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

RE: I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient
Principal Petitioner: Poliana Lima Nicodemos (A-216586380)
Derivative Family Member: Nicaelly Geovana Lima Nicodemos (A-216541473)
Receipt Number of Form I-918: IOE8746705054

Dear USCIS Officer,

This office represents Nicaelly Geovana Lima Nicodemos (the "Derivative Petitioner"), the daughter of Poliana Lima Nicodemos (the "Principal Petitioner"). The Principal Petitioner's Petition for U Nonimmigrant Status (Form I-918) was previously filed on May 23, 2025 and is currently pending under Receipt Number IOE8746705054.

We are now submitting the enclosed derivative petition pursuant to INA § 101(a)(15)(U)(ii) to seek derivative U nonimmigrant status for Nicaelly Geovana Lima Nicodemos as a qualifying family member.

The following documents are enclosed in support of this petition:

Nicaelly Geovana Lima Nicodemos Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient;
- Form I-765, Application for Employment Authorization;
- Form I-192, Application for Advance Permission to Enter as a Nonimmigrant.

I. Derivative Petitioner's Identification and Relationship Documents

- Nicaelly Geovana Lima Nicodemos's Passport;
- Nicaelly Geovana Lima Nicodemos's Birth Certificate with English Translation;

II. Copy of Principal Petitioner's Form I-918, Petition for U Nonimmigrant Status;

III. Reference Documents for Pending Principal Application

- Poliana Lima Nicodemos's Valid Passport;
- Copy of Form I-797C, Notice of Action (Receipt Notice for Principal Petitioner's Form I-918);
- Copy of Form I-918, Supplement B, U Nonimmigrant Status Certification
- Copy of Police Report #211006017.

IV. Nicaelly Geovana Lima Nicodemos's Photo 2x2;

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

Sincerely,



09/25/2026

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

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

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

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

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

2.b. Name of Recognized Organization: N/A

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

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-918A I-192 I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): LIMA NICODEMOS

6.b. Given Name (First Name): Nicaelly Geovana

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 2 1 6 5 4 1 4 7 3

Client's Contact Information

10. Daytime Telephone Number

6507664118

11. Mobile Telephone Number (if any)

6507664118

12. Email Address (if any)

Nicaellygln15@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country: USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

a. Signature of Client or Authorized Signatory for an Entity

b. Date of Signature (mm/dd/yyyy) 09/22/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 09/22/2026

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): LIMA NICODEMOS

1.b. Given Name (First Name): Nicaelly Geovana

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

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

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

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

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

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

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

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

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

Part 2. Information About You (Principal)

1.a. Family Name (Last Name): LIMA NICODEMOS
1.b. Given Name (First Name): Poliana
1.c. Middle Name: N/A

Other Information

2. Date of Birth (mm/dd/yyyy): 10/28/1982
3. Alien Registration Number (A-Number) (if any): ► A- 216586380
4. USCIS Online Account Number (if any): ► N/A
5. Status of your Form I-918
   ☒ Pending ☐ Approved

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

1.a. Family Name (Last Name): LIMA NICODEMOS
1.b. Given Name (First Name): Nicaelly Geovana
1.c. Middle Name: N/A

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

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

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

Residence or Intended Residence in the United States

3.a. Street Number and Name: 12803 111th Ave NE
3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
3.c. City or Town: Kirkland
3.d. State: WA 3.e. ZIP Code: 98034

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

Safe Mailing Address (if other than Residence)

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

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

4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.d. City or Town: San Diego

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

4.g. Province: N/A

4.h. Postal Code: N/A

4.i. Country: USA

Other Information About Qualifying Family Member

5. A-Number (if any) ▶ A-: 216541473

6. U.S. Social Security Number (if any) ▶: 168978067

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

8. Date of Birth (mm/dd/yyyy): 05/23/2004

9. Country of Birth: Brazil

10. Country of Citizenship or Nationality: Brazil

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

12. Sex: ☐ Male ☒ Female

13. Form I-94 Arrival-Departure Record Number ▶: N/A

14. Passport Number: YE547179

15. Travel Document Number: N/A

16. Country of Issuance for Passport or Travel Document: Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy): 01/17/2023

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 01/16/2033

Part 4. Additional Information About Your Qualifying Family Member

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

1.a. Date of Last Entry into the United States (mm/dd/yyyy): 03/26/2018

Place of Last Entry into the United States

1.b. City or Town: Eagle Pass

1.c. State: TX

1.d. Current Immigration Status: Asylum Applicant

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

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

Place of Last Entry into the United States

2.b. City or Town: N/A

2.c. State: N/A

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

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

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

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

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

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

3.b. City or Town: N/A

3.c. State: N/A

3.d. Country: N/A

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

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

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: N/A

4.d. Province: N/A

4.e. Postal Code: N/A

4.f. Country: N/A

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

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

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

5.c. Middle Name: N/A

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

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

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

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

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

6.c. Middle Name: N/A

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

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

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

Other Information

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

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

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

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

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

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

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

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

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

Part 5. Processing Information

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

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

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

Has your family member **EVER**:

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

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

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

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

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

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

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

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

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

Information About Arrests, Citations, Detentions, or Charges

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

N/A

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

N/A

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

2.c. City or Town N/A

2.d. State N/A

2.e. Country

N/A

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

N/A

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

N/A

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

N/A

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

3.c. City or Town N/A

3.d. State N/A

3.e. Country

N/A

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

N/A

Part 5. Processing Information (continued)

Has your family member **EVER**:

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

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

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

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

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

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

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

5.c. Assassination? ☐ Yes ☒ No

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

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

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

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

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

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

6.d. Assassination? ☐ Yes ☒ No

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

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

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

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

7.a. Espionage? ☐ Yes ☒ No

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

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

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

Part 5. Processing Information (continued)

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

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

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

10.b. Killing any person? ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

Has your family member **EVER**:

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

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

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

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

Has your family member **EVER**:

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

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

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

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

Has your family member **EVER**:

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

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

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

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

Part 5. Processing Information (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.c. Middle Name N/A

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

3. Country of Birth N/A

4. Relationship N/A

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

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

5.c. Middle Name N/A

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

7. Country of Birth N/A

8. Relationship N/A

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

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

9.c. Middle Name N/A

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

11. Country of Birth N/A

12. Relationship N/A

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

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

Petitioner's Statement

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

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

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

Portuguese ,

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

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

Otavio Haverroth Silva ,

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

6504359161

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

6504359161

5. Petitioner's Email Address (if any)

polianaricodemos@hotmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

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

➡ Poliana Ricodemos

6.b. Date of Signature (mm/dd/yyyy) 09/22/26

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

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

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

Qualifying Family Member's Statement

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

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

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

Portuguese ,

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

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

Otavio Haverroth Silva ,

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

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

Qualifying Family Member's Contact Information

3. Qualifying Family Member's Daytime Telephone Number
6507664118

4. Qualifying Family Member's Mobile Telephone Number (if any)
6507664118

5. Qualifying Family Member's Email Address (if any)
Nicaellygln15@gmail.com

Qualifying Family Member's Declaration and Certification

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

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

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

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

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

Qualifying Family Member's Signature

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

6.b. Date of Signature (mm/dd/yyyy) 09/22/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

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

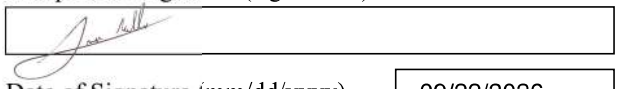
Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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



7.b. Date of Signature (mm/dd/yyyy) 09/22/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Statement

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

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 09/22/2026

Part 11. Additional Information

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

Your Full Name (Principal)

1.a. Family Name (Last Name): LIMA NICODEMOS

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: 216586380

3.a. Page Number: 6 **3.b.** Part Number: 5 **3.c.** Item Number: 16

3.d. Yes, my daughter is currently in removal proceedings with the San Francisco Immigration Court.

4.a. Page Number: 6 **4.b.** Part Number: 5 **4.c.** Item Number: 17

4.d. Yes, upon entering the United States on March 26 2018, my daughter was charged as a subject to removal proceedings. These proceedings are crrently undergoing and no order of removal has been issued.

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Application For Employment Authorization

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

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

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

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

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): LIMA NICODEMOS

1.b. Given Name (First Name): Nicaelly Geovana

1.c. Middle Name: N/A

Other Names Used

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

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

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

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

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

U.S. Physical Address

7.a. Street Number and Name: 12803 111th Ave NE

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Kirkland

7.d. State: WA **7.e.** ZIP Code: 98034

Other Information

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

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

10. Sex ☐ Male ☒ Female

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

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
► 1 6 8 9 7 8 0 6 7

Your Country or Countries of Citizenship or Nationality

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

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

Brasilia

15.b. State/Province of Birth

Distrito Federal

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 05/23/2004

Information About Your Last Arrival in the United States

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

► N/A

18. Passport Number of Your Most Recently Issued Passport

YE547179

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/16/2033

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 03/26/2018

23. Place of Your Last Arrival Into the United States

Eagle Pass TX

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

EWI

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

Asylum Applicant - I-589 Pending

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

► N- N/A

Information About Your Eligibility Category

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

(C) (14) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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

☐ Yes ☐ No

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

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

► N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

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

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

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

Applicant's Statement

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

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

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

Portuguese,

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

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

Otavio Haverroth Silva,

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(650) 766-4118

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

(650) 766-4117

5. Applicant's Email Address (if any)

Nicaellyg1n156gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

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

1) I reviewed and provided or authorized all of the information in my application; and

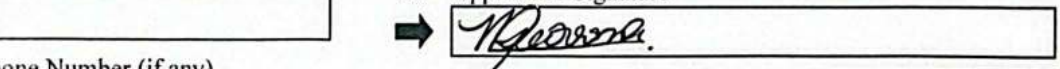
2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

