ORIGINAL SUBMISSION, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS (G-1145, G-28, I-485)

Derivative Applicant: MONDARDO DE FREITAS, Kauan

San Diego, CA - PO Box 90487

e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
MONDARDO DE FREITAS	**Kauan**	**N/A**

Email Address	Mobile Phone Number (Text Message)
Sil.jkl@hotmail.com	

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 6 9 0 1 5 9 2 4 6 1 6

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): CASTILHO ZAIA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: 11810 Grand Park Ave

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 500

3.c. City or Town: North Bethesda

3.d. State: MD **3.e.** ZIP Code: 20852 *(USPS ZIP Code Lookup)*

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 2676376123

5. Mobile Telephone Number (if any): 2676376123

6. Email Address (if any): guilherme@zaialaw.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: Pennsylvania

1.b. Bar Number (if applicable): 334469

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): Zaia Law LLC

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-485

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)

► 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): MONDARDO DE FREITAS

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

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- N/A

Client's Contact Information

10. Daytime Telephone Number

3214662824

11. Mobile Telephone Number (if any)

3214662824

12. Email Address (if any)

Sil.Jkl@Hotmail.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: 11810 Grand Park Ave

13.b. ☐ Apt. ☒ Ste. ☐ Flr. 500

13.c. City or Town: North Bethesda

13.d. State: MD **13.e.** ZIP Code: 20852

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

➡ Silvana Kaler Mondardo

2.b. Date of Signature (mm/dd/yyyy) 08/18/2026

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) 08/18/2026

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): MONDARDO DE FREITAS

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

1.c. Middle Name: N/A

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

2.d. The client, Kauan Mondardo de Freitas, is legally incapacitated. Silvana Keler Mondardo signs Form G-28 on his behalf as his court-appointed legal guardian. A copy of the court order appointing the legal guardian is enclosed.

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	334469	069015924616

► **START HERE - Type or print in black ink.** A-Number ► **A-** N/A

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MONDARDO DE FREITAS	Kauan	N/A

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

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

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

3. Date of Birth (mm/dd/yyyy) 04/23/2007

Have you ever used any other date of birth? ☐ Yes ☒ No

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

N/A

A-Number ► A-

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

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

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

A-Number (if any) ► A- N/A

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

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

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Joinville

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

9. USCIS Online Account Number (if any)

► N/A

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: GF633229

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 11/23/2027

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): T4375777

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 06/27/2023

Place and Date of Last Arrival into the United States

City or Town: Orlando

State: FL

Date of Last Arrival (mm/dd/yyyy): 10/24/2023

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): B1/B2

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

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

☐ Other:

A-Number ► A-

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

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

Family Name (Last Name): MONDARDO DE FREITAS

Given Name (First Name): Kauan

Form I-94 Arrival/Departure Record Number ► 6 0 4 8 6 2 2 5 3 A 3

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

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): F2

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

14. What is your current immigration status (if it has changed since your last arrival)? F2

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any):

Street Number and Name: 54 E Border Rd

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: Malden

State: MA

ZIP Code: 02148

Date You First Resided at This Address (mm/dd/yyyy): 10/15/2024

Is this your current mailing address? ☐ Yes ☒ No

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

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

In Care Of Name (if any): Guilherme Castilho Zaia

Street Number and Name: 11810 Grand Park Ave

Apt. ☐ Ste. ☒ Flr. ☐ Number: 500

City or Town: North Bethesda

State: MD

ZIP Code: 20852

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

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Street Number and Name: 500 Broadway | Apt. Ste. Flr. ☒ ☐ ☐ | Number: 5111

City or Town: Malden | State: MA | ZIP Code: 02148

Province: N/A | Postal Code: N/A | Country: USA

Dates of Residence

From (mm/dd/yyyy): 11/10/2023 To (mm/dd/yyyy): 10/14/2024

Most Recent Address Outside the United States

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

Street Number and Name: 275 Cora Coralina St | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Joinville | State: N/A | ZIP Code: N/A

Province: Santa Catarina | Postal Code: 89235440 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 06/01/2017 To (mm/dd/yyyy): 11/09/2023

19. Social Security Card

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

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

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

A-Number ► A-

Part 2. Application Type or Filing Category

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

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

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

☐ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): DE FREITAS

Given Name (First Name): Julio Cesar

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A-

Principal Applicant's Date of Birth (mm/dd/yyyy): 04/28/1975

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

3.a. Family-based

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

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

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

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

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

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

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

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

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born in the United States Under Diplomatic Status

