very first date, I knew that Thalita was the person I wanted to build a future with.

Our story has always unfolded very naturally and intensely. Shortly after we started dating, we decided to move in together. We began our life with the bare minimum, but I never let anything be lacking, I was always focused on providing for our home. There wasn't much in our house, but we had an enormous desire to succeed together. As time went by, the house began to take shape, and we got our first motorcycle, up until the day we had an accident. On that day, I promised myself that I would never put my wife at risk again, and from then on, I worked hard until we bought our car. My boss at the time (Mr. Nilson) helped me financially so I could finance the vehicle. I remember that Thalita made a point of taking the car keys to the priest to be blessed, she has always had great faith. We went through a lot of hardships, the car was old, and it always broke down when we were unprepared, which only showed me the kind of woman I had by my side, always together through everything, even at difficult times.

In 2016, we formalized our common-law marriage at a registry office in Brazil to safeguard our assets and our life together. Although relatives sometimes questioned the fact that we were not civilly married on paper, to us, our union was already a real, daily marriage, consolidated by respect, affection, and companionship.

In 2019, our story gained its most special chapter with the birth of our daughter, Maria Clara. Watching Thalita become a mother only increased the admiration and love I feel for her. She is an incredible, dedicated, and tireless mother who provides a safe and loving environment for our daughter. We grew and matured together, forming the family that is my greatest pride.

After 18 years of a shared life, in 2026, we decided to make our journey official through civil marriage. This act did not mark the beginning of our union, but rather the formalization of nearly two decades of an entire life built together with partnership, resilience, and love.

We have lived together for so many years that today we understand each other with just a look. I know exactly when Thalita is worried or upset, just as she knows every single detail about me. Even in the face of difficulties and challenges over the years, our union has only grown stronger.

I declare, under penalty of law, that all information contained in this declaration is true and corresponds to my experience and the history of my relationship with Thalita Coutinho de Oliveira. I accept full civil and criminal liability for the veracity of the information presented herein.

Sincerely,



Kevin Alves Sarmento Oliveira

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: October 1, 2026.

Kevin Alves Sarmento Oliveira
1131 Priory Cir
Winter Garden – Fl 34787
(925) 727-0399
30 de agosto de 2026

DECLARAÇÃO DE CASAMENTO DE BOA FÉ

Meu nome é Kevin Alves Sarmento Oliveira e faço esta declaração de livre e espontânea vontade para comprovar que o meu relacionamento e casamento com Thalita Coutinho de Oliveira é legítimo, genuíno e construído com base no amor e na boa-fé.

Como costumo dizer, não sou a pessoa mais detalhista com datas exatas, mas estamos juntos há tantos anos que é difícil até lembrar da minha vida antes de conhecer a Thalita. O que nunca me esqueço é do dia em que nos conhecemos, em 2008, na festa de aniversário de uma amiga em comum, a Paola. Desde o nosso primeiro encontro, soube que a Thalita era a pessoa com quem eu queria construir um futuro.

Nossa história sempre aconteceu de forma muito natural e intensa. Pouco tempo após começarmos a namorar, decidimos ir morar juntos. Começamos nossa vida com o mínimo possível, mas eu nunca deixei faltar nada, eu sempre me preocupei em prover o nosso lar. Na nossa casa não tinha muita coisa, mas tínhamos uma vontade enorme de vencer juntos. Com o passar do tempo a casa foi tomando forma, conquistamos nossa primeira moto, ate o dia em que sofremos um acidente e naquele dia eu prometi para mim mesmo que nunca mais colocaria minha mulher em risco e desde então trabalhei duro ate comprarmos o nosso carro. Meu patrão (Sr. Nilson) na época me ajudou financeiramente para poder financiar o carro. Eu lembro que Thalita fez questão de levar a chave do carro para o padre benzer, ela sempre teve muita fé. Passamos por muito apertos, o carro era velho, sempre quebrava quando estávamos desprevenidos e isso só me mostrava a mulher que eu tinha ao meu lado; sempre juntos em todos os momentos até nas dificuldades.

Em 2016, formalizamos nossa União Estável em cartório no Brasil para resguardar nosso patrimônio e nossa vida em comum. Embora familiares por vezes questionassem o fato de não estarmos casados no papel no civil, para nós a nossa união já era um casamento real, diário e consolidado pelo respeito, carinho e companheirismo.

Em 2019, nossa história ganhou o seu capítulo mais especial com o nascimento da nossa filha, Maria Clara. Acompanhar a Thalita se tornando mãe só fez aumentar a admiração e o amor que sinto por ela. Ela é uma mãe incrível, dedicada e incansável em proporcionar o melhor ambiente, seguro e amoroso, para a nossa filha. Crescemos e amadurecemos juntos, formando a família que é o meu maior orgulho.

Após 18 anos de vida compartilhada, em 2026, decidimos oficializar nossa jornada através do casamento civil. Esse ato não marcou o início da nossa união, mas sim a formalização de quase duas décadas de uma vida inteira construída juntos com cumplicidade, superação e amor.

São tantos anos de convivência que hoje nos entendemos apenas pelo olhar. Eu sei exatamente quando a Thalita está preocupada ou chateada, assim como ela conhece cada detalhe meu. Mesmo diante das dificuldades e desafios ao longo dos anos, a nossa união só se fortaleceu.

Declaro, sob as penas da lei, que todas as informações contidas nesta declaração são verdadeiras e correspondem à minha experiência e à história do meu relacionamento com Thalita Coutinho de Oliveira. Responsabilizo-me civil e criminalmente pela veracidade das informações aqui apresentadas.

Atenciosamente,



Kevin Alves Sarmento Oliveira

Exhibit 10 - Evidence of Bona Fide Marriage - Joint Life and Shared Liabilities

CERTIFICATION OF VITAL RECORDS

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

CERTIFICATE OF LIVE BIRTH

STATE FILE NUMBER

DATE ISSUED 8/30/2019

112-2019 0078328

CHILD'S NAME			DATE OF BIRTH
MARIA CLARA COUTINHO SARMENTO OLIVEIRA			AUGUST 01, 2019
SEX	**CITY OR TOWN**	**COUNTY OF BIRTH**	**TIME OF BIRTH**
FEMALE	ARLINGTON HEIGHTS	COOK	11:37 AM
FACILITY NAME (If not institution, give street and number)			
NORTHWEST COMMUNITY HOSPITAL			
MOTHER/CO-PARENT'S CURRENT LEGAL NAME			**DATE OF BIRTH**
THALITA COUTINHO DE OLIVEIRA			DECEMBER 01, 1989
MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION			**BIRTHPLACE**
THALITA COUTINHO DE OLIVEIRA			BRAZIL
RESIDENCE OF MOTHER/CO-PARENT - STATE	**COUNTY**	**CITY OR TOWN**	
ILLINOIS	COOK	ARLINGTON HEIGHTS	
STREET AND NUMBER		**APT. NO.**	**ZIP CODE**
943 EAST GOLF ROAD		2	60005
FATHER/CO-PARENT'S CURRENT LEGAL NAME			**DATE OF BIRTH**
KEVIN ALVES SARMENTO OLIVEIRA			JANUARY 04, 1992
FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION			**BIRTHPLACE**
KEVIN ALVES SARMENTO OLIVEIRA			BRAZIL
CERTIFIER'S NAME			**DATE CERTIFIED**
SARAH D MCCORMICK			AUGUST 01, 2019
LOCAL REGISTRAR'S SIGNATURE ▶ KAREN A YARBROUGH			**DATE FILED BY REGISTRAR** AUGUST 05, 2019

5985825

County of Cook
State of Illinois

Office of County Clerk
Karen A. Yarbrough

KAREN A. YARBROUGH
COOK COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature.

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

COMMON-LAW MARRIAGE AGREEMENT

By this private instrument of Common-law Marriage Agreement for a lasting, public, and continuous cohabitation, pursuant to Law No. 9.278, of May 10, 1996 (which regulates §3 of article 226 of the Federal Constitution), the undersigned KEVIN ALVES SARMENTO OLIVEIRA, Brazilian, single, salesperson, Identity Card 3492789, registered under CPF No. 09261422403, resident and domiciled at Rua Valderez Andrade, No. 69, Bancários neighborhood, in the city of João Pessoa, State of Paraíba, and THALITA COUTINHO DE OLIVEIRA, Brazilian, single, sales assistant, Identity Card 3046034, registered under CPF No. 07607848410, resident and domiciled at Rua Economista Clodoaldo Pinheiro de Araújo, No. 386 apartment No. 202, Gramame neighborhood, in the city of João Pessoa, State of Paraíba, agree by mutual convention under the terms of the Law as follows:

Article 1. The lasting, public, and continuous cohabitation of a man and a woman, established with the purpose of constituting a family, is recognized as a family entity.

Article 2. The rights and duties of the cohabitants are equal:

I - Mutual respect and consideration;

II - Reciprocal moral and material assistance;

III - Custody, support, and education of common children.

Article 3. (VETOED)

Article 4. (VETOED)

Article 5. Movable and immovable property acquired by one or both cohabitants during the common-law marriage and for valuable consideration are considered the fruit of labor and common collaboration, becoming the property of both, in joint ownership and in equal shares, unless otherwise stipulated in a written contract.

§1. The presumption in the main section of this article ceases to apply if the asset acquisition occurs with the proceeds of assets acquired prior to the commencement of the union.

§2. The administration of the common property of the cohabitants belongs to both, unless otherwise stipulated in a written contract.

Article 6. (VETOED)

Article 7. If a common-law marriage is dissolved by termination, the material assistance provided for in this Law shall be rendered by one of the partners to the one in need thereof, as alimony.

Sole paragraph. If a common-law marriage is dissolved due to the death of one of the partners, the survivor shall have a real right of habitation for life or until they establish a new common-law marriage or marriage, with respect to the property intended for the family residence.

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Article 8. The common-law spouses may, by mutual agreement and at any time, request the conversion of the common-law marriage into a marriage, by application to the Civil Registry Office of the District of their domicile.

Article 9. All matters regarding common-law marriage fall under the jurisdiction of the Family Court, and judicial secrecy is guaranteed.

Article 10. This Law enters into force on the date of its publication.

Article 11. All provisions to the contrary are hereby repealed.

And having thus agreed and contracted, we execute this private instrument, which we sign in the presence of two witnesses, THAIS COUTINHO DE OLIVEIRA and IVONE ALVES FRANCILINO.

João Pessoa, September 2, 2016.

M. DA FRANCA REGISTRY OFFICE

SIGNATURES

Thalita Coutinho de Oliveira

M. DA FRANCA REGISTRY OFFICE

WITNESSES

Thaís Coutinho de Oliveira

MONTEIRO DA FRANCA
REGISTRY OFFICE
Notary Services - 5th Office
Avenida Epitácio Pessoa, 416 - Torre - ZIP Code:58040-000 - Phone: (83) 3244-8000 - João Pessoa/PB
Notary Public
Notary Public [unreadable]

I notarize the signature of:
KEVIN ALVES SARMENTO OLIVEIRA
THALITA COUTINHO DE OLIVEIRA
In Witness whereof. João Pessoa-PB 09/08/2016 3:30:07 PM
Vilma Maria da Silva - Clerk
[2016-051408] FEES: R$ 16.98 FARPEN: R$ 0.50 FEPJ: R$ 3.40 ISS: R$ 0.8
DIGITAL SEAL: ADW56210-IIJJ.AD056211-0QHP
Verify authenticity at http://selodigital.tjpb.jus.br

MONTEIRO DA FRANCA REGISTRY OFFICE - NOTARIAL SERVICES
Notary Office
Phone: 3244-8000
João Pessoa
Paraíba

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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: October 1, 2026.

CONTRATO DE UNIÃO ESTÁVEL

Por este instrumento particular de Contrato de União Estável de convivência duradoura, pública e contínua, consoante a Lei n.º 9.278, de 10 de maio de 1996 (que regula o § 3º do artigo 226 da Constituição Federal), os abaixo firmados KEVIN ALVES SARMENTO OLIVEIRA, brasileiro, solteiro, vendedor, Carteira de Identidade RG 3492789, inscrito no CPF n.º 09261422403, residente e domiciliado na Rua Valderez Andrade, n.º 69, bairro dos bancários, na cidade de João Pessoa, Estado da Paraíba, e THALITA COUTINHO DE OLIVEIRA, brasileira, solteira, auxiliar de vendas, Carteira de Identidade RG 3046034, inscrita no CPF n.º 07607848410, residente e domiciliada na Rua Economista Clodoaldo Pinheiro de Araújo, n.º 386 apto n.º 202, bairro do gramame, na cidade de João Pessoa, Estado da Paraíba, acordam por mútua convenção nos termos da Lei o que segue:

Art. 1º É reconhecida como entidade familiar a convivência duradoura, pública e contínua, de um homem e uma mulher, estabelecida com objetivo de constituição de família.

Art. 2° São direitos e deveres iguais dos conviventes:

I - Respeito e consideração mútuos;

II - Assistência moral e material recíproca;

III - Guarda, sustento e educação dos filhos comuns.

Art. 3° (VETADO)

Art. 4° (VETADO)

Art. 5° Os bens móveis e imóveis adquiridos por um ou por ambos os conviventes, na constância da união estável e a título oneroso, são considerados fruto do trabalho e da colaboração comum, passando a pertencer a ambos, em condomínio e em partes iguais, salvo estipulação contrária em contrato escrito.

§ 1° Cessa a presunção do **caput** deste artigo se a aquisição patrimonial ocorrer com o produto de bens adquiridos anteriormente ao início da união.

§ 2° A administração do patrimônio comum dos conviventes compete a ambos, salvo estipulação contrária em contrato escrito.

Art. 6° (VETADO)

Art. 7° Dissolvida a união estável por rescisão, a assistência material prevista nesta Lei será prestada por um dos conviventes ao que dela necessitar, a título de alimentos.

Parágrafo único. Dissolvida a união estável por morte de um dos conviventes, o sobrevivente terá direito real de habitação, enquanto viver ou não constituir nova união ou casamento, relativamente ao imóvel destinado à residência da família.

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Art. 8° Os conviventes poderão, de comum acordo e a qualquer tempo, requerer a conversão da união estável em casamento, por requerimento ao Oficial do Registro Civil da Circunscrição de seu domicílio.

Art. 9° Toda a matéria relativa à união estável é de competência do juízo da Vara de Família, assegurado o segredo de justiça.

Art. 10. Esta Lei entra em vigor na data de sua publicação.

Art. 11. Revogam-se as disposições em contrário.

E por assim estarmos juntos e contratados, firmamos este instrumento particular o qual assinamos perante duas testemunhas THAIS COUTINHO DE OLIVEIRA e IVONE ALVES FRANCILINO.

João Pessoa, 02 de setembro de 2016.

CARTÓRIO M. DA FRANCA

ASSINATURAS

Thalita Coutinho de Oliveira .....

CARTÓRIO M. DA FRANCA

.....

TESTEMUNHAS

Thaís Coutinho de Oliveira .....

.....



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Platinum Card | World Mastercard ending in 1120
Jun 25, 2026 - Jul 25, 2026 | 31 days in Billing Cycle

Payment Information

Payment Due Date
Aug 19, 2026

For online and phone payments, the deadline is 12 midnight ET, except on the statement closing date when the deadline is 8 p.m. ET.

Upcoming statement closing date: August 25, 2026

New Balance
$277.35

Minimum Payment Due
$25.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a late fee of up to $40.00.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	14 Month(s)	$326

If you would like information about credit counseling services, call 888-326-8055.

Account Summary

Previous Balance	$94.80
Payments	- $137.38
Other Credits	$0.00
Transactions	+ $319.93
Cash Advances	+ $0.00
Fees Charged	+ $0.00
Interest Charged	+ $0.00
New Balance	**= $277.35**
Credit Limit	$300.00
Available Credit (as of Jul 25, 2026)	$22.65
Cash Advance Credit Limit	$300.00
Available Credit for Cash Advances	$22.65

300077



Manage your account anywhere, anytime.
Pay your bill, set up alerts and more with the Capital One® mobile app.

Text **ONE to 80101** to download the app today. Messaging & Data rates may apply.

Account Notifications

Welcome to your account notifications. Check back here each month for important updates about your account.

THALITA COUTINHO DE OLIVEIRA
1131 PRIORY CIR
WINTER GARDEN, FL 34787-5560

creditwise 430922

Learn more about your credit score—grab your phone and say:

"Hey Siri/Google, check my credit score on CreditWise"

to login or sign up for CreditWise.

Alternatively, scan this QR code to login or sign up for CreditWise.

Payment Due Date: **Aug 19, 2026** | Account ending in 1120

New Balance
$277.35

Minimum Payment Due
$25.00

Amount Enclosed
$ _____

Please send us this portion of your statement and only one check (or one money order) payable to Capital One to ensure your payment is processed promptly. Allow at least seven business days for delivery.

Capital One
P.O. Box 60519
City of Industry CA 91716-0519

1 5178058874661120 25 02773501373800250008

How can I Avoid Paying Interest Charges? If you pay your New Balance in full by the due date **each month**, we will not charge interest on new transactions that post to the purchase balance. If you have been paying in full **without** Interest Charges, but fail to pay your next New Balance in full, we will charge interest on the unpaid balance. Interest Charges on Cash Advances and Special Transfers start on the transaction date. Promotional offers may allow you to pay less than the total New Balance and avoid paying interest on new transactions that post to your purchase balance. See the front of your statement for additional information.

How is the Interest Charge Determined? Interest Charges accrue from the date of the transaction, date the transaction is processed or the first day of the Billing Cycle. Interest accrues daily on every unpaid amount until it is paid in full. Interest accrued during a Billing Cycle posts to your account at the end of the Billing cycle and appears on your next statement. You may owe Interest Charges even if you pay the entire New Balance one month, but did not do so the prior month. Once you start accruing Interest Charges, you generally must pay your New Balance in full two consecutive Billing Cycles before Interest Charges stop being posted to your Statement. Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of $0.00 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.

2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.

3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service fewer than 40 days after the annual membership Fee was assessed to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)
What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:
P.O. Box 30285, Salt Lake City, UT 84130-0285.

In your letter, give us the following information:
• Account information: Your name and account number.
• Dollar amount: The dollar amount of the suspected error.
• Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
• We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
• While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
• We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:
1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
2) You must not yet have fully paid for the purchase.
If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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Pay online at capitalone.com


Pay using the Capital One mobile app


Customer Service 800-227-4825

Changing your mailing address?

You can change your address by signing into your account online or by calling Customer Service.

Any written request on this form will not be honored.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

What is the cutoff time to make a same day payment?

- For online and phone payments, payments submitted by 12 midnight ET will typically post on the same day. However, if you pay your bill on your statement closing date, payments made after 8 p.m. ET will post on the following day. Keep in mind, it may take another business day or longer for credit to be available.
- For mail, as of the business day we receive it, as long as it is received by 5 p.m. local time at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

6ac9ddbd-9308-4207-afa9-4829c413a7d4

Platinum Card | World Mastercard ending in 1120
Jun 25, 2026 - Jul 25, 2026 | 31 days in Billing Cycle

Transactions

Visit capitalone.com to see detailed transactions.

THALITA COUTINHO DE OLIVEIRA #1120: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
Jul 9	Jul 10	CAPITAL ONE MOBILE PYMT	- $137.38

THALITA COUTINHO DE OLIVEIRA #1120: Transactions

Trans Date	Post Date	Description	Amount
Jun 24	Jun 25	WM SUPERCENTER #110 WINTER GARDEN FL	$42.58
Jul 11	Jul 13	WM SUPERCENTER #110 WINTER GARDEN FL	$277.35
THALITA COUTINHO DE OLIVEIRA #1120: Total Transactions			**$319.93**

Total Transactions for This Period **$319.93**

Fees

Trans Date	Post Date	Description	Amount

Total Fees for This Period **$0.00**

Interest Charged

Interest Charge on Purchases	$0.00
Interest Charge on Cash Advances	$0.00
Interest Charge on Other Balances	$0.00

Total Interest for This Period **$0.00**

Totals Year-to-Date

Total Fees charged **$0.00**

Total Interest charged **$0.00**

Additional Information on the next page

Platinum Card | World Mastercard ending in 1120
Jun 25, 2026 - Jul 25, 2026 | 31 days in Billing Cycle

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charged
Purchases	28.99% P	$0.00	$0.00
Cash Advances	28.99% P	$0.00	$0.00

Variable APRs: If you have a letter code displayed next to any of the above APRs, this means they are variable APRs. They may increase or decrease based on one of the following indices (reported in The Wall Street Journal) as described below.

Code next to your APR(s)	How do we calculate your APR(s)?	When your APR(s) will change
P L	Prime Rate + margin 3 month LIBOR + margin	The first day of the Billing Cycles that end in Jan., April, July and Oct.
D F	Prime Rate + margin 1 month LIBOR + margin	The first day of each Billing Cycle



Allstate North American Insurance Company
PO Box 660598
Dallas, TX 75266-0598

6CCDBAI6BA64

THALITA COUTINHO
1131 PRIORY CIR
WINTER GARDEN, FL 34787-5560

Auto Policy Payment Schedule

Information as of July 16, 2026

Named insured(s)
Thalita Coutinho and Kevin A Alves-sarmentoolivei

Policy number
869 916 607

Covered vehicles
2020 Ford Fusion Hybrid
2022 Tesla Model Y

Policy period
Effective Date: June 25, 2026
Expiration Date: December 25, 2026

Your policy was written by
Allstate North American Insurance Company

You can reach us at
allstate.com/help and the Allstate® mobile app
If you have any questions, we're here to help.

Outstanding balance

To pay in full **$2,447.00**

Each payment includes a $3.00 installment fee unless your current payment method is changed.

Your premium reflects paying by automatic payment plan using a checking/savings account. Unenrolling from your current automatic pay plan may result in a premium increase.

Installment payment schedule

You will not be sent additional bills unless your installment schedule changes.

August 05, 2026	*September 05, 2026*	*October 05, 2026*	*November 05, 2026*	*December 05, 2026*
$492.40	$492.40	$492.40	$492.40	$492.40

This installment payment schedule shows the payments that will be automatically deducted from your bank account or charged to your credit/debit card. You will receive an email to remind you about the date your installment payment will be deducted from your bank or charged to your credit/debit card.

A payment of $492.40 will automatically be withdrawn from your bank account on or after August 05, 2026.

Ways to pay

Making a payment is easy! Pay by phone at 1-866-870-7799 or online at Allstate.com. Or set it and forget it! To sign up for an automatic payment plan, visit My Account.

Transaction history

Date	Transaction	Amount	Balance
06/24/2026	New Business - Premium	$2,936.50	$2,936.50
06/24/2026	Payment	-$489.50	$2,447.00
06/30/2026	Returned Payment	$489.50	$2,936.50
06/30/2026	Payment	-$489.50	$2,447.00
			$2,447.00

What you should know

If you have any questions, we're here to help.

TOTAL DUE

$180.52

Your bill is due by Aug 10, 2026.

AutoPay is scheduled for Aug 08, 2026 using Checking ****0201.

Hi Kevin,

Welcome to T-Mobile! Here's your first bill.

You're signed up for AutoPay, and you have unlimited 5G & 4G LTE smartphone data, talk, and text. You're ready to go.

PLANS

$180.52

4 VOICE LINES = $122.48 | 1 CONNECTED DEVICE = $27.10 | 2 WEARABLES = $30.94

- 4 lines changed their usage address. This impacts the taxes calculated in your bill.
- Account received a total AutoPay discount of $30.00.
- You received multiple promotions. See details on page 2.

Your plan includes:

- Unlimited entertainment streaming at DVD quality, 480p
- Unlimited international texts from the US to most countries

Details @ t-mo.co/Plans

EQUIPMENT

$0.00

- You can always go to My.T-Mobile.com/shop to check out new device deals and promotions.

The T-Life app lets you easily:

- Pay your bill anytime/anywhere
- Upgrade your phone
- Get 24/7 support

Download the app @ t-mo.co/App

SERVICES

$0.00

- Call, text, and browse in Mexico & Canada. No setup. No roaming charges. Your phone works the moment you arrive.

T-Mobile® Essentials

- Take advantage of unlimited 3G HotSpot
- Connect virtually anywhere

YOU HAVE

$75.00

IN TOTAL SAVINGS

With your promotions and discounts, you are saving some extra cash!

Largest. Fastest. Most Awarded 5G Network.

YOU ARE COVERED IN

215+

countries & destinations w/ unlimited text

T-Mobile is America's most awarded 5G network with the most individual awards for 5G metrics in public reports from independent industry experts. Capable device req'd; coverage not avail. in some areas. Some uses may require certain plan or feature; see T-Mobile.com. Fastest median, overall combined 5G speeds according to analysis by Ookla® of Speedtest Intelligence® data 5G download speeds for Q4 2022.

THIS BILL SUMMARY

	Line Type	Plans	Equipment	Services	Total
Totals		**$180.52**	**$0.00**	**$0.00**	**$180.52**
Account		$100.60	-	-	**$100.60**
(689) 276-5793	Voice	$5.47	-	-	**$5.47**
(689) 276-5814	Voice	$5.47	-	-	**$5.47**
(925) 489-8504 - New number	Voice	$5.47	-	-	**$5.47**
(925) 727-0399 - New number	Voice	$5.47	-	-	**$5.47**
(689) 276-5846	Wearable	$10.47	-	-	**$10.47**
(689) 276-5853	Mobile Internet	$27.10	-	-	**$27.10**
(689) 276-5862	Wearable	$20.47	-	-	**$20.47**

DETAILED CHARGES

PLANS $180.52

REGULAR CHARGES Jul 18 - Aug 17 $145.00

Charged in advance for bill period Jul 18 - Aug 17. Changes made after Jul 17 will be shown on a future bill.

VOICE LINES

Account	Essentials 4 Line Offer **Includes $20.00 AutoPay Discount**	$100.00
(689) 276-5793	Essentials 4 Line Offer	Included
(689) 276-5814	Essentials 4 Line Offer	Included
(925) 489-8504	Essentials 4 Line Offer	Included
(925) 727-0399	Essentials 4 Line Offer	Included

CONNECTED DEVICE

(689) 276-5853	Tablet Unlimited Plus **Includes $5.00 AutoPay Discount and $40.00 Mobile Internet Discount**	$25.00

WEARABLES

(689) 276-5846	Watch Plan Paired with (689) 276-5814 **Includes $5.00 AutoPay Discount and $5.00 BOGO Service Promo with New Lines(ID250374)**	$5.00
(689) 276-5862	Watch Plan Paired with (925) 489-8504	$15.00

TAXES & FEES

T-Mobile fees & charges	$29.23
Government taxes & fees	$6.29

YOU SAVED

TOTAL **$75.00**

AutoPay discounts $30.00
Discounts for enrolling in AutoPay for applicable lines on your account

Service discounts $45.00
Includes any discounts for your plan, add-ons and one-time credits

YOU USED

0.92GB of unlimited data with T-Mobile Essentials

(925) 727-0399	**0.52GB**
(925) 489-8504	**0.40GB**
(689) 276-5793	**0.00GB**
(689) 276-5814	**0.00GB**
(689) 276-5846	**0.00GB**
(689) 276-5853	**0.00GB**
(689) 276-5862	**0.00GB**

31 minutes of talk & 37 messages.

But no worries, it's all unlimited with T-Mobile Essentials!

Please see important unlimited plan details below

TAXES & FEES BREAKDOWN

Below are your T-Mobile fees & charges and your government taxes & fees

The taxes & fees below were summarized as line items above. Here is the breakdown of the individual charges.