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

Applicant's Signature

7.a. Applicant's Signature



7.b. Date of Signature (mm/dd/yyyy) 09/22/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415) 425-2508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 09/22/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (510) 241-9336

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 09/22/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): LIMA NICODEMOS

1.b. Given Name (First Name): Nicaelly Geovana

1.c. Middle Name: N/A

2. A-Number (if any) ▶ A- 216541473

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Application for Advance Permission to Enter as a Nonimmigrant

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

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

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

Action by the Department of Homeland Security

Ground of Inadmissibility

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

Action Stamp

Benefits Category:

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

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

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

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

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

Part 1. Application Type

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

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

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

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

Part 2. Information About You

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
LIMA NICODEMOS	Nicaelly Geovana	N/A

2. Other Names Used (if any)

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

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

Other Information

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

► A- 216541473

4. USCIS Online Account Number (if any)

► N/A

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

05/23/2004

6. Place of Birth

City or Town: Brasilia

State or Province: Distrito Federal

Country: Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☐ Male ☒ Female

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

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. Ste. Flr. ☐ ☐ ☐

Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Province: N/A

Postal Code: N/A

Country: USA

Part 2. Information About You (continued)

Address History

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

10. Physical Address 1 (current address)

Street Number and Name: 12803 111th Ave NE
Apt.Ste. Flr. Number: ☐ ☐ ☐
City or Town: Kirkland
State: WA
ZIP Code: 98034
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 09/17/2025
To (mm/dd/yyyy): PRESENT

11. Physical Address 2

Street Number and Name: 8526 Vernnon Rd
Apt.Ste. Flr. Number: ☒ ☐ ☐ 1
City or Town: Lake Steven
State: WA
ZIP Code: 98258
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 12/2024
To (mm/dd/yyyy): 09/16/2025

Information About Your Marital History

12. What is your current marital status?

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

☐ Other N/A

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

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

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

14. Current Spouse's Legal Name

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

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

Part 2. Information About You (continued)

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

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

18. Place of Birth

City or Town: N/A

State or Province: N/A

Country: N/A

19. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

Information About Prior Marriages (if any)

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

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

23. Place of Marriage

City or Town: N/A

State or Province: N/A

Country: N/A

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

25. Place Where Marriage Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Immigration and Criminal History

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

I entered the United States without inspection and applied for admission at a Port of Entry on March 22, 2018. After an asylum officer found that I had demonstrated a credible fear of persecution or torture, I was charged as subject to removal from the country under Section 212(a)(7)(A)(i)(I) or the Immigration and Nationatily Act (Act).

Part 2. Information About You (continued)

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

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

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

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

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

City or Town: **N/A**

State or Province: **N/A**

Country: **N/A**

Receipt Number (if available) ► **N/A**

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

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

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

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

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

32. Type of application or petition filed

Derivative of an Asylum Application

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

San Francisco Immigration Court

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

Pending

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

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

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

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

Part 2. Information About You (continued)

Travel Information

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

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

37. City
N/A

38. State
N/A

39. Name of Port of Entry
N/A

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

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

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

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

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company
Self Employed

Address of Employer or Company

Street Number and Name
17110 NE 95th St

Apt. Ste. Flr. ☐ ☐ ☐

Number
N/A

City or Town
Redmond

State
WA

ZIP Code
98052

Province
N/A

Postal Code
N/A

Country
USA

Your Occupation
Nanny

Dates of Employment

From (mm/dd/yyyy)
03/20/2026

To (mm/dd/yyyy)
PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

UNEMPLOYED

Address of Employer or Company

Street Number and Name

N/A

Apt.Ste. Flr. ☐ ☐ ☐

Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

6507664118

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

6507664118

3. Applicant's Email Address (if any)

Nicaellygln15@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

09/22/2026

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

Interpreter's Full Name

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

Interpreter's Given Name (First Name)
Andre Vinicius

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
8564252508

4. Interpreter's Mobile Telephone Number (if any)
8564252508

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

Interpreter's Certification

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)
09/22/2026

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
09/22/2026

Part 6. Additional Information

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

1. Family Name (Last Name): LIMA NICODEMOS | Given Name (First Name): Nicaelly Geovana | Middle Name (if applicable): N/A

2. A-Number (if any) ► A- N/A

3. Page Number: 3 | Part Number: 2 | Item Number: 10

41515 Roberts Ave - Freemont, CA 94538 - From: 02/2024 - To: 10/2024

3400 Stevenson Blvd apt J28 - Freemont, CA 94538 - From: 06/2023 - To: 02/2024

39939 Stevenson Common apt 3107 - Freemont, CA 94538 - From: 11/2020 - To: 06/2023

722 Edgewater Blvd apt 203 - Foster City, CA 94404 - From: 05/2018 - To: 11/2020

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

I entered the United States on March 22, 2018, without inspection, and remain in the country to this day.

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

N/A

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

N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Derivative Petitioner’s Identification and Relationship Documents	
Nicaelly Geovana Lima Nicodemos's Passport	1-15
Nicaelly Geovana Lima Nicodemos's Birth Certificate with English Translation	16-18
Exhibit 2 - Copy of Principal Petitioner’s Form I-918, Petition for U Nonimmigrant Status	
Copy of Principal Petitioner’s Form I-918, Petition for U Nonimmigrant Status	19-29
Exhibit 3 - Reference Documents for Pending Principal Application	
Poliana Lima Nicodemos's Valid Passport	30-45
Copy of Form I-797C, Notice of Action (Receipt Notice for Principal Petitioner’s Form I-918)	46-49
Copy of Form I-918, Supplement B, U Nonimmigrant Status Certification	50-54
Copy of Police Report #211006017	55-64

Exhibit 1 - Derivative Petitioner’s Identification and Relationship Documents

YE547179

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

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE P

PAÍS EMISSOR / ISSUING COUNTRY BRA

PASSAPORTE Nº / PASSPORT No. YE547179

SOBRENOME / SURNAME
LIMA NICODEMOS

NOME / GIVEN NAMES
NICAELLY GEOVANA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
23 MAI/MAY 2004

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
BRASILIA, DF, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
17 JAN/JAN 2023

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
16 JAN/JAN 2033

P<BRALIMA<NICODEMOS<<NICAELLY<GEOVANA<<<<<<<<

YE547179<1BRA0405236F3301166<<<<<<<<<<<<<<04

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e outorga ao titular o direito à livre circulação.

O extravio – perda, roubo ou destruição – do passaporte constitui ato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, visando a sua baixa no sistema. Recomenda-se que o titular cópie as informações da página 2 e 3 do passaporte (ou tire fotografia) antes de viajar, para facilitar a emissão de outro documento pelo Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e, não for possível, o titular deve comparecer à Polícia para registrar a ocorrência e obter o boletim de ocorrência, que será considerado como atestado de perda. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crime pela legislação brasileira. Para resguardar sua responsabilidade, o titular deve assinar seu passaporte tão logo o receba. Ao viajar, o titular deve manter seu passaporte em local prático no página 3, imediatamente após entrada. Este constante é verificado com a assinatura do titular, salvo em caso de impossibilidade.

É recomendável que o brasileiro residente no exterior, ao se ausentar por longo período, solicite na Embaixada ou no Consulado do Brasil mais próximo o cadastramento de seu passaporte, pois, em caso de extravio, roubo ou destruição, poderá comercializar ou outro meio, tornando mais simples, rápido e menos oneroso o retorno do passaporte.

O brasileiro que viaja para o exterior deve se preocupar com a existência de Governo Brasileiro poderá ser limitado e dependerá de autoridades locais. A concessão de visto ou visto poderá estar condicionada à responsabilidade ao viajante e a seu bem-estar.

A responsabilidade do titular vai além, pois de viagem e validade assumpção e a necessidade de visto. O titular poderá solicitar a substituição do passaporte no mínimo antes de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, poderá viajar desacompanhado de qualquer um dos pais ou responsável legal, se possuir em mãos autorização permanente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve se identificar como brasileiro no país de que também é nacional, para ter assistência consular.

Consulte / Consulte / Consulte
www.policiafederal.gov.br

BRA

BRA

319285MR

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE [illegible] EMITIDO POR SR/DPF/DF, EM 28/11/2014.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.000