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

☐ Other Eligibility

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

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

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

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

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

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☒ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☐ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

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

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

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

City or Town

Country

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent)

School

Name of Employer, Company, or School

Malden High School

Your Occupation (if unemployed or retired, so state)

Student

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 77 Salem St | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Malden | State: MA | ZIP Code: 02148

Province: | Postal Code: | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 11/2023 To (mm/dd/yyyy): 08/2026

If unemployed or retired, source of financial support:

Parents income

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

Name of Employer, Company, or School: Escola Municipal Professor Oswaldo Cabral | Your Occupation (if unemployed or retired, so state): Student

Address of Employer, Company, or School

Street Number and Name: 3134 Monsenhor Gercino St | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Joinville | State: | ZIP Code:

Province: Santa Catarina | Postal Code: 89208387 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 02/2013 To (mm/dd/yyyy): 10/2023

If unemployed or retired, source of financial support:

Parents income

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): DE FREITAS | Given Name (First Name): Julio Cesar | Middle Name (if applicable): N/A

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

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

3. Date of Birth (mm/dd/yyyy): 04/28/1975

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

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

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

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

7. Date of Birth (mm/dd/yyyy) 02/06/1979

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 0

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

4. Current Spouse's Legal Name

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

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

6. Current Spouse's Date of Birth (mm/dd/yyyy) N/A

7. Current Spouse's Country of Birth

N/A

8. Current Spouse's Current Physical Address

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country:

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

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

10. Is your current spouse applying with you? ☐ Yes ☐ No

Information About Prior Marriages (if any)

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain): N/A

Part 7. Information About Your Children

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

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

0

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

2. Child 1

Current Legal Name

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

A-Number (if any) ► A- | Date of Birth (mm/dd/yyyy)

Country of Birth

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

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

A-Number (if any) ► A- | Date of Birth (mm/dd/yyyy)

Country of Birth

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

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

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

☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 0 **4.** Weight Pounds 1 2 9

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

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

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

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

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

Organization 1

2. Name of Organization

3. City or Town

State or Province

Country

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

10. Have you **EVER** been denied admission to the United States? ☐ Yes ☒ No

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

12. Have you **EVER** worked in the United States without authorization? ☐ Yes ☒ No

13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? ☐ Yes ☒ No

14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? ☐ Yes ☒ No

15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? ☐ Yes ☒ No

16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? ☐ Yes ☒ No

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

18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? ☐ Yes ☒ No

19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? ☐ Yes ☒ No

20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? ☐ Yes ☐ No

21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? ☐ Yes ☐ No

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

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

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

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

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

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

57. What is the size of your household? 4

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

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

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

☒ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

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

List of Certifications

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Illegal Entries and Other Immigration Violations

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

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

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

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

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

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

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number
3214662824

2. Applicant's Mobile Telephone Number (if any)
3214662824

3. Applicant's Email Address (if any)
Sil.jkl@hotmail.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 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)
08/18/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
N/A

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

5. Interpreter's Email Address (if any)
N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and N/A, 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
N/A

Date of Signature (mm/dd/yyyy)
N/A

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)
CASTILHO ZAIA

Preparer's Given Name (First Name)
Guilherme

2. Preparer's Business or Organization Name
Zaia Law LLC

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
2676376123

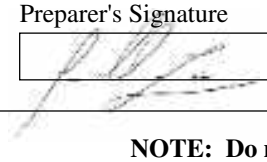
4. Preparer's Mobile Telephone Number (if any)
2676376123

5. Preparer's Email Address (if any)
guilherme@zaialaw.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
08/18/2026

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

Part 13. Signature at Interview

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

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MONDARDO DE FREITAS	Kauan	N/A

2.

Page Number	Part Number	Item Number
22	10	4

The applicant, Kauan Mondardo de Freitas, is legally incapacitated. Silvana Keler Mondardo signs Form I-485 on his behalf as his court-appointed legal guardian. A copy of the court order appointing the legal guardian is enclosed.

3.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

4.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

5.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

ORIGINAL SUBMISSION, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS (G-1145, G-28, I-485)

Derivative Applicant: MONDARDO DE FREITAS, Kauan

San Diego, CA - PO Box 90487

USCIS Dallas Lockbox August 18, 2026 **U.S. Postal Service (USPS):**

USCIS
Attn: NFB
P.O. Box 660867
Dallas, TX 75266-0867

RE: Concurrent Filing of Adjustment of Status (Form I-485), Filed concurrently with Form I-140 under EB 2 National Interest Waiver Classification

Principal Applicant: Júlio Cesar de Freitas
Derivative: Kauan Mondardo de Freitas
Dear Sir or Madam,

Please accept the enclosed application submitted on behalf of Kauan Mondardo de Freitas, the derivative applicant and child of the principal applicant, Júlio Cesar de Freitas, in connection with his filing of Form I-485 (Application to Register Permanent Residence or Adjust Status).