T-MOBILE FEES & CHARGES

PLANS		$29.23
1131 PRIORY CIR, Winter Garden FL 34787-5560		
Account	Federal Universal Service Fund	$0.19
(689) 276-5793	Regulatory Programs & Telco Recovery Fee	$4.49
(689) 276-5814	Regulatory Programs & Telco Recovery Fee	$4.49
(689) 276-5846	Regulatory Programs & Telco Recovery Fee	$4.49
(689) 276-5853	Regulatory Programs & Telco Recovery Fee	$2.10
(689) 276-5862	Regulatory Programs & Telco Recovery Fee	$4.49
(925) 489-8504	Regulatory Programs & Telco Recovery Fee	$4.49
(925) 727-0399	Regulatory Programs & Telco Recovery Fee	$4.49

GOVERNMENT TAXES & FEES

PLANS		$6.29
1131 PRIORY CIR, Winter Garden FL 34787-5560		
Account	State Surcharge	$0.01
Account	State Gross Receipts Tax	$0.07
Account	State Communication Service Tax	$0.15
Account	Local Communication Service Tax	$0.18
(689) 276-5793	State Surcharge	$0.01
(689) 276-5793	State Gross Receipts Tax	$0.11
(689) 276-5793	State Communication Service Tax	$0.22
(689) 276-5793	Local Communication Service Tax	$0.24
(689) 276-5793	County 911	$0.40
(689) 276-5814	State Surcharge	$0.01
(689) 276-5814	State Gross Receipts Tax	$0.11
(689) 276-5814	State Communication Service Tax	$0.22
(689) 276-5814	Local Communication Service Tax	$0.24
(689) 276-5814	County 911	$0.40
(689) 276-5846	State Surcharge	$0.01
(689) 276-5846	State Gross Receipts Tax	$0.11
(689) 276-5846	State Communication Service Tax	$0.22
(689) 276-5846	Local Communication Service Tax	$0.24
(689) 276-5846	County 911	$0.40
(689) 276-5862	State Surcharge	$0.01
(689) 276-5862	State Gross Receipts Tax	$0.11
(689) 276-5862	State Communication Service Tax	$0.22
(689) 276-5862	Local Communication Service Tax	$0.24
(689) 276-5862	County 911	$0.40
(925) 489-8504	State Surcharge	$0.01
(925) 489-8504	State Gross Receipts Tax	$0.11
(925) 489-8504	State Communication Service Tax	$0.22
(925) 489-8504	Local Communication Service Tax	$0.24
(925) 489-8504	County 911	$0.40
(925) 727-0399	State Surcharge	$0.01
(925) 727-0399	State Gross Receipts Tax	$0.11

...CONTINUED - GOVERNMENT TAXES & FEES

(925) 727-0399	State Communication Service Tax	$0.22
(925) 727-0399	Local Communication Service Tax	$0.24
(925) 727-0399	County 911	$0.40

WHAT YOU NEED TO KNOW

T-Mobile Essentials recurring charges include applicable Government taxes & fees & T-Mobile fees & charges as determined by your primary place of use.

We've updated our Terms & Conditions (T&Cs) and Privacy Notices. By continuing to use our service, you agree to the updated T&Cs. Review updates: secure.t-mobile.com/terms.

GOVERNMENT TAXES & FEES

Government taxes & fees includes sales, use, excise, public utility & E911 taxes & governmental charges & fees that we are required by law to bill & remit. These may change without notice.

T-MOBILE FEES & CHARGES

These fees & charges are T-Mobile recovery charges, not governmentally imposed taxes. What is included in the fees & charges may vary by locale & rate plan & is subject to change. These include:

1. Regulatory Programs & Telco Recovery Fee, collected & retained by us:
   a. Regulatory Programs Fee ($0.50 for voice lines, $0.12 data only lines) - help cover certain costs for funding & complying with government mandates, programs, & obligations, like E911 and local number portability.
   b. Telco Recovery Fee ($3.99 for voice lines, $1.98 data only lines) - helps cover costs and charges imposed on us by other carriers for delivery of calls from our customers to theirs and for certain network facilities (e.g. leases), operations, and services we obtain to provide you service.
2. State & federal Universal Service Fund charges (recovers charges imposed on us by the government to support universal service).
3. Other governmental assessments including, without limitation, gross receipt & excise taxes.

LATE FEES

Late Fees, which are the greater of $10 or 5% of past due balance, or a variable percentage allowed under state law, apply on applicable unpaid balances not paid by the due date on your invoice. This fee is a liquidated damage & not a penalty.

PAYMENT BY CHECK

When you pay by check, you authorize us to either use information from your check to make a one-time electronic fund transfer (EFT) from your account or to process the payment as a check transaction. If we process your payment by EFT, the funds may be withdrawn the same day we receive your check, & your canceled check will not be returned. If payment is returned unpaid, you authorize us to collect additional fees as outlined in the Terms & Conditions of Service at t-mobile.com/terms-conditions. Call (800) 937-8997 with any questions.

EQUIPMENT PROTECT

Equipment Protect by Assurant (in Puerto Rico: CAPIC) is for the equipment repair & replacement you may have selected. See Equipment Protection Terms & Conditions at t-mobile.com for details.

If you are enrolled in monthly subscription services - such as device protection plans or streaming services - these will automatically renew each month until you cancel. You may cancel at any time through the T-Life App or by contacting us directly.

CONTACT US

Contact us with any questions or disputes about your service or bill:

PHONE

Call (800) 937-8997 or 611 from your T-Mobile device. TTY Dial 711 to reach a Relay Agent.

MAIL

Write to T-Mobile Customer Relations, P.O. Box 37380, Albuquerque, NM 87176-7380.

ONLINE

View your bill & usage details online by logging into your account at t-mobile.com.

View Terms & Conditions online at t-mobile.com/terms-conditions and our Open Internet Policy at t-mobile.com/openinternet.

Partial megabytes (MB) rounded up. 1024 MB = 1 GB

During congestion, heavy data users and customers choosing lower-prioritized plans may notice lower speeds than other customers. Video typically streams on smartphone/tablet at DVD quality (480p), unless you add HD-capable (1080p) plan/feature. High-speed tethering up to allotment, if any, and then max 3G speeds. See plan for details.

CHANGE OF ADDRESS Effective date

Address

City State ZIP

Home phone Business phone

KEVIN ALVES SARMENTO OLIVEIRA
1131 PRIORY CIR
WINTER GARDEN FL 34787-5560

Free stuff & exclusive perks

Great deals on food, gas, entertainment and more—just for being a customer.

Download on the App Store | GET IT ON Google Play

Check out the latest perks in the T Life app.

Go to T-Mobile Tuesdays in the T Life app for details.

Please detach this portion and return with your payment. Please make sure address shows through window.

Pay by phone: ***PAY(*729)** Pay online: **t-mobile.com/pay**

T-MOBILE
PO BOX 742596
CINCINNATI OH 45274-2596

Total due by Aug 10, 2026

$180.52

You are paying by AutoPay

Amount enclosed

KEVIN ALVES SARMENTO OLIVEIRA

Account number: **222662832**

☐ **Change your address** - Check box and provide new address on reverse side

040222662832081026000018052034787556O

Policy Declarations

Your policy effective date is June 25, 2026

Information as of June 24, 2026

How much am I paying?

This is the total for your 6-month policy period:

2020 Ford Fusion Hybrid	$1,387.51
2022 Tesla Model Y	$1,548.99
Installment fees*	$15.00
Total	**$2,951.50**

**If you pay in installments, a fee of $3.00 will apply to each payment unless your current payment method is changed. For example, if you pay your bill in five separate payment(s), then the total amount of your installment fees during this policy period will be $15.00.*

What impacts my price?

We use a variety of information about you and your vehicles when setting your price. In addition, the coverages, limits and deductibles you choose and the discounts and surcharges you qualify for influence your price.

Discounts

- Multiple Policy
- Anti-Lock Brake
- Anti-Theft
- Passive Restraint

Who is covered?

Let us know if a licensed driver in your household, or a guest staying in your home for an extended period, is not listed under Listed drivers or Excluded drivers.

Listed drivers on your policy

- Thalita Coutinho - Married, 36 years old
- Kevin A Alves-sarmentoolivei - Married, 34 years old

Excluded drivers from your policy

None

Summary

Named Insured(s)
Thalita Coutinho and Kevin A Alves-sarmentoolivei

Policy number
869 916 607

Contact information
1131 PRIORY CIR
WINTER GARDEN, FL 34787-5560
TOUSA89@ICLOUD.COM
(925) 489-8504

Policy period
Effective Date: June 25, 2026
Coverage begins on June 24, 2026 at 9:08:19 p.m. EST
Expiration Date: December 25, 2026

Your policy is written by
Allstate North American Insurance Company

You can reach us at
allstate.com/help and the Allstate® mobile app

Let us know if anything is not correct!

This Policy Declarations shows the coverages you have chosen, and the information displayed is used in the rating of your policy. Please notify us immediately if any information is incorrect or if coverages are missing. We will make corrections once you notify us, and any rate adjustments will be made on a going forward basis.

MV-NBD-FL (11/23)

What does my policy cover?

- Your policy includes Drivewise®. Be sure all drivers on your policy activate Drivewise in the Allstate® mobile app and take at least 50 trips in the next few months to receive full savings just for participating. The way you drive will then play a role in the price you pay at renewal. To continue to save with Drivewise, stay connected and avoid risky driving behaviors.

2020 Ford Fusion Hybrid
(VIN: 3FA6P0RU5LR197172)

Vehicle Type: Auto

Coverages	Limits *What Allstate pays*	Deductible *What you pay*	Premium *Cost for 6-month policy period*
Coverage for when you're at fault			
Liability Insurance - Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	$463.79
Liability Insurance - Property Damage	$100,000 each accident	Not applicable	$180.71
Coverage for you and your vehicle			
Collision Insurance	Actual cash value	$1,000	$275.61
Comprehensive Insurance *Full Glass coverage applies*	Actual cash value	$500	$325.14
Replacement Protection	**Not purchased***		
Custom Equipment	$1,000	Not applicable	Included
Personal Effects	$250	Not applicable	Included
Transportation Expense	**Not purchased***		
Personal Injury Protection Benefits *(Please see the Personal Injury Protection section below for complete coverage, limits and deductibles)*			$142.26
Uninsured Motorists Insurance - Bodily Injury	**Not purchased***		
Medical Payments	**Not purchased***		
Total premium for 2020 Ford Fusion Hybrid			**$1,387.51**

This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact us anytime through allstate.com/help and the Allstate® mobile app to view available coverage options and other products and services that can help protect you.

Vehicle features
- Drivewise

Lienholder(s)
PREMIER AUTO CREDIT (RETAIL)

Rating Information
- This vehicle is driven an estimated 58,500 miles per year
- Anti-theft discount applied to this vehicle

Garaging location
1131 PRIORY CIR
WINTER GARDEN, FL 34787-5560

Allstate.

What does my policy cover? (continued)

2022 Tesla Model Y
(VIN: 7SAYGDEF1NF340675)

Vehicle Type: Auto

Coverages	Limits *What Allstate pays*	Deductible *What you pay*	Premium *Cost for 6-month policy period*
Coverage for when you're at fault			
Liability Insurance - Bodily Injury	$25,000 each person $50,000 each accident	Not applicable	$200.88
Liability Insurance - Property Damage	$100,000 each accident	Not applicable	$149.02
Coverage for you and your vehicle			
Collision Insurance	Actual cash value	$1,000	$691.19
Comprehensive Insurance *Full Glass coverage applies*	Actual cash value	$500	$324.94
Replacement Protection	**Not purchased***		
Custom Equipment	$1,000	Not applicable	Included
Personal Effects	$250	Not applicable	Included
Transportation Expense	**Not purchased***		
Personal Injury Protection Benefits *(Please see the Personal Injury Protection section below for complete coverage, limits and deductibles)*			$182.96
Uninsured Motorists Insurance - Bodily Injury	**Not purchased***		
Medical Payments	**Not purchased***		
Total premium for 2022 Tesla Model Y			**$1,548.99**

This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact us anytime through allstate.com/help and the Allstate® mobile app to view available coverage options and other products and services that can help protect you.

Vehicle features
- Drivewise

Lienholder(s)
LENDBUZZ FUNDING LLC (AUTO)

Rating Information
- Information on the mileage driven by this vehicle is unavailable
- Anti-theft discount applied to this vehicle

Garaging location
1131 PRIORY CIR
WINTER GARDEN, FL 34787-5560

MV-NBD-FL (11/23)

Personal Injury Protection

The following is a description of Personal Injury Protection for these vehicles. All coverage under Personal Injury Protection is subject to sublimits and other limitations specified in the policy.

- 2020 Ford Fusion Hybrid
- 2022 Tesla Model Y

Coverages	**Limits** *What Allstate pays*	**Deductible** *What you pay*
Aggregate total	$10,000 each person	$1,000 applies to insured and each dependent resident relative or rated operator
Medical Expenses	Included	
Emergency Medical Condition $10,000 each person OR Non-Emergency Medical Condition $2,500 each person		
Income Loss *60% of lost income**	Included	
Loss of Services	Included	
Death Benefit	$5,000 each person	

**The sum of Medical Expenses, Income Loss and Loss of Services benefits cannot exceed the $10,000 aggregate limit.*

Your policy documents

Your auto policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- General Provisions - MV-Gen-FL (11/23)
- Liability Insurance - Bodily Injury, Property Damage - MV-Liab-FL (11/23)
- Collision Insurance - MV-Coll (07/20)
- Comprehensive Insurance - MV-Comp-FL (11/23)
- Florida Glass Schedule - MV-Glass-FL (11/23)
- Protection Against Loss To The Vehicle - Conditions - MV-PDCon-FL (11/23)
- Personal Injury Protection - MV-PIP-FL (11/23)

Florida required communications

▶ If You Have a Question About Your Insurance...
If you wish to present an inquiry or obtain information about coverage, or if you need assistance in resolving a complaint, please call 1-866-870-7799.

Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

- Continue participating in Drivewise to get rewarded for your everyday safe driving. You'll get a higher savings if all operators on your policy are participating. Additionally, at each renewal your updated driving behavior will be used to personalize your auto insurance price.

- A Certificate of Insurance was sent to:
  PREMIER AUTO CREDIT (RETAIL) P O BOX 421669, ATLANTA GA 30342
  LENDBUZZ FUNDING LLC (AUTO) P O BOX 1976, CARMEL IN 46082

Allstate North American Insurance Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Kathryn Irey
President

Julie Cho
Secretary

Jayne Oertwig
131 Sand Creek Rd #D
Brentwood CA 94513-2040

Information as of January 13, 2026

Policyholder(s)
Thalita Coutinho, Kevin A Alves-Sarmentoolivei

Policy number
804 682 913

Your Allstate agency is
Jayne Oertwig
(925) 937-3520

THALITA COUTINHO
KEVIN ALVES
435 GROVEWOOD LOOP
BRENTWOOD CA 94513-2022

We're confirming your policy change

Thank you for choosing Allstate to help protect what's important to you. We've enclosed documents that confirm the policy change(s) you requested. You'll find your coverage details listed on the enclosed amended policy declarations.

The following change(s) are effective as of 01/14/2026:

A change in insurance coverage.

Your premium for the current policy period has been increased by a total of $66.87. Your discount savings for this policy period are: $1,682.49.

How to contact us

Give your Allstate Agent a call at (925) 937-3520 if you have any questions. It's our pleasure to keep you in good hands.

Agent License Number:
0G00754

EA120-1

Your Insurance Coverage Checklist

We're happy to have you as an Allstate customer! This checklist outlines what's in this package and provides answers to some basic questions, as well as any "next steps" you may need to take.

☐ **What's in this package?**
See the guide below for the documents that are included. ***Next steps:*** review your *Policy Declarations* to confirm you have the coverages, coverage limits, premiums and savings that you requested and expected. Read any *Endorsements* or *Important Notices* to learn about new policy changes, topics of special interest, as well as required communications. Keep all of these documents with your other important insurance papers.

☐ **Am I getting all the discounts I should?**
Confirm with your Allstate Agent that you're benefiting from all the discounts you're eligible to receive.

☐ **What about my bill?**
Unless you've already paid your premium in full, we'll send your bill separately. ***Next steps:*** please pay the minimum amount by the due date listed on it.

You can also pay your bill online at Allstate.com/support or through the Allstate mobile app. If you're enrolled in the Allstate® Easy Pay Plan, we'll send you a statement detailing your payment withdrawal schedule. Para español, llamar al 1-800-979-4285.

☐ **What if I have questions?**
Visit Allstate.com/support to browse our list of frequently asked questions and find information regarding billing or policy documents. You can also create an online account to access and manage your policies. Para español, llamar al 1-800-979-4285.

A guide to your amended package



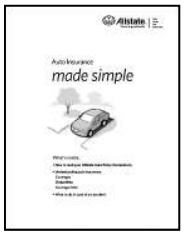
Proof of Insurance ID Cards
Your insurance cards are legally required, so please keep them in your vehicle at all times.



Policy Declarations*
The Policy Declarations lists policy details, such as your specific drivers, vehicles and coverages.



Important Notices
We use these notices to call attention to particularly important coverages, policy changes and discounts.



Insurance Made Simple
Insurance seem complicated? Our online guides explain coverage terms and features:
www.allstate.com/madesimple
Espanol.allstate.com/facildeentender

**** To make it easier to see where you may have gaps in your protection, we've highlighted any coverages you do not have in the Coverage Detail section in the enclosed Policy Declarations.***

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AUTR24CA20260114031023O3A-004932-001-0-00-00

Thank you for choosing Allstate

Proof of Insurance Card

For your convenience, two insurance cards have been included for each vehicle. State law requires that one of these cards be kept in each vehicle. Please place them in your vehicles by the effective date.

IDCA

Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2022 Tesla Y**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **7SAYGDEF1NF340675**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2022 Tesla Y**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **7SAYGDEF1NF340675**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2016 Ford C-Max**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **1FADP5AU9GL117764**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2016 Ford C-Max**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **1FADP5AU9GL117764**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2020 Ford Fusion**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **3FA6P0RU5LR197172**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

California Evidence of Liability Insurance

Allstate Northbrook Indemnity Company
PO Box 660598, Dallas, TX 75266-0598
NAIC# 36455

Thalita Coutinho, Kevin A Alves-Sarmentoolivei
435 Grovewood Loop
Brentwood CA 94513-2022

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

POLICY NUMBER **804 682 913**
YEAR / MAKE / MODEL **2020 Ford Fusion**
EFFECTIVE DATE **11/06/25**
EXPIRATION DATE **05/06/26**
VEHICLE ID NUMBER **3FA6P0RU5LR197172**

Evidence of financial responsibility shall at all times be carried in the vehicle. Insurance Information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

Please use the printed Insurance Cards below.

Please use the printed Insurance Cards below.

If you have an accident or loss:

- Get medical attention if needed.
- Notify the police immediately.
- Obtain names, addresses, phone numbers (work & home) and license plate numbers of all persons involved, including passengers and witnesses.
- Call 1-800-ALLSTATE (1-800-255-7828), logon to allstate.com or contact your Allstate agent as soon as possible.

Jayne Oertwig
(925) 937-3520
131 Sand Creek Rd #D
Brentwood, CA 94513-2040

If you have an accident or loss:

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Jayne Oertwig
(925) 937-3520
131 Sand Creek Rd #D
Brentwood, CA 94513-2040

X21 010 074 260114AE04932000000804682913260114AE04932AUT
AUTR24CA20260114031023O3A-004932-002-0-00-11

Amended auto policy declarations

Your policy effective date is November 6, 2025

Total Amount Due for the Policy Period

Please review your insured vehicles and verify their VINs are correct.

Vehicles covered	*Identification Number*	*Premium*
2020 Ford Fusion	3FA6P0RU5LR197172	$1,051.77
2016 Ford C-Max	1FADP5AU9GL117764	632.21
2022 Tesla Y	7SAYGDEF1NF340675	1,611.31
California Fraud Assessment Fee		2.64
Total*		**$3,297.93**

**** Your bill will be mailed separately. Before making a payment, please refer to your latest bill, which includes payment options and installment fee information. If you do not pay in full, you will be charged an installment fee(s).***

See the **Important payment and coverage information** section for details about installment fees.

Discounts (included in your total premium)

Good Driver (20%)	**$806.10**	Anti-theft	**$32.97**
Multiple Policy	**$162.58**	Distinguished Driver	**$680.84**
Total discounts			**$1,682.49**

Discounts per vehicle

2020 Ford Fusion			**$504.36**
Good Driver (20%)	$245.23	Anti-theft	$9.04
Multiple Policy	$49.24	Distinguished Driver	$200.85
2016 Ford C-Max			**$313.93**
Good Driver (20%)	$158.05	Anti-theft	$4.06
Multiple Policy	$30.91	Distinguished Driver	$120.91
2022 Tesla Y			**$864.20**
Good Driver (20%)	$402.82	Anti-theft	$19.87
Multiple Policy	$82.43	Distinguished Driver	$359.08

Listed drivers on your policy

Thalita Coutinho
Kevin Alves-Sarmentoolivei

Excluded drivers from your policy

None

Information as of January 13, 2026

Summary

Named Insured(s)
Thalita Coutinho, Kevin A Alves-Sarmentoolivei

Mailing address
435 Grovewood Loop
Brentwood CA 94513-2022

Policy number
804 682 913

Your policy provided by
Allstate Northbrook Indemnity Company

Policy period
Beginning **November 6, 2025** through **May 6, 2026** at 12:01 a.m. standard time

Your policy changes are effective
January 14, 2026

Your Allstate agency is
Jayne Oertwig
131 Sand Creek Rd #D
Brentwood CA 94513-2040
(925) 937-3520

Some or all of the information on your Policy Declarations is used in the rating of your policy or it could affect your eligibility for certain coverages. Please notify us immediately if you believe that any information on your Policy Declarations is incorrect. We will make corrections once you have notified us, and any resulting rate adjustments, will be made only for the current policy period or for future policy periods. Please also notify us immediately if you believe any coverages are not listed or are inaccurately listed.

Coverage detail for 2020 Ford Fusion †

Coverage	*Limits*	*Deductible*	*Premium*
Automobile Liability Insurance		Not applicable	$374.58
• Bodily Injury	$50,000 each person $100,000 each occurrence		
• Property Damage	$100,000 each occurrence		
Auto Collision Insurance Waiver of deductible applies	Actual cash value	$1,000	$336.90
Auto Comprehensive Insurance	Actual cash value	$100	$171.92
Rental Reimbursement	up to $40 per day for a maximum of 30 days	Not applicable	$36.01
Towing and Labor Costs	**Not purchased***		
Uninsured Motorists Insurance for Bodily Injury	$50,000 each person $100,000 each accident	Not applicable	$132.36
Automobile Medical Payments	**Not purchased***		
Coordinated Medical Protection	**Not purchased***		
Sound System	**Not purchased***		
Tape	**Not purchased***		
Total premium for 2020 Ford Fusion			**$1,051.77**

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

†Allstate Ride For Hire Endorsement applies to this vehicle.

VIN 3FA6P0RU5LR197172

Lienholder
Premier Auto Credit

Rating information
Your premium is determined based on certain information, including the following:
- This vehicle is driven 3-9 miles to work/school, married person licensed 17 years.
- The estimated number of miles that this vehicle is driven annually is 7,500 - 7,999.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

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AUTR24CA20260114031023 03A-004932-003-0-00-00

Coverage detail for 2016 Ford C-Max †

Coverage	*Limits*	*Deductible*	*Premium*
Automobile Liability Insurance		Not applicable	$256.08
• Bodily Injury	$50,000 each person $100,000 each occurrence		
• Property Damage	$100,000 each occurrence		
Auto Collision Insurance Waiver of deductible applies	Actual cash value	$1,000	$159.73
Auto Comprehensive Insurance	Actual cash value	$100	$76.99
Rental Reimbursement	up to $40 per day for a maximum of 30 days	Not applicable	$36.01
Towing and Labor Costs	**Not purchased***		
Uninsured Motorists Insurance for Bodily Injury	$50,000 each person $100,000 each accident	Not applicable	$103.40
Automobile Medical Payments	**Not purchased***		
Coordinated Medical Protection	**Not purchased***		
Sound System	**Not purchased***		
Tape	**Not purchased***		
Total premium for 2016 Ford C-Max			**$632.21**

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

†Allstate Ride For Hire Endorsement applies to this vehicle.

VIN 1FADP5AU9GL117764

Rating information
Your premium is determined based on certain information, including the following:
- This vehicle is driven 3-9 miles to work/school, rated as an extra vehicle with no assigned operator.
- The estimated number of miles that this vehicle is driven annually is 5,500 - 5,999.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Coverage detail for 2022 Tesla Y †

Coverage	*Limits*	*Deductible*	*Premium*
Automobile Liability Insurance		Not applicable	$357.58
• Bodily Injury	$50,000 each person $100,000 each occurrence		
• Property Damage	$100,000 each occurrence		

(continued)

Coverage	***Limits***	***Deductible***	***Premium***
Auto Collision Insurance Waiver of deductible applies	Actual cash value	$1,000	$710.36
Auto Comprehensive Insurance	Actual cash value	$500	$377.52
Rental Reimbursement	up to $40 per day for a maximum of 30 days	Not applicable	$36.01
Towing and Labor Costs	**Not purchased***		
Uninsured Motorists Insurance for Bodily Injury	$50,000 each person $100,000 each accident	Not applicable	$129.84
Automobile Medical Payments	**Not purchased***		
Coordinated Medical Protection	**Not purchased***		
Sound System	**Not purchased***		
Tape	**Not purchased***		
Total premium for 2022 Tesla Y			**$1,611.31**

*** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.**

†Allstate Ride For Hire Endorsement applies to this vehicle.

VIN 7SAYGDEF1NF340675

Lienholder
Lendbuzz Funding LLC

Rating information
Your premium is determined based on certain information, including the following:
- This vehicle is driven for business use, married person licensed 19 years.
- The estimated number of miles that this vehicle is driven annually is 5,500 - 5,999.

If any of the information shown above is incorrect, missing or changes in the future, please contact your Allstate representative. Please keep in mind that a change in any of the information may result in an adjustment to your premium.

Additional coverages

Automobile Death Indemnity Insurance	**Not purchased***
Automobile Disability Income Protection	**Not purchased***
Identity Theft Expenses	**Not purchased***

**** This coverage can provide you with valuable protection. To help you stay current with your insurance needs, contact your Allstate agent to discuss coverage options and other products and services that can help protect you.***

CA010AMD
X21010 074 260114AE049320000008046829132601 14AE04932AUT
AUTR24CA2026011403102303A-004932-004-0-00-00

Your policy documents

Your automobile policy consists of this Policy Declarations and the documents in the following list. Please keep these together.

- Allstate Automobile Policy – AU104-3
- Amendment of Policy Provisions – AU14626-1
- California Amendatory Endorsement – AU14629-3
- California Paperless Disclosure – AU14943
- California Allstate Ride For Hire Endorsement – AU14717

Important payment and coverage information

Here is some additional, helpful information related to your coverage and paying your bill:

▶If we cancel or non-renew your policy, a copy of the notice of cancellation will be sent to all listed drivers on the policy.

▶Your rate is lower because you are insuring multiple cars.

▶Your bill will be sent to you in a separate mailing and will list any payment option(s) available to you. If you are eligible to pay your premium in installments, your first/renewal bill will reflect your available payment options, including the option to pay in full or to pay in monthly installments.

If you decide to pay your premium in installments, there will be a $3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be $21.00.