YE547179

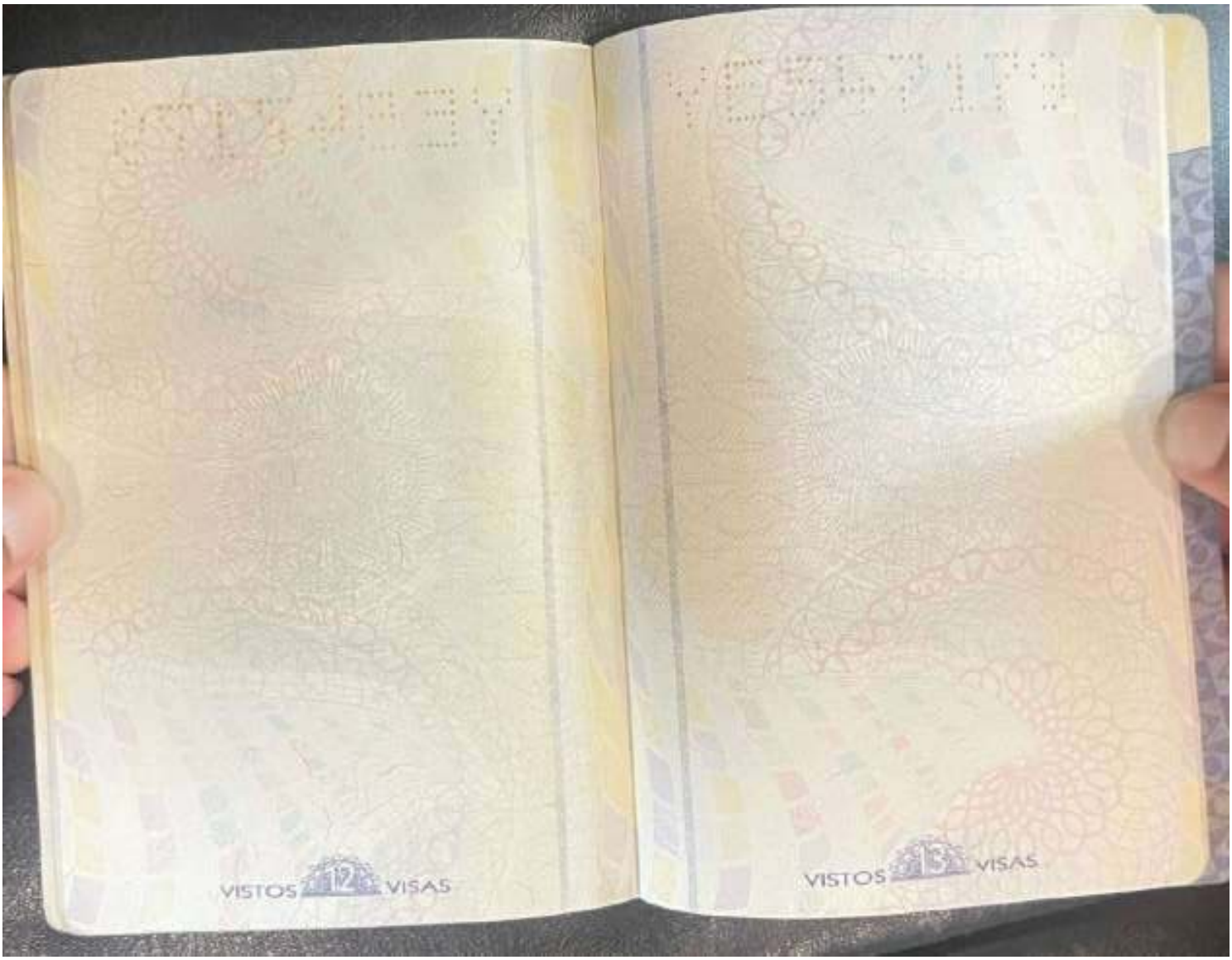
17 JAN/JAN 2023
DEBORAH CARVALHO DE SOUZA
CONSELHEIRA

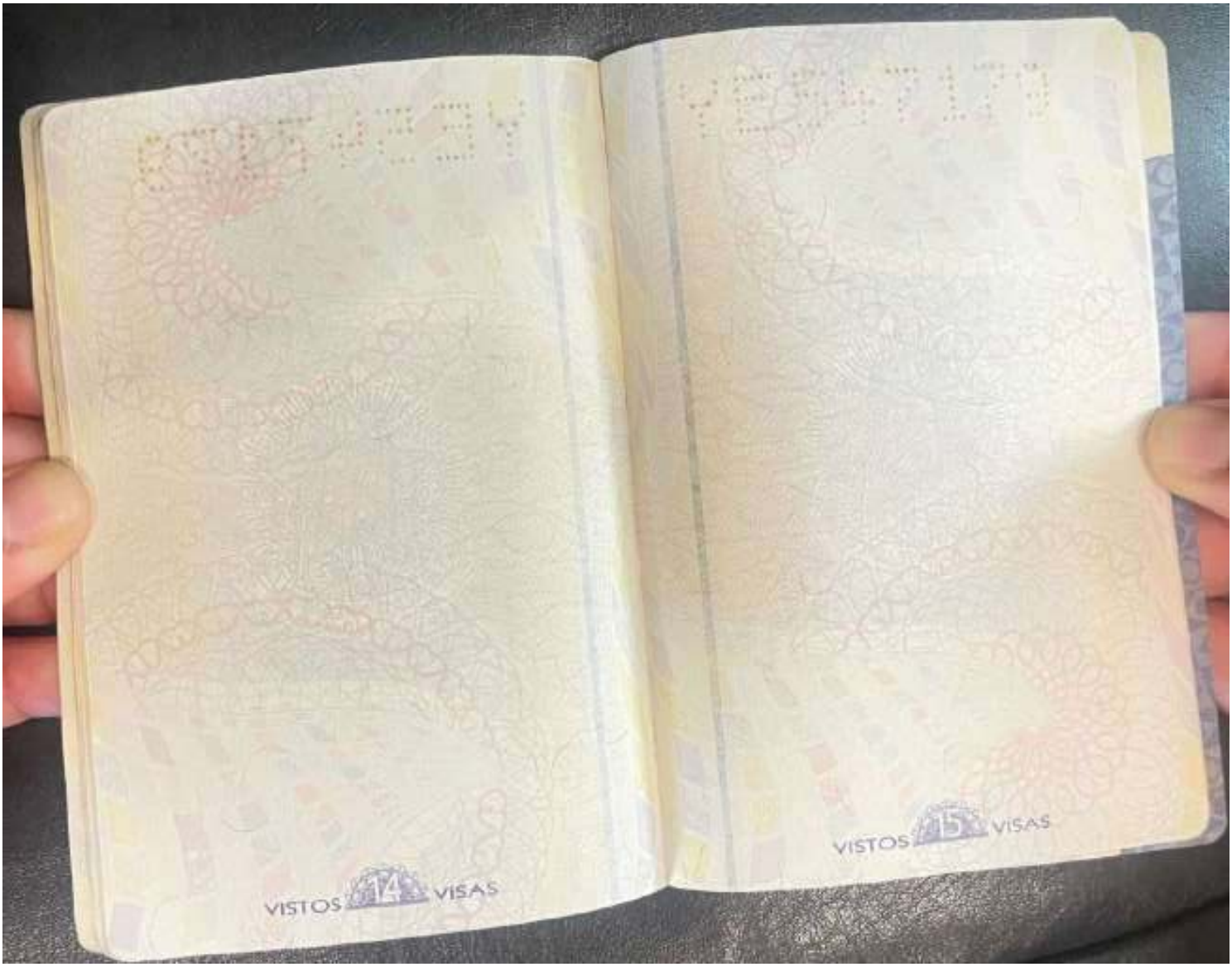
VISTOS 6 VISAS

VISTOS 7 VISAS


VISTOS VISAS
VISTOS VISAS

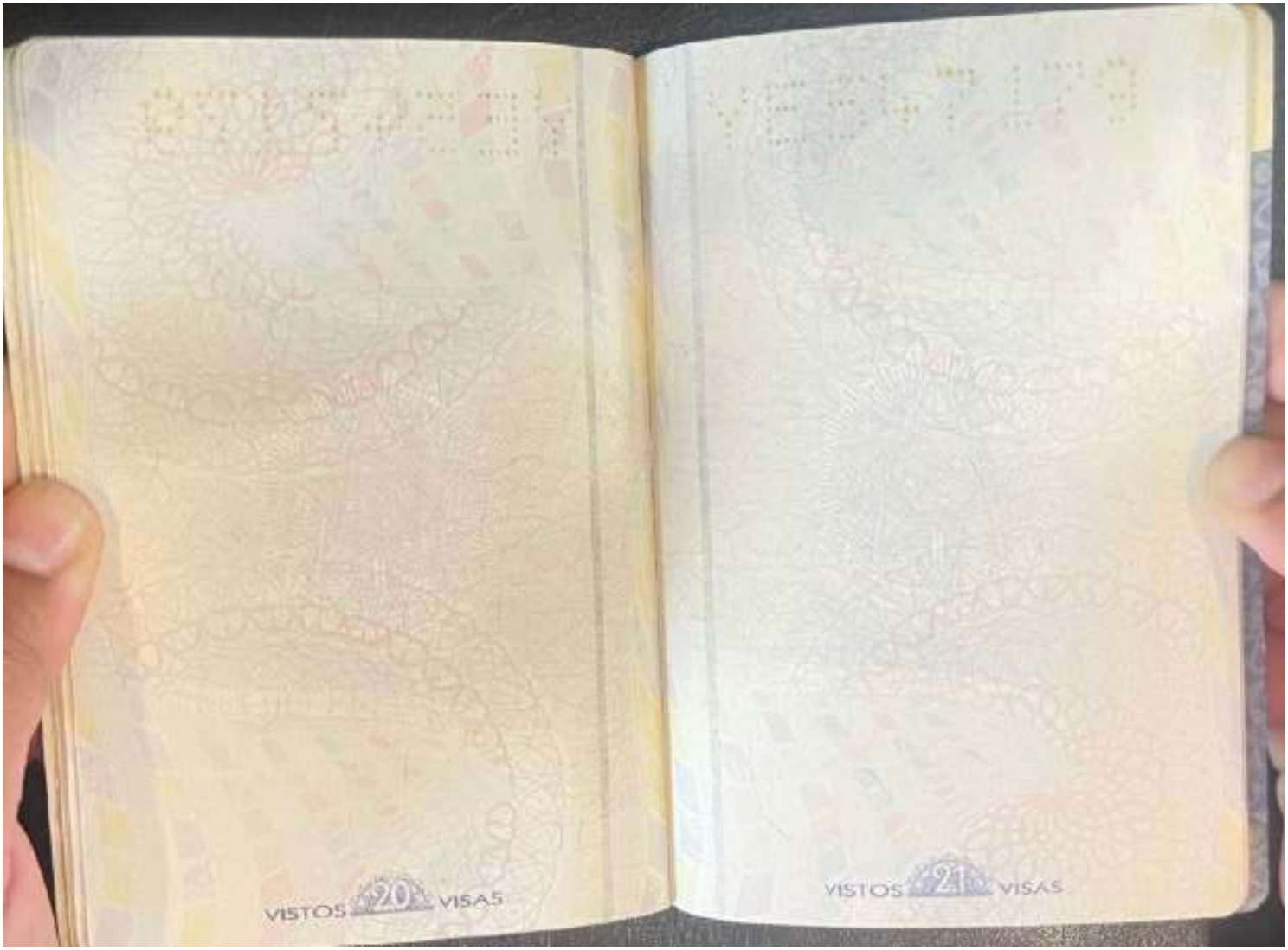

VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS

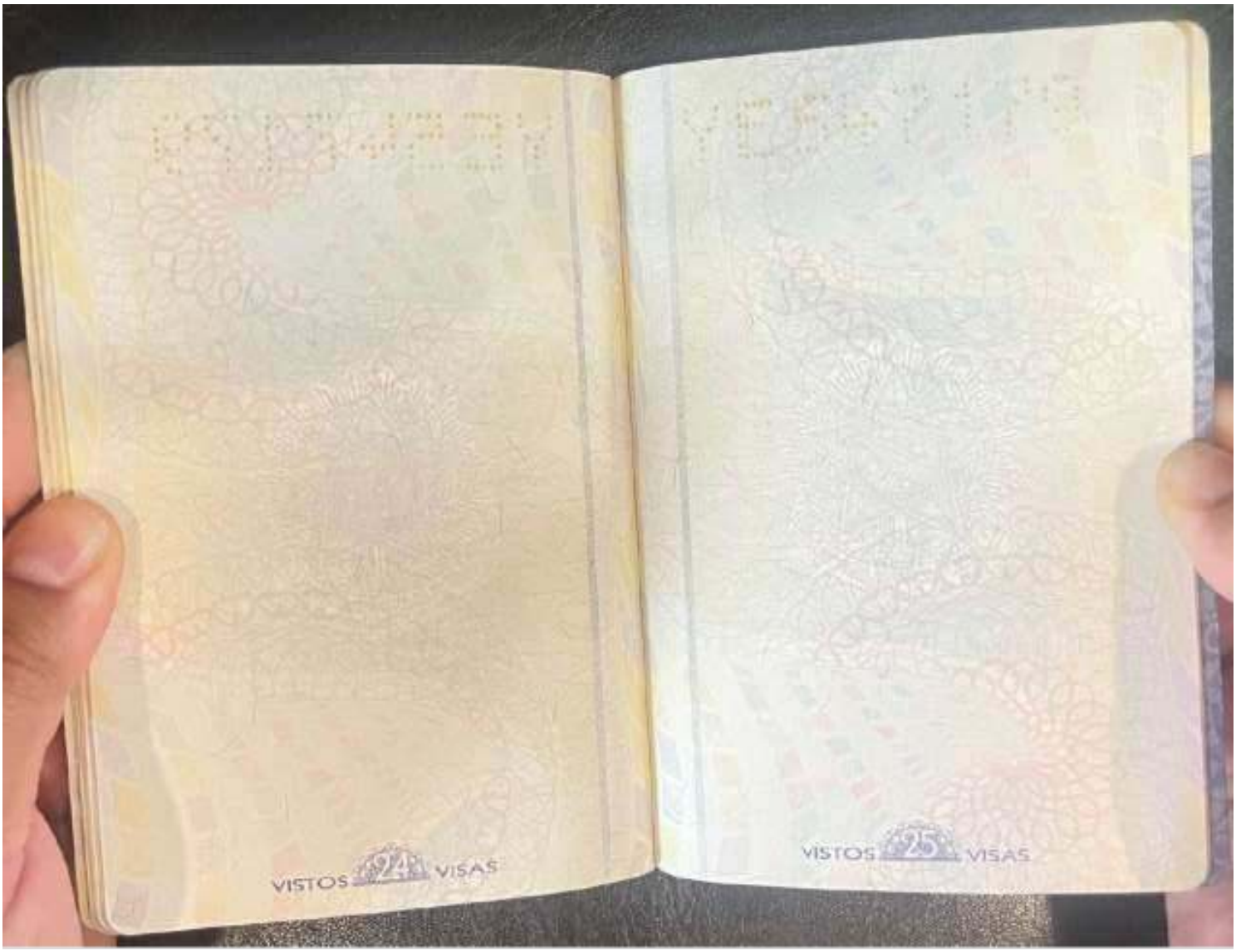

VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS VISAS
VISTOS VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS

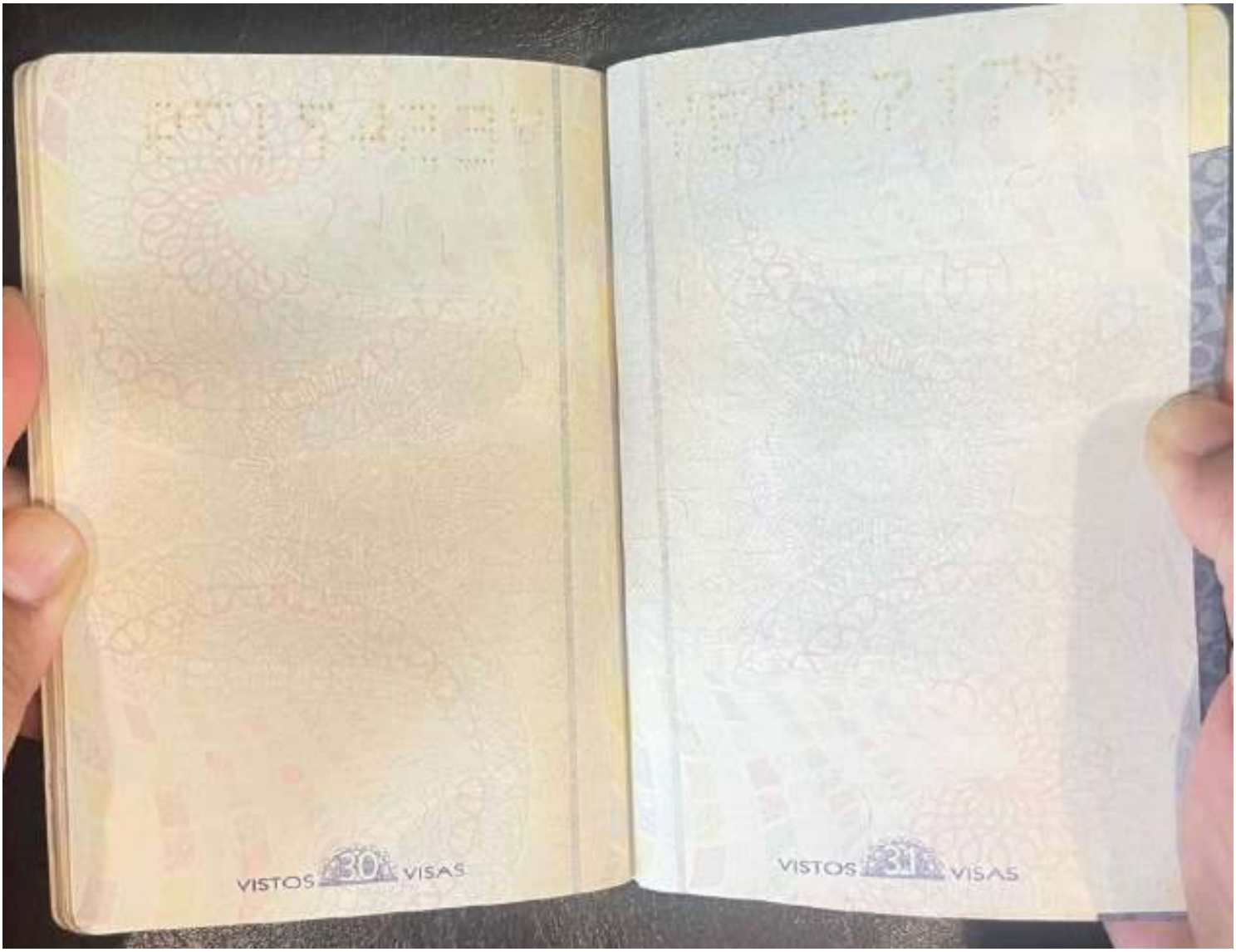

VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 928 VISAS
VISTOS 929 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

FEDERATIVE REPUBLIC OF BRAZIL

NOTARIAL AND REGISTRATION SERVICE OF THE FEDERAL DISTRICT
3rd NOTARY OFFICE, CIVIL REGISTRY, AND PROTEST OF TITLES

C.S.A. 2 – No. 20 – Taguatinga – DF
Phone: (61) 351-6230 – Fax: (61) 561-4244
CNPJ: 00-547.851/0001-59

Elízio Martins da Costa
Registrar

BOOK A-0600
PAGE 193
NUMBER 239093
DATE 06/14/2004

BIRTH CERTIFICATE

I CERTIFY that, under the numbers and date above mentioned, from the birth registry book of this Registration Service, the record of

NICAELLY GEOVANA LIMA NICODEMOS

female

born
on the twenty-third day of the month of May, two thousand and four (05/23/2004),
(at three hours and forty minutes – 3:40 AM)

at the Regional Hospital of Asa Norte, in Brasília (RA-1-Brasília)- DF

daughter of ANGELO MARCIO NICODEMOS
and POLIANA LIMA NICODEMOS

paternal grandparents:
JOSÉ NICODEMOS and
MARIA COELHO SOARES

maternal grandparents:
RAIMUNDO LEITE NETO and
SOLANGE OLIVEIRA LIMA

The declarant was the father.

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

The above is true, of which I attest. I, _____ typed and verified it.