This application is being filed concurrently with Form I-140, Immigrant Petition for Alien Worker, under the EB-2 National Interest Waiver (INA 203(b)(2)), which is being submitted simultaneously under separate cover, in accordance with USCIS concurrent filing procedures.

We respectfully request that USCIS accept and process the enclosed application in conjunction with the concurrently filed Form I-140 petition. Should additional information or documentation be required, please do not hesitate to contact our office.

Thank you for your time and consideration,

Sincerely,



Guilherme Castilho Zaia (SBN: 334469)
Attorney at Law
267-637-6123

Exhibit list

Exhibits:	Pages:
Derivative Applicant	
Passport	1
F2 Approval Notice	2-3
Visa History I-20	4-11
Visa History B2	12
I-94	13
Birth Certificate	14-17
Decree and Order of Appoiment of Guardian for Incapacitated Person	18-21
Receipt Notice of I-140 for Julio's case (Father))	22-23

Derivative Applicant

KAUAN MONDARDO

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

GF633229

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: **P**

PAÍS EMISSOR / ISSUING COUNTRY: **BRA**

PASSAPORTE Nº / PASSPORT No.: **GF633229**

SOBRENOME / SURNAME
MONDARDO DE FREITAS

NOME / GIVEN NAMES
KAUAN

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
23 ABR/APR 2007

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: **M**

NATURALIDADE / PLACE OF BIRTH: **JOINVILLE/SC**

FILIAÇÃO / FILIATION
SILVANA KELER MONDARDO

JULIO CESAR DE FREITAS

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

DATA DE EXPEDIÇÃO / DATE OF ISSUE
24 NOV/NOV 2022

AUTORIDADE / AUTHORITY
DPF/IJI/SC

VALIDO ATÉ / DATE OF EXPIRY
23 NOV/NOV 2027

P<BRAMONDARDO<DE<FREITAS<<KAUAN<<<<<<<<<<<<<<
GF633229<6BRA0704238M2711232<<<<<<<<<<<<<<<04

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
WAC2419150008		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 04/15/2024	**Priority Date**	**Applicant** KELER MONDARDO , SILVANA
Notice Date 06/21/2024	**Page** 1 of 1	**Beneficiary** MONDARDO DE FREITAS , KAUAN

HS AND ZAIA LAW LLC
c/o GUILHERME BORCELLI CASTILHO ZAIA
2443 FILLMORE ST 380 6120
SAN FRANCISCO CA 94115

Notice Type: Approval Notice
Class: F2
Valid from 06/21/2024 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status for the named applicant(s) is also listed above. An updated Form I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take the lower portion of this notice to facilitate his or her return to this status. If a visa is required, he or she must obtain a new visa in the new classification before returning to the U.S.

In a small number of cases, a visa is not required of nationals of certain countries. These applicants should present the lower portion of this notice at the port-of-entry with any other documentation necessary to show admissibility.

If the applicant has any questions about the new status that has been granted, he or she should call the local USCIS office.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

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

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

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

California Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 30111
Laguna Niguel CA 92607-0111

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC2419150008
I-94# 604862253 A3
NAME MONDARDO DE FREITAS , KAUAN
CLASS F2
VALID FROM 06/21/2024 **UNTIL** Duration of Status (DS)

APPLICANT
KELER MONDARDO , SILVANA
2443 FILLMORE ST 380 6120
SAN FRANCISCO CA 94115

604862253 A3

Receipt Number WAC2419150008
US Citizenship and Immigration Services

I94 Departure Record
Applicant: KELER MONDARDO , SILVANA

14. Family Name		
MONDARDO DE FREITAS		
15. First (Given) Name KAUAN		**16. Date of Birth** 04/23/2007
17. Country of Citizenship BRAZIL		

ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

If this is an approval notice for Form I-102, Application For Initial/ Replacement I-94, save the upper portion of this I-797A, Notice of Action, for your records. If this is an approval notice for Form I-129, Petition for a Nonimmigrant Worker, the petitioner should keep the upper part of this I-797A.

Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other application or petition you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to https://egov.uscis.gov/casestatus to check your case status online.
- Call the USCIS Contact Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD) 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at https://infopass.uscis.gov.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about the decision or status of your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process. For more information about USCIS processing after a petition is approved, see the instructions on the form you filed.

FORM I-94 ATTACHMENT

You can find your replacement Form I-94 (Arrival/Departure Record) in the lower portion on the front side of this notice. Keep the right half of your replacement Form I-94 with your passport, along with a copy of your original I-94 if you have it. Keep the left half of your replacement Form I-94 in a safe place with your personal records. Submit a copy of your replacement Form I-94 with any future application or petition.

When you leave the United States, you must turn in the right half of your I-94 (kept in your passport) to the officials at the airport, border or seaport. If you do not do so, it may delay your entry into the United States in the future. You may stay in the United States only until the date indicated on this form. If you want to remain in the United States past this date, you will need further authorization from USCIS.

If you are a student planning to reenter the United States within 30 days to return to the same school, review the "Instructions to Students" on Page 3 of Form I-20 before surrendering your replacement I-94.

If you lose the right half of your replacement Form I-94 (kept in your passport), submit a copy of the left half of the Form I-94 (that you keep with your personal records), along with a new Form I-102, to apply for a new replacement I-94.

Warning: If you accept employment without our authorization, you may be subject to removal or deportation.

Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035363432

SURNAME/PRIMARY NAME MONDARDO DE FREITAS	**GIVEN NAME** KAUAN	**Class of Admission** **F-2**
PREFERRED NAME KAUAN MONDARDO DE FREITAS	**PASSPORT NAME** MONDARDO DE FREITAS KAUAN	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH JOINVILLE/SC	**DATE OF BIRTH** 23 APRIL 2007	**DEPENDENT**
RELATIONSHIP TO STUDENT CHILD	**ADMISSION NUMBER**	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME KELER MONDARDO	**STUDENT'S GIVEN NAME** SILVANA
STUDENT'S COUNTRY OF BIRTH BRAZIL	**STUDENT'S DATE OF BIRTH** 06 FEBRUARY 1979
STUDENT'S COUNTRY OF CITIZENSHIP BRAZIL	**STUDENT'S ADMISSION NUMBER**
STUDENT'S SEVIS ID: N0035363294	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME High Expectations LLC High Expectations LLC	**SCHOOL CODE AND APPROVAL DATE** BOS214F58475000 05 JANUARY 2022

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** English as a Second Language 16.1701	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** High Expectations is a intensive English training school.	**EARLIEST ADMISSION DATE** 15 JUNE 2024
START OF CLASSES 15 JULY 2024	**PROGRAM START/END DATE** 15 JULY 2024 - 15 JULY 2029	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 7,200	Personal Funds	$ 25,319
Living Expenses	$ 12,000	Funds From This School	$ 0
Expenses of Dependents (3)	$ 21,600	SPONSOR	$ 20,317
Other	$ 0	On-Campus Employment	$ 0
TOTAL	$ 40,800	TOTAL	$ 45,636

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Lynn Leonard, PDSO	05 August 2026	MALDEN,MA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X		
SIGNATURE OF: SILVANA KELER MONDARDO		**DATE**
	X	
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0035363432 (F-2) **NAME: KAUAN MONDARDO DE FREITAS**

REMARKS FOR STUDENT

The student has made satisfactory academic progress and identified a revised educational objective of developing English language proficiency for business and professional communication based on the student's educational goals and discussions with the institution's academic advisor. The student's planned course of study includes a sequential Business English curriculum designed to build upon the General English program. The requested program end date reflects the estimated time needed to complete this educational objective.

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
06 JULY 2026	17 SEPTEMBER 2026

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the dependent after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months.To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

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Department of Homeland Security
U.S. Immigration and Customs Enforcement

I-20, Certificate of Eligibility for Nonimmigrant Student Status
OMB NO. 1653-0038

SEVIS ID: N0035363432

SURNAME/PRIMARY NAME Mondardo De Freitas	**GIVEN NAME** Kauan	**Class of Admission** **F-2**
PREFERRED NAME Kauan Mondardo De Freitas	**PASSPORT NAME** Mondardo De Freitas Kauan	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH Joinville/SC	**DATE OF BIRTH** 23 APRIL 2007	**DEPENDENT**
RELATIONSHIP TO STUDENT CHILD	**ADMISSION NUMBER**	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Keler Mondardo	**STUDENT'S GIVEN NAME** Silvana
STUDENT'S COUNTRY OF BIRTH BRAZIL	**STUDENT'S DATE OF BIRTH** 06 FEBRUARY 1979
STUDENT'S COUNTRY OF CITIZENSHIP BRAZIL	**STUDENT'S ADMISSION NUMBER**
STUDENT'S SEVIS ID: N0035363294	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME CNA Language School LLC d/b/a/ MILA MILA Boston	**SCHOOL CODE AND APPROVAL DATE** MIA214F54806004 09 JUNE 2017