If you are on the Allstate® Easy Pay Plan, there will be a $1.00 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and remain on the Allstate® Easy Pay Plan, then the total amount of installment fees during the policy period will be $6.00.

If you are on the Recurring Credit Card Plan, there will be a $3.50 installment fee charge for each payment due. If you make 6 installment payments during the policy period, and do not change your payment plan method, then the total amount of installment fees during the policy period will be $21.00.

If you change payment plan methods or make additional payments, your installment fee charge for each payment due and the total amount of installment fees during the policy period may change or even increase.

Please note that the Allstate® Easy Pay Plan allows you to have your insurance payments automatically deducted from your checking or savings account.

Allstate Northbrook Indemnity Company's Secretary and President have signed this policy with legal authority at Northbrook, Illinois.

Phil Telgenhoff
President

Courtney Welton
Secretary

Important notices

Policy number: **804 682 913**
Policy effective date: November 6, 2025

You've recently made a change to your policy

The State of California recently passed Assembly Bill 1511, which requires insurers to provide the following statement when you've made a change to your policy:

"For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison."

Have questions? Please contact us.
If you have any questions regarding this information or your insurance coverage in general, please feel free to contact your Allstate Agent or representative.

X74018

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AUTR24CA20260114031023O3A-004932-005-0-00-00

Policy Declarations

Six Month Premium: $1,172.62

Effective Date 11/21/2024

Please review and keep for your records.

Insurance Information

Policy Number: **TLA-CA-A-R-9992TU7E**

Policy Period: 10/02/2024 12:01 am - 04/02/2025 12:01 am - standard time at address of Named Insured

Underwritten By: **Tesla Insurance Company**
45500 Fremont Blvd
Fremont, CA 94538
NAIC #24813

Named Insured: **Kevin Alves Sarmento Oliveira**

Mailing Address: 2250 oak hills cir Apt 116
Pittsburg CA 94565

Email Address: kevsarmento@icloud.com

Phone Number: (925) 727-0399

Producer: **TESLA INSURANCE SERVICES, INC.**
45500 Fremont Blvd
Fremont, CA 94538

Vehicles Covered by Your Policy

	Year	Make	Model	Vehicle ID Number
1	2020	Ford	Fusion Hybrid Titanium	3FA6P0RU5LR197172
2	2013	Ford	Fusion Hybrid SE	3FA6P0LUXDR202442

Drivers Covered by Your Policy

	Name	Date of Birth	Drivers License	Driver's License State	Years of Driving Experience
1	Kevin Alves Sarmento Oliveira	1992-01-04	Y5513945	CA	18
2	Thalita Oliveira	1989-12-01	Y5513880	CA	10

Driving Record Points

	Driver	Traffic-Convictions Points	At-Fault Accidents Points	SR-22 Applicable
1	Kevin Alves Sarmento Oliveira	0	0	false
2	Thalita Oliveira	0	0	false

Discounts & Benefits

Your discounts and benefits have been applied to your total policy premium.

Vehicle Discounts:

Policy Discounts:

Elite Driver Discount

Multi-Vehicle Discount

Driver Discounts:

Coverage Detail for Vehicle 1 (2020 Ford Fusion Hybrid Titanium)

Coverage	Applicable Limits	Deductible	Premium
Liability			
Bodily Injury	$30,000 per person, $60,000 per accident*	Not Applicable	$94.06
Property Damage	$100,000 Each Accident*	Not Applicable	$55.28

*The liability limits for drivers other than the named insured, named insured's spouse and other listed drivers is provided only up to California's minimum required limits of $15,000 per person and $30,000 per accident for Bodily Injury and $5000 for Property Damage.

Physical Damage			
Collision	Actual Cash Value Less Deductible	$500 deductible	$448.58
Comprehensive	Actual Cash Value Less Deductible	$500 deductible	$68.57

Additional Coverages	Applicable Limits	Premium
Roadside - Basic	Up to 50 miles	$9.68
Rental Reimbursement	$45/day, $1,350/claim	$25.51
Uninsured and Underinsured Motorist Bodily Injury Coverage	$30,000 per person, $60,000 per accident	$42.55
Uninsured and Underinsured Motorist Property Damage Coverage	$3,500	$4.23

Coverage Detail for Vehicle 2 (2013 Ford Fusion Hybrid SE)

Coverage	Applicable Limits	Deductible	Premium
Liability			
Bodily Injury	$30,000 per person, $60,000 per accident*	Not Applicable	$77.60
Property Damage	$100,000 Each Accident*	Not Applicable	$43.56

*The liability limits for drivers other than the named insured, named insured's spouse and other listed drivers is provided only up to California's minimum required limits of $15,000 per person and $30,000 per accident for Bodily Injury and $5000 for Property Damage.

Physical Damage			
Collision	Actual Cash Value Less Deductible	$1,000 deductible	$189.02
Comprehensive	Actual Cash Value Less Deductible	$1,000 deductible	$36.19

Additional Coverages	Applicable Limits	Premium
Roadside - Basic	Up to 50 miles	$9.68
Rental Reimbursement	$45/day, $1,350/claim	$25.51
Uninsured and Underinsured Motorist Bodily Injury Coverage	$30,000 per person, $60,000 per accident	$39.25
Uninsured and Underinsured Motorist Property Damage Coverage	$3,500	$3.35

Term Premium Per Vehicle	
Vehicle 1	$748.46
Vehicle 2	$424.16

Total Policy Term Premium:	$1,172.62

Additional Information

Additional Information for Vehicles Covered by Your Policy

Loss Payee(s)/Lienholder(s):

Veh	Loss Payee(s)/Lienholder(s)	Address
1	Premier Auto Credit	PO Box 421669, Atlanta, GA, 30342
2	None	

Garaging Location and Mileage Information:

Veh	Garaging Location:	Annual Mileage
1	2250 oak hills cir Apt 116 Pittsburg CA 94565	8000
2	2250 oak hills cir Apt 116 Pittsburg CA 94565	8000

Policy Forms and Endorsements: The following forms and endorsements are applicable to your policy

Special State Provisions

If a problem arises concerning your insurance, please contact Tesla Insurance Services, Inc., 45500 Fremont Blvd, Fremont, CA 94538 (1-844-34-TESLA).
Whenever the company or its agent has been unable to resolve a consumer complaint affecting this policy, the below listed state agency may be contacted to assist in the resolution of a compliant.

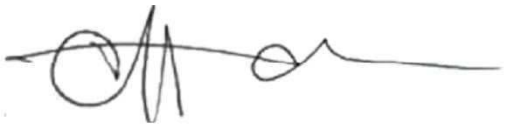
California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

Or call toll free: 1-800-927-HELP-(4357)
Or visit: www.insurance.ca.gov

TES 0002 Policy Declarations
TES 0001 Personal Auto Policy
TES 0014 Loss Payable Clause
TES 0015 Legal Responsibility
TES 0016 Important Insurance Information
TES 0050 California Third Party Designation To Receive Cancellation Nonrenewal Notice
OFAC Advisory Notice to Policyholder
Auto Repair Consumer Bill of Rights
TES ID Card - CA



President



Secretary

PERSONAL AUTO POLICY

TESLA INSURANCE SERVICES, INC.
45500 Fremont Blvd
Fremont, CA 94538

Underwritten by
Tesla Insurance Company
45500 Fremont Blvd
Fremont, CA 94538

For "your" protection California law requires the following to appear on this form:

Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

THE SPECIFIED REASONS FOR WHICH "WE" MAY CANCEL OR TERMINATE THIS POLICY, REFUSE TO RENEW, OR INCREASE THE PREMIUM, ARE SPECIFIED UNDER THE HEADINGS OF "OTHER TERMINATION PROVISIONS", "FRAUD OR MISREPRESENTATION" AND "COVERAGE CHANGES".

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AGREEMENT

In return for payment of premium and subject to all the terms of this policy, "we" agree with "you" as follows:

GENERAL DEFINITIONS

Throughout this policy, "you" and "your" refer to:

1. the Named Insured shown in the Declarations; and
2. the spouse if a resident of the same household. The term spouse includes a:
    a. husband or wife; or
    b. if unmarried, a civil partner by civil union or registered domestic partnership filed and recognized by the state or "domestic partner"

If the spouse ceases to be a resident of the Named Insured's household during the Policy Period or prior to the inception of this policy, the spouse will be considered "you" and "your" under this policy but only until the earlier of:

1. The end of 90 days following the spouse's change of residency.
2. The effective date of another policy listing the spouse as a named insured; or
3. The end of this policy period.

"We", "us" and "our" refer to the Company providing this insurance, as shown on the Declarations.

For purposes of this policy, a "private passenger auto" shall be deemed to be owned by a person if leased:

1. under a written agreement to that person; and
2. for a continuous period of at least 6 months.

Other words and phrases are defined. They are in quotation marks when used.

A. "Bodily injury" means bodily harm, sickness or disease, including death that results.
B. "Business" includes trade, profession or occupation.
C. "Accident" means a sudden, unexpected, and unintended event.
D. "Loss" means:
    a. Sudden, direct, and unintended physical damage; or
    b. Theft
E. "Covered auto" means:
    1. Any "private passenger auto" shown in the Declarations designated for operation principally upon public roads. This provision does not apply to:
        a. A vehicle shown in the Declarations after the ownership of that vehicle has been transferred to another person or organization other than another "family member" by "you" or a "family member".
        b. A vehicle shown in the Declarations that you or a "family member" have been leasing, after the leasing agreement has been terminated, unless ownership of that vehicle is transferred by the lessor, to "you" or a "family member".
    2. Any of the following types of vehicles on the date "you" become the owner of a "private passenger auto".
    This provision applies only if:
        a. "you" acquire the vehicle during the policy period; and
        b. no other insurance policy provides coverage for that vehicle.
    If the vehicle "you" acquire replaces one shown in the Declarations, it will have the same coverages as the vehicle it replaced. Coverage will begin when "you" become the owner of the acquired "private passenger auto". "You" must ask "us" to insure a replacement vehicle within 30 days only if:
        i. "you" wish to continue coverage under **Part D: Coverage for Physical Damage to Your Auto**; or
        ii. it is a pickup or van used in any "business" other than farming or ranching.
    If the vehicle "you" acquire replaces one shown in the Declarations, and the replaced "private passenger auto" did not have coverage under **Part D: Coverage for Physical Damage to Your Auto**, "you" may add this coverage for the replacement

"private passenger auto". The added coverage will not be effective until after "we" receive "your" request and "we" agree to add the coverage.

If the vehicle "you" acquire is in addition to any shown in the Declarations, it will have the broadest coverage "we" now provide for any vehicle shown in the Declarations if "you" ask "us" to insure the additional "private passenger auto" within 30 days after "you" become the owner. If "you" ask "us" to insure the additional "private passenger auto" within 30 days after "you" became the owner, coverage will begin when "you" became the owner of the "private passenger auto". If the "private passenger auto" "you" acquire is in addition to the "private passenger autos" shown on the Declarations, and "you" do not ask "us" to insure the additional "private passenger auto" within 30 days after "you" become the owner, no coverage will be provided for the additionally acquired "private passenger auto" until after "you" ask "us" to insure the additional "private passenger auto" and "we" agree to insure the "private passenger auto".

3. Any "private passenger auto" "you" do not own while used as a temporary substitute for any other vehicle described in this definition of a "Covered auto" which is out of normal use because of its breakdown, repair, servicing, loss, or destruction.

D. "Diminution in value" means the actual or perceived loss in market or resale value which results from a direct and accidental loss.

E. "Domestic partner" means a person living with "you" and sharing a common domestic life and whose relationship resembles a mutually exclusive partnership such as that of a marriage, and:
   1. is at least 18 years of age and capable of entering into a legal contract;
   2. is not a relative; and
   3. shares with "you" financial interdependence and a common residence.

   Evidence of such includes, but is not limited to:
   i. joint domestic responsibility for the maintenance of the household.
   ii. having joint financial obligations, resources, or assets.
   i. documents such as a driver's license, tax returns, or bills showing a common address for both parties.
   ii. both parties receiving mail at the same address.
   iii. a declaration of domestic partnership with that person or similar declaration about that person with an employer or government entity.

   A "domestic partner" does not include more than one person, a roommate or housemate whether sharing expenses equally or not, or one who pays rent to the named insured.

F. "Family member" means a person related to "you" by blood, marriage or adoption who is a resident of "your" household. This includes a ward or foster child.

G. "Occupying" means in, upon, getting in, on, out or off.

H. "Personal vehicle sharing program" means a legal entity qualified to do business in any state engaged in the business of facilitating the sharing of private passenger motor vehicles for noncommercial use by individuals other than the vehicles' registered owners within the state.

I. "Private Passenger Auto" means a motor vehicle of one of the following types:
   1. Of the private passenger automobile, pickup body, or cargo van type;
   2. With at least four wheels; and
   3. With a gross vehicle weight rating of 10,000 pounds or less, according to the manufacturer's specifications.

   However, "private passenger auto" does not include any:
   i. Step-van or vans with cabs apart from the cargo area;
   ii. Motorcycles, motorized mini-bikes, or dirt bikes;
   iii. All-terrain vehicles (ATVs);
   iv. Golf carts;
   v. Tractors or farm machines;
   vi. Vehicles driven on crawler treads, rails or skis;
   vii. Road machinery;
   viii. Recreational vehicles; or
   ix. Vehicles when parked and used:
      a. As a residence or premises; or
      b. For office, store or display purposes.

J. "Property damage" means physical injury to, distribution of or loss of use of tangible property.

K. "Ride-sharing activity" means the use of any vehicle to provide transportation of persons or property in connection with a "transportation network company" from the time a user logs onto, or signs into, any online-enabled application, software, website or system until the time the users logs out of, or signs off of, any such online-enabled application, website or system, whether or not the user has accepted any passenger(s) or delivery assignment, including the time the user is on the way to pick up any passenger(s) or property, or is transporting any passenger(s) or property.

L. "Transportation network company" means any organization, including, but not limited to, a corporation, limited liability transportation services from compensation using an online-enabled application or platform to connect clients or passengers with drivers using a personal vehicle.
M. "Trailer" means a vehicle designed to be pulled by a "private passenger auto". It also means a farm wagon or farm implement while towed by a vehicle.
N. "Child passenger restraint system" means a system as described in Section 27360 of the California Vehicle Code.

PART A: LIABILITY COVERAGE

INSURING AGREEMENT

"We" will pay damages for "bodily injury" or "property damage" for which any "insured" becomes legally responsible because of an auto "accident". "We" will also pay for the replacement of a "child passenger restraint system" that was damaged or in use by a child during an "accident" for which liability coverage under this policy is applicable due to the liability of an "insured". "We" will settle or defend, as "we" consider appropriate, any claim or suit asking for these damages. In addition to "our" limit of liability, "we" will pay all defense costs "we" incur. "Our" duty to settle or defend ends when "our" limit of liability for this coverage has been exhausted. "We" have no duty to defend any suit or settle any claim for "bodily injury" or "property damage" not covered under this policy.

ADDITIONAL DEFINITIONS FOR PART A: LIABILITY COVERAGE

When used in **Part A: Liability Coverage**:
A. "Insured" means:
   1. "You" and any "family member" for the ownership, maintenance or use, including loading or unloading, of any "private passenger auto".
   2. Any other person using, including loading and unloading, a "covered auto" with " permission and within the scope of "your" permission.
   3. For a "covered auto", any person or organization but only with respect to legal responsibility for acts or omissions of a person for whom coverages is afforded under this **Part A: Liability Coverage**.
   4. For any "private passenger auto", other than a "covered auto", any other person or organization but only with respect to legal responsibility for acts or omissions of "you" or any "family member" for whom coverages is afforded under this **Part A: Liability Coverage**. This provision applies only if the person or organization does not own or hire the auto.
B. The following are not "insureds" under this **Part A: Liability Coverage** section of this policy:
   1. The United States of America or any of its agencies.
   2. Any person with respect to "bodily injury" or "property damage" resulting from the operation of an auto by the person as an employee of the United States Government if the provisions of Section 2679 of Title 28, United States Code (Federal Tort Claims Act), as amended, require the Attorney General of the United States to defend that person in any civil action or proceeding which may be brought for the "bodily injury" or "property damage".

SUPPLEMENTARY PAYMENTS

In addition to "our" limit of liability, "we" will pay on behalf of an "insured":
   1. Up to $250 for the cost of bail bonds required because of an "accident", including related traffic law violations. The "accident" must result in "bodily injury" or "property damage" covered under this policy. "We" have no duty to apply for or furnish this bond.
   2. Premiums on appeal bonds and bonds to release attachments in any suit "we" defend.
   3. Interest accruing after a judgment is entered in any suit "we" defend. "Our" duty to pay interest ends when "we" offer to pay that part of the judgment which does not exceed "our" limit of liability for this coverage.
   4. Up to $50 a day for loss of earnings, but not other income, because of attendance at hearings or trials at "our" request.
   5. Other reasonable expenses incurred at "our" request.

EXCLUSIONS FOR PART A: LIABILITY COVERAGE

"We" do not provide Liability Coverage, including "our" duty to defend, for any "insured":

1. Who intentionally causes "bodily injury" or "property damages" or is caused by an intentional act by an "insured", or at the direction of the "insured" even if the actual injury or damage is different than that which was intended. However, this exclusion does not apply to an innocent co-Insured who did not cooperate in or contribute to the creation of the loss, if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss.
2. For damage to property owned by, rented to, being transported by, used by, or in the care of the "insured". An auto operated by an "insured" shall be considered to be property in charge of an "insured". This exclusion does not apply to damage to a residence or private garage owned by a person other than "you" or another "insured".
3. For "bodily injury" to an employee of that person during the course of employment. This exclusion does not apply to "bodily injury" to a domestic employee unless workers' compensation benefits are required or available for that domestic employee.
4. For that "insured's" liability arising out of the ownership or operation of a vehicle while it is being used:
    a. as a public or livery conveyance or to carry persons or property for a fee or compensation; or
    b. for retail or wholesale delivery, including but not limited to pizza, magazine, newspaper, and mail delivery; or
    c. for "ride-sharing activity".

    This exclusion does not apply to motor vehicles used in shared-expense car pools or while the vehicle is used in the course of volunteer work for a tax-exempt organization.
5. For that person's liability arising out of the use of a vehicle while leased or rented to others or given in exchange for compensation, including while used in connection with a "personal vehicle sharing program". This exclusion does not apply to the operation of a "covered auto" by "you" or a "family member".
6. While employed or otherwise engaged in the "business" of selling, repairing, servicing, storing, or parking vehicles designed for use mainly on public highways. This includes road testing and delivery. This exclusion does not apply to the ownership, maintenance or use of a "covered auto" by "you", any "family member", or any partner, agent or employee of" you" or any "family member".
7. Maintaining or using any vehicle while that person is employed or otherwise engaged in any "business" (other than farming or ranching) not described in Exclusion A.6. This exclusion does not apply to the maintenance or use by "you" of a "covered auto" that "you" own.
8. Using a vehicle without a reasonable belief that that person is entitled to do so. This exclusion does not apply to the use of a "covered auto" by "you", a "family member", or a partner, employee, or agent of "you" or a "family member".
9. For "bodily injury" or "property damage" resulting from, or sustained:
    a. While a "covered auto" is used in an organized competitive event, including but not limited to:
        i. A racing contest or event;
        ii. Speed contest or event; or
        iii. In practice or preparation for any prearranged or organized racing or speed contest or event.
    b. While a "covered auto" is used in "performance testing" that is done on a closed road, or a race track, or a testing facility environment where there is no competition.
10. For "bodily injury" or "property damage" due to nuclear reaction or radiation.
11. For "bodily injury" or "property damage" for which that person:
    a. Is an insured under a nuclear energy liability policy; or
    b. Would be an insured under a nuclear energy liability policy but for its termination upon exhaustion of its limit of liability.

    A nuclear energy liability policy is a policy issued by any of the following or their successors:
    a. American Nuclear Insurers;
    b. Mutual Atomic Energy Liability Underwriters; or
    c. Nuclear Insurance Association of Canada.
12. Any liability assumed under any contract by the "insured".
13. Punitive or exemplary damages. However, if a suit shall have been brought against the Insured with respect to a claim for acts or alleged acts falling within the coverage hereof, seeking both compensatory and punitive or exemplary damages, then this policy will afford a defense to such action without liability, however, for such punitive or exemplary damages.
14. For "bodily injury" or "property damage" caused by, or reasonably expect to result from, a criminal act or omission of an "insured". This exclusion applies regardless of whether that "insured" is actually charged with, or convicted of, a crime. For purposes of this exclusion, criminal acts or omissions do not include traffic violations.

"We" do not provide Liability Coverage for the ownership, maintenance or use of:

1. Any motorized vehicle having fewer than four wheels.
2. Any vehicle designed mainly for use off public roads.
3. Any vehicle used as an emergency or public safety vehicle.
4. Any vehicle, other than a "covered auto" which is owned by "you" or furnished or available for the regular use of any person designated in the Declarations as a named insured or spouse of such person.
5. Any vehicle, other than a "covered auto" which is owned by a "family member" or furnished or available for the regular use of any "family member". However, this exclusion does not apply to "your" maintenance or use of any vehicle which is owned by a "family member" or furnished or available for the regular use of a "family member".

"We" do not provide Liability Coverage:

1. For "bodily injury" to any fellow employee of an "insured" arising out of and in the course of their employment. This exclusion does not apply to "bodily injury" to "you" or any "family member's" fellow employees.
2. For any person's liability resulting from the handling of property:
    a. Before it is moved from the place where it is accepted by an "insured" for movement into or onto a "covered auto"; or
    b. After it is moved from a "covered auto" to the place where it is finally delivered by an "insured".
1. For any person's liability resulting from the movement of property by a mechanical device (other than a hand truck) not attached to a "covered auto".

LIMIT OF LIABILITY

The limit of liability shown in the Declaration for this coverage is "our" maximum limit of liability for all damages resulting from any one auto "accident". This is the most "we" will pay regardless of the number of:

1. "Insureds",
2. Claims made,
3. Lawsuits brought,
4. Vehicles or premiums shown in the Declarations, or
5. Vehicles involved in the auto "accident".

"We" will apply the limit of liability to provide any separate limits required by law for "bodily injury" and "property damage" liability. However, this provision will not change "our" total limit of liability.

If the Declarations shows a split limit:

1. The amount shown for Each Person is the most "we" will pay for all damages due to "bodily injury" to one person resulting from any one "accident";
1. Subject to the Each Person limit, the amount shown for Each Accident is the most "we" will pay for all damages due to "bodily injury" sustained by two or more persons in any one "accident", and
2. The amount shown for "property damage" is the most "we" will pay for the total of all "property damage" resulting from any one "accident".

Except as otherwise provided by law, the Each Person limit of liability applies to the total of all claims made for "bodily injury" to a person and all claims of others derived from such "bodily injury", including but not limited to, emotional injury or mental anguish resulting from the "bodily injury" of another or from witnessing the "bodily injury" to another, loss of society, loss of companionship, loss of services, loss of consortium, and wrongful death.

No one is entitled to duplicate payment for the same elements of damages.

"We" will not pay under this **Part A: Liability Coverage** section any expenses paid or payable under **Part B: Medical Payments Coverage.**

PERMISSIVE USER MINIMUM LIMITS

For an "insured" other than "you", any "family member", or other listed drivers, any coverage provided is only up to the "minimum limits", which is the state mandatory minimum of $15,000 each person, $30,000 each "accident", and $5,000 for property damage.

OUT OF STATE COVERAGE

If an auto "accident" to which this policy applies occurs in any state, territory, or province in the United States of America or Canada, other than the one in which a "covered auto" is principally garaged, "we" will interpret "your" policy for that "accident" as follows:

If the state or province has:

1. A financial responsibility or similar law specifying limits of liability for "bodily injury" or "property damage" higher than the limit shown in the Declarations, "your" policy will provide the higher specified limit.
2. A compulsory insurance or similar law requiring a nonresident to maintain insurance whenever the nonresident uses a vehicle in that state or province, "your" policy will provide at least the required minimum amounts and types of coverage.

FINANCIAL RESPONSIBILITY

When this policy is certified as future proof of financial responsibility, this policy shall comply with the law to the extent required. The "insured" must reimburse "us" if "we" make a payment that "we" would not have made if this policy was not certified as a proof of financial responsibility.

OTHER INSURANCE

If there is other applicable liability insurance:

1. "We" will pay only "our" share of the loss. "Our" share is the proportion that "our" limit of liability bears to the total of all applicable limits.
2. Any insurance "we" provide for a vehicle "you" do not own, including any vehicle while used as a temporary substitute for a "Covered auto", shall be excess over any other collectible insurance.

PART B: MEDICAL PAYMENTS COVERAGE

INSURING AGREEMENT

"We" will pay reasonable expenses incurred for necessary "medical services" because of "bodily injury":

1. Caused by an "accident"; and
2. Sustained by an "insured".

"We" will pay only those expenses incurred within 3 years from the date of the "accident".

"We" or someone on "our" behalf, will determine:

1. Whether the expenses for "medical services" are reasonable; and
2. Whether the "medical services" are necessary.

ADDITIONAL DEFINITIONS FOR PART B: MEDICAL PAYMENTS COVERAGE

When used in **Part B: Medical Payments Coverage**,

1. "Insured" means:
    a. "You" or any "family member" while "occupying" or as a pedestrian when struck by a motor vehicle designed for use mainly on public roads or a "trailer" of any type.
    b. Any other person while "occupying" a "covered auto" with the permission of "you" or a "family member".

2. "Medical services" means medical, surgical, dental, x-ray, ambulance, hospital, professional nursing, and funeral services, and includes the cost of eyeglasses, hearing aids, pharmaceuticals, orthopedics, and prosthetic devices.

EXCLUSIONS FOR PART B: MEDICAL PAYMENTS COVERAGE

"We" do not provide Medical Payments Coverage for any person for "bodily injury":

1. Sustained while "occupying" any motorized vehicle having fewer than four wheels.
2. Caused by, or reasonably expected to result from, a criminal act or omission of an "insured". This exclusion applies regardless of whether the "insured" is actually charged with, or convicted of, a crime. For purposes of this exclusion, criminal acts or omissions do not include traffic violations.
3. Sustained while "occupying" a "covered auto" when used:
    a. to carry persons or property for a fee or compensation; or
    b. on a regular basis for retail or wholesale delivery, including but not limited to pizza, magazine, newspaper and mail delivery; or
    c. for "ride-sharing activity".