Taguatinga (DF), June 14, 2004.

----//signature//----
OFICIAL

Notary Office, Civil Registry, and Protest of Titles Office Stamp
Carlos Alberto de Souza Liberato
Clerk
Taguatinga
- DF-

JUSTICE OF THE FEDERAL DISTRICT
SEAL
TA 1155488

Carlos Alberto de Souza Liberato
Clerk

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: April 14, 2025.

REPÚBLICA FEDERATIVA DO BRASIL

SERVIÇO NOTARIAL E DE REGISTRO DO DISTRITO FEDERAL
3º OFÍCIO DE NOTAS, REGISTRO CIVIL E PROTESTO DE TÍTULOS

C.S.A. 2 - Nº 20 - Taguatinga - DF
Fone: (61) 351-6230 - Fax: (61) 561-4244
CNPJ: 00.547.851/0001-59

Elizio Martins da Costa
TITULAR

LIVRO A-0600
FOLHA 193
NUMERO 239093
DATA 14/06/2004

CERTIDÃO DE NASCIMENTO

CERTIFICO que, sob os números e data acima mencionados, do livro de registro de nascimentos deste Serviço Registral, foi lavrado o assento de

NICAELLY GEOVANA LIMA NICODEMOS

do sexo feminino

nascida

aos vinte e tres dias do mês de maio do ano de dois mil e quatro (23/05/2004), (às tres horas e quarenta minutos)

no(a) em Hospital Regional da Asa Norte, em Brasilia (RA-I-Brasilia)-DF

filha de *ANGELO MARCIO NICODEMOS*
e de *POLIANA LIMA NICODEMOS*

são avós paternos:
JOSÉ NICODEMOS e
MARIA COELHO SOARES

e maternos:
RAIMUNDO LEITE NETO e
SOLANGE OLIVEIRA LIMA

Foi declarante o *pai*.

O referido é verdade, do que dou fé. Eu, _____, a digitei e conferi.

Taguatinga (DF), 14 de junho de 2004.

OFICIAL

Carlos Alberto de Sousa Liberato
Escrevente

Notas, Registro Civil e Protesto de Títulos
Carlos Alberto de S. Liberato
Escrevente
Taguatinga — DF —

TA1155488

Exhibit 2 - Copy of Principal Petitioner’s Form I-918, Petition for U Nonimmigrant Status

Petition for U Nonimmigrant Status

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

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

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

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

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

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

1.a. Family Name (Last Name): NICODEMOS
1.b. Given Name (First Name): Poliana Lima
1.c. Middle Name: N/A

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

2.a. Family Name (Last Name): LEITE
2.b. Given Name (First Name): Poliana Lima
2.c. Middle Name: N/A

Home Address (USPS ZIP Code Lookup)

3.a. Street Number and Name: 8526 Vernon Rd Lake Steve
3.b. ☒ Apt. ☐ Ste. ☐ Flr. 1
3.c. City or Town: Lake Stevens
3.d. State: WA **3.e.** ZIP Code: 98258
3.f. Province: N/A
3.g. Postal Code: N/A
3.h. Country: USA

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name: Otavio Haverroth Silva
4.b. Street Number and Name: PO Box 90487
4.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A
4.d. City or Town: San Diego
4.e. State: CA **4.f.** ZIP Code: 92169
4.g. Province: N/A
4.h. Postal Code: N/A
4.i. Country: USA

Other Information

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

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

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

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

Part 1. Information About You (continued)

9. Sex ☐ Male ☒ Female

10. Date of Birth (mm/dd/yyyy) 10/28/1982

11. Country of Birth
Brazil

12. Country of Citizenship or Nationality
Brazil

13. Form I-94 Arrival-Departure Record Number
► N / A

14. Passport Number YE197187

15. Travel Document Number N/A

16. Country of Issuance for Passport or Travel Document
Brazil

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 11/13/2023

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 11/12/2033

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

19.a. City or Town Eagle Pass

19.b. State TX

20. Date of Last Entry into the United States (mm/dd/yyyy) 03/26/2018

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

22. Current Immigration Status
Asylum Applicant

Part 2. Additional Information About You

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 2. Additional Information About You (continued)

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

8.a. Date of Entry (mm/dd/yyyy) 03/22/2018

Place of Entry into the United States

8.b. City or Town Eagle Pass

8.c. State TX

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

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

Place of Entry into the United States

9.b. City or Town N/A

9.c. State N/A

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

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

Place of Entry into the United States

10.b. City or Town N/A

10.c. State N/A

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

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

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

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

11.b. City or Town N/A

11.c. State N/A

11.d. Country
N/A

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

12.a. Street Number and Name N/A

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town N/A

12.d. Province N/A

12.e. Postal Code N/A

12.f. Country
N/A

Part 3. Processing Information

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

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

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

Have you **EVER**:

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

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

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

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

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

Part 3. Processing Information (continued)

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

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

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

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

Information About Arrests, Citations, Detentions, or Charges

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

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

N/A

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

N/A

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

2.c. City or Town **N/A**

2.d. State **N/A**

2.e. Country

N/A

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

N/A

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

N/A

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

N/A

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

3.c. City or Town **N/A**

3.d. State **N/A**

3.e. Country

N/A

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

N/A

Have you **EVER**:

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

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

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

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

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

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

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

5.c. Assassination? ☐ Yes ☒ No

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

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

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

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

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

Part 3. Processing Information (continued)

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

6.d. Assassination? ☐ Yes ☒ No

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

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

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

Do you intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

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

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

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

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

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

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

10.b. Killing any person? ☐ Yes ☒ No

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

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

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

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

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

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

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

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

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

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

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

Have you **EVER**:

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

Part 3. Processing Information (continued)

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

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

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

Have you **EVER**:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 4. Information About Your Spouse and/or Children

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

1.a. Family Name (Last Name): NICODEMOS

1.b. Given Name (First Name): Angelo Marcio

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 01/09/1978

3. Country of Birth: Brazil

4. Relationship: Spouse

5. Current Location: United States

6.a. Family Name (Last Name): LIMA NICODEMOS

6.b. Given Name (First Name): Nicolly Karine

6.c. Middle Name: N/A

7. Date of Birth (mm/dd/yyyy): 05/22/2002

8. Country of Birth: Brazil

9. Relationship: Daughter

10. Current Location: United States

11.a. Family Name (Last Name): LIMA NICODEMOS

11.b. Given Name (First Name): Nicaelly Geovana

11.c. Middle Name: N/A

12. Date of Birth (mm/dd/yyyy): 05/23/2004

13. Country of Birth: Brazil

14. Relationship: Daughter

15. Current Location: United States

16.a. Family Name (Last Name): LIMA NICODEMOS

16.b. Given Name (First Name): Nicollas Davi

16.c. Middle Name: N/A

17. Date of Birth (mm/dd/yyyy): 03/23/2009

18. Country of Birth: Brazil

19. Relationship: Son

20. Current Location: United States

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

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

21.c. Middle Name: N/A

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

23. Country of Birth: N/A

24. Relationship: N/A

25. Current Location: N/A

Filing On Behalf of Family Members

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

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

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

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

Petitioner's Statement

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

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

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

Portuguese ,

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

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

Otavio Haverroth Silva ,

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

6504359161

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

6504359161

5. Petitioner's Email Address (if any)

polianani codemos@hotmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature

➡ Poliana S.

6.b. Date of Signature (mm/dd/yyyy) 05/09/2025

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy): 05/09/2025

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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

8.b. Date of Signature (mm/dd/yyyy) 05/09/2025

Part 8. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ► **A-**

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.

Exhibit 3 - Reference Documents for Pending Principal Application

YE197187

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

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

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

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

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

PASSAPORTE
PASSPORT



REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YE197187

SOBRENOME / SURNAME
LIMA NICODEMOS

NOME / GIVEN NAMES
POLIANA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
28 OUT/OCT 1982