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** Student is seeking for Intensive English Program.	**EARLIEST ADMISSION DATE**
START OF CLASSES 08 SEPTEMBER 2026	**PROGRAM START/END DATE** 08 SEPTEMBER 2026 - 08 SEPTEMBER 2029	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 7,188	Personal Funds	$ 25,000
Living Expenses	$ 12,612	Funds From This School	$
Expenses of Dependents (3)	$ 21,600	Affidavit of support signed by the spo	$ 26,100
Other	$	On-Campus Employment	$ 0
TOTAL	$ 41,400	TOTAL	$ 51,100

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: FELIPE C NUNES, DSO	08 September 2026	CAMBRIDGE,MA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X	
SIGNATURE OF: Silvana Keler Mondardo	**DATE**

	X		
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0035363432 (F-2) **NAME: Kauan Mondardo De Freitas**

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
08 SEPTEMBER 2026	29 SEPTEMBER 2026

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the dependent after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa(unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

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AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested.The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement. 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

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VISTOS VISAS

UNITED STATES OF AMERICA

VISA



Issuing Post Name
RIO DE JANEIRO

Control Number
20231743490001

Surname
MONDARDO DE FREITAS

Given Name
KAUAN

Visa Type /Class
R B1/B2

Passport Number
GF633229

Sex
M

Birth Date
23APR2007

Nationality
BRZL

Entries
M

Issue Date
27JUN2023

Expiration Date
25JUN2033

1000

Annotation

T4375777

VNUSAMONDARDO<DE<FREITAS<<KAUAN<<<<<<<<<<<<<<

GF633229<6BRA0704238M3306253B3RDJ1NXXK142390

For: **KAUAN MONDARDO DE FREITAS**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 604862253A3

Arrival/Issued Date: 2023 October 24

Class of Admission: B2

Admit Until Date: 2024 April 23

Details provided on the I-94 Information form:

Last/Surname: MONDARDO DE FREITAS

First (Given) Name: KAUAN

Birth Date: 2007 April 23

Document Number: GF633229

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 03/31/2026

2ª VIA

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME
KAUAN MONDARDO DE FREITAS

CPF
078.539.669-11

MATRÍCULA
106781 01 55 2007 1 00141 061 0058086 13

DATA DE NASCIMENTO POR EXTENSO	DIA	MÊS	ANO
Vinte e três de abril de dois mil e sete	23	04	2007

HORA DE NASCIMENTO	NATURALIDADE
10h30min	Joinville, SC

MUNICÍPIO DE REGISTRO E UF	LOCAL, MUNICÍPIO DE NASCIMENTO E UF	SEXO
Joinville, SC	Maternidade Darcy Vargas, Joinville, SC	Masculino

FILIAÇÃO
Julio Cesar de Freitas, natural de Paranavaí, PR e Silvana Keler Mondardo, natural de Verê, PR, ambos residentes e domiciliados na Rua Osvaldo Arlindo da Rocha n° 90, bairro Itaum, Joinville, SC

AVÓS
Avós: Francisco de Freitas e Celina de Barros Freitas, Americo Luiz Mondardo e Neusa Micuanski Mondardo

GÊMEOS	NOME E MATRÍCULA DOS GÊMEOS
Não	Sem Informação

DATA DO REGISTRO POR EXTENSO	NÚMERO DA DNV
Vinte e seis de abril de dois mil e sete	38500466

AVERBAÇÕES/ANOTAÇÕES A ACRESCER
Averbação: nos termos do art. 6º, §3º do Provimento nº 63/2017 do CNJ e após consulta à CRC Nacional, faço constar o CPF 078.539.669-11, no assento de nascimento de KAUAN MONDARDO DE FREITAS. O referido é verdade e dou fé. Joinville, SC, 25 de janeiro de 2024. Selo Digital: Isento(GSZ80789-V09C). Maria Paula Bitencourt Delfino - Escrevente.