    This exclusion does not apply to motor vehicles used in share-expense car pools or while the vehicle is used in the course of volunteer work for a tax-exempt organization.
4. Sustained by any person while "occupying" a "covered auto" while leased or rented to others or given in exchange for compensation, including while used in connection with a "personal vehicle sharing program". This exclusion does not apply to the operation of a "covered auto" by "you" or a "family member".
5. Sustained while "occupying" any vehicle located for use as a residence or premises.
6. Occurring during the course of employment if workers' compensation benefits are required or available for the "bodily injury".
7. Sustained while "occupying", or when struck by, any vehicle (other than a "covered auto") which is owned by "you" or furnished or available for the regular use of any person designated in the Declaration as a named insured or the spouse of such person.
8. Sustained while "occupying", or when struck by, any vehicle (other than a "covered auto") which is owned by any "family member" or furnished or available for the regular use of any "family member".
9. Sustained while "occupying" a vehicle without a reasonable belief that that person is entitled to do so. This exclusion does not apply to the use of a "covered auto" by "you", a "family member", or a partner, employee, or agent of "you" or a "family member".
10. Sustained while "occupying" a vehicle:
    a. While the vehicle is in an organized competitive event, including but not limited to:
        i. A racing contest or event;
        ii. Speed contest or event; or
        iii. In practice or preparation for any prearranged or organized racing or speed contest or event.
    b. While the vehicle is used in "performance testing" that is done on a closed road, or a race track, or a testing facility environment where there is no competition.
11. Sustained while "occupying" a vehicle when it is being used in the "business" of an "insured". This exclusion does not apply to the "bodily injury" sustained while "occupying" a "covered auto" that "you" own if that business has been disclosed to "us" and all applicable premiums have been paid.
12. Caused by an "accident" involving a vehicle while being maintained or used by a person while employed or engaged in any auto business. This exclusion does not apply to "you", a "family member", or an agent or employee of "you" or a "family member" when using a "covered auto".
13. Caused by or as a consequence of:

a. discharge of a nuclear weapon (even if accidental);
a. war (declared or undeclared), including, but not limited to, civil war;
b. warlike action by any military force of any government, sovereign or other authority using military personnel or agents. This includes any action taken to hinder or defend against an actual or expected attack; or
c. insurrection, rebellion, revolution, usurped power, or any action taken by a governmental authority to hinder or defend against any of these acts.

14. From or as a consequence of the following, whether controlled or uncontrolled or however caused:
    a. nuclear reaction, radiation, or radioactive contamination;
    b. any accidental or intentional discharge, dispersal or release of radioactive, nuclear, pathogenic, or poisonous biological material; or
    b. any intentional discharge, dispersal or release of chemical or hazardous material for any purpose other than its safe and useful purpose.
15. For which insurance:
    a. is afforded under a nuclear energy liability insurance contract; or
    b. would be afforded under a nuclear energy liability insurance contract but for its termination upon exhaustion of its limit of liability; or
    c. for which the United States Government is liable under the Federal Tort Claims Act.

LIMIT OF LIABILITY

The limit of liability shown in the Declarations for this coverage is "our" maximum limit of liability for each person injured in any one "accident". This is the most "we" will pay regardless of the number of:

1. "Insureds";
2. Claims made;
3. Lawsuits brought;
4. Vehicles or premiums shown in the Declarations; or
5. Vehicles involved in the "accident".

Any amounts otherwise payable for expenses under this coverage shall be reduced by any amounts paid or payable for the same expense under **Part A: Liability Coverage**.

No payment will be made unless the injured person or that person's legal representative agrees in writing that any payment shall be applied toward any settlement or judgment that person receives under **Part A: Liability Coverage**.

No one will be entitled to duplicate payments under this policy for the same elements of damages.

UNREASONABLE OR UNNECESSARY MEDICAL EXPENSES

If an "insured" incurs expenses for "medical services" that "we" deem to be unreasonable or unnecessary, "we" may refuse to pay those expenses and contest them.

If the medical services provider sues the "insured" because "we" refuse to pay expenses for "medical services" that "we" deem to be unreasonable or unnecessary, "we" will pay any resulting defense costs, and any resulting judgement against the "insured", subject to the limit of liability for this coverage. "We" will choose the counsel. "We" will also pay reasonable expenses, including loss of earnings up to $50 per day, incurred at "our" request.

The "insured" may not sue "us" for expenses for "medical services" "we" deem to be unreasonable or unnecessary unless the "insured" paid the entire disputed amount to the medical service provider or the medical service provider has initiated a collection activity against the "insured" for the unreasonable or unnecessary expenses.

OTHER INSURANCE

Any payment "we" make under this coverage to an "insured" shall be excess over:

1. Other available valid and collectible automobile medical payments insurance;
2. Premises insurance affording benefits for medical expenses;
3. Individual, blanket or group accident, disability or hospitalization insurance;
4. Any medical, surgical, hospital or funeral services benefit or reimbursement plan;
5. Any health maintenance organization or preferred provider organization plan; or
6. Any benefits paid or payable under the provisions of any workers' compensation law, disability benefits or any similar law.

PART C: UNINSURED AND UNDERINSURED MOTORISTS COVERAGE
INSURING AGREEMENT

"We" will pay compensatory damages which an "insured" is legally entitled to recover from the owner or operator of an "uninsured motor vehicle" or "underinsured motor vehicle" because of:

1. "Bodily injury" sustained by an "insured" and caused by an "accident"; and
2. "Property damage" caused by an "accident" if the Declarations indicates that "property damage" Uninsured or Underinsured Motorists Coverage applies to that auto. Only items a. and d. under the definition of "uninsured or underinsured motor vehicle" apply to "property damage"

The owner's or operator's liability for these damages must arise out of the ownership, maintenance or use of the "uninsured or underinsured motor vehicle". With respect to coverage under item b. of the definition of "uninsured or underinsured motor vehicle", "we" will pay only after the limits of liability under any applicable bonds or policies have been exhausted by payment or judgement of settlements.

Any judgement for damages arising out of a suit brought without "our" written consent is not binding on "us".

With respect to coverage for "property damage", the "accident" must involve direct physical contact between "your" "covered auto" and the "uninsured or underinsured motor vehicle", and

1. The owner or operator of the "uninsured or underinsured motor vehicle" must be identified; or
2. The "uninsured or underinsured motor vehicle" must be identified by its license number.

ADDITIONAL DEFINITIONS FOR PART C: UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

When used in **Part C: Uninsured and Underinsured Motorist Coverage**:

1. "Insured" means:
    a. "You" or any "family member";
    b. Any other person "occupying" a "covered auto" within the scope of the owner's express or implied permission;
    c. Any person for damages that person is legally entitled to recover because of "bodily injury" to which this coverage applies sustained by a person in a. or b. above.
2. "Property Damage" as used in this Part means injury to or destruction of a "covered auto". However, "property damage" does not include:
    a. Loss of use of a "covered auto"; or
    b. Damage to personal property contained in a "covered auto" other than a "child passenger restraint system" that:
        i. Meets the applicable federal motor vehicle safety standards; and
        ii. Was in use by a child, or was damaged, at the time of the "accident" for which this coverage applies.
3. "Uninsured or underinsured motor vehicle" means a land motor vehicle or trailer of any type:
    a. To which no liability bond or policy applies at the time of the "accident".
    b. Which, with respect to damages for "bodily injury" only, is an underinsured motor vehicle. An underinsured motor vehicle is one which a liability bond or policy applies at the time of the "accident" but its limit of liability is less than the limit of liability for this coverage.

c. Which, with respect to damages for "bodily injury" only, is a hit and run vehicle whose owner or operator cannot be identified and which makes physical contact with:
    i. "You" or any "family member";
    ii. A vehicle which "you" or any "family member" are "occupying"; or
    iii. A "covered auto"

    provided that the "insured", or someone on their behalf:
    i. Reports the "accident" to the police or civil authority within 24 hours or as soon as practicable after the "accident"; and
    ii. Provides us, within 30 days of the "accident", a statement under oath that the "insured", or their legal representative, has a cause of action against the owner or operator of a vehicle who cannot be identified. The statement must set forth facts supporting the claims.

d. To which a liability bond or policy applies at the time of the "accident" but the bonding or insuring company:
    i. Denies coverage; or
    ii. Refuses to admit coverage except conditionally or with reservation; or
    iii. Is or becomes insolvent within one year of the "accident".

4. "Uninsured or underinsured motor vehicle" does not include any vehicle or equipment:
    a. Owned by "you" or any "family member" unless the vehicle is being operated, or caused to be operated, by a person without the consent of the owner of such vehicle in connection with criminal activity that has been documented in a police report.
    b. Furnished or available to for the regular use of "you" or any "family member".
    c. Owned or operated by a self-insurer under any applicable motor vehicle law, except a self-insurer which is or becomes solvent.
    d. Owned by the United States of America, Canada, a state or political subdivision of any of those governments or an agency of any of the foregoing.
    e. Designed or modified for use off public roads while not on public roads.
    f. While located for use as a residence or premises.
    g. That is a "covered auto"
    h. That has at least the minimum property damage liability limits required by Vehicle Code § 16056, even if the property damage liability limits are not sufficient to compensate for all property damage caused by the owner or operator of the vehicle.

EXCLUSIONS FOR PART C: UNINSURED AND UNDERINSURED MOTORISTS COVERAGE

"We" do not provide Uninsured and Underinsured Motorists Coverage for:

1. "bodily injury" or "property damage" sustained by any "insured" while "occupying" or when struck by any motor vehicle or a "trailer" of any type used with a motor vehicle owned by "you" or any "family member" which is not insured for this coverage under this policy. However, this exclusion shall not apply to "bodily injury" sustained by an "insured" when struck by any motor vehicle or trailer owned by that "insured" and being operated or cause to be operated by a person without that "insured's consent in connection with criminal activity that has been documented in a policy report and that the "insured" is not a party to the criminal activity.
2. "bodily injury" if that "insured" or legal representative settles the "bodily injury" claim without our written consent. This exclusion does not apply to a settlement made with the insurer of a vehicle described in Section b. of the definition of "uninsured motor vehicle".
3. Using a vehicle without the reasonable belief that the "insured" is entitled to do so.
4. While "occupying" a motor vehicle rented or leased to the "insured" for:
    a. use as a public or livery conveyance;
    b. to carry persons or property for a fee;
    c. for retail or wholesale delivery, including, but not limited to, the pickup transport or delivery of magazines, newspapers, mail or food; or
    d. for "ride-sharing activity".

    This exception does not apply to share-the-expense car pool.
5. "bodily injury" or "property damage" arising out of the use of a "covered auto" while being used in connection with a "personal vehicle sharing program". This exclusion does not apply to the operation of a "covered auto" or by a "family member".

6. “property damage” to a trailer of any type; or any motor vehicle owned by “you” to which Collison Coverage applies under this policy; or any other motor vehicle to the extent that there is valid and collectible Collision Coverage applicable to that damage under any other policy.
7. Directly or indirectly to benefit:
    a. Any insurer or self-insurer under any of the following or similar law:
        i. Workers’ compensation law; or
        ii. Disability benefits law
    b. Any insurer of property.
8. Directly to the benefit of the United States or any State or political subdivision thereof.
9. “We” do not provide Uninsured and Underinsured Motorists Coverage for punitive or exemplary damages.
10. “bodily injury” sustained by any person while “occupying” a motor vehicle, other than a “covered auto”, if the owner has insurance similar to that provided under this **Part C – Uninsured and Underinsured Motorists Coverage**.
11. “bodily injury” arising out of the use of a “covered auto” while being used in connection with a “personal vehicle sharing program”. This exclusion does not apply to the operation of a “covered auto” by “you” or a “family member”.
12. For “bodily injury” or “property damage” resulting from, or sustained:
    a. While the vehicle is used in an organized competitive event, including but not limited to:
        i. A racing contest or event;
        ii. Speed contest or event; or
        iii. In practice or preparation for any prearranged or organized racing or speed contest or event.
    b. While the vehicle is used in “performance testing” that is done on a closed road, or a race track, or a testing facility environment where there is no competition.
13. For “bodily injury” or “property damage” due to nuclear reaction or radiation.
14. To “bodily injury” or “property damage” to a motor vehicle operated by a person excluded from coverage under this policy under a Named Driver Exclusion election;

LIMIT OF LIABILITY FOR UNINSURED AND UNDERINSURED MOTORISTS BODILY INJURY

1. The limit of Uninsured and Underinsured Motorists Bodily Injury Liability shown in the Schedule or in the Declarations for each person for Uninsured and Underinsured Motorists Coverage is “our” maximum limit of liability for all damages, including damages for care, loss of services or death, arising out of “bodily injury” sustained by any one person in any one “accident”. Subject to this limit for each person, the limit of Bodily Injury Liability shown in the Schedule or in the Declarations for each “accident” for Uninsured and Underinsured Motorists Coverage is our maximum limit of liability for all damages for “bodily injury” resulting from any one “accident”. If a limit for Uninsured and Underinsured Motorists Property Damage Liability is shown in the Schedule or in the Declarations for each “accident” for Uninsured and Underinsured Motorists Coverage, this limit is “our” maximum limit of liability for all “property damage” resulting from any one “accident”. This is the most “we” will pay regardless of the number of:
    a. “Insureds”;
    b. Claims made;
    c. Vehicles or premiums shown in the Schedule or in the Declarations;
    d. Premiums paid; or
    e. Vehicles involved in the “accident”.

    There will be no adding, stacking or combining of coverage.
2. If the Declarations indicate Combined Single Limit applies, then paragraph 1. above is replaced by the following:
    The limit of liability shown on the Declarations for Uninsured and Underinsured Motorists Coverage is “our” maximum limit of liability for all damages resulting from any one “accident”. This is the most “we” will pay regardless of the number of:
    a. “Insureds”;
    b. Claims made;
    c. Vehicles or premiums shown in the Schedule or in the Declarations;
    d. Premiums paid; or
    e. Vehicles involved in the “accident”.

    There will be no adding, stacking or combining of coverage.

"We" will apply the limit of liability to provide any separate minimum limits required by law for "bodily injury" and "property damage". However, this Provision will not change "our" maximum limit of liability. No separate limits are available to anyone for derivative claims, statutory claims, or any other claims made by anyone arising out of "bodily injury", including death, from any one "accident".

3. No one will be entitled to receive duplicate payments for the same elements of loss under this coverage and any other coverage under this policy that is applicable to the loss.
4. "We" will not make a duplicate payment under this coverage for any element of loss for which payment has been made by or on behalf of persons or organizations who may be legally responsible.
5. With respect to coverage under paragraph b. of the definition of "Uninsured or underinsured motor vehicle", "we" will reduce the "insured's" total damages by any amount available to that "insured", under any bodily injury liability bonds or policies applicable to the "Uninsured motor vehicle", that such "insured" did not recover as a result of a settlement between that "insured" and the insurer of an "Uninsured or underinsured motor vehicle". However, any reduction of the "Insured's" total damages will not reduce the limit of liability for this coverage.
   This paragraph 5. shall not apply if "we" advance payment to the "insured" in an amount equal to the tentative settlement with the insurer of the "Uninsured motor vehicle".

LIMIT OF LIABILITY FOR UNINSURED AND UNDERINSURED MOTORISTS PROPERTY DAMAGE

"Our" maximum limit of liability for all damages for "property damage" resulting from any one "accident" will be the lesser of:

1. The limit of Property Damage Liability shown in the Declarations; or
2. The actual cash value of the "covered auto"; or
3. The amount of any deductible if there is a valid and collectible Collision coverage under any policy; or
4. The Limit of Liability shown on the Declarations page for Uninsured and Underinsured Motorists Property Damage.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the loss.

The limit of Bodily Injury Liability or Property Damage Liability is the most "we" will pay regardless of:

1. "Insureds"
2. Claims made;
3. Lawsuits brought;
4. Vehicles or premiums shown in the Declarations;
5. Vehicles involved in the "accident";
6. Policies involved; or
7. Premiums paid

The limit of liability shall be reduced by all sums:

1. Paid because of the "bodily injury" or "property damage" by or on behalf of persons or organizations who may be legally responsible. This includes all sums paid under **Part A: Liability Coverage** of this policy; and
2. Paid under any valid and collectible automobile medical payments insurance available including, but not limited to, all sums paid or payable under **Part B: Medical Payments Coverage** of this policy; and
3. Paid and the present value of all sums payable because of the "bodily injury" under any workers' compensation law exclusive of non-occupational disability benefits.

"We" will not make a duplicate payment under this coverage for the same elements of loss that has been paid by or on behalf of persons or organizations who may be legally responsible. This includes all sums paid under **Part A: Liability Coverage** of this policy.

"We" will not make duplicate payment under this coverage for the same element of loss that has been paid under any automobile medical payments coverage. This includes all sums paid under **Part B: Medical Payments Coverage** of this policy.

"We" will not make a duplicate payment under this coverage for the same element of loss that a person is entitled to receive payment of under any workers' compensation law exclusive of non-occupational disability benefits.

OTHER INSURANCE

If there is other applicable insurance available under one or more policies or provisions of coverage that is similar to the insurance provided under this endorsement:

1. Any recovery for damages under all such policies or provisions of coverage may equal but not exceed the highest applicable limit for any one vehicle under any insurance providing coverage on either a primary or excess basis.
2. Any insurance "we" provide with respect to a vehicle "you" do not own, including any vehicle while used as a temporary substitute for a "covered auto", shall be excess over any collectible insurance providing such coverage on a primary basis.
3. If the coverage under this policy is provided:
    a. On a primary basis, "we" will pay only "our" share of the loss that must be paid under insurance providing coverage on a primary basis. "Our" share is the proportion that "our" limit of liability bears to the total of all applicable limits of liability for coverage provided on a primary basis.
    b. On an excess basis, "we" will pay only "our" share of the loss that must be paid under insurance providing coverage on an excess basis. "Our" share is the proportion that "our" limit of liability bears to the total of all applicable limits of liability for coverage provided on an excess basis.
4. Nothing in this "Other Insurance" clause shall be deemed to provide, grant or extend coverage that is not otherwise provided under the terms of this endorsement.

ARBITRATION

1. If "we" and an "insured" do not agree:
    a. Whether that "insured" is legally entitled to recover damages; or
    b. As to the amount of damages which are recoverable by that "insured";

    from the owner or operator of an "Uninsured or underinsured motor vehicle", then the matter may be arbitrated. However, disputes concerning coverage under this endorsement may not be arbitrated. Both parties must agree to arbitration. If so agreed, each party will select an arbitrator. The two arbitrators will select a third. If they cannot agree within thirty (30) days, either may request that selection be made by a judge of a court having jurisdiction.
2. "We" will pay all arbitration expenses. Arbitration expenses will not include an "insured's" attorney's fees or any expenses incurred in producing evidence or witnesses.
3. Unless both parties agree otherwise, arbitration will take place in the county in which the "insured" lives. Local rules of law as to procedure and evidence will apply. A decision agreed to by two of the arbitrators will be binding as to:
    a. Whether the "Insured" is legally entitled to recover damages; and
    b. The amount of damages.

ADDITIONAL DUTIES

1. A person seeking coverage under **Part C – Uninsured and Underinsured Motorists Coverage**. must also promptly notify "us" of a tentative settlement between the "insured" and the insurer of "underinsured motor vehicle" or the "owner" or operator of an "Uninsured or underinsured motor vehicle" and allow "us" a reasonable time to advance payment to that Insured in an amount equal to the tentative settlement to preserve "our" rights against the insurer, owner or operator of

such “Uninsured or underinsured motor vehicle”. However, this paragraph 1. does not apply if failure to notify “us” does not prejudice “our” rights against the insurer, owner or operator of such “uninsured motor vehicle”.

GENERAL POLICY CONDITIONS

The following is added to OUR RIGHT TO RECOVER PAYMENT:
“Our” right to recover payment does not apply with respect to Uninsured and Underinsured Motorists Coverage if we:

1. Have been given prompt written notice of a tentative settlement between an “insured” and the insurer of an “Uninsured or underinsured motor vehicle”; and
2. Fail to advance payment to the “insured” in an amount equal to the tentative settlement within a reasonable time after receipt of notification.

If “we” advance payment to the “insured” in an amount equal to the tentative settlement within a reasonable time after receipt of notification:

1. That payment will be separate from any amount the “insured” is entitled to recover under the provisions of Uninsured and Underinsured Motorists Coverage.
2. “We” also have a right to recover the advanced payment.

PART D: COVERAGE FOR PHYSICAL DAMAGE TO YOUR AUTO
INSURING AGREEMENT

“We” will pay for direct and accidental loss to a “covered auto” or any “non-owned auto”, including their equipment, minus any applicable deductible shown in the Declarations caused by:

1. “Comprehensive” only if the Declarations indicate that Comprehensive Coverage is provided for that auto.
2. “Collision” only if the Declarations indicate that Collision Coverage is provided for that auto.

If there is a loss to a “non-owned auto”, “we” will provide the broadest coverage applicable to any “covered auto” shown in the Declarations.

ADDITIONAL DEFINITIONS FOR PART D: COVERAGE FOR PHYSICAL DAMAGE TO YOUR AUTO

When used in **Part D:**

1. “Collision” means the upset of a “covered auto” or a “non-owned auto” or their impact with another vehicle or object. If breakage of glass is caused by a “collision”, “you” may elect to have it considered a loss caused by “collision”. This coverage only applies if “collision” is shown on the Declarations as applicable to that vehicle.

   No deductible applies if the claimed loss is only for breakage of glass to a “covered auto” and, in lieu of replacement, “you” elect to have the damage repaired by a repair shop approved by us.

2. “Comprehensive” means loss to “your” “covered auto” or a “non-owned auto” not caused by “collision”. Loss caused by the following are not “collision” losses but are “comprehensive” losses:
   a. Missiles or falling objects;
   b. Fire;
   c. Theft or larceny;
   d. Explosion or earthquake;
   e. Windstorm;
   f. Hail, water, or flood;
   g. Malicious mischief or vandalism;
   h. Riot or civil commotion;
   i. Contact with bird or animal; or
   j. Breakage of glass.

3. “Custom parts or equipment” means any equipment, devices, accessories, enhancements, and changes, other than those that are original manufacturer installed, which alter the appearance or performance of a vehicle. Custom parts or equipment consist of the following:

a. Special carpeting, furniture or insulation;
b. Stereos, CD players, CD changers, amplifiers or speakers;
c. Engine, drive train, suspension, mechanical or body components intended to enhance vehicle performance or appearance;
d. Custom murals, paint, paintings or other decals or graphics;
e. Chrome, reverse chrome, alloy or magnesium wheels or chrome engine accessories; or
f. T-bar roofs, roll bars, light bars and grille guards.

4. "Non-owned auto" means any "private passenger auto" not owned by or furnished or available for the regular use of "you" or any "family member" while in the custody of or being operated by "you" or any "family member". However, "non-owned auto" does not include any vehicle used as a temporary substitute for a vehicle "you" own which is out of normal use because of its breakdown, repair, servicing, loss or destruction.

TRANSPORTATION EXPENSES

In addition, "we" will pay up to $15 per day, to a maximum of $450 for transportation expenses incurred by "you". This applies only in the event of the total theft of a "covered auto" or a "non-owned auto". "We" will pay only transportation expenses incurred during the period:

1. Beginning 48 hours after the theft; and
2. Ending when the "covered auto" is returned to use or "we" pay for its loss.

EXCLUSIONS FOR PART D: COVERAGE FOR PHYSICAL DAMAGE TO YOUR AUTO

"We" will not pay for

1. Loss to a "covered auto" while used:
   a. to carry persons or property for a fee or compensation; or
   b. on a regular basis for retail or wholesale delivery, including but not limited to pizza, magazine, newspaper and mail delivery; or
   c. for "ride-sharing activity".

   This exclusion does not apply to motor vehicles used in share-expense car pools or while the vehicle is used in the course of volunteer work for a tax exempt organization.
2. Loss to a "covered auto" while it is leased or rented to others or given in exchange for compensation, including while being used in connection with a "personal vehicle sharing program". This exclusion does not apply to the operation of a "covered auto" by "you" or a "family member".
3. Damage due and confined to wear-and-tear, freezing, mechanical or electrical breakdown or failure, or road damage to tires. This exclusion does not apply if the damage results from the total theft of the "covered auto".
4. Loss to a "covered auto" resulting from, or sustained:
   a. While the vehicle is used in an organized competitive event, including but not limited to:
      i. A racing contest or event;
      ii. Speed contest or event; or
      iii. In practice or preparation for any prearranged or organized racing or speed contest or event.
   b. While the vehicle is used in "performance testing" that is done on a closed road, or a race track, or a testing facility environment where there is no competition.
5. Loss due to or as a consequence of:
   a. discharge of any nuclear weapon (even if accidental);
   a. war (declared or undeclared), including, but not limited to, civil war;
   b. warlike action by any military force of any government, sovereign or other authority using military personnel or agents. This includes any action taken to hinder or defend against an actual or expected attack; or
   c. insurrection, rebellion, revolution, usurped power, or any action taken by a governmental authority to hinder or defend against any of these attacks.
6. Loss due to as a consequence of, whether controlled or uncontrolled or however caused:
   a. Nuclear reaction, radiation, or radioactive contamination;
   b. Any accidental or intentional discharge, dispersal or release of radioactive, nuclear, pathogenic, or poisonous biological material; or

b. Any intentional discharge, dispersal or release of chemical or hazardous material for any purpose other than its safe and useful purpose.

7. Loss to any vehicle for which insurance:
    a. Is afforded under a nuclear energy liability insurance contract; or
    b. Would be afforded under a nuclear energy liability insurance contract but for its termination upon exhaustion of its limit of liability.
8. Loss to equipment designed for the reproduction of sound. This exclusion does not apply if:
    a. The equipment is permanently installed in the "covered auto" or any "non-owned auto"; and
    b. The equipment is original equipment from the manufacturer.
9. Loss to portable equipment, devices, accessories, and any other personal effects that are not permanently installed. This includes, but is not limited to:
    a. tapes, records or other devices for use with equipment designed for the reproduction of sound;
    b. Any case or other container designed for use in storing or carrying tapes, compact discs, cassettes, DVD's or other recording or recorded media;
    c. Loss to equipment designed or used for the detection or location of radar, laser, or other speed measuring equipment or its transmissions; and
    d. Loss to any of the following or their accessories:
        i. citizens band radio;
        ii. two-way mobile radio;
        iii. telephone; or
        iv. scanning monitor receiver.

    This exclusion does not apply if the equipment is permanently installed in the opening of the dash or console of the "covered auto" or any "non-owned auto". This opening must be normally used by the auto manufacturer for the installation of the radio.
10. Loss to a camper body or "trailer" "you" own which is not shown in the Declarations.
11. Loss to any "non-owned auto" or any vehicle used as a temporary substitute for a vehicle "you" own, when used by "you" or any "family member" without a reasonable belief that "you" or that "family member" are entitled to do so. This exclusion does not apply to the use of a "covered auto" by "you", a "family member", or a partner, employee, or agent of "you" or a "family member".
12. Loss to business or office equipment or articles which are sales samples or used in exhibitions.
13. Loss to any "non-owned auto" being maintained or used by any person while employed or otherwise engaged in the "business" of selling, repairing, servicing, storing, or parking vehicles designed for use on public highways. This includes road testing and delivery.
14. Loss to a "covered auto" or any "non-owned auto" due to "diminution in value".
15. Loss to any vehicle cause by, or reasonably expected to result from, a criminal act or omission of you, a "family member", or the owner of a "non-owned auto". This exclusion applies regardless of whether "you", the "family member" or the owner of the "non-owned auto" is actually charged with, or convicted of, a crime. For purposes of this exclusion, criminal acts or omissions do not include traffic violations.
16. Loss to any vehicle caused by an intentional act committed by or at the direction of "you", a "family member" or the owner of a "non-owned auto", even if the actual damage is different than that which was intended or expected. However, this exclusion does not apply to an innocent co-insured who did not cooperate in or contribute to the creation of the loss, if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss.
17. Loss due to destruction or confiscation by governmental or civil authorities of any vehicle because "you" or a "family member" engaged in illegal activities.

LIMIT OF LIABILITY

"Our" limits of liability for loss will be the lesser of the:

1. Actual cash value of the stolen or damaged property at the time of loss reduced by the applicable deductible; or
2. Amount necessary to repair the damaged property to its pre-loss condition reduced by the applicable deductible; or
3. Amount necessary to replace the stolen or damaged property reduced by the applicable deductible.