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
BRASILIA, DF, BRASIL

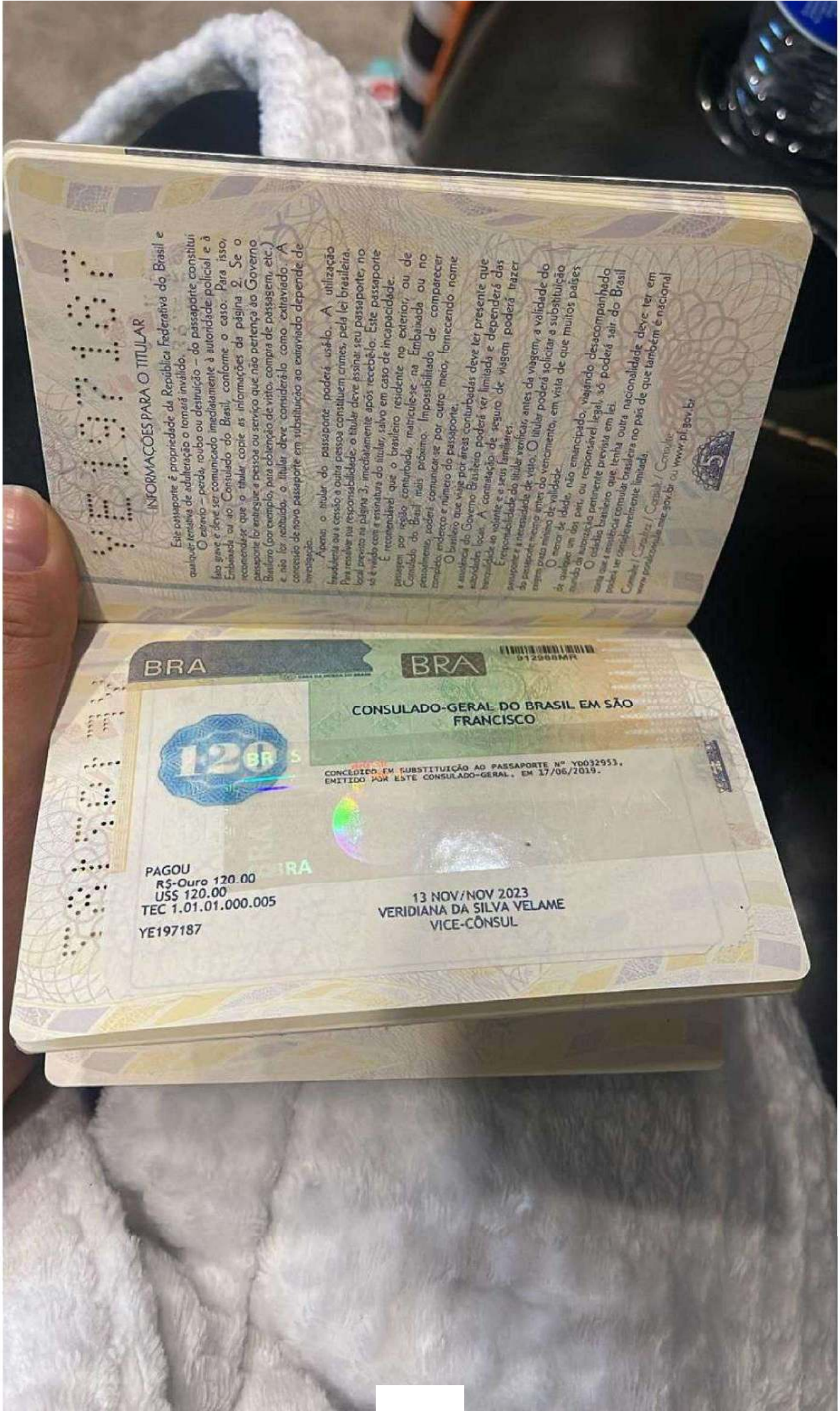
DATA DE EXPEDIÇÃO / DATE OF ISSUE
13 NOV/NOV 2023

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
12 NOV/NOV 2033

P<BRALIMA<NICODEMOS<<POLIANA<<<<<<<<<<<<<<<<<<<

YE197187<3BRA8210287F3311123<<<<<<<<<<<<<<<00



INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

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

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para resolver tal responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região consular, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá fazer-se necessária.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição deste ainda dentro do vencimento, em vista de que muitos países só admitem a entrada de pessoas cujo passaporte tenha prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de um dos pais ou responsável legal, só poderá sair do Brasil munido da autorização judicial ou escrita dos pais, ou de quem detenha a guarda do menor, com a assinatura reconhecida em cartório.

O cidadão brasileiro que tenha outra nacionalidade deve ter em mãos o passaporte brasileiro no país de que também é nacional, para poder ser corretamente identificado.

Consulte / Consultez / Consult / Consulte
www.pralemdafronteira.mre.gov.br ou www.pf.gov.br

BRA

BRA

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº YD032953, EMITIDO POR ESTE CONSULADO-GERAL, EM 17/06/2019.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