ESCRIVANIA DE PAZ DO DISTRITO DE BOA VISTA
GEOVANA DELAGNOLO - ESCRIVÃ DE PAZ INTERINA
Rua Albano Schmidt, 4930 - 1º Andar, Bairro Comasa
Joinville - SC, CEP: 89.228-310
Telefone: (47)3440-0612 - Email: registrocivil@cartorioboavista.com.br

O conteúdo da certidão é verdadeiro. Dou fé.
Joinville, 25 de janeiro de 2024.

Documento assinado por RUANA SEEFELDT DO NASCIMENTO:09459821944. O hash SHA256 do documento é 9FBB0F3829B494C1F50E378DE3F9B215D8CBC80A691DAF68047E66E12CAFDC6C

Ruana Seefeldt do Nascimento
Escrevente

Digitada por: Maria Paula Bitencourt Delfino
Emolumentos:
Certidão de nascimento: R$ 36,49
ISS: R$ 1,09
FRJ: R$ 8,29
Selo normal (GZN26855-Z7UG)
Destinação do FRJ conforme Art. 15 da LC807/2022 - (FUPESC: 24,42%; OAB, Peritos e Assistência: até 24,42%; FEMR/MPSC: 4,88%; Ressarcimento de Atos Isentos e Ajuda de Custo: 26,73%; TJSC: 19,55%);
Total: R$ 45,87

NÃO PLASTIFICAR

Poder Judiciario
Estado de Santa Catarina
Selo Digital de Fiscalização
Selo Normal

GZN26855-Z7UG

Confira os dados do ato em:
www.tjsc.jus.br/selo

2nd COPY

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME
KAUAN MONDARDO DE FREITAS

CPF
078.539.669-11

REGISTRATION
106781 01 55 2007 1 00141 061 0058086 13

DATE OF BIRHT IN FULL	DAY	MONTH	YEAR
April twenty-third, two thousand seven	23	04	2007

TIME OF BIRTH	BIRTH PLACE
10:30 AM	Joinville, SC

MUNICIPALITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Joinville, SC	Darcy Vargas Maternity, Joinville, SC	Male

FILIATION
Julio Cesar de Freitas, from Paranavaí, PR and Silvana Keler Mondardo, from Verê, PR, both residing and domiciled at Rua Osvaldo Arlindo da Rocha no. 90, Itaum neighborhood, Joinville, SC

GRANDPARENTS
Grandparents: Francisco de Freitas and Celina de Barros Freitas, Americo Luiz Mondardo and Neusa Micuanski Mondardo

TWINS	NAME AND REGISTRATION OF THE TWINS
No	No Information

DATE OF REGISTRATION IN FULL	DNV REGISTRATION NUMBER
April twenty-sixth, two thousand seven	38500466

ANNOTATIONS/NOTES TO ADD
Annotation: In accordance with Article 6, §3 of Provision No. 63/2017 of the CNJ and after consulting the National CRC, I record the CPF 078.539.669-11 in the birth record of KAUAN MONDARDO DE FREITAS. The above is true and I certify. Joinville, SC, January 25, 2024. Digital Seal: Exempt (GSZ80789-V09C). Maria Paula Bitencourt Delfino - Clerk.

PEACE CLERK'S OFFICE OF THE BOA VISTA DISTRICT
GEOVANA DELAGNOLO - INTERIM PEACE CLERK
Rua Albano Schmidt, 4930 – 1st Floor, Comasa Neighborhood
Joinville - SC, ZIP Code: 89.228-310
Telephone: (47)3440-0612 - Email: registrocivil@cartorioboavista.com.br

The contents of the certificate are true. I certify.
Joinville, January 25, 2024.

Document signed by RUANA SEEFELDT DO NASCIMENTO: 09459821944. The SHA256 hash of the document is 9FBB0F3829B494C1F50E378DE3F9B215D8CBC80A691DAF68047E66E12CAFDC6C

Ruana Seefeldt do Nascimento
Clerk

Typed by: Maria Paula Bitencourt Delfino
Fees:
Birth certificate: R$ 36,49
ISS (Tax on Service): R$ 1,09
FRJ (Judicial Reappraisal Fund): R$ 8,29
Normal seal (GZN26855-Z7UG)
Allocation of the FRJ according to Article 15 of LC807/2022 - (FUPESC: 24,42%; OAB, Experts, and Assistance: up to 24,42%; FEMR/MPSC: 4,88%; Reimbursement of Exempt Acts and Allowance: 26,73%; TJSC: 19,55%).
Total: R$ 45,87

DO NOT LAMINATE

Judiciary
State of Santa Catarina
Digital Inspection Seal
Normal Seal
GZN26855-Z7UG
Check the data of the act at:
www.tjsc.jus.br/selo

I, André Vinícius Inacio Penna Mello, certify that I am competent to translate from Portuguese to English and that the above is a faithful extract/summary of the relevant information of the attached document in Portuguese.