However, the most "we" will pay for loss to:

1. Any "non-owned auto" which is a "trailer" is $500.

2. “Custom parts or equipment”, other than original equipment from the manufacturer, in or upon the “covered auto” is $1,000. Custom parts or equipment consist of the following:
    a. Special carpeting, furniture or insulation;
    b. Stereos, CD players, CD changers, amplifiers or speakers;
    c. Engine, drive train, suspension, mechanical or body components intended to enhance vehicle performance or appearance;
    d. Custom murals, paint, paintings or other decals or graphics;
    e. Chrome, reverse chrome, alloy or magnesium wheels or chrome engine accessories; or
    f. T-bar roofs, roll bars, light bars and grille guards.

    Coverage for custom parts or equipment shall not cause “our” limit of liability to be increased to an amount in excess of the actual cash value of the “covered auto”, including its custom parts or equipment.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.
If a repair or replacement results in better than like kind or quality, “we” will not pay for the amount of the betterment.

1. Deductions for betterment apply only to parts normally subject to repair or replacement during the useful life of the insured motor vehicle.
2. Such deductions shall be limited to the lesser of an amount equal to the proportion that the expired life of the part to be repaired or replaced bears to the normal useful life of that part, or the amount which the resale value of the vehicle is increased by the repair or replacement.

In determining the amount necessary to repair damaged property to its pre-loss condition, the amount to be paid by us:

1. Will not exceed the prevailing competitive labor rates charged in the area where the property is to be repaired and the cost of repair or replacement parts and equipment, as reasonably determined by us; and
2. Will be based on the cost of repair or replacement parts and equipment which may be new, reconditioned, remanufactured or used, including, but not limited to:
    a. Original manufacturer parts or equipment; and
    b. Nonoriginal manufacturer parts or equipment.

To determine the amount necessary to repair or replace the damaged property, the total cost of necessary repair or replacement may be reduced by unrepaired prior damage. Unrepaired prior damage includes broken, cracked or missing parts; rust; dents; scrapes; gouges; and peeling paint. The reduction for unrepaired prior damage is the cost of labor, parts and materials necessary to repair or replace damage, deterioration, defects, or wear and tear on exterior body parts, windshields and other glass, wheels, and paint, that existed prior to the “accident” and that is eliminated as a result of the repair or replacement of property damaged in the loss.

If there is a loss for a “non-owned auto”, “we” will provide the broadest coverage applicable to any “covered auto” shown in the Declarations.

Duplicate recovery for the same elements of damages is not permitted.

PAYMENT OF LOSS

“We” may pay for loss in money or repair or replace the damaged or stolen property. “We” may, at “our” expense, return any stolen property to “you” or the address shown in this policy.

If “we” return stolen property, “we” will pay for any damage resulting from the theft. “We” may keep all or part of the property at an agreed or appraised value.

If “we” have paid a loss for damage to a “covered auto”, “we” will take appropriate deductions from any payment due “you” for any subsequent loss for damage to the same “covered auto”, unless “you” furnish “us” with proof that the prior damage has been repaired.

“We” may settle any loss with “you” or the owner or lienholder of the property.

NO BENEFIT TO BAILEE

This insurance shall not directly or indirectly benefit any carrier or other bailee for hire.

LOSS PAYABLE CLAUSE

Payment under this **Part D : Coverage for Physical Damage to Your Auto** coverage for a loss to a "covered auto" will be made according to "your" interest and the interest of any lienholder shown on the Declarations page or designated by "you". At "our" option, payment may be made to both jointly, or to either separately. However, if the "covered auto" is not a total loss, "we" may make payment to "you" and the repairer of the auto.

The lienholder's interest will not be protected:

1. Where fraud, misrepresentation, material omission, or intentional damage resulting in a denial of coverage by "us" has been committed by or at the direction of "you" or any person seeking coverage. However, this exclusion does not apply to an innocent co-insured who did not cooperate in or contribute to the creation of the loss, if the loss arose out of a pattern of criminal domestic violence and the perpetrator of the loss is criminally prosecuted for the act causing the loss; or
2. Where the loss is otherwise not covered under the terms of this policy.

If this policy is cancelled, nonrenewed or voided, the interest of any lienholder under this policy will also terminate.

OTHER INSURANCE OR SOURCES OF RECOVERY

If other insurance or sources of recovery also covers the loss, "we" will pay only "our" share of the loss. "Our" share is the proportion that "our" limit of liability bears to the total of all applicable limits. However, any insurance "we" provide with respect to a "non-owned auto" or any vehicle used as a temporary substitute for a vehicle "you" own shall be excess over any other collectible insurance, including, but not limited to:

1. Any coverage provided by the owner of the "non-owned auto";
2. Any other applicable physical damage insurance; and
3. Any other source of recovery applicable to the loss.

APPRAISAL

If "we" and "you" do not agree on the amount of loss, either may demand an appraisal of the loss. In this event each party will select a competent appraiser. The two appraisers will select an umpire. The appraisers will state separately the actual cash value and the amount of loss. If they fail to agree, they will submit their differences to the umpire. A decision agreed to by any two will be binding. Each party will pay it's chosen appraiser and bear the expenses of the appraisal and umpire equally.

"We" do not waive any of "our" rights under this policy by agreeing to an appraisal.

PART E: ROADSIDE ASSISTANCE - BASIC

INSURING AGREEMENT

If "you" pay the premium for this coverage(s) noted on the "declarations page", then in the event that a "covered auto" or any "private passenger auto" "you" or any "family member" are "occupying" becomes disabled, this coverage provides towing service from the location of disablement to a location of "your" choice, up to 50 miles. Either "our" "roadside assistance representative" will provide towing service or "we" will reimburse "you" for towing service.

In addition, the following emergency roadside services are covered:

1. Extraction if stuck on or immediately next to a public road;
2. Delivery of supplies, including oil, water, other fluids and fuel;
3. Service to the battery;
4. Changing or inflating of flat tires; and
5. Lockout service, up to $100.

If any covered services are not performed by "our" "roadside assistance representative", "we" will only reimburse for the reasonable and customary charges, as determined by "us". Receipts for any of these services must be provided to "us" for consideration of payment.

This does not cover the cost of supplies, replacement parts, fluids other than two gallons of fuel, or any labor performed at a service or repair facility. A subsequent tow for the same disablement (including from a service station, garage, repair shop, or any other location) is also not covered.

ADDITIONAL DEFINITIONS FOR PART E: ROADSIDE ASSISTANCE - BASIC

The following definitions apply in Part E:

1. "Roadside assistance representative" means "our" contracted vendor that will provide roadside assistance of a disabled vehicle for "you" or any "family member".

LIMIT OF LIABILITY

Loss Settlement:

1. If a "covered auto" is covered by "us" under **Part D: Coverage for Physical Damage to Your Auto**, and is disabled as a result of a covered loss, payment will be made under **Part D: Coverage for Physical Damage to Your Auto.** In the event the cost of damages and the tow of the "covered auto" are below "your" deductible, payment for the tow will be made under this coverage.
2. No deductible applies to **Part E: Roadside Assistance -Basic**.

"We" will make no duplicate payment to or for any insured for the same element of loss.

OTHER INSURANCE

Any coverage provided under this coverage will be excess over any other insurance or other sources of recovery.

PART F: RENTAL REIMBURSEMENT

INSURING AGREEMENT

If "you" pay the premium for this coverage(s) noted on the "declarations page," then when there is a loss to one of the "covered autos", "we" will reimburse "you" for expenses "you" incur to rent a substitute auto. This coverage applies only if:

1. The auto is withdrawn from use for more than 24 hours, and
2. The loss is caused by "collision", or covered under **Part D: Coverage for Physical Damage to Your Auto** of this policy, and

In the event the "covered auto" is determined to be a total loss after repairs have begun, coverage continues for a reasonable amount of time after a total loss settlement is agreed to, not to exceed 30 days after the offer of the total loss settlement.

Additional fees or charges for insurance, damage waivers, optional equipment, fuel, or accessories are not covered.

If Rental Reimbursement Coverage applies, no other coverage under this policy for rental expenses will apply.

Rental charges will be reimbursed beginning:

1. When the "covered auto" cannot be driven due to a loss;
2. If the "covered auto" can be driven, when "you" deliver the "covered auto" to an auto repair shop or one of "our" Service Centers for repairs due to the loss;

and ending the earliest of:

1. When the "covered auto" has been returned to "you";
2. When the "covered auto" has been repaired or after a reasonable time in which "your" "covered auto" could have been repaired;
3. When the "covered auto" has been replaced;
4. 72 hours after "we" make an offer to settle the loss if the "covered auto" is deemed by "us" to be a total loss; or
5. When "you" incur 30 days' worth of rental charges.

"You" must provide "us" written proof of "your" rental charges to be reimbursed.

LIMIT OF LIABILITY

"Our" payment will not exceed the limits shown on the Declarations and payment will be limited to a reasonable and necessary period of time required to repair or replace the "covered auto".

PART G: INSURED'S DUTIES AFTER AN ACCIDENT OR LOSS

"We" have no duty to provide coverage under this policy unless there has been full compliance with the following:

A. "We" must be notified promptly of how, when and where the "accident" or loss happened. Notice should also include the names and addresses of any injured persons and of any witnesses.
B. A person seeking any coverage must:
    1. Cooperate with "us" in the investigation, settlement or defense of any claim or suit.
    2. Promptly send "us" copies of any notices or legal papers received in connection with the "accident" or loss.
    3. Submit, as often as "we" reasonably require:
        a. to physical exams by physicians "we" select. "We" will pay for these exams.
        b. To examinations under oath and subscribe the same.
    4. Authorize "us" to obtain:
        a. medical reports; and
        b. other pertinent records.
    5. Submit a proof of loss when required by "us".
C. A person seeking coverage under **Part D: Coverage for Physical Damage to Your Auto** must also:
    1. Take reasonable steps after loss to protect a "covered auto" and its equipment from further loss. "We" will pay reasonable expenses incurred to do this.
    2. Promptly notify the police if a "covered auto" is stolen.
    3. Permit "us" to inspect and appraise the damaged property before its repair or disposal.

PART H: GENERAL PROVISIONS APPLICABLE TO ALL COVERAGE

BANKRUPTCY

Bankruptcy or insolvency of the "insured" shall not relieve "us" of any obligations under this policy.

CHANGES

Premium Changes

The premium for this policy is based on information "we" have received from "you" or other sources. "You" agree:

1. that if any of this information material to the development of this policy premium is incorrect, incomplete or changed, "we" may adjust the premium accordingly during the policy period.
2. To cooperate with "us" in determining if this information is correct and complete, and to advise "us" of changes in this information.

Any adjustment of "your" premium will be made using the rules in effect at the time of the change.

Premium adjustment may be made as the result of a change in:

1. autos insured by this policy, including changes in use.
2. drivers, driver's age or driver's marital status.
3. coverages or coverage limits.
4. rating territory.
5. eligibility for discounts or other premium credits.

Coverage Changes

This policy contains all of the coverage agreements between "you" and "us". Its terms may not be changed or waived except by an endorsement issued by "us". "We" may revise "your" policy coverages to provide more protection without additional premium charge. If "we" do this and "you" have the coverage which is changed, "your" policy will automatically provide the additional coverage as of the date the revision is effective in "your" state.

FRAUD OR MISREPRESENTATION

"We" do not provide coverage for any "insured" who has made fraudulent statements or engaged in fraudulent conduct in connection with any "accident" or loss for which coverage is sought under this policy.

LEGAL ACTION AGAINST US

No legal action may be brought against "us" until there has been full compliance with all the terms of this policy. In addition, under **Part A: Liability Coverage**, no legal action may be brought against "us" until:

1. "We" agree in writing that the "insured" has an obligation to pay; or
2. The amount of that obligation has been finally determined by judgement after trial

No person or organization has any right under this policy to bring "us" into any action to determine the liability of an "insured".

OUR RIGHT TO RECOVER PAYMENT

If "we" make a payment under this policy and the person to or for whom payment was made has a right to recover damages from another "we" shall be subrogated to that right to the extent of "our" payment. "We" are entitled to payment, reimbursement and subrogation regardless of whether the total amount of the recovery of the person to or for whom payment was made is less than the actual loss suffered. The insured person assigns and transfers to us all rights, claims, demands and interest which that insured person may have against any party through the

occurrence of a loss and authorizes us to sue, compromise, or settle in the insured person's name all such claims and to execute and sign releases and acquittances in the insured person's name. That insured person may be required to sign documents related to the recovery and must do whatever else we require to help us exercise those recovery rights, and do nothing after an accident or loss to prejudice those rights. However, "our" rights in this paragraph do not apply under **Part B: Medical Payment Coverage** or **Part D: Coverage for Physical Damage to Your Auto**, against any person using a "covered auto" with a reasonable belief that that person is entitled to do so. This exclusion does not apply to the use of a "covered auto" by "you", a "family member", or a partner, employee, or agent of "you" or a "family member".

If "we" make a payment under this policy and the person to or for whom payment is made recovers damages from another, that person shall:

1. Hold in trust for "us" the proceeds of the recovery; and
2. Reimburse "us" to the extent of "our" payment.

POLICY PERIOD AND TERRITORY

This policy applies only to accidents and losses which occur:

1. After 12:01 a.m. on the first date of the Policy Period shown on the Declarations, or the time this policy was purchased, whichever is later; and
2. After it becomes effective but prior to cancellation, termination or 12:01 a.m. on the last date of the Policy Period shown on the Declarations, whichever is earlier; and
3. Within the policy territory.

The policy territory is:

1. The United States of America, it's territories or possessions;
2. Puerto Rico; or
3. Canada.

This policy also applies to loss to, or accidents involving, a "covered auto" while being transported between ports.
No coverage is provided under this policy for any "accident" or "loss" arising out of the use or maintenance of any vehicle or "trailer" in the Republic of Mexico.

RENEWAL AND TERMINATION

A. Cancellation

This policy may be cancelled during the policy period as follows:

1. The Named Insured shown in the Declarations may cancel by:
    a. returning this policy to "us";
    b. giving "us" advance written notice of the date cancellation is to take effect; or
    c. Giving "us" advance notice by any other method "we" agree to accept.
2. "We" may cancel by notifying the Named Insured shown in the Declarations at the last known address:
    a. at least 10 days' notice if cancellation is for nonpayment of premium; or
    b. at least 20 days' notice in all other cases.
3. "We" will cancel only:
    a. For nonpayment of premium;
    b. In the event of fraud or material misrepresentation affecting this policy or insured; or
    c. If there has been a substantial increase in the hazard insured against.

B. Nonrenewal

If "we" decide not to renew or continue this policy, "we" will mail notice to the named insured shown in the Declarations at the address last known to "us". Notice will be mailed at least 30 days before the end of the policy period and will include a specific explanation of the reasons for nonrenewal.

"We" will only non-renew this policy if one or more of the reasons as listed in Paragraph 3 of the above Cancellation section exists.

C. Automatic Termination

If “we” offer to renew or continue and “you” or “your” representative does not accept, this policy will automatically terminate at the end of the current policy period. Failure to pay the required renewal or continuation premium when due shall mean that “you” have not accepted “our” offer.

If “you” obtain other insurance on a “covered auto", any similar insurance provided by this policy will terminate as to that auto on the effective date of the other insurance.

D. Other Termination Provisions

1. “We” may deliver any notice electronically instead of mailing it. Proof of mailing of any notice shall be sufficient proof of notice.
2. If this policy is cancelled, “you” may be entitled to a premium refund. If so, “we” will send “you” the refund. The premium refund, if any, will be computed according to “our” manuals. However, making or offering to make the refund is not a condition of cancellation.
3. The effective date of cancellation stated in the notice shall become the end of the policy period.
4. “We” will give the same advance notice of cancellation or nonrenewal to the loss payee stated in the policy as “we” give to the named insured shown in the Declarations.

TRANSFER OF YOUR INTEREST IN THIS POLICY

“Your” rights and duties under this policy may not be assigned without “our” written consent. However, if a named insured shown in the Declarations dies, coverage will be provided for:

1. The surviving spouse if resident in the same household at the time of death. Coverage applies to the spouse as if a named insured shown in the Declarations; and
2. The legal representative of the deceased person as if a named insured shown in the Declarations. This applies only with respect to the representative’s legal responsibility to maintain or use a “covered auto”.

Coverage will only be provided until the end of the policy period.

CONFORMITY WITH STATUTE

Any provision of this policy that conflicts with a statute of the State of California, the provision shall be amended to conform to such law. Any dispute as to the coverage provided or the provisions of this policy shall be governed by the laws of California.

TWO OR MORE AUTO POLICIES

If this policy and any other auto insurance policy issued to “you” by “us” apply to the same “accident”, the maximum limit of “our” liability under all the policies shall not exceed the highest applicable limit of liability under any one policy.

RACING EXCLUSION

This policy does not apply to any vehicle:

1. While used in an organized competitive event, including but not limited to:
    a. A racing contest or event;
    b. Speed contest or event; or
    c. In practice or preparation for any prearranged or organized racing or speed contest or event.
2. While used in “performance testing” that is done on a closed road, or a race track, or a testing facility environment where there is no competition.
    “Performance testing” is when an “insured” uses any vehicle to:
    a. Test its performance in speed, handling; or

b. Test or practice driver skills

"Performance testing" does not apply to student-driver training activities an "insured" participates in to obtain that person's state issued learners permit or driver's license. "Performance testing" also does not apply to driver training activities an "insured" participates in to complete that person's state sanctioned courses in motor vehicle "accident" prevention defensive driving, driver improvement, or similarly designed courses.

WARNING – MEXICAN AUTOMOBILE LIABILITY INSURANCE

An automobile "accident" in the Republic of Mexico can be a criminal offense as well as a civil matter. If "you" are found guilty of causing the "accident", "your" auto can be impounded and "you" can also be detained. Unless "you" have automobile liability and property damage insurance written by a Mexican insurance company, "you" may spend many hours or days in jail if "you" have an "accident" in Mexico. Insurance coverage should be secured from a company licensed under the laws of Mexico to write such insurance in order to avoid complications and some other penalties possible under the laws of Mexico, including the possible impoundment of "your" auto.

LOSS PAYABLE CLAUSE

Policy Number:

Effective Date:

The Policy Number and Effective Date need be completed only when this endorsement is issued subsequent to preparation of the policy.

Loss Payee: VIN: 3FA6P0RU5LR197172 - Premier Auto Credit, PO Box 421669 , Atlanta GA 30342

Any claim under Part D: Coverage for Physical Damage to your Auto of the policy will be paid jointly to the insured and the Lienholder in the Declarations. The Lienholder must notify "us" if he becomes aware of any increased hazard or change of ownership of the auto or he will lose all of his rights under this policy. If the insured fails to file with us a Proof of Loss within 91 days after the loss, the Lienholder must do so within the following 60 days. The policy provisions on time of payment, appraisal and the right to sue "us" applies both to the Lienholder and the insured. "We" may settle a claim at "our" option by separate payment to the insured and the Lienholder. Whenever we pay the Lienholder, we shall be subrogated to the Lienholder's rights of recovery to the extent of the payment. If the policy is in effect as to the Lienholder but has been canceled as to the insured, the Lienholder must assign the loan to us if "we" ask, and "we" pay the full amount due. "We" reserve the right to cancel the policy as permitted by policy terms and the cancellation shall terminate this endorsement as to the loss payee's interest. "We" will give the same advance notice of cancellation to the loss payee as "we" give to the named insured shown in the Declarations. Failure to properly notify a named insured or failure to properly notify a bank or other lending institution shall have no effect on a party properly notified. This endorsement forms a part of "your" policy. It is effective at 12:01 A.M. local time at "your" address on the effective date shown above.

Where fraud, misrepresentation, material omission, or intentional damage has been committed by or at the direction of "you" or an insured, the Lienholder's interest will not be protected.

LEGAL RESPONSIBILITY

Any liability and any required no-fault coverages afforded by this policy for the “covered auto” described below also apply to the designee named in this endorsement. This insurance is subject to the following additional provisions.

1. We will pay damages for which the designee becomes legally responsible only if the damages arise out of acts or omissions of:
    a. you or any “family member”, or
    b. any other covered person using the “covered auto” described below with your permission.
2. This designation shall not operate to increase our limits of liability.

Designee:

Description of the “covered auto”:

This endorsement must be attached to the Change Endorsement when issued after the policy is written.

IMPORTANT INSURANCE INFORMATION

Dear Valued Customer,

Thank you for the opportunity to provide your important insurance protection. We value your business and like to keep you informed regarding your policy.

What's Happening?

Pursuant to special California Insurance Code requirements, you are notified of the following discounts or special rating that are available for eligible policyholders.

Who Can You Contact?

If you feel you qualify for any of these discounts and your Declarations page does not indicate you are receiving them, please contact your insurance agent at 1-844-34-TESLA.

How Your Driving Safety Record Can Increase Your Premium

Your driving safety record, along with other rating factors, determines what you pay for Liability, Medical Payments, Comprehensive, Collision and Uninsured Motor Vehicle Coverages. The driving record points for each driver is determined by traffic convictions and chargeable accidents during the 3 years immediately preceding the effective date of the policy term. Chargeable accidents are those where the driver is principally at-fault (the driver's actions or omissions were at least 51% of the legal cause of the accident) and the accident results in bodily injury or death of any person, or accidents that result in total damage to any property in excess of $1,000. Policyholders with no accidents and convictions generally pay less than those with accidents and convictions. And the greater the time since the latest accident or chargeable accident, the less it may impact the premium charged.

You have the right to be informed, upon request, of any increase in the premium, in whole or in part, that may result from the involvement of the policyholder in any accident or traffic conviction.

For more information about the rating plan, please contact a Tesla Insurance Services agent at 1-844-34-TESLA.

AVAILABILITY OF SPECIAL DISCOUNTS OR RATING
(Section 11580.15, California Insurance Code)

GOOD DRIVER DISCOUNT

If all rated operators qualify as a "Good Driver," as defined by Section 1861 of the California Insurance Code, then a 20% discount will be applied to the policy. Any rated operator that does not qualify as a "Good Driver" may be excluded from the policy to preserve this discount.

ELITE DRIVER DISCOUNT

If all rated operators qualify as an "Elite Driver" then a discount of 35% discount will be applied to the policy. An "Elite Driver" requires that the operator be a "Good Driver," as defined by Section 1861 of the California Insurance Code, and has not had an accident involving bodily injury or death, or any chargeable violation conviction or accident involving property damage in the previous five years. Any rated operator that does not qualify as an "Elite Driver" may be excluded from the policy to preserve this discount.

MATURE DRIVER IMPROVEMENT COURSE DISCOUNT

A discount applies to liability premiums for operators age 55 or older that have completed an approved motor vehicle accident prevention course in the previous 36 months and have not been involved in an at-fault accident or convicted of a motor vehicle violation in the previous 36 months.

MULTI-CAR CLASSIFICATION

Reduced premiums are provided when we insure two or more vehicles on the same policy.

GROUP DISCOUNT

A discount is available for policyholders who are Tesla Employees.

CALIFORNIA THIRD PARTY DESIGNATION TO RECEIVE CANCELLATION/NONRENEWAL NOTICE

In compliance with Cal. Ins. Code §396, “we” are notifying “you” of “your” right to designate an additional person to receive notice of lapse, termination, expiration, nonrenewal or cancellation of your policy for nonpayment of premium.

“You” may establish or change the designated person by completing the information below and mailing or delivering this completed notice to “us”. No benefit under your policy is provided to the designated person by this Notice, other than the right to receive the aforementioned notice.

“You” designate the following person to receive a duplicate copy of any lapse, termination, expiration, nonrenewal or cancellation notice regarding nonpayment of premium that “we” might send to “you” for the policy number shown below. “You” understand, the designee listed below will replace the existing designee currently listed on the policy, if any.

Name: _____ Street: _____

City: _____ State: _____ Zip: _____

Email Address: _____

_____ _____

Signature of Applicant/Named Insured **Date**

TLA-CA-A-R-9992TU7E

_____ _____

Printed Name of Applicant/Named Insured **Policy Number**

Please sign and send it to support@teslainsuranceservices.com.

Tesla Insurance Company

U.S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL ("OFAC") ADVISORY NOTICE TO POLICYHOLDERS

No coverage is provided by this Policyholder Notice nor can it be construed to replace any provisions of your policy. You should read your policy and review your Declarations page for complete information on the coverages you are provided.

This Notice provides information concerning possible impact on your insurance coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous:

- Foreign agents;
- Front organizations;
- Terrorists;
- Terrorist organizations; and
- Narcotics traffickers;

as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's web site – http//www.treas.gov/ofac.

In accordance with OFAC regulations, if it is determined that you or any other insured, or any person or entity claiming the benefits of this insurance has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, this insurance will be considered a blocked or frozen contract and all provisions of this insurance are immediately subject to OFAC. When an insurance policy is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments also apply.

Tesla Insurance Company

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

TRADE OR ECONOMIC SANCTIONS

The following is added to this policy:

Trade Or Economic Sanctions

This insurance does not provide any coverage, and we (the Company) shall not make payment of any claim or provide any benefit hereunder, to the extent that the provision of such coverage, payment of such claim or provision of such benefit would expose us (the Company) to a violation of any applicable trade or economic sanctions, laws or regulations, including but not limited, to those administered and enforced by the United States Treasury Department's Office of Foreign Assets Control (OFAC).

All other terms and conditions remain unchanged.

TESLA | INSURANCE

Customer Privacy Notice

Your privacy is and will always be enormously important to us. This Privacy Notice provides transparency into our data practices by outlining how Tesla Insurance may collect, use, share, transfer, and protect your personal data to offer you the most competitive services and seamless insurance experience imaginable. Tesla vehicle owners may also separately review the data practices of Tesla, Inc. by visiting www.tesla.com/legal.

Privacy from Day One

Information We May Collect

How We May Use Your Information

Sharing Your Information

Choice and Transparency

Privacy Questions

Privacy from Day One

Your data, in real time.

From insurance details to your savings and vehicle Safety Score [1] – access your data through your Tesla Insurance account. Available at your fingertips at any time.

Your Tesla vehicle goes places, but your data does not.

We do not sell or rent your personal data to anyone for any purpose, period. Unless you consent to it when necessary to perform services on your behalf - your data stays with you.

Your location history, is history.

Where you go says a lot about you. Unless there is a serious safety concern, Tesla Insurance doesn't monitor your location, or keep a history of where you've been.

[1] Safety Score is an assessment of your driving safety, based on various driving metrics obtained from your Tesla vehicle which measure your driving behavior in different environmental conditions. In California, Safety Score is provided solely upon customer request and for educational purposes only. In California, Safety Score is not used for rating or underwriting purposes.