YE197187

13 NOV/NOV 2023
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

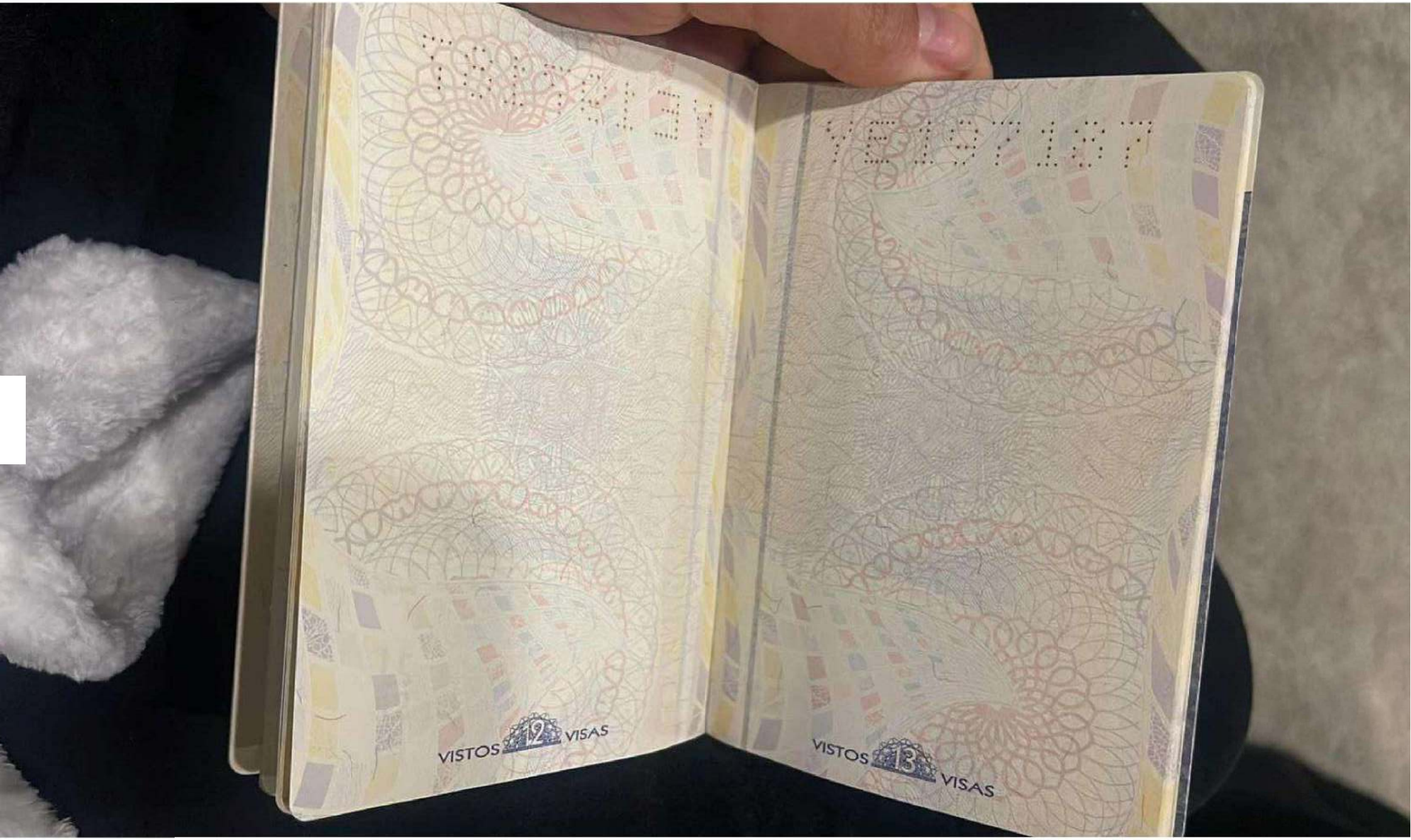

VISTOS VISAS
VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS

VISTOS VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS

VISTOS 14 VISAS

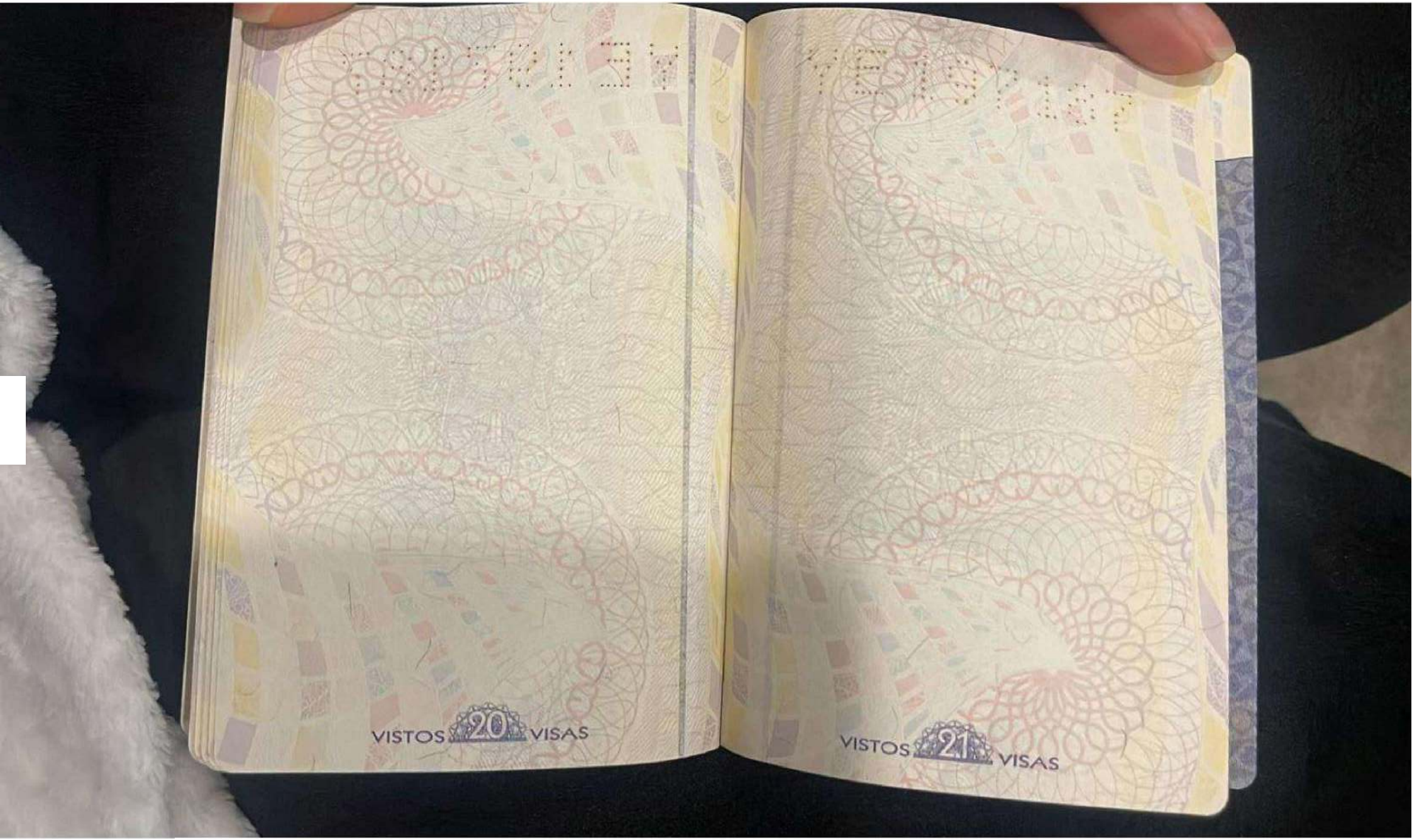
VISTOS 15 VISAS

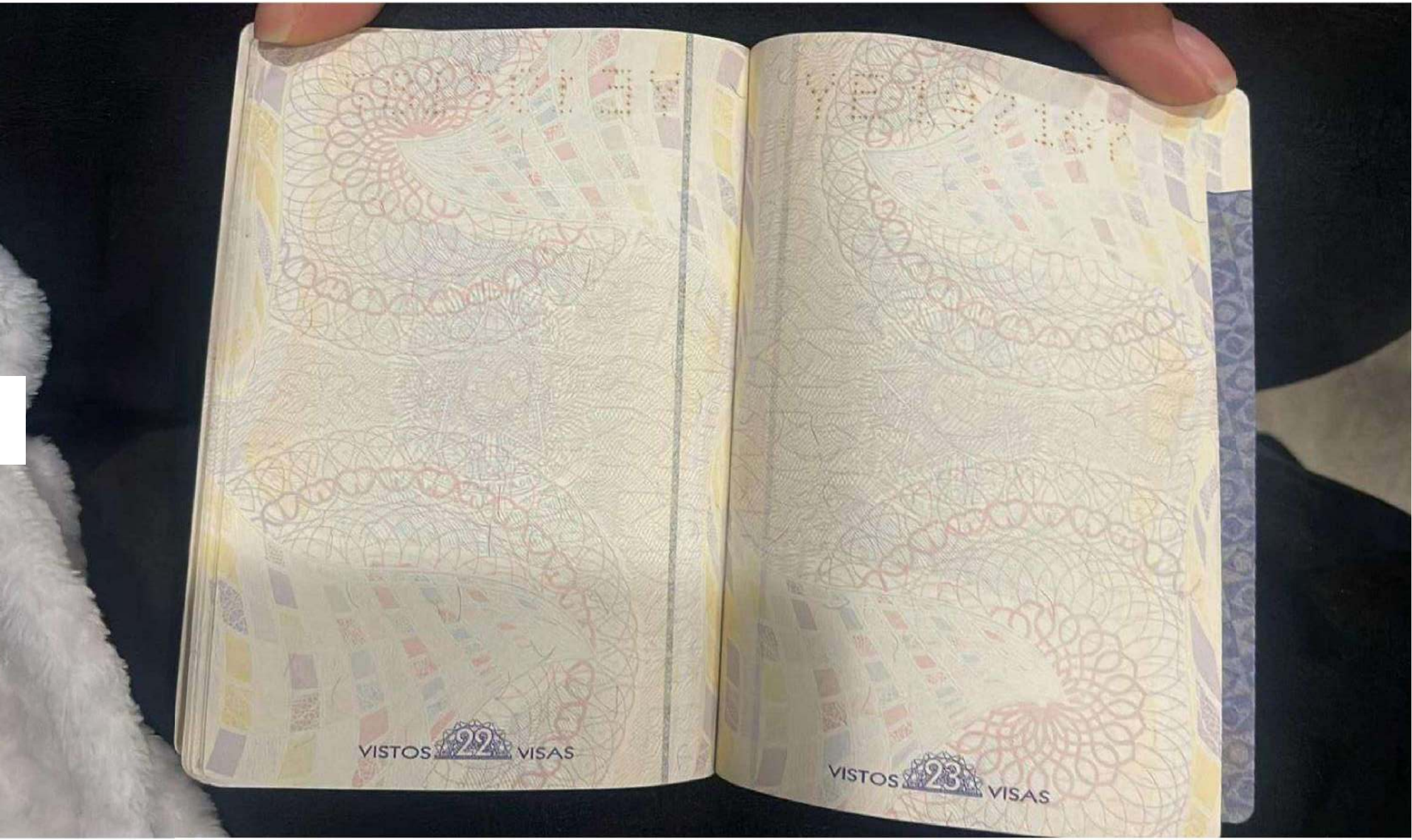
VISTOS 16 VISAS

VISTOS 17 VISAS

VISTOS 18 VISAS

VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS

VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS 26 VISAS

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 29 VISAS

VISTOS 30 VISAS

VISTOS 31 VISAS

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

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

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

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

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

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

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

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

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

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

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

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

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.

Receipt Number		Case Type
IOE8746705054		I918 - PETITION FOR U NONIMMIGRANT STATUS
Received Date 05/23/2025	**Priority Date**	**Applicant** A216 586 380 NICODEMOS, POLIANA LIMA
Notice Date 10/15/2025	**Page** 1 of 2	**Beneficiary** NICODEMOS, POLIANA LIMA

NICODEMOS, POLIANA LIMA
c/o OTAVIO HAVERROTH SILVA
PO BOX 90487
SAN DIEGO CA 92169

Notice Type: Receipt Notice
Fee Waived

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

What the Official Notice Said

We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.

Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.

Contacting the Agency

If your safe mailing address changes and you do not have an attorney of record or representative on your case you must submit your address change in writing, with your signature, to the center with jurisdiction over your filing. Otherwise, you might not receive notice of your action on this case. If any other changes need to be made you also must contact the center with jurisdiction over your filing in writing. Please include what changes need to be made and your signature.

If any of the information in your notice is incorrect or you have questions about your case, you can reach USCIS at www.uscis.gov/contact, utilizing the available case inquiry options for "Inquiries for VAWA, T, and U Filings."

National Benefits Center
U.S. Citizenship & Immigration Services
P.O. BOX 25920
Overland Park, KS 66225

Processing time - Processing times vary by case type. Go to www.uscis.gov to see the current processing times listed by case type and office.

- View your case status on our website's Case Status Online page.
- You can also sign up to receive free email updates as we process your case.
- During most of the time while your case is pending, the processing status will not change. This is because we are working on cases that were filed before your case.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.
- If you do not receive an initial decision or update from us within our current processing time, visit our website at www.uscis.gov for options for submitting an inquiry.

Biometrics - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:

- A passport or national photo ID issued by your country,
- A driver's license,
- A military photo ID, or
- A state-issued photo ID card.

If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.

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.

National Benefits Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. BOX 25920
Overland Park KS 66225

USCIS Contact Center: www.uscis.gov/contactcenter

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.

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.

Receipt Number		Case Type
IOE8746705054		I918 - PETITION FOR U NONIMMIGRANT STATUS
Received Date 05/23/2025	**Priority Date**	**Applicant** A216 586 380 NICODEMOS, POLIANA LIMA
Notice Date 10/15/2025	**Page** 2 of 2	**Beneficiary** NICODEMOS, POLIANA LIMA

Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your mother's/father's marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

NOTICE: The information you provide on and in support of applications and petitions is submitted under the penalty of perjury. 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.

National Benefits Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. BOX 25920
Overland Park KS 66225

USCIS Contact Center: www.uscis.gov/contactcenter

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.

Supplement B, U Nonimmigrant Status Certification

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

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

For USCIS Use Only	Remarks

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

Part 1. Victim Information

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

2.a. Family Name (Last Name): NICODEMOS
2.b. Given Name (First Name): POLIANA
2.c. Middle Name: LIMA

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

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

3.a. Family Name (Last Name): N/A
3.b. Given Name (First Name): N/A
3.c. Middle Name: N/A

4. Date of Birth (mm/dd/yyyy): 10/28/1982

5. Sex ☐ Male ☒ Female

Part 2. Agency Information

1. Name of Certifying Agency
FREMONT POLICE DEPARTMENT

Name of Certifying Official

2.a. Family Name (Last Name): DECKER
2.b. Given Name (First Name): SHAWN
2.c. Middle Name:

3. Title and Division/Office of Certifying Official
SERGEANT / INVESTIGATIONS UNIT

Name of Head of Certifying Agency

4.a. Family Name (Last Name): WASHINGTON
4.b. Given Name (First Name): SEAN
4.c. Middle Name:

Agency Address

5.a. Street Number and Name: 2000 STEVENSON BLVD
5.b. ☐ Apt. ☐ Ste. ☐ Flr.
5.c. City or Town: FREMONT
5.d. State: CA
5.f. ZIP Code: 94538
5.g. Province:
5.h. Postal Code:
5.i. Country: USA

Other Agency Information

6. Agency Type
☐ Federal ☐ State ☒ Local

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

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

9. Case Number
211006017

10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

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

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

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

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy) 10/06/2021

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

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

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

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

PC314 - INDECENT EXPOSURE

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

☒ Yes ☐ No

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

FREMONT, CA

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

☐ Yes ☒ No

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

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

VICTIM WAS SHOPPING AT COSTCO. SHE CAME OUT TO HER VEHICLE AND BEGAN TO LOAD HER GROCERIES INTO HER DRIVER SIDE. VICTIM THEN SAW THE SUSPECT MASTURBATING IN THE VEHICLE PARKED NEXT TO HER. VICTIM ADVISED THE SUSPECT TRUSTED HIS HIPS UPWARD WHEN SHE LOOKED AT HIM.