_____ **Date: March 27th, 2024.**

DECREE AND ORDER OF APPOINTMENT OF GUARDIAN FOR AN INCAPACITATED PERSON	Docket No. MI25P5880	Commonwealth of Massachusetts The Trial Court Probate and Family Court

In the Interests of:

Kauan (First Name) **Mondardo** (Middle Name) **De Freitas** (Last Name)

Incapacitated Person

Middlesex **Division**

After hearing on the Petition for Appointment of Guardianship filed on **November 1, 2025** (date)

The Court finds:

1. The requirements of G. L. c. 190B, § 5-306 (b) (1)-(8) have been met and a basis exists for the guardianship. The nature and extent of the incapacity is detailed in the Medical Certificate(s) on file with the Court.

2. ☐ A hearing was held relative to the authority to consent to treatment for which a substituted judgment determination is required. *See Separate Findings.* The Incapacitated Person ☐ was ☐ was not present. The Court finds that there exist extraordinary circumstances requiring the absence of the Incapacitated Person, that counsel for the Incapacitated Person was present, and that after careful inquiry and upon representations of counsel there are no contested issues of fact. Oral testimony was not required because sufficient documentary evidence was presented or for the following reasons:

The Court appoints the following person(s) as Guardian(s) (hereafter "Guardian"):

1. Name: **Silvana** (First Name) **K** (M.I.) **Mondardo** (Last Name)

   54 Est Border Rd (Address) (Apt, Unit, No. etc.) **Malden** (City/Town) **MA** (State) **02148** (Zip)

   Primary Phone #: **321 466 2824**

2. Name: **Julio** (First Name) **C** (M.I.) **De Freitas** (Last Name)

   54 Est Border Rd (Address) (Apt, Unit, No. etc.) **Malden** (City/Town) **MA** (State) **02148** (Zip)

   Primary Phone #: **321 466 2826**

☐ The powers and duties of the Guardian are limited to the following:

☐ The powers and duties of the Guardian include all powers authorized to a guardian for an incapacitated person under G. L. c. 190B, Article V, Part III exclusive of those powers requiring specific court authorization including authorization to apply for health insurance benefits including MassHealth on behalf of the Incapacitated Person and authorization to obtain copies of statement or any other records from banks, insurance companies or other financial institutions verifying balances and transaction for accounts standing in the name of the Incapacitated Person individually or jointly with another. These powers ☐ are not limited ☒ are limited as set forth herein and details those powers retained by the Incapacitated Person.

In the Interests of:	Kauan (First Name)	Mondardo (Middle Name)	De Freitas (Last Name)	Docket No. MI25P5880

The powers and duties of the Guardian shall further include:

1. ☐ Authorization to admit the Incapacitated Person to a nursing facility. The Court finds that such admission is in the Incapacitated Person's best interest.
2. ☐ Authorization to revoke the Health Care Proxy of the Incapacitated Person.
3. ☒ Authorization to apply for health insurance benefits including MassHealth on behalf of the Incapacitated Person.
4. ☒ Authorization to obtain copies of statements or any other records from banks, insurance companies or other financial institutions verifying balances and transactions for accounts standing in the name of the Incapacitated Person, individually or jointly with another.
5. ☐ **After making a substituted judgment determination, the Court authorizes treatment of the Incapacitated Person:**

   ☐ with antipsychotic medication in accordance with a treatment plan dated _____ which is incorporated herein by reference and which shall be reviewed on or before _____ and, if not sooner extended, shall expire on _____. The appointment of Counsel for the Incapacitated Person is extended for the limited purpose of representing the Incapacitated Person's interests in any proceeding to renew and/or amend the treatment plan.

   ☐ for the following treatment or action:

The Court orders the following:

1. The Guardian shall file with the Court the Initial Guardian's Care Plan/Report within 60 days from this appointment unless previously filed.
2. The Guardian shall file with the Court the Annual Guardian's Care Plan/Report one year from the date of this appointment unless otherwise ordered by the Court, and annually thereafter for the duration of the guardianship and when otherwise ordered by the Court.

   Forms are available at the Court's Registry office or online at the Court's Web site.

3. The Guardian(s) shall serve:

   ☒ without a surety on his, her or their bond because:

   ☒ it is in the best interest of the Incapacitated Person as there are minimal assets under management by the Guardian or because:

   ☐ language in a Durable Power of Attorney or Health Care Proxy waives the Guardian's bond or requests a waiver of any necessity of sureties on a bond.