Information We May Collect

When you visit our website, contact us with questions or for product information (in person, online, telephone, and email), request a quote, or become a policyholder, we may collect a variety of information from or about you, your co-applicants, vehicle, devices, or third parties. Depending on the Tesla Insurance services you request, own, or use, not all of these types of information may be applicable. The categories of data collected, their description, and purpose for collection when you interact with us before purchase may include:

Information from or about you

Categories of Data	Description	Purpose
Identifiers and application information	Name, date of birth, driver's license number, address, email, phone number	To communicate with you, process application, and provide a quote
Demographic information	Educational background, employment, marital status	For applicable discounts and policy rating, where permitted by local law
Network activity information	Device model, mobile application, operating system, region, IP address, pixel tags	Optimize website and app performance, and analytics
Financial information	Bank account number, credit card details, or other payment information	To process payment for your insurance services
Policy information	Policy coverage levels, account balance, claims history, and billing information	To provide you with an accurate service and customer support
Claims information	Repair estimates and medical records	To adjust a claim for insurance benefits under your policy

Information from or about your vehicle

Categories of Data	Description	Purpose
Vehicle information	Vehicle year, make, model, vehicle identification number, configuration, and odometer	To confirm eligibility, price of the insurance product or service and adjusting claims

Categories of Data	Description	Purpose
Vehicle driving data[2]	Vehicle data generated from hardware and software installed on Tesla vehicles, including without limitation accelerometers, cameras, and sensors Data obtained from event data recording systems from any vehicle, including non-Tesla vehicles.	To provide you with a quote, a Safety Score, improve our services and products, and promote safe driving habits
Customer support activity	Customer interactions, date, resolutions, towing services, roadside assistance	To provide customer service and technical support
Claims information	Photos and video of car damage	To adjust a claim for insurance benefits under your policy

Information about you from third parties

Categories of Data	Description	Purpose
Driving records	Motor vehicle records, including driver's license details, and driving violations	To assess risk and validate your request for an insurance quote To maintain underwriting guidelines, as permitted by local law, and to carry out checks to detect and prevent fraud by using data collected from fraud prevention agencies
Consumer report information	Multi-year insurance claim history, date and type of loss, prior insurance, status of claims, household members, marital status, payments made	To confirm eligibility, provide an accurate quote, and adjusting claims Optimize customer experience and offer related products
Third party service and repair history	Third party service facility, date, repairs conducted, estimate and cost, vehicle and parts details, mileage	To provide and/or reimburse service and repairs

[2] Data collection and/or use may vary by jurisdiction and is subject to regulatory restrictions. Safety Scores are provided to CA insurance customers only upon express customer request and solely for educational purposes and is not utilized for any rating or underwriting purposes.

As described above, we may collect information about you from affiliated and nonaffiliated third parties, including insurance support organizations and consumer reporting agencies. This may include information such as driving records, consumer report, demographic information, insurance histories and claims records.

In certain jurisdictions, you may have the right to also request a copy of any investigative consumer report that Tesla Insurance prepares or requests and be interviewed in connection with the report. The information Tesla Insurance obtains from such insurance-support organizations may also be shared with other organizations, as permitted by local law, and described in Sharing Your Information (below).

We may collect certain information about you to quote and service your insurance policy, including but not limited to, application information, consumer report information, commercial information, service and repair history, customer support activity, vehicle information, and driving data.

- Application information: You provide this on your application online or by phone through your representative where applicable. We may also obtain it from directories and other outside sources. It may include your name, residential and garaging addresses and e-mail addresses, phone number, driver's license number, date of birth, marital status, and type of vehicle. It may also include information about other drivers such as spouse or household member.
- Consumer report information: We may obtain information about you from consumer reporting agencies. Reports may include your claims history with other insurers and driving record. Consumer reporting agencies keep this information and disclose it to others as permitted by law.
- Policy information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverages, limits and rates, payment and claims history, and information required for billing purposes.
- Service and Repair History: Such as information related to auto repair facilities, Tesla body shop, Tesla service center, third party approved body shops, towing companies, and independent adjusters, date of service, repairs conducted, estimate and cost, parts details, and mileage.
- Customer Support Activity: Customer support interactions such as concerns raised, and resolutions reached between you and Tesla Insurance.
- Driving records: Motor vehicle reports including history of traffic or driving violations. This may be collected during your request for a quote as well as on a continued basis throughout your policy coverage period.
- Vehicle information and driving data: Vehicle hardware and software information as well as driving data obtained from your vehicle. This data is not used for rating or underwriting purposes in California, except with respect to verification of your vehicle mileage.

You agree to the collection and processing of detailed vehicle data related to your driving and associated with your vehicle identification number or linked to your Tesla Insurance account. This information is used to price your policy, help you develop safe driving habits, provide you with a vehicle Safety Score, improve our products and services, and to help resolve claims that arise under your policy. We do not use this information for rating or underwriting purposes in California, except with respect to verification of your vehicle mileage. A Safety Score is provided in California only for educational purposes, is not used in connection with any rating or underwriting purpose, and is only provided upon your express request.

Examples of vehicle data collected include trip time, mileage, following distance, speed, hard braking, aggressive turning, forward collision warnings, forced autopilot disengagements, seatbelt usage, time of driving and potential/actual safety critical events like airbag deployments.

How We May Use Your Information

We may use the information we collect to:

- Communicate with you
- Fulfill our products and services
- Improve and enhance development of insurance services

This includes contacting you (or other necessary parties) to advise you of important account updates, present products and offers tailored to you, or to respond to your inquiries and fulfill your requests for product information, newsletters, or other events.

When you request a quote, inquire about or purchase insurance services, we use a variety of technologies to process the personal data we collect. The table below illustrates what we may use your personal data for, and the purpose we rely on for doing so.

Reasons for Processing

Category	Description
Communicate with you	To respond to your inquiries and fulfill your requests For educational and awareness purposes on topics that interest you To conduct research, surveys, and obtain your feedback
Fulfill our products and services	To quote/price, provide, and personalize the insurance services To process, service and maintain your policy, and settle claims To process your payment for services To understand, diagnose, and fix issues with insurance services products
Improve and enhance development of Insurance Services	To conduct research, develop and promote new products and services, and to improve or modify our existing services For business purposes such as data analytics, audits, fraud monitoring and prevention, business planning, reporting, and forecasting

Category	Description
Other Circumstances	To fulfill contractual obligations with third parties, agents and affiliates To analyze, reconstruct, investigate or otherwise determine the cause of an automobile incident or accident To comply with legal obligations, including investigating and combatting fraud, law enforcement, and other government requests To establish, exercise, or defend legal claims As otherwise permitted or directed by you

Tesla Insurance retains personal data only for as long as necessary to fulfill the purposes for which it was collected, including as described in this Privacy Notice, or as required by law. When assessing retention periods, we carefully examine whether it is necessary to retain the personal data collected and, if retention is required, work to retain the data for the shortest possible period permissible under law.

When we process personal data about you, we do so with your consent and/or as required to provide the services you use, operate our business, meet our contractual and legal obligations, protect the security of our systems, products and our customers, or fulfill other legitimate interests of Tesla as described in this section.

In addition, our products and services are not directed to individuals under the age of sixteen, and we request that such individuals not provide any information to Tesla Insurance.

In the Event of an Accident

Accidents happen. When they do, with your express consent, vehicle data may be used in determining the cause of an automobile incident or accident. This includes data obtained from hardware and software installed on Tesla vehicles (including but without limitation accelerometers, cameras and sensors) and may also include data obtained from event data recording systems from any vehicle, including non-Tesla vehicles.

This information may be sought by opposing parties in a civil lawsuit or by police when investigating the cause of an accident, or we may be legally obligated to provide such information when required by law. You agree we may analyze your vehicle data to detect whether an accident may have occurred and offer emergency services, roadside assistance, or other similar services. In the event you have an insurance claim with us, you agree we may use your vehicle data to assist in resolving the claim. This may include, but is not limited to, validating the circumstances of the accident, such as date and time of loss, location of the crash, potential passenger information, and crash circumstances; making liability and coverage determinations, and conducting investigations or policy and/or claims fraud and material misrepresentation; and any potential subrogation or litigation involving the claim.

Collection and Use of Non-Personal Data

Except as described here, Tesla Insurance may also collect, use, and share information that does not, on its own, personally identify you. Such information may be used for any purpose, including for example, for operational or research purposes, for industry analysis, to improve or modify our products and services, to better tailor our products and services to your needs, and where legally required.

Sharing Your Information

We may share information with:

- Our service providers, business partners, and affiliates
- Third parties you authorize
- Other third parties as required by law

Some examples of when we may share your information include, payment processing, order fulfillment, claims administrators, customer support, and other similar services.

We do not sell or rent your personal data to anyone for any purpose, period. Tesla Insurance may disclose information about our current, former, or potential customers as permitted or directed by you, or when there are other appropriate legal grounds to do so. This may include sharing data back to Tesla, Inc., to facilitate continued enhancements to the vehicle and its safety features. The table below illustrates categories of recipients of the personal data collected or generated through your interest or use of Insurance Services.

Our service providers, business partners, and affiliates

Recipients	Description	Purpose
Affiliates and subsidiaries	Companies that are owned or controlled by Tesla, Inc., or where we have a substantial ownership interest. This includes providing data back to Tesla, Inc.	To assist, operate, enhance, and fulfill services on our behalf, including fraud prevention, and to confirm any outstanding balances due to affiliates and subsidiaries To facilitate enhancement to the vehicle and its safety features
Service providers and business partners	Companies we've hired to provide services like customer support, claims management, rental car providers, salvage management, infrastructure, reinsurers, investigators and other service providers	To assist, operate, and fulfill services on our behalf
Payment processors	Companies we contract with to securely process your payment details	To enable payment processing, and fraud prevention

Third parties you authorize

Recipients	Description	Purpose
Consumer reporting agencies	Disclosure of application and/or transaction information received by us	To assist, operate, and fulfill services on our behalf
Governmental agencies applicable to your region	Agencies that regulate and register motor vehicles	To fulfill contractual or legal obligation
Insurance brokers and agents in applicable territories	Underwriting and policy information	To assist with quoting, binding, renewing or updating your policy

Other third parties as required by law or other circumstances

Recipients	Description	Purpose
Lien holders	Leased or financed vehicles that require insurance information	To fulfill contractual or legal obligation
Law enforcement and government authorities	Disclosure of information as required by law, or otherwise necessary or appropriate	To fulfill legal obligation
Consumer insurance exchange	Claims history, policy history, including paid or denied claims	To assist, operate, and fulfill services on our behalf

Service Providers

Personal data collected from or about you or your vehicle may be shared between us and our agents, appraisers, attorneys, actuaries, investigators, and others who may be involved in the operations, sales and marketing of Tesla Insurance products and services, processing of applications, and servicing of policies or claims. For example, if you request a comparison quote, information from or about you may be shared with an affiliated insurance agent and third-party insurance companies to provide you with the requested information. We also provide your policy information to adjusters and other appropriate business entities that make any necessary repairs to your vehicle or property insured by us when you have a claim. If we collect information from or about you from one of our business partners, where permitted, we may use it to contact you or make you an offer regarding insurance products that may be of interest to you.

In the event you request service or repair of your vehicle from a Tesla body shop, Tesla service center, or third party approved body shop, your policy information may be shared to optimize your experience, accurately price repairs, and improve Tesla Insurance business practices. Data may be shared between different Tesla subsidiaries confirming any outstanding balances that are due to Tesla.

Tesla Insurance may share your data with third parties and in return receive additional enriched information that can be used to provide you with a more tailored price for your insurance. At all times, privacy remains paramount, and we will aim to minimize the data shared at every opportunity. Additionally, your enriched

personal information may also be used to get a better understanding of your risk and help in improving our services and products.

Other Circumstances

It may be required by law, legal process, litigation, and/or requests from public and governmental authorities within or outside your country of residence for Tesla Insurance to share your personal data. We may also disclose information about you if we believe in good faith that the law requires it for purposes of national security, law enforcement, or other issues of public importance, disclosure is necessary or appropriate. We may also share information about you, where there are legal grounds to do so, if we determine that disclosure is reasonably necessary to protect our operations or customers. This could include providing information to public or governmental authorities. Additionally, in the event of a reorganization, merger, or sale, we may transfer any and all personal information we collect to the relevant third party. In this situation, Tesla Insurance will continue to ensure the confidentiality of your personal data and give you notice before your personal data is transferred to a buyer or becomes subject to a different privacy notice.

We do not share information that personally identifies you with unaffiliated third parties for their marketing purposes unless you opt into that sharing.

Choice and Transparency

We enable you to obtain access and control the data that we collect, use and share from or about you, including through device permissions, unsubscribing from certain communications, changing account preferences, or correcting any inaccuracies related to data we collect.

- Rights and Choices
- California Privacy Disclosures
- New York Privacy & Confidentiality for Domestic Violence Victims
- Protection of Personal Data
- Updates to this Notice

Rights and Choices

Tesla Updates: When you request a quote, become a policyholder with us, or sign up for promotional communications, Tesla Insurance may contact you by email, call, text, or via the Tesla app about promotions, our products and services, and other information that may be of interest to you. If you no longer want to receive promotional-related emails or messages, you may opt out at any time by following the unsubscribe instructions in the communication received from us, by changing your communication preferences, or by telling us using any method from the Privacy Questions section. If you receive a call or text from us and do not want to receive similar calls in the future, or if you do not want to receive automated calls, simply ask to be placed on our “do not call” list. Please note that we may still be required to send you administrative or other important messages, such as billing notices or policy changes, even if you opt out of receiving other communications.

Data Privacy Requests: We want you to be in control of how your personal data is used by us. Subject to local law, you may have the right to be informed of, and request access to, the personal data we process about you; update and correct inaccuracies in that information; have the information restricted or deleted; object or

withdraw your consent to certain uses of data; and lodge a complaint with your local data protection authority. You may also have the right not to be subject to automated decision-making, including profiling, where it would have a legal or similarly significant effect on you; and the right to data portability with regard to the data you provided to us. Tesla enables you to exercise those rights in a variety of ways, including by:

- Emailing us at info@teslainsuranceservices.com
- Writing to us at Tesla Insurance Services, Attn: Legal – Privacy 45500 Fremont Boulevard, Fremont, California 94538, United States.
- By accessing your details through the mobile app, or updating your information using your Tesla Account

If your information is immediately accessible when you call, a customer service representative will review it with you, and you may make changes to it at that time. If your information is not immediately accessible when you contact us, Tesla Insurance will inform you of the types of information we have about you by email within 30 days. You may also request a copy be sent to you by postal mail. Tesla Insurance may charge a fee for providing a copy by mail.

When contacting Tesla and where your issue requires it, we may request more information from you, such as to verify identity, or indicate that a response will require additional time. You may at any time refer your complaint to the relevant regulator in your jurisdiction if you are unsatisfied with a reply received from us. If you ask us, we will endeavor to provide you with information about relevant complaint avenues which may be applicable to your circumstances.

California Privacy Disclosure

California residents have a right to knowledge, access, and deletion of their personal data in accordance with the California Consumer Privacy Act. California residents also have a right to opt out of the sale of their personal data by a business and a right not to be discriminated against for exercising one of their California privacy rights. Tesla Insurance does not sell your personal data to anyone for any purpose and does not discriminate in response to privacy rights requests.

Tesla Insurance provides notice of our data practices in this Privacy Notice. This includes what personal data is collected, the source of the personal data, and the purposes of use, as well as whether Tesla Insurance discloses that personal data and if so, the categories of recipients to whom it is disclosed. California residents who have purchased a Tesla Insurance product or service may exercise their rights directly or through an authorized agent by signing into their Tesla account and making a Data Privacy Request.

If you are a California resident without a Tesla account and you or your authorized agent would like to exercise your privacy rights, requests may also be made by:

- Emailing us at info@teslainsuranceservices.com
- Calling us at 1-844-288-3752. Requests unrelated to privacy are not monitored. For customer support, call 1-844-34-TESLA (844-348-3752)
- Writing to us at Tesla Insurance Services, Attn: Legal – Privacy, 45500 Fremont Boulevard, Fremont, California 94538, United States

If you do not have a Tesla account, Tesla may ask you for information to verify your identity for security and to prevent fraud. This information may include name, contact information, and information related to your

transaction or relationship with Tesla, but the specific information requested may differ depending on the circumstances of your request for your security and to protect privacy rights. If you request deletion of your personal data, we will permanently erase or de-identify the personal data held by Tesla Insurance to the extent legally permissible.

New York Privacy & Confidentiality for Victims of Domestic Violence

The State of New York prohibits many types of discrimination against domestic abuse victims. It is unlawful for any insurance company to deny or cancel a policy, refuse to renew a policy, set a limit of coverage, or base insurance rates on the basis of being a victim of domestic abuse. If you and/or your child have experienced domestic violence, and you have obtained a valid Order of Protection directly related to the abuse, Tesla Insurance Services will take appropriate actions to protect you and/or your child's information. This includes safeguarding your name, address, and phone number. For more information, please review Tesla Insurance's information on New York domestic abuse confidentiality.

Protection of Personal Data

Tesla Insurance uses administrative, technical, and physical safeguards to protect your personal data, considering the nature of the data and the threats posed. We restrict access to your information to our employees and others who we feel must use it to provide our products and services or otherwise run our business. Their use of the information is limited by law, our employee code of conduct, and written agreements where appropriate.

We also implement other appropriate technical and organizational measures to help safeguard and secure your personal data. Unfortunately, no data transmission or storage system can be guaranteed to be 100% secure. If you have reason to believe that your interaction with us is no longer secure or compromised, please immediately notify us by using the contact information below.

This Notice does not address, and we are not responsible for, the privacy, information, or other practices of any third parties, including any third party operating any site or service to which we may link to on this Notice. The inclusion of such a link does not imply endorsement of the linked site or service by us or by our affiliates, nor does it imply an affiliation with the third party.

Additionally, we are not responsible for the collection, use, or disclosure policies and practices (including the data security practices) of other organizations, such as any other app developer, app provider, social media platform provider, operating system provider, or wireless service provider, including any information you disclose to other organizations through or in connection with our software applications or social media pages. In addition, our products and services are not directed to individuals under the age of sixteen, and we request that such individuals not provide any information to Tesla.

Updates to this Notice

This Notice sets out the essential details relating to your personal data relationship with Tesla Insurance. From time to time, we may develop new capabilities, features, or offer additional services which may require we make material changes to this Notice. When we do, we'll let you know by revising the date this Notice was last updated on our website. Other times, we may provide you with additional notice (such as an email) with more information about the revisions. Unless stated otherwise when we introduce these new or additional services, they will be subject to this Notice and become effective when we post it on our website.

Privacy Questions

For privacy questions or comments, to opt out from certain services, or to submit a data privacy request, please contact us.

- Emailing us at info@teslainsuranceservices.com
- Writing to us at Tesla Insurance Services, Attn: Legal – Privacy, 45500 Fremont Boulevard, Fremont, California 94538, United States

State of California

Department of Insurance

Ricardo Lara, Insurance Commissioner

AUTO BODY REPAIR CONSUMER BILL OF RIGHTS

A CONSUMER IS ENTITLED TO:

1. SELECT THE AUTO BODY REPAIR SHOP TO REPAIR AUTO BODY DAMAGE COVERED BY THE INSURANCE COMPANY. AN INSURANCE COMPANY SHALL NOT REQUIRE THE REPAIRS TO BE DONE AT A SPECIFIC AUTO BODY REPAIR SHOP.

2. AN ITEMIZED WRITTEN ESTIMATE FOR AUTO BODY REPAIRS AND, UPON COMPLETION OF REPAIRS, A DETAILED INVOICE. THE ESTIMATE AND THE INVOICE MUST INCLUDE AN ITEMIZED LIST OF PARTS AND LABOR ALONG WITH THE TOTAL PRICE FOR THE WORK PERFORMED. THE ESTIMATE AND INVOICE MUST ALSO IDENTIFY ALL PARTS AS NEW, USED, AFTERMARKET, RECONDITIONED, OR REBUILT.

3. BE INFORMED ABOUT COVERAGE FOR TOWING AND STORAGE SERVICES.

4. BE INFORMED ABOUT THE EXTENT OF COVERAGE, IF ANY, FOR A REPLACEMENT RENTAL VEHICLE WHILE A DAMAGED VEHICLE IS BEING REPAIRED.

5. BE INFORMED OF WHERE TO REPORT SUSPECTED FRAUD OR OTHER COMPLAINTS AND CONCERNS ABOUT AUTO BODY REPAIRS.

6. SEEK AND OBTAIN AN INDEPENDENT REPAIR ESTIMATE DIRECTLY FROM A REGISTERED AUTO BODY REPAIR SHOP FOR REPAIR OF A DAMAGED VEHICLE, EVEN WHEN PURSUING AN INSURANCE CLAIM FOR REPAIR OF THE VEHICLE.

COMPLAINTS WITHIN THE JURISDICTION OF THE BUREAU OF AUTOMOTIVE REPAIR

Complaints concerning the repair of a vehicle by an auto body repair shop should be directed to:

Toll Free (866) 799-3811
Bureau of Automotive Repair
10949 North Mather Blvd.
Rancho Cordova, CA 95670

The Bureau of Automotive Repair can also accept complaints over its web site at: **www.autorepair.ca.gov**

COMPLAINTS WITHIN THE JURISDICTION OF THE CALIFORNIA INSURANCE COMMISSIONER

Any concerns regarding how an auto insurance claim is being handled should be submitted to the California Department of Insurance at:

(800) 927-4357 or (213) 897-8921
California Department of Insurance
Consumer Services Division
300 South Spring Street
Los Angeles, CA 90013

The California Department of Insurance can also accept complaints over its web site at:
www.insurance.ca.gov

California Insurance Card	TESLA | INSURANCE
Policy Number - TLA-CA-A-R-9992TU7E **Effective Date** 10/02/2024 12:01 A.M. **Expiration Date** 04/02/2025 12:01 A.M.	**Underwritten by:** Tesla Insurance Company NAIC # 24813 45500 Fremont Blvd., Fremont, CA 94538 Toll-Free Phone Number 1-844-34-TESLA
Named Insured Kevin Alves Sarmento Oliveira 2250 oak hills cir Apt 116 Pittsburg CA 94565	**Year, Make, Model and VIN** 2020 Ford Fusion Hybrid Titanium 3FA6P0RU5LR197172 2013 Ford Fusion Hybrid SE 3FA6P0LUXDR202442 **Drivers:** Kevin Alves Sarmento Oliveira Thalita Oliveira
Examine policy exclusions carefully. This form does not constitute any part of your insurance policy.	**Warning - the following Drivers are excluded from the policy:**
Coverage Provided by the Policy Meets the Minimum Liability Limits Prescribed by Law.	

Wells Fargo Everyday Checking

KEVIN OLIVEIRA
THALITA OLIVEIRA
435 GROVEWOOD LOOP
BRENTWOOD CA 94513-2022

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

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

Other Wells Fargo Benefits

File your taxes early to help prevent identity theft.

File early to help prevent someone else from filing taxes in your name. Find other tips at wellsfargo.com/spottaxscams.

Spot check fraud. Report it quickly.

If you write checks, make sure the person you sent it to actually receives and deposits it. Fraudsters target the mail and look for checks they can alter and deposit into their own accounts. They may keep the amount the same, so it's important to look at the check image and see if it has been changed. You can view checks online, or request check images by contacting us via phone or visiting a branch location. Report check fraud as soon as you notice it.

Statement period activity summary

Beginning balance on 1/17	-$12.38
Deposits/Additions	2,609.36
Withdrawals/Subtractions	- 2,579.15
Ending balance on 2/17	$17.83

Account number: 8519790201 (primary account)

KEVIN OLIVEIRA
THALITA OLIVEIRA

California account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
1/23		ATM Cash Deposit on 01/23 1115 2ND St Brentwood CA 0008632 ATM ID 8460V Card 3571	600.00		
1/23		Zelle to Mariana Elida on 01/23 Ref # Wfct0Zqkql5Y		360.00	
1/23		Zelle to Raphel Mecanico on 01/23 Ref # Wfct0Zql8Lkf		200.00	27.62
1/26		Zelle to Jing on 01/24 Ref # Wfct0Zqpnffk		10.00	17.62
1/27		Zelle From Chellsen Pires Brittaney on 01/27 Ref # Wfct0Zqy9Swd	250.00		267.62
1/29		Purchase authorized on 01/29 Dollar Tree Brentwood CA P000000353532678 Card 3571		31.94	235.68
1/30		Recurring Payment authorized on 01/29 Apple.Com/Bill 866-712-7753 CA S586029385190149 Card 3571		0.99	234.69
2/2		ATM Cash Deposit on 02/02 1115 2ND St Brentwood CA 0003862 ATM ID 8460W Card 3571	450.00		
2/2		Purchase authorized on 01/30 Brentwood Gas &MO Brentwood CA S466030643101778 Card 3571		51.52	
2/2		Zelle to Sigma Auto Group Inc. Accounts on 02/02 Ref # Wfct0Zrnmcc5		250.00	
2/2		Zelle to Barros Edvania on 02/02 Ref # Wfct0Zrnmkr7		235.00	148.17
2/4		Zelle From Pires Ricardo on 02/04 Ref # Wfct0Zrtqf2Z	355.36		503.53
2/5		ATM Cash Deposit on 02/04 1115 2ND St Brentwood CA 0004505 ATM ID 8460W Card 3571	50.00		
2/5		ATM Cash Deposit on 02/05 1115 2ND St Brentwood CA 0001061 ATM ID 8460V Card 3571	20.00		573.53
2/6		Recurring Payment authorized on 02/05 Allstate *Payme 800-255-7828 IL S356036446508424 Card 3571		14.08	
2/6		Recurring Payment authorized on 02/05 Allstate Nbindco 800-255-7828 IL S586036446573316 Card 3571		553.44	6.01
2/11		Zelle From Pires Ricardo on 02/11 Ref # Wfct0Zslqlfz	250.00		256.01
2/13		Purchase authorized on 02/11 Fastrak Csc 415-486-8655 CA S356043036099367 Card 3571		200.00	56.01
2/17		Zelle From Edvania S Dos Santos on 02/15 Ref # Usboo9Nrgt7E	54.00		
2/17		Zelle From Brito Felipe on 02/16 Ref # Wfct0Zt6M57F	10.00		
2/17		ATM Cash Deposit on 02/17 1115 2ND St Brentwood CA 0003367 ATM ID 8460V Card 3571	570.00		
2/17		Lendbuzz Funding Auto Loan 2306617_5580308 Kevin Alves Sarmento O		657.18	
2/17		Monthly Service Fee		15.00	17.83
Totals			$2,609.36	$2,579.15	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Items returned unpaid

Date	*Description*	*Amount*
1/20	Lendbuzz Funding Auto Loan 2306617_5346309 Kevin Alves Sarmento O Reference # 091000011337600	657.18
1/21	Premier Auto Cre Car Pmt Ad 187535 Kevin Olivera Reference # 053200986811005	590.84

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/17/2026 - 02/17/2026	Standard monthly service fee $15.00	You paid $15.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Minimum daily balance	$1,500.00	-$12.38 ☐
• Total amount of qualifying electronic deposits	$500.00	$0.00 ☐
• Age of primary account owner	17 - 24	☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- If your account has a negative balance:

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- In case of errors or questions about your electronic transfers:

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $_____

ADD

B. Any deposits listed in your $_____
register or transfers into $_____
your account which are not $_____
shown on your statement. + $_____
. . . . . TOTAL $_____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $_____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $_____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $_____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Wells Fargo Everyday Checking

KEVIN OLIVEIRA
THALITA OLIVEIRA
2250 OAK HILLS CIR APT 116
PITTSBURG CA 94565-4228

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

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

Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to wellsfargo.com or call the number above if you have questions or if you would like to add new services.

Online Banking	☑	Direct Deposit	☐
Online Bill Pay	☐	Auto Transfer/Payment	☐
Online Statements	☑	Overdraft Protection	☐
Mobile Banking	☑	Debit Card	
My Spending Report	☑	Overdraft Service	☐

Other Wells Fargo Benefits

It's Cybersecurity Awareness Month. Look out for these tell-tale signs to help spot an imposter scam.

Imposters may contact you with a message that:
- is unexpected.
- appears to be from a legitimate source but could be spoofed.
- claims to be urgent and asks you to act right away.
- uses language that manipulates your emotions.
- asks you to pay in an unusually specific way such as gift cards, cryptocurrency or payment apps.

Remember, caller ID can be spoofed, emails can be faked, voices can be cloned, and images can be altered. If you have doubts about the message call the company or government agency directly to find out if there really is a problem. And if they're impersonating Wells Fargo, call us right away or you can always check your account in the Wells Fargo Mobile®app* or online banking.

Learn more at www.wellsfargo.com/scams

*Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Statement period activity summary

Beginning balance on 9/25	$0.00
Deposits/Additions	4,066.00
Withdrawals/Subtractions	- 2,785.76
Ending balance on 10/16	$1,280.24

Account number: 8519790201
KEVIN OLIVEIRA
THALITA OLIVEIRA
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
9/25		Checking Opening Deposit	25.00		25.00
9/30		Zelle From Daniel Barros Lima on 09/30 Ref # Usbmkowjzgvq	1.00		
9/30		Zelle From Daniel Barros Lima on 09/30 Ref # Usbgtejjzgvi	419.00		
9/30		Zelle From Chellsen Pires Brittaney on 09/30 Ref # Pp0Y3Xs9T2	453.00		
9/30		Purchase authorized on 09/30 Rincon Latino I Richmond CA P000000681054708 Card 4968		17.33	
9/30		Purchase authorized on 09/30 Rincon Latino I Richmond CA P000000387875681 Card 4968		37.67	843.00
10/1		Purchase authorized on 09/30 Coca Cola Benicia Benicia CA S584274841883329 Card 4968		2.50	840.50
10/2		Zelle From Brito Felipe on 10/02 Ref # Pp0Y43R599	500.00		
10/2		Zelle From Liza Sorrentino on 10/02 Ref # Bacv0W45Lp9P	40.00		
10/2		Purchase authorized on 10/02 Sigma Auto Group Concord CA P000000781752930 Card 4968		1,000.00	
10/2		Zelle to Pires Ricardo on 10/02 Ref #Rp0Shks2Y4		1.00	
10/2		Zelle to Esposa Aquila Vanderlucia on 10/02 Ref #Pp0Shksdfh		1.00	
10/2		Zelle to Esposa Aquila Vanderlucia on 10/02 Ref #Pp0Shksmnk		40.00	338.50
10/3		Zelle From Carolina Franca on 10/03 Ref # Cof5Z7Fx6Joa	90.00		
10/3		Zelle From Liza Sorrentino on 10/03 Ref # Baczx19Q4Tr8	75.00		
10/3		Purchase authorized on 10/02 Tesla Insurance CO Fremont CA S464276688924541 Card 4968		107.85	
10/3		Purchase authorized on 10/02 Costco Gas #0663 Concord CA P304277046322398 Card 4968		53.52	342.13
10/4		Zelle From Edigleydson Souza DA Silva on 10/04 Ref # Bacs7K9828U7	800.00		
10/4		Purchase authorized on 10/04 USPS PO 05175500 4494 Tre Concord CA P304278633832744 Card 4968		27.18	
10/4		Zelle to Pires Ricardo on 10/04 Ref #Rp0Shlptgr		58.00	1,056.95
10/7		Zelle From Liza Sorrentino on 10/05 Ref # Baculx7K6Hp145 DA Casa 12 DA Sobrancelha	33.00		
10/7		Purchase authorized on 10/04 Duckys Concord Concord CA S384278640415158 Card 4968		25.00	
10/7		Purchase authorized on 10/04 Safeway #0955 Concord CA S584279064454489 Card 4968		21.50	
10/7		Purchase authorized on 10/06 Costco Gas #0663 Concord CA P304280756334634 Card 4968		50.00	
10/7		Purchase authorized on 10/06 Dstrongman Inc Pleasant Hill CA S584281014775940 Card 4968		13.00	
10/7		Purchase authorized on 10/06 Wal-Mart #1615 Pittsburg CA P000000971009572 Card 4968		151.82	
10/7		Purchase authorized on 10/06 Wal-Mart Store Pittsburg CA P000000882860809 Card 4968		19.26	

Transaction history(continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
10/7		Zelle to Lima Zelle Daniel on 10/07 Ref #Rp0Shn5Hqg		0.01	
10/7		Zelle to Lima Zelle Daniel on 10/07 Ref #Rp0Shn5Gz7		698.00	111.36
10/8		Zelle to Lima Zelle Daniel on 10/08 Ref #Rp0Shngddz		50.00	61.36
10/10		Zelle to Teitow Liza on 10/10 Ref #Rp0Shpg5Qp		7.00	54.36
10/11		Purchase authorized on 10/10 McDonald's F1353 Concord CA S464284779627805 Card 3571		5.48	
10/11		Zelle to Teitow Liza on 10/10 Ref #Rp0Shplnmd		12.50	36.38
10/15		Zelle From Liza Sorrentino on 10/12 Ref # Bacyk48Ousj4	70.00		
10/15		Zelle From Hybrid Repair Rental Inc on 10/13 Ref # Pp0Y4Ywccd	660.00		
10/15		Purchase authorized on 10/12 Chef Choy Chinese Pleasant Hill CA S384286813097132 Card 4968		40.05	
10/15		Purchase authorized on 10/12 Five Belo 1975 Diamond Concord CA P000000389814720 Card 4968		49.79	
10/15		Purchase authorized on 10/13 Wal-Mart Store Pittsburg CA P000000479020044 Card 4968		24.12	
10/15		Purchase authorized on 10/14 Fedex Offic5140005 Concord CA S584288640899785 Card 4968		0.49	
10/15		Zelle to Chelsen Brittaney on 10/14 Ref #Rp0Shr45P2		95.50	
10/15		Zelle to Teitow Liza on 10/14 Ref #Rp0Y53H8Bh		13.00	543.43
10/16		ATM Cash Deposit on 10/16 1978 Contra Costa Blvd Pleasant Hill CA 0000472 ATM ID 4275R Card 4968	900.00		
10/16		Purchase authorized on 10/16 Rincon Latino Inc Richmond CA P464290654520581 Card 4968		43.76	
10/16		Purchase authorized on 10/16 Costco Whse #0663 Concord CA P584290719564261 Card 4968		119.43	1,280.24
Ending balance on 10/16					1,280.24
Totals			$4,066.00	$2,785.76	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 09/25/2024 - 10/16/2024 | Standard monthly service fee $10.00 | You paid $0.00

We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet one of the options to avoid the monthly service fee.

How to avoid the monthly service fee Have any ONE of the following each fee period	Minimum required	This fee period	
• Minimum daily balance	$500.00	$25.00	☐
• Total amount of qualifying electronic deposits	$500.00	$0.00	☐
• Age of primary account owner	17 - 24		☐
• Account is linked to a Wells Fargo Campus ATM Card or Campus Debit Card	1	0	☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Updated limits on Overdraft Fees

Effective October 1, 2024, we will no longer assess overdraft fees on items of $10 or less. Additionally, if both your ending daily account balance and available balance are overdrawn by $10 or less after we have processed your transactions, we won't assess an overdraft fee on those items.

This notice re-establishes that Wells Fargo has the right to conduct setoff for overdrawn deposit account balances, where applicable, and in accordance with your governing Deposit Account Agreement. When we exercise this right, we may reduce funds in any account you hold with us for purposes of paying the amount of the debt, either due or past due, that is owed to us as allowed by the laws governing your account. Our right of setoff won't apply if it would invalidate the tax-deferred status of any tax-deferred retirement account (e.g., a SEP or an IRA) you keep with us. To review a copy of your Deposit Account Agreement, including the provisions related to the right of setoff, please visit wellsfargo.com/online-banking/consumer-account-fees/ or wellsfargo.com/biz/fee-information/.

As a reminder, your Everyday Checking account monthly service fee is $10 per fee period. You can avoid the $10 monthly service fee if you meet any one of the following conditions during each fee period*:
$500 minimum daily balance
$500 or more in total qualifying electronic deposits**
The primary account owner is 17 - 24 years old***
A linked Wells Fargo Campus ATM Card or Campus Debit Card****
A non-civilian military direct deposit with the Wells Fargo Worldwide Military Banking program*****

*The fee period is the period used to calculate the monthly service fee. The fee period details are provided on the Monthly Service Fee Summary located in your account statement and in the Monthly Service Fee Summary section through Wells Fargo Online® in your Activity Summary or Wells Fargo Mobile® in Routing & Details.
**A qualifying electronic deposit is a deposit of funds, such as your salary, government benefit payment, or other income, that has posted to your account and is (1) a direct deposit made through the Automated Clearing House (ACH) network, (2) an instant payment processed through the RTP® network (real-time payment system) or FedNow Service, or (3) an electronic credit from a third party service that facilitates payments to your debit card using the Visa® or Mastercard® network (e.g. an Original Credit Transaction). Transfers from one account to another, mobile deposits, Zelle® or deposits made at a branch or ATM are not considered a qualifying electronic deposit.
***When the primary account owner reaches the age of 25, age can no longer be used to avoid the monthly service fee.
****Eligibility is based on university and college participation in the Wells Fargo Campus Card program. Ask a banker or visit wellsfargo.com/campuscard for additional details.
*****You will receive your Worldwide Military Banking program benefits 45 days after your qualifying non-civilian military direct deposit is deposited into your eligible Wells Fargo checking account. For more information on the qualifying non-civilian military direct deposit, program qualifications and benefits, please visit wellsfargo.com/military/worldwide-military-banking or wellsfargo.com/depositdisclosures.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.

Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Worksheet to balance your account

Follow the steps below to reconcile your statement balance with your account register balance. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.

A Enter the ending balance on this statement. $_____

B List outstanding deposits and other credits to your account that do not appear on this statement. Enter the total in the column to the right.

Description	Amount
Total	$

+ $_____

C Add A and B to calculate the subtotal. = $_____

D List outstanding checks, withdrawals, other debits to your account that do not appear on this statement. Enter the total in the column to the right.

Number/Description	Amount
Total	$

- $_____

E Subtract D from C to calculate the adjusted ending balance. This amount should be the same as the current balance shown in your register. = $_____

Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts.
  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Overdraft Collection and Recovery, P.O. Box 5058, Portland, OR 97208-5058. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- If your account has a negative balance: Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- In case of errors or questions about your electronic transfers:
  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.
  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.
- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.
- To download and print an Account Balance Calculation Worksheet (PDF) to help you balance your checking or savings account, enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Wells Fargo Everyday Checking

KEVIN OLIVEIRA
THALITA OLIVEIRA
435 GROVEWOOD LOOP
BRENTWOOD CA 94513-2022

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

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

Other Wells Fargo Benefits

3 Things to watch out for when shopping online for the holidays

1. Fake fraud alerts. If you receive an unexpected call or message about a fraudulent purchase, don't engage. Contact the merchant, your bank, or card provider directly to verify.
2. Bogus shipping notifications. Be wary of texts or emails reporting an issue with your package delivery. Don't click links or open attachments without verifying first.
Tip: If you receive an unexpected package, don't scan the QR code as it could point to a fake website.
3. AI-created scam websites. Avoid advertised links from search results. Double check the URL for misspellings or extra characters before clicking "Buy".
Tip: Use a credit card to make online purchases if you can - it has additional protection.

Donate safely and avoid charity scams

Before donating, research new charities using a resource like Better Business Bureau® or give.org.

Statement period activity summary

Beginning balance on 11/19	-$0.93
Deposits/Additions	4,453.00
Withdrawals/Subtractions	- 4,303.94
Ending balance on 12/15	$148.13

Account number: 8519790201 (primary account)

KEVIN OLIVEIRA
THALITA OLIVEIRA

California account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

This account is not currently covered by Overdraft Protection. If you would like more information regarding Overdraft Protection and eligibility requirements please call the number listed on your statement or visit your Wells Fargo branch.

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
11/19		ATM Cash Deposit on 11/19 1115 2ND St Brentwood CA 0003176 ATM ID 8460W Card 3571	340.00		339.07
11/20		Zelle From Brito Felipe on 11/20 Ref # Wfct0Zhxhd4B	250.00		
11/20		Premier Auto Cre Car Pmt Ad 187535 Kevin Olivera		590.84	-1.77
11/21		ATM Cash Deposit on 11/20 1115 2ND St Brentwood CA 0003919 ATM ID 8460V Card 3571	5.00		
11/21		Zelle From Brito Felipe on 11/21 Ref # Wfct0Zj3Lkwv	250.00		253.23
11/24		Zelle From Daniel Lima on 11/23 Ref # Bacnh79Sam7x	30.00		
11/24		Zelle From Dph Sound on 11/24 Ref # Jpm99Bvv0Xok Veterans Day	275.00		
11/24		Zelle From Daniel Lima on 11/24 Ref # Bacprl8McQcb	200.00		
11/24		Purchase authorized on 11/22 McDonalds 18159 165-0871601 CA S465326843413918 Card 4968		1.85	
11/24		Zelle to Kj Solution on 11/23 Ref # Wfct0Zj7M6Xm		150.00	
11/24		Purchase authorized on 11/23 Wal-Mart #2697 Antioch CA P000000657433240 Card 3571		16.69	
11/24		Purchase authorized on 11/23 Wal-Mart #2697 Antioch CA P000000757397899 Card 3571		10.93	
11/24		Purchase authorized on 11/24 Future Ford of Concord Concord CA P585328800374712 Card 4968		28.89	
11/24		Zelle to Raphel Mecanico on 11/24 Ref # Wfct0Zjd3Fbj		200.00	349.87
11/25		Zelle From Daniel Lima on 11/25 Ref # Bacpaf5U4H9E	100.00		
11/25		Purchase authorized on 11/24 Walnut Creek Ford Walnut Creek CA S305328810371624 Card 4968		74.15	
11/25		Purchase authorized on 11/25 Costco Whse #1662 Brentwood CA P345329842596588 Card 4968		265.98	109.74
11/28		Purchase authorized on 11/25 McDonalds 26922 192-5516679 CA S585329861645534 Card 4968		18.23	
11/28		Purchase authorized on 11/26 McDonalds 18159 165-0871601 CA S465330806946823 Card 4968		6.92	
11/28		Zelle to Viberto Guerra on 11/27 Ref # Wfct0Zjmkqjjr		1.00	
11/28		Zelle to Viberto Guerra on 11/27 Ref # Wfct0Zjml64G		49.00	
11/28		Purchase authorized on 11/27 Loop (Cesar Cha San Francisc CA P000000583831055 Card 4968		20.00	
11/28		Purchase authorized on 11/28 Costco Gas #1662 Brentwood CA P305332713667912 Card 4968		14.59	0.00
12/1		Zelle From Jonatas Muniz Xavier on 12/01 Ref # Ctik1G1Fhzao	250.00		
12/1		Recurring Payment authorized on 11/29 Apple.Com/Bill 866-712-7753 CA S465333383415504 Card 3571		0.99	249.01
12/4		ATM Cash Deposit on 12/04 1115 2ND St Brentwood CA 0006492 ATM ID 8460V Card 3571	450.00		
12/4		Zelle From Brito Felipe on 12/04 Ref # Wfct0Zkg2Rdw	250.00		
12/4		Purchase authorized on 12/02 Fastrak Csc 415-486-8655 CA S355336642120665 Card 3571		200.00	749.01
12/5		Zelle From Daniel Lima on 12/05 Ref # Bacrcftteeha	300.00		
12/5		ATM Withdrawal authorized on 12/05 1115 2ND St Brentwood CA 0006121 ATM ID 8460W Card 3571		730.00	319.01
12/8		Zelle From Viberto Guerra on 12/07 Ref # Bacca6Pcn91G	250.00		

Transaction History (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
12/8		Recurring Payment authorized on 12/05 Allstate *Payme 800-255-7828 IL S465339448083262 Card 3571		14.12	
12/8		Recurring Payment authorized on 12/05 Allstate Nbindco 800-255-7828 IL S385339448147145 Card 3571		298.18	
12/8		Zelle to Brittaney on 12/08 Ref # Wfct0Zkvrj53		127.00	129.71
12/9		Purchase authorized on 12/08 Csi-210444/1762- Brentwood CA P305343100708570 Card 3571		5.00	124.71
12/11		Purchase authorized on 12/10 Tesla Supercharger 877-7983752 CA S305344639566851 Card 4968		21.23	
12/11		Purchase authorized on 12/10 Tesla Supercharger 877-7983752 CA S585345168590813 Card 4968		24.87	78.61
12/12		ATM Cash Deposit on 12/12 1115 2ND St Brentwood CA 0007293 ATM ID 8460W Card 3571	800.00		
12/12		Zelle From Daniel Lima on 12/12 Ref # Bacj6Loi04Tg	100.00		
12/12		ATM Cash Deposit on 12/12 1115 2ND St Brentwood CA 0007330 ATM ID 8460W Card 3571	303.00		
12/12		Purchase authorized on 12/11 Tesla Supercharger 877-7983752 CA S305345688742518 Card 4968		7.46	
12/12		Purchase authorized on 12/11 Tesla Supercharger 877-7983752 CA S355345704537057 Card 4968		17.81	
12/12		Purchase authorized on 12/11 Tesla Supercharger 877-7983752 CA S385346210186520 Card 4968		25.21	
12/12		Zelle to Elida Cleide on 12/12 Ref # Wfct0Zl98Hyj		1,200.00	31.13
12/15		ATM Cash Deposit on 12/13 1115 2ND St Brentwood CA 0008285 ATM ID 8460V Card 3571	300.00		
12/15		Purchase authorized on 12/12 Tesla Supercharger 877-7983752 CA S305346679888628 Card 4968		23.00	
12/15		Zelle to Kj Solution on 12/13 Ref # Wfct0Zlgghlh		150.00	
12/15		Monthly Service Fee		10.00	148.13
Totals			$4,453.00	$4,303.94	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 11/19/2025 - 12/15/2025	Standard monthly service fee $10.00	You paid $10.00
How to avoid the monthly service fee Have any ONE of the following each fee period	Minimum required	This fee period
• Minimum daily balance	$1,500.00	-$1.77 ☐
• Total amount of qualifying electronic deposits	$500.00	$0.00 ☐
• Age of primary account owner	17 - 24	☐

RC/RC

IMPORTANT ACCOUNT INFORMATION

We previously communicated that as of November 10, 2025, we're adjusting the schedule for posting the monthly service fee to your account. If a monthly service fee applies, it will be calculated on the last day of the fee period and posted on the first business day of the next fee period.

The update has been delayed. We will begin updating accounts in January 2026.

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- If your account has a negative balance:

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- In case of errors or questions about your electronic transfers:

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $ _____

ADD

B. Any deposits listed in your $ _____
register or transfers into $ _____
your account which are not $ _____
shown on your statement. + $ _____
. . . . . TOTAL $ _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $ _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $ _____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $ _____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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IRS

Tax Compliance Report

Name: THALITA COUTINHO DE OLIVEIRA
SSN: ***-**-2375
Date: July 30, 2026

Compliant

Tax returns were filed and taxes were paid on time. There are no outstanding tax debts.

Filing information

IRS tax records don't show any overdue individual or business tax returns (if you're a sole proprietor required to file excise or employment tax returns).

Visit www.irs.gov or call 800-829-1040 for tax help.

Tax period	Tax type	Return filing information
2025	1040 Series	Return was timely filed by the due date (including extensions).
2024	1040 Series	No return is on file, but filing may not be required based on reported income.
2023	1040 Series	No return is on file, but filing may not be required based on reported income.
2022	1040 Series	No return is on file, but filing may not be required based on reported income.

Amount you owe

IRS tax records don't show any unpaid federal income, employment or excise tax debt

Additional information

IRS tax records show no late payments of federal income, employment, or excise taxes for the most recent four tax years

We haven’t assessed fraud penalties in the last five years.

Letter 6201 (Rev. 6-2020)
Catalog Number 72523W

IRS

Tax Compliance Report

Name: KEVIN ALVES SARMENTO OLIVEI
SSN: ***-**-5011
Date: July 30, 2026

Compliant

Tax returns were filed and taxes were paid on time. There are no outstanding tax debts.

Filing information

IRS tax records don't show any overdue individual or business tax returns (if you're a sole proprietor required to file excise or employment tax returns).

Visit www.irs.gov or call 800-829-1040 for tax help.

Tax period	Tax type	Return filing information
2025	1040 Series	Return was timely filed by the due date (including extensions).
2024	1040 Series	No return is on file, but filing may not be required based on reported income.
2023	1040 Series	No return is on file, but filing may not be required based on reported income.
2022	1040 Series	No return is on file, but filing may not be required based on reported income.

Amount you owe

IRS tax records don't show any unpaid federal income, employment or excise tax debt

Additional information

IRS tax records show no late payments of federal income, employment, or excise taxes for the most recent four tax years

We haven’t assessed fraud penalties in the last five years.

Letter 6201 (Rev. 6-2020)
Catalog Number 72523W

Exhibit 11 - Bona Fide Marriage - Letter of Support

Ivone Alves Francelino
Rua Valderez Andrade, 69
Bancários - João Pessoa/Paraíba
ZIP Code: 58051-393
(83) 9 9906-4272
August 31, 2026

BONA FIDE MARRIAGE DECLARATION

I am writing this letter to attest that the marriage of my son and my daughter-in-law Thalita is a bona fide marriage. My name is Ivone, I am 52 years old, and I am Kevin Alves Sarmento Oliveira's mother. I met Thalita in 2008 through my son Kevin, who told me he had someone to introduce to me. My son talked about nothing but this girl, and I could clearly see that he was in love. From the very first day I met Thalita, I had the same certainty my son did, she was the woman of his life. And I am not saying this to romanticize this letter, I am saying it because it is the absolute truth. Thalita was welcomed into my home like a daughter, she accompanied me through my two pregnancies, a person sent by God, and she is even the godmother at the baptism of my other son, Gabriel. Thalita came into my son Kevin's life to enrich it, and she transformed my son's life. I watched my son become a man. He finished his studies, got his driver's license, and started working, all of this so they could live together and have a place to live. Their relationship has always been respectful, to this day, they treat each other with affection and call each other "love", they are each other's home. I never had any doubts that they would build a beautiful family, a mother knows everything, and I always had that certainty. My daughter-in-law (Thalita) and my son (Kevin) gave me the best gift I could ever receive, my granddaughter, my first granddaughter, who was born on my birthday. It was the best gift I could have ever received. Thalita and Kevin have been together for 18 years, and I can affirm they have a relationship of love, respect, and companionship that many would wish to have. I see God in their family, and He takes care of everything. There is a saying that goes: A good son makes a good husband and a good father, and that is exactly what he is. Maria Clara, my granddaughter, is very lucky to be Thalita and Kevin's daughter.

All the contents of this letter are true, and I declare, under penalty of law, that it is true, and I assume civil and criminal liability for any false statement.

Sincerely,



Ivone Alves Francelino

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: October 1, 2026.

Ivone Alves Francelino
Rua Valderez Andrade, 69
Bancários - João Pessoa/PB
CEP: 58051-393
(83) 9 9906-4272
31 de agosto de 2026

DECLARAÇÃO DE CASAMENTO DE BOA FÉ

Escrevo esta carta para formalizar que o casamento do meu filho com a minha nora Thalita é de boa fé. Meu nome é Ivone, tenho 52 anos e sou mãe de Kevin Alves Sarmento Oliveira. Conheci Thalita em 2008 através do meu filho Kevin que me contou que tinha uma pessoa para me apresentar. Meu filho só falava nessa menina e eu via nitidamente que ele estava apaixonado. Desde o primeiro dia em que conheci Thalita eu tive a mesma certeza que o meu filho tinha, era ela a mulher da vida do meu filho. E eu não estou falando isso para romantizar esta carta, eu estou falando isso, porque é uma grande verdade. Thalita foi recebida na minha casa como filha, me acompanhou nas minhas duas gestações, uma pessoa enviada por Deus, que inclusive é madrinha de batismo do meu outro filho, Gabriel. Thalita chegou na vida do meu filho Kevin para somar, ela transformou a vida do meu filho. Eu vi meu filho se transformar em um homem. Ele terminou os estudos, tirou habilitação, começou a trabalhar; tudo isso para poderem viver juntos e ter um lugar para morar. O relacionamento deles sempre foi respeitoso, até hoje se tratam com carinho e se chamam de amor, são o lar, um do outro. Eu nunca tive dúvidas que eles iriam formar uma linda família, uma mãe sabe de tudo, e eu sempre tive essa certeza. Minha nora (Thalita) e meu filho (Kevin) me deram o melhor presente que eu poderia ter, minha neta, minha primeira neta, que nasceu no dia do meu aniversário. Foi o melhor presente que eu poderia ter ganho. Thalita e Kevin estão juntos a 18 anos e eu posso afirmar que é uma relação de amor, de respeito e de companheirismo como muitos gostariam de ter. Eu vejo Deus na família deles e ele cuida de tudo. Tem um ditado que diz assim: Bom filho, bom marido, bom pai e, é assim que ele é. Maria Clara, minha neta, tem muita sorte de ser filha de Thalita e Kevin.

Todo o conteúdo dessa carta é verdadeiro e o declaro, sob as penas da lei, que é verdadeiro e me responsabilizo civil e criminalmente por qualquer declaração falsa.

Atenciosamente,

Ivone Alves Francelino

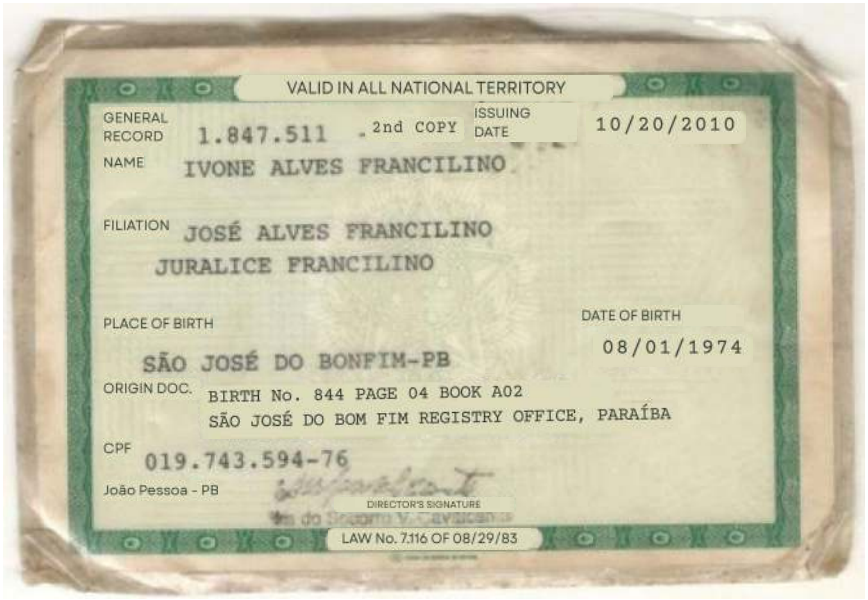
Ivone Alves Francelino



FEDERATIVE REPUBLIC OF BRAZIL
STATE OF PARAÍBA
STATE SECRETARIAT FOR SECURITY AND SOCIAL DEFENSE
INSTITUTE OF FORENSIC SCIENCE
DEPARTMENT OF IDENTIFICATION
V-02
P-236

SIGNATURE OF THE HOLDER

IDENTITY CARD



VALID IN ALL NATIONAL TERRITORY

GENERAL RECORD 1.847.511 - 2nd COPY
ISSUING DATE 10/20/2010

NAME IVONE ALVES FRANCILINO

FILIATION JOSÉ ALVES FRANCILINO
JURALICE FRANCILINO

PLACE OF BIRTH SÃO JOSÉ DO BONFIM-PB

DATE OF BIRTH 08/01/1974

ORIGIN DOC. BIRTH No. 844 PAGE 04 BOOK A02
SÃO JOSÉ DO BOM FIM REGISTRY OFFICE, PARAÍBA

CPF 019.743.594-76

João Pessoa - PB

DIRECTOR'S SIGNATURE

LAW No. 7.116 OF 08/29/83

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: October 1, 2026.