   ☐ with personal or corporate surety on his, her or their bond in the amount of _____ pursuant to G. L. c. 190B § 5-410.

   NO LETTERS OF GUARDIANSHIP FOR AN INCAPACITATED PERSON SHALL ISSUE UNTIL THE BOND IS FILED AND APPROVED.

4. The appointment of counsel in this matter, if any, shall terminate upon the entry of this Decree unless otherwise ordered by this Court herein or hereafter.

In the Interests of:	Kauan (First Name)	Mondardo (Middle Name)	De Freitas (Last Name)	Docket No. MI25P5880

5. The Court grants the following additional powers:

6. ☐ The parties shall comply with a stipulation or agreement of the parties dated _____ which is filed with the Court and expressly made a part of this Decree.

7. **The Court further orders:**

Date **February 11, 2026**

JUDGE OF THE PROBATE AND FAMILY COURT

☐ This appointment has been:

- ☐ SUSPENDED as a Special Guardian has been appointed this date (see separate Order). The authority of the Guardian is suspended during the time the Special Guardian is appointed.
- ☐ TERMINATED (See separate Order).
- ☐ MODIFIED (See separate Order).

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

☐ This appointment has been:

- ☐ REINSTATED as of the date of this Order.
- ☐ TERMINATED (See separate Order).
- ☐ MODIFIED (See separate Order).

Date _____

JUDGE OF THE PROBATE AND FAMILY COURT

SEE NEXT PAGE FOR LIMITATIONS TO GUARDIANSHIP, IF ANY.

LIMITATIONS TO GUARDIANSHIP

In the Interests of:	Kauan (First Name)	Mondardo (Middle Name)	De Freitas (Last Name)	Docket No.
Incapacitated Person				MI25P5880

The Incapacitated Person shall retain the following rights or responsibilities:

Self Care

- [x] To be responsible for bathing, dressing, toileting, and dental care (with assistance, as needed).
- [x] To choose and determine daily meals.

Medical Decision Making and Management

- [ ] To make and communicate routine health care decisions.
- [ ] To choose a health or longterm care facility.
- [ ] To choose and direct home health care providers.
- [ ] To manage medications (with assistance, as needed).

Home and Community Life

- [ ] To choose to reside/live at home with appropriate accommodations, as needed.
- [ ] To be responsible for maintaining and cleaning the home (with assistance, as needed).
- [x] To be left alone (with time limit).
- [ ] To drive with a valid driver's license.
- [ ] To use public transportation independently.
- [ ] To make choices about roommates.
- [ ] To select and plan daily and leisure activities.
- [ ] To vote, and to register for the same.
- [ ] To smoke at times and places of the Incapacitated Person's choosing, within the law.
- [ ] To seek and obtain employment.
- [ ] To travel.
- [ ] To determine with whom to have friendships and visitation.
- [ ] To determine participation in religious activities.
- [ ] To use the telephone, computer or e-mail privately without supervision.
- [ ] _____

Date 02/11/2026

JUDGE OF THE PROBATE AND FAMILY COURT

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE		NOTICE DATE
Receipt		February 20, 2025
CASE TYPE		USCIS ALIEN NUMBER
I-140, Immigrant Petition for Alien Worker		
RECEIPT NUMBER	RECEIVED DATE	PAGE
IOE0930183114	February 14, 2025	1 of 1
PRIORITY DATE	PREFERENCE CLASSIFICATION	DATE OF BIRTH
February 14, 2025	203 B2 NATL INTEREST WAIVER	April 28, 1975

JULIO CESAR DE FREITAS
C/O HS LAW CORP
P.O. BOX 90487
SAN DIEGO, CA 92169

20 00005165

PAYMENT INFORMATION:

Application/Petition Fee:	$3,820.00
Total Amount Received:	$3,820.00
Total Balance Due:	$0.00

APPLICANT/PETITIONER NAME AND MAILING ADDRESS

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

Name	Date of Birth	Country of Birth	Class (If Applicable)
DE FREITAS, JULIO CESAR	4/28/1975	BRAZIL	

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

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

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

USCIS Office Address:
USCIS
National Benefits Center
P.O. Box 648003
Lee's Summit, MO 64002

USCIS Contact Center Number:
(800)375-5283
APPLICANT COPY

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

If you are visiting a field office and need directions, including public transportation directions, please see **www.uscis.gov/fieldoffices** for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.