Exhibit 12 - Bona Fide Marriage - Photographic Evidence

August 1, 2026 – Maria Clara's 7th Birthday

In the photo: Thalita, Kevin, and Maria Clara (daughter).



April 15, 2026 – Thalita and Kevin's Civil Wedding

Thalita and Kevin pictured on their wedding day, together with their daughter, Maria Clara. The wedding took place in Martinez, Contra Costa County, California, and was officiated by Leonardo Fu, Deputy Commissioner.



August 1, 2025 - Maria Clara's 6th Birthday

Celebrating Maria Clara's 6th birthday!

Pictured: Thalita and Kevin (parents) with their daughter, Maria Clara.





Christmas 2025 - Family Celebration

Kevin, Thalita, and their daughter, Maria Clara, celebrating Christmas



Christmas 2024 - Family Celebration!



Maria Clara's Baptism: A Special Family Celebration in 2024

Maria Clara, pictured with her parents, Kevin and Thalita, during her baptism at the church.



Thalita's Niece Maria Eduarda's 2nd Birthday – 2023

In the photo: Maria Clara, Kevin, Maria Alice, and Maria Eduarda (daughters of Thalita's sister, Thais), Adriana (Thalita's mother), and Thalita.



August 1, 2023 – Maria Clara's 4th Birthday



Maria Clara's 3rd Birthday in 2022

Celebrating Maria Clara's 3rd birthday with the whole family gathered together. A special day filled with love, joy, and family memories.



Kevin, Thalita, and their daughter, Maria Clara, together as a Family, in 2022.



Family and Friends at Gabriel's 10th Birthday – 2021

Thalita, Kevin, their daughter Maria Clara, Ivone (Kevin's mother), Gabriel (Kevin's brother), and friends, together for a special moment.



Kevin’s Birthday in 2021

Celebrating Kevin’s birthday with Thalita and their daughter, Maria Clara.



Maria Clara’s 2nd Birthday in 2021

Celebrating Maria Clara’s 2nd birthday with her parents, Kevin and Thalita.



Maria Clara's 1st Birthday in 2020

Celebrating Maria Clara's first birthday surrounded by family.





Leaving the Hospital with Newborn Maria Clara in 2019

Kevin and Thalita are pictured leaving Northwest Community Hospital with their newborn daughter, Maria Clara, following her birth.



The photo below is the first official photograph of the whole family together, taken by a professional photographer.



2018 – Magic Kingdom

Kevin and Thalita are pictured together at Walt Disney World, Orlando in 2018.



2018 - Gathering with Friends

Kevin and Thalita are pictured with their friends at a social gathering in 2018.



2017 – Couples' Outing

Thalita, Kevin, Thais (Thalita's sister), and Jailson (Thalita's brother-in-law).



2017 - João Pessoa, Paraíba, Brazil

Thalita and Kevin are pictured with their best friend, Laerte, at Ponta do Seixas, a tourist landmark in João Pessoa, Paraíba.



2017 - Beach Day

Thalita and Kevin are pictured together at the beach in 2017.



2016 – Gabriel's First Time at the Cinema

Kevin, Gabriel (Kevin's brother), Thalita, and Thais (Thalita's sister)



2016 - Christmas in João Pessoa, Paraíba, Brazil

Thalita and Kevin are pictured with Thalita's maternal family during the Christmas celebration in João Pessoa, Paraíba, Brazil, in 2016.



2015 – Thalita, Kevin, and Kleiton (friend) with Thalita's paternal grandparents celebrating Thalita's birthday



Thalita and Kevin are pictured with Adriana and Thaís during a buggy ride in 2015.



Thalita and Kevin are pictured playing volleyball with friends from Energisa in 2015.



Thalita and Kevin are pictured enjoying a day by the pool with Ivone (Kevin's mother) and Gabriel (Kevin's brother) in 2014.



Thalita and Kevin are pictured together at a dinner in 2013



Thalita and Kevin are pictured together celebrating São João, a traditional Brazilian festival, in 2012.



Thalita and Kevin are pictured attending the baptism of Gabriel, Kevin's brother, in 2011.



Thalita and Kevin are pictured together in 2009.



Thalita and Kevin are pictured together at the beginning of their relationship in 2008.



2008 — Samba in Jampa, João Pessoa, Paraíba, Brazil

Thalita and Kevin are pictured together enjoying a samba event in Jampa (João Pessoa, Paraíba) in 2008.

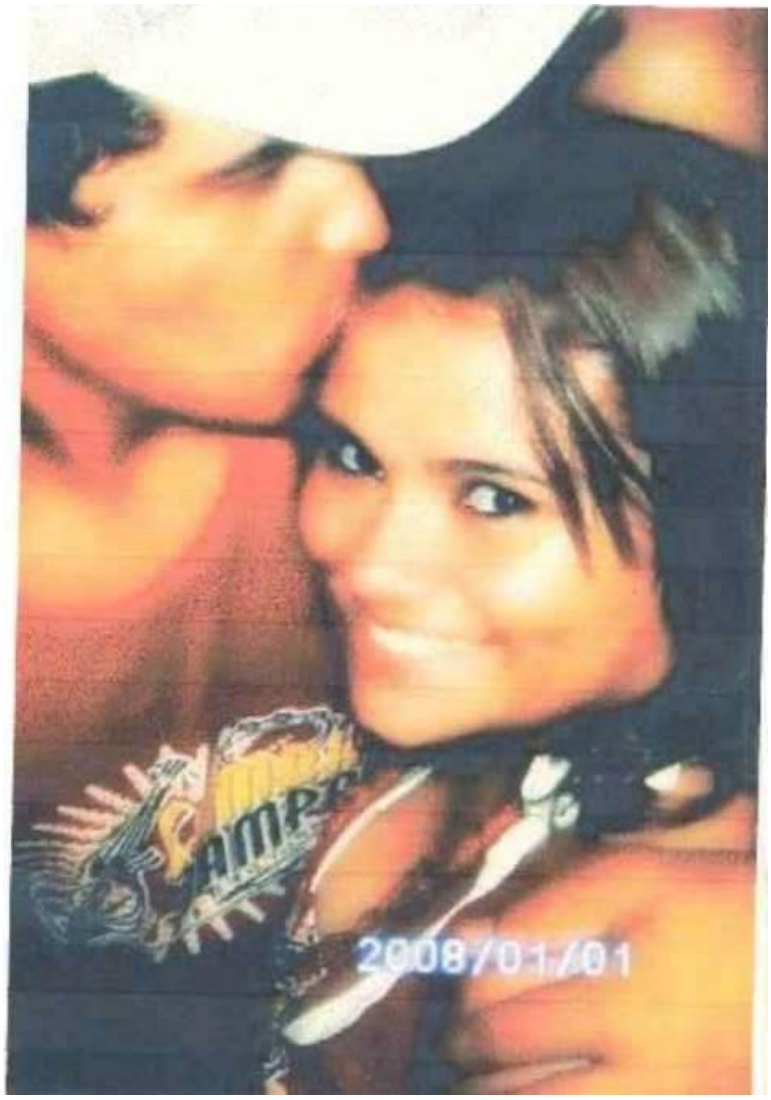


Exhibit 13 - Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira’s Evidence of Good Moral Character

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

*****CUSTOMER RECEIPT COPY*****

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

08/03/2026

"

DATE:08-03-26*TIME:18:35*

DL/NO:Y5513945*

B/D:01-04-1992*NAME:ALVESSARMENTOOLIVEIRA,KEVIN*

IDENTIFYING INFORMATION:

SEX:MALE*HAIR:BROWN*EYES:BRN*HT:5-07*WT:253*

LIC/ISS:09-26-24* EXP:01-04-29*CLASS:C NON-COMMERCIAL*

ENDORSEMENTS:NONE*

HEALTH QUESTIONNAIRE EXPIRES:NONE*

LICENSE STATUS:

VALID*

DEPARTMENTAL ACTIONS:

NONE*

"

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

NONE*

END

CALIFORNIA DEPARTMENT OF MOTOR VEHICLES

*****CUSTOMER RECEIPT COPY*****

DRIVER LICENSE/IDENTIFICATION CARD

INFORMATION REQUEST

07/30/2026

"

DATE:07-30-26*TIME:13:23*

DL/NO:Y5513880*

B/D:12-01-1989*NAME:COUTINHODEOLIVEIRA,THALITA*

RES ADD AS OF 08-21-25:435 GROVEWOOD LOOP N, BRENTWOOD 94513*

OTH ADD AS OF 09-26-24:2250 OAK HILLS CIR 116, PITTSBURG*

IDENTIFYING INFORMATION:

SEX:FEMALE*HAIR:BROWN*EYES:BRN*HT:5-03*WT:231*

LIC/ISS:09-26-24* EXP:12-01-28*CLASS:C NON-COMMERCIAL*

ENDORSEMENTS:NONE*

HEALTH QUESTIONNAIRE EXPIRES:NONE*

LICENSE STATUS:

VALID*

"

DEPARTMENTAL ACTIONS:

NONE*

CONVICTIONS:

NONE*

FAILURES TO APPEAR:

NONE*

ACCIDENTS:

DATE/TIME LOCATION VEH-LIC REPORT NO FR CASE NO

01-31-25 99 MARTINEZ 9MYY304 DMV 25-11-30567

UPDATED:04-17-25*

END

Florida Department of Highway Safety and Motor Vehicles

Driver License Status

As of July 30, 2026, at 04:36 PM, Florida driver license number A641-154-92-100-0 is Valid. This license is a Class E with an expiration date of 06/25/2027.

Restrictions
None on Record

Endorsements
None on Record

Designations
None on Record

Effective Insurance Cancellation Suspensions
None on Record

COURT SUSPENSION(S) - Court Requirements Not Met
None on Record

Suspensions, Revocations, Cancellations, Disqualifiations
None on Record

Personal information in Florida motor vehicle and driver license records is blocked in accordance with the Driver Privacy Protection Act (https://www.flhsmv.gov/privacy-statement/driver-privacy-protection-act/).

You are currently eligible to elect traffic school. You can elect traffic school once in a 12 month period and eight times in a lifetime. Visit the Driver Improvement School (https://www.flhsmv.gov/driver-licenses-id-cards/education-courses/driver-improvement-schools/) page for additional information regarding traffic school.

The status of your license is the result of the infractions on your driver record. This is not an official driver record. For information on how to obtain an official driver record, visit MyDMV Portal (/Home/en/PublicWeb/DlCheck/LinkToPortal).

Please visit What to Bring (https://www.flhsmv.gov/driver-licenses-id-cards/what-to-bring/) before your visit.

Thank you for your recent application. Your card was printed and mailed on 6/25/2026. Please allow 10 days for delivery by the U.S. Postal Service. If you do not receive your card by 7/5/2026, please email us (https://www3.flhsmv.gov/DDL/CQS/) for an expedited reply or contact the Customer Service Center at 850-617-2000. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. (EST).

When you check your driver license status by entering the number above, if it displays "VALID," it simply indicates the FLHSMV has already received information and cleared your record. You may disregard any notice you received and print the response as your latest official receipt from the FLHSMV.

New Search (/Home/en/PublicWeb/DLCheck)

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English

Home (https://www.flhsmv.gov/) > Driver License Status

Driver License Status

As of July 30, 2026, at 04:35 PM, Florida driver license number C641-155-62-500-0 is Valid. This license is a Class E with an expiration date of 06/25/2027.

Restrictions
None on Record

Endorsements
None on Record

Designations
None on Record

Effective Insurance Cancellation Suspensions
None on Record

Florida Department of Highway Safety and Motor Vehicles

COURT SUSPENSION(S) - Court Requirements Not Met
None on Record

Vehicle Tags & Titles (https://www.flhsmv.gov/motor-vehicles-tags-titles/license-plates-registration/) | Florida Highway Patrol (https://www.flhsmv.gov/florida-highway-patrol/about-fhp/)
Jobs (https://jobs.myflorida.com/go/Department-of-Highway-Safety-and-Motor-Vehicles/2815600/) | Contact Us (http://www.flhsmv.gov/contact-us/) | Forms (https://www.flhsmv.gov/resources/forms/)
Office Locations (https://www.flhsmv.gov/locations/)

Suspensions, Revocations, Cancellations, Disqualifiations
None on Record

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You are currently eligible to elect traffic school. You can elect traffic school once in a 12 month period and eight times in a lifetime. Visit the Driver Improvement School (https://www.flhsmv.gov/driver-licenses-id-cards/education-courses/driver-improvement-schools/) page for additional information regarding traffic school.

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Please visit What to Bring (https://www.flhsmv.gov/driver-licenses-id-cards/what-to-bring/) before your visit.

Thank you for your recent application. Your card was printed and mailed on 6/25/2026. Please allow 10 days for delivery by the U.S. Postal Service. If you do not receive your card by 7/5/2026, please email us (https://www3.flhsmv.gov/DDL/CQS/) for an expedited reply or contact the Customer Service Center at 850-617-2000. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m. (EST).

When you check your driver license status by entering the number above, if it displays "VALID," it simply indicates the FLHSMV has already received information and cleared your record. You may disregard any notice you received and print the response as your latest official receipt from the FLHSMV.

New Search (/Home/en/PublicWeb/DLCheck)

PRIVACY STATEMENT (HTTPS://FLHSMV.GOV/PRIVACY-STATEMENT/) EMAIL NOTICE (HTTPS://FLHSMV.GOV/EMAIL-NOTICE/)
DISCLAIMER (HTTPS://FLHSMV.GOV/DISCLAIMER/) MYFLORIDA.COM (HTTP://WWW.MYFLORIDA.COM)
ADA NOTICE (HTTPS://FLHSMV.GOV/ADA-NOTICE/) CONTACT US (HTTP://WWW.FLHSMV.GOV/CONTACT-US/)

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THALITA COUTINHO DE OLIVEIRA
C/O: THALITA COUTINHO DE OLIVERA
1131 PRIORY CIRCLE
WINTER GARDEN, FL 34787

1-787a (Rev. 08-10-2016)

U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

THALITA COUTINHO DE OLIVEIRA
C/O: THALITA COUTINHO DE OLIVERA
1131 PRIORY CIRCLE
WINTER GARDEN, FL 34787

Date: 08-06-2026

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

Subject Name

THALITA COUTINHO DE OLIVEIRA

Search Completed Result 08-06-2026 E2026218000000217453

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 12/01/1989

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.

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

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z **NCN E2026218000000217453**

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG,WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20260806151249-EDO-0000-33453
AGENCY CASE D41766626215

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME COUTINHO DE OLIVEIRA,THALITA

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1989/12/01	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	BRAZIL

CITIZENSHIP
BRAZIL

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026218000000217453

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
COUTINHO DE OLIVEIRA,THALITA	VJ124PLNP	2026/08/06

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1989/12/01	400	000	BRO	BLK

BIRTH PLACE
BRAZIL

PATTERN CLASS
RS AU AU RS RS LS AU LS LS LS

CITIZENSHIP
BRAZIL

1-ARRESTED OR RECEIVED 2024/09/11
AGENCY-CBP-POE/LOS ANGELES LONG BEACH (CACBP0300)
AGENCY CASE-9426416351

FINGERPRINT INFORMATION
BSI/40550317707
PRINT DATE/2024/09/11

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40550317705
POSE/ DESC/
PHOTO DATE/2024/09/11

CHARGE 1-09/11/2024 23:09:15 ALIEN INADMISSIBILITY UNDER SECTION 21
2

COURT- ()

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026218000000217453
PART 2
- FBI IDENTIFICATION RECORD - FBI UCN-VJ124PLNP
2024/09/12 DISPOSITION-OTHER
CHARGE-DSPE/ 8 USC 1182(A) MISD
DSPE/ ADMINISTRATIVE PROCEEDINGS

RECORD UPDATED 2026/08/06

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

KEVIN ALVES SARAMENTO OLIVEIRA
C/O: KEVIN ALVES SARAMENTO OLIVEIRA
1131 PRIORY CIRCLE
WINTER GARDEN, FL 34787

1-787a (Rev. 08-10-2016)

U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

KEVIN ALVES SARAMENTO OLIVEIRA
C/O: KEVIN ALVES SARAMENTO OLIVEIRA
1131 PRIORY CIRCLE
WINTER GARDEN, FL 34787

Date: 08-06-2026

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

Subject Name

KEVIN ALVES SARAMENTO OLIVEIRA

Search Completed Result 08-06-2026 E2026218000000217105

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 01/04/1992

Social Security number: XXX-XX-5011

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.

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

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z **NCN E2026218000000217105**

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG,WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20260806151202-EDO-0000-33446
AGENCY CASE D35966626215

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME ALVES SARAMENTO OLIVEIRA,KEVIN

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1992/01/04	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	BRAZIL

CITIZENSHIP
BRAZIL

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	010-95-5011	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026218000000217105

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME	FBI UCN	DATE REQUESTED
ALVES SARMENTO OLIVEIRA,KEVIN	V4FDKHCP7	2026/08/06

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	U	1992/01/04	400	000	XXX	XXX

BIRTH PLACE
BRAZIL

PATTERN CLASS
RS AU AU RS RS LS AU AU LS LS

CITIZENSHIP
BRAZIL

1-ARRESTED OR RECEIVED 2024/09/11
AGENCY-CBP-POE/LOS ANGELES LONG BEACH (CACBP0300)
AGENCY CASE-9426406414

FINGERPRINT INFORMATION
BSI/40550317102
PRINT DATE/2024/09/11

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40550317101
POSE/ DESC/
PHOTO DATE/2024/09/11

CHARGE 1-09/11/2024 19:09:30 ALIEN INADMISSIBILITY UNDER SECTION 21
2

COURT- ()

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026218000000217105
PART 2
- FBI IDENTIFICATION RECORD - FBI UCN-V4FDKHCP7
2024/09/12 DISPOSITION-OTHER
CHARGE-DSPE/ 8 USC 1182(A) MISD
DSPE/ ADMINISTRATIVE PROCEEDINGS

RECORD UPDATED 2026/08/06

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

Exhibit 14 - Evidence of Thalita Coutinho de Oliveira and Kevin Alves Sarmento Oliveira’s Pending Removal Proceedings

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

Event No: LOS2409000436

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

Subject ID : 212901034 FIN #: 1224453546

SIGMA Event: 65085075 DOB: 12/01/1989

File No: 246057911

In the Matter of: COUTINHO DE OLIVEIRA, THALITA

Respondent: COUTINHO DE OLIVEIRA, Thalita currently residing at:

3801 Camino Andres Road,Bay Point,CALIFORNIA 94565,UNITED STATES OF AMERICA 925-834-6862

(Number, street, city, state and ZIP code) (Area code and phone number)

[x] You are an arriving alien.

[ ] You are an alien present in the United States who has not been admitted or paroled.

[ ] You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States.
2. You are a native of Brazil and a citizen of Brazil.
3. On or about September 12, 2024, you arrived at Los Angeles International Airport, Los Angeles, California, and applied for admission into the United States.
4. You are an immigrant not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Immigration and Nationality Act;

On the basis of the foregoing, it is charged that you are subject to remov
provision(s) of law:

See Continuation Page Made a Part Hereof

[ ] This notice is being issued after an asylum officer has found that the
persecution or torture.

[ ] Section 235(b)(1) order was vacated pursuant to: [ ] 8CFR

YOU ARE ORDERED to appear before an immigration judge of the Unit
1855 GATEWAY BLVD STE 850,
CONCORD, CA, US 94520

(Complete Address of Immigration Court, if

on February 26, 2025 (Date) at 09:00 AM (Time) to show why you sho
MENENDEZ, Edwin E

charge(s) set forth above.

CHIEF CBP OFFICER
(Signature and Title of Issuing Officer)

Date: September 12, 2024

LOS ANGELES, CALIFORNIA
(City and State)

OMB No. 1651-0111

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Departure Record

Admission Number
~~80114210233~~
16376736947

U.S. DEPARTMENT OF HOMELAND SECURITY
PAROLED
Until FEB 26, 2025
Purpose: Notice to Appear
Removal Proceedings
4572A
Sept 12, 2024 LAX 1998
(Date) (Location) (Mean)

18. Family Name
COUTINHO DE OLIVEIRA

19. First (Given) Name
THALITA

20. Birth Date (DD/MM/YY)
01 12 89

21. Country of Citizenship
BRAZIL

CBP Form I-94 (05/08)
STAPLE HERE
See Other Side

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

Event No: LOS2409000437

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

Subject ID : 212901035 FIN #: 1224454920 File No: 246057910

SIGMA Event: 65085078 DOB: 01/04/1992

In the Matter of: ALVES SARMENTO OLIVEIRA, KEVIN

Respondent: ALVES SARMENTO OLIVEIRA, Kevin currently residing at:

3801 Camino Andres Road,Bay Point,CALIFORNIA 94565,UNITED STATES OF AMERICA 925-834-6862

(Number, street, city, state and ZIP code) (Area code and phone number)

[x] You are an arriving alien.

[ ] You are an alien present in the United States who has not been admitted or paroled.

[ ] You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States.
2. You are a native of Brazil and a citizen of Brazil.
3. On or about September 12, 2024, you arrived at Los Angeles International Airport, Los Angeles, California, and applied for admission into the United States.
4. You are an immigrant not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Immigration and Nationality Act;

On the basis of the foregoing, it is charged that you are subject to rem
provision(s) of law:

See Continuation Page Made a Part Hereof

[ ] This notice is being issued after an asylum officer has found that
persecution or torture.

[ ] Section 235(b)(1) order was vacated pursuant to: [ ] 8CFR

YOU ARE ORDERED to appear before an immigration judge of the Ur
1855 GATEWAY BLVD STE 850,
CONCORD, CA, US 94520

(Complete Address of Immigration Court,

on February 26, 2025 at 09:00 AM to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above.

MENENDEZ, Edwin E
CHIEF CBP OFFICER

(Signature and Title of Issuing Officer)

Date: September 12, 2024 LOS ANGELES, CALIFORNIA

(City and State)

OMB No. 1651-0111

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Departure Record

Admission Number 16376808083 14

U.S. DEPARTMENT OF HOMELAND SECURITY
PAROLED
Until FEB 26, 2025
Purpose: Notice to Appear
Removal proceedings
4572
(Date) Sept 12, 2024 LAX 19572 (Officer)
(Location)

18. Family Name ALVES SARMENTO OLIVEIRA
19. First (Given) Name KEVIN
20. Birth Date (DD/MM/YY) 04 01 1992
21. Country of Citizenship BRAZIL

CBP Form I-94 (05/08)
STAPLE HERE
See Other Side

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

LEAD FILE: 246-057-910
IN REMOVAL PROCEEDINGS
DATE: May 7, 2025

TO: HS LAW
Silva, Otavio Haverroth
5051 La Jolla BLVD
Suite 202
San Diego, CA 92109

RE: 246-057-910 ALVES SARMENTO OLIVEIRA, KEVIN
246-057-911 COUTINHO DE OLIVEIRA, THALITA

Notice of In-Person Hearing

Your case has been scheduled for a INDIVIDUAL hearing before the immigration court on:

Date: Jun 20, 2028
Time: 1:00 P.M. PT
Court Address: 1855 GATEWAY BLVD., SUITE 850
9TH FL., CTRM 8, CONCORD, CA 94520

Representation: You may be represented in these proceedings, at no expense to the Government, by an attorney or other representative of your choice who is authorized and qualified to represent persons before an immigration court. If you are represented, your attorney or representative must also appear at your hearing and be ready to proceed with your case. Enclosed and online at https://www.justice.gov/eoir/list-pro-bono-legal-service-providers is a list of free legal service providers who may be able to assist you.

Failure to Appear: If you fail to appear at your hearing and the Department of Homeland Security establishes by clear, unequivocal, and convincing evidence that written notice of your hearing was provided and that you are removable, you will be ordered removed from the United States. Exceptions to these rules are only for exceptional circumstances.

Change of Address: The court will send all correspondence, including hearing notices, to you based on the most recent contact information you have provided, and your immigration proceedings can go forward in your absence if you do not appear before the court. If your contact information is missing or is incorrect on the Notice to Appear, you must provide the immigration court with your updated contact information within five days of receipt of that notice so you do not miss important information. Each time your address, telephone number, or email address changes, you must inform the immigration court within five days. To update your contact information with the immigration court, you must complete a Form EOIR-33 either online at https://respondentaccess.eoir.justice.gov/en/ or by completing the enclosed paper form and mailing it to the immigration

court listed above.

Internet-Based Hearings: If you are scheduled to have an internet-based hearing, you will appear by video or telephone. If you prefer to appear in person at the immigration court named above, you must file a motion for an in-person hearing with the immigration court at least fifteen days before the hearing date provided above. Additional information about internet-based hearings for each immigration court is available on EOIR's website at https://www.justice.gov/eoir/eoir-immigration-court-listing.

In-Person Hearings: If you are scheduled to have an in-person hearing, you will appear in person at the immigration court named above. If you prefer to appear remotely, you must file a motion for an internet-based hearing with the immigration court at least fifteen days before the hearing date provided above.

For information about your case, please call **1-800-898-7180** (toll-free) or **304-625-2050.**

The Certificate of Service on this document allows the immigration court to record delivery of this notice to you and to the Department of Homeland Security.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY:MAIL[M] PERSONAL SERVICE[P] ELECTRONIC SERVICE[E]
TO: [ ] Noncitizen | [ ] Noncitizen c/o Custodial Officer |
[E] Noncitizen ATT/REP | [E] DHS
DATE: ____5/7/25_____ BY: COURT STAFF _____AL_____
Attachments:[ ] EOIR-33 [ ] Appeal Packet [ ] Legal Services List [ ] Other NH

Use a smartphone's camera to scan the code on this page to read the notice online.

Usa la cámara de un teléfono inteligente para escanear el código de esta página y leer el aviso en línea.

Use a câmara do smartphone para digitalizar o código nesta página e ler o manual de instruções online.

使用智能手机摄像头扫描本页面的代码，即可在线阅读该通知。

ਨੋਟਿਸ ਨੂੰ ਔਨਲਾਈਨ ਪੜ੍ਹਨ ਲਈ ਇਸ ਪੰਨੇ 'ਤੇ ਕੋਡ ਨੂੰ ਸਕੈਨ ਕਰਨ ਲਈ ਸਮਾਰਟਫੋਨ ਦੇ ਕੈਮਰੇ ਦੀ ਵਰਤੋਂ ਕਰੋ।

অনলাইনে নোটিশ পড়ার জন্য এই পেজের কোডটি স্ক্যান করতে স্মার্টফোনের ক্যামেরা ব্যবহার করুন

सूचना अनलाइनमा पढ्न यस पृष्ठमा कोड स्क्यान गर्न स्मार्टफोनको क्यामेरा प्रयोग गर्नुहोस्।

Sèvi ak kamera yon telefòn entèlijan pou eskane kòd ki nan paj sa a pou li avi a sou entènèt.

استخدم كاميرا الهاتف الذكي لمسح الرمز الموجود في هذه الصفحة لقراءة الإشعار على الإنترنت

Чтобы прочитать уведомление онлайн, отсканируйте код на этой странице с помощью камеры вашего смартфона.

Utilisez l'appareil photo d'un téléphone intelligent pour scanner le code sur cette page afin de lire l'avis en ligne.