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

NO INJURIES LISTED IN REPORT.

Part 4. Helpfulness Of The Victim

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

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

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

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

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

VICTIM PROVIDED A FULL STATEMENT AND COOPERATED WITH THE INVESTIGATION. NO FURTHER ACTION TAKEN BY THE OFFICER. CASE SENT TO DA FOR CHARGING. CASE CLOSED.

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

Part 5. Family Members Culpable In Criminal Activity

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

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

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

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

1. Signature of Certifying Official (sign in ink)



2. Date of Signature (mm/dd/yyyy) 05/20/2025

3. Daytime Telephone Number 5107906900

4. Fax Number 5107906901

Part 7. Additional Information

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

1. Agency Name

FREMONT POLICE DEPARTMENT

Petitioner's Name

2.a. Family Name (Last Name) NICODEMOS

2.b. Given Name (First Name) POLIANA

2.c. Middle Name LIMA

3. A-Number (if any)

▶ A-

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

4.d.

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

5.d.

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

6.d.

Incident Report
FREMONT POLICE DEPARTMENT

211006017

Supplement No: ORIG

2000 Stevenson Blvd
Fremont, California 94538

Phone Number: (510) 790-6800
Fax Number: (510) 790-6831

Reported Date: 10/06/2021
Rpt/Incident Typ: 314
Member#: HANRAHAN, MARK

Administrative Information

Agency	Report No	Supplement No	Reported Date	Reported Time	CAD Call No
FREMONT POLICE DEPARTMENT	211006017	ORIG	10/06/2021	12:19	21105100

Status	Rpt/Incident Typ
REPORT TO FOLLOW	INDECENT EXPOSURE

Location	City
43621 PACIFIC COMMONS BL	Fremont

ZIP Code	Rep Dist	Area	Beat	From Date	From Time	To Date	To Time
94538	1122	3	3 3	10/06/2021	12:19	10/06/2021	12:19

Member#	Assignment	Entered By
2535/HANRAHAN, MARK	Day Shift, A Team, Zone 3	2535

RMS Transfer	Prop Trans Stat	Approved By	Approving Officer	Approval Date
Successful	Successful	11190	11190	04/20/2022

Approval Time: 09:50:14

# Offenses	Offense	Description	Complaint Type
1	PC314	Indecent exposure	M

NIBRS:

NIBRS: | Seq# | IBRS | AC

Used	Bias	Location Type	# Premises	Method of Entry	Criminal Activity	Weapon/Force	Cargo Theft?	CA CJIS

Type	CA Lvl	Gang Type	Hate	CA Section	ARRC?	Id Thft?	Gang?

Person Summary

Invl	Invl No	Type	Name	MNI
VIC	1	I	NICODEMOS,LIMA POLIANA	31160301

Race	Sex	DOB
O	F	10/28/1982

Invl	Invl No	Type	Name	MNI
SUS	1	I	YU,JIANG	

Race	Sex	DOB
C	M	

Invl	Invl No	Type	Name	MNI
PER	1	I	MOMEN,HELLAI	

Race	Sex	DOB
Z	F	

Invl	Invl No	Type	Name	MNI
PER	2	I	JOHNSON,LEONARDO	

Race	Sex	DOB
O	M	

Invl	Invl No	Name
PER	3	See Confidential Page

Invl	Invl No	Type	Name	MNI
PER	4	I	SCOTT,HEIDI	

Race	Sex	DOB
W	F	

Vehicle Summary

Invl	Type	License No	State	Lic Year	Year	Make	Model	Style	Color
FCN	1		CA	2021	2016	HOND	ACC	4D	WHI
FCN	1		CA	2021	2021	TESL		4D	WHI

Report Officer: 2535/HANRAHAN, MARK
Printed At: 05/10/2023 14:31

roperty Summary

olvement
EVD

scription
rticle: Other (none of the above) OTHER COSTCO THUMBDRV 1 costco humbdrive with video of parking lot

ummary Narrative

T&T TRANSLATORS

RANSLATOR #1
RANSLATOR CHOON #362988 (MANDARIN)

RANSLATOR #2
RANSLATOR ZHOU #266344 (MANDARIN)

n the listed date and time, I was dispatched to investigate an indecent exposure that occurred in the parking lot f the Costco Wholesale Store located at the listed address. When I arrived, I contacted the victim. The victim poke Portuguese.

When I arrived, I was flagged down by the victim. The suspect was still seated in his vehicle (2016 White Honda Accord and parked in the next stall west of the victim's car. I contacted the suspect, who voluntarily gave me his California Drivers' License, which identified him as Jiang Yu. Yu stated he only spoke Mandarin. He showed me a large chocolate colored dildo. When Officer Gerges arrived, he stayed with Yu, so I could talk to the victim.

The victim had a friend with her who also spoke Portuguese. This friend called her husband on "face-time" who translated for me, since I did not have my department issued iPhone with me. This friend is listed as person #2. Later, I also had the victim's daughter translate for me as I re-interviewed the victim. Both were recorded and late uploaded to the digital evidence system.

The following is a summary of the victim's statement. The victim stated that today, she went shopping at the Costco Warehouse. When the victim arrived at Costco, she parked her vehicle in the parking lot east of the front doors. When the victim parked, she noticed Yu in his car parked in front of her.

The victim recognized Yu from seeing him at least 6 times over the past six months in grocery stores. The victim believes that in the recent past, Yu has tried to speak to the victim for possible dating purposes.

The victim went into the Costco and shopped. When she returned, she noticed Yu driving in the lot and parking directly next to (west of) the victim's car. The victim began to unload her items and walked to the drivers' side of her car, which is also the passenger side of Yu's car.

This is when the victim noticed that Yu's pants were partially down and his penis was erect and visible to her. Th victim stated that Yu was masturbating and looking at her. Yu thrusted his hips upwards when the victim looked in Yu's car. The victim believed Yu did this so she would see his penis. When the victim did see Yu's penis (which she described as colored white), Yu covered it with his shirt. I had the victim look at the dildo that Yu had in his possession. She stated she definitely saw his penis, which is a different color than the chocolate colored dildo.

I then contacted the two listed Mandarin translators, so I could interview Yu. This interview was recorded and later uploaded to the digital evidence system. Yu's statement is provided in summary.

It should be known, that Yu was never hand cuffed or arrested while he provided his statement. Throughout this interview, Yu remained in denial about the accusation of him exposing his penis to the victim.

Summary Narrative

There was a Tesla Model Y (listed) parked west of Yu's vehicle. This vehicle has a side camera that was pointed towards Yu's car. I spoke to the owner of this vehicle who has only had the vehicle for approximately 1 month and was unsure how to use the camera system. We could not locate any recordings from this vehicle prior to when the owner arrived and opened her trunk.

I used a rouse with Yu, because he knew I was going to look at the video of the Tesla in my patrol car. I told Yu that I saw him masturbating in his vehicle. He again remained in denial. Ultimately, Yu left the Costco lot of his own free will.

I contacted Heidi Scott who is a loss prevention officer for Costco. She checked her cameras at the time of this detail and located a person who may be the victim in the area and at the time the victim called and was contacted by the police. This video is too grainy and because of the angle and Yu still in his car, it could not record his indecent exposure to the victim. The video was placed on a thumb drive and the thumb drive was booked into evidence.

No other witnesses or video evidence were located at the scene. Yu was released from the scene.

The victim wants this case to be forwarded to the District Attorney's Office for charging Yu with indecent exposure. No further action taken by this officer at this time.

CC:
DA

Incident Report
FREMONT POLICE DEPARTMENT

211006017 Supplement No ORIG

VICTIM 1: NICODEMOS,LIMA POLIANA

Involvement	Invl No	Type	Name
VICTIM	1	Individual	NICODEMOS,LIMA POLIANA

MNI	Race	Sex	DOB	Age	Juvenile?	Height	Weight	Hair Color	Eye Color	PRN
31160301	Other	Female	10/28/1982	38	No	5'00"	183#	Black	Hazel	2103058

Type	Address
Home	39939 STEVENSON CO #3107

City	State	ZIP Code	Date
Fremont	California	94538	10/06/2021

Type	ID No	OLS
Operator License/ID	Y6167254	California

Phone Type	Phone No	Date
Cell	(650)435-9161	10/06/2021

SUSPECT 1: YU,JIANG

Involvement	Invl No	Type	Name
SUSPECT	1	Individual	YU,JIANG

MNI	Race	Sex	DOB	Age	Juvenile?	Height	Weight	Hair Color	Eye Color	PRN
	Chinese	Male			No	5'06"	140#	Black	Black	2103059

Type	Address
Home	

City	State	ZIP Code	Date
	California		10/06/2021

Type	ID No	OLS
Operator License/ID		California

Phone Type	Phone No	Date
Cell		10/06/2021

PERSON 1: MOMEN,HELLAI

Involvement	Invl No	Type	Name
PERSON	1	Individual	MOMEN,HELLAI

MNI	Race	Sex	DOB	Age	Juvenile?	PRN
	Asian Indian	Female				2103060

Type	Address
Home	

City	State	ZIP Code	Date
	California		10/06/2021

Type	ID No	OLS
Operator License/ID		California

Phone Type	Phone No	Date
Cell		10/06/2021

PERSON 2: JOHNSON,LEONARDO

Involvement	Invl No	Type	Name
PERSON	2	Individual	JOHNSON,LEONARDO

MNI	Race	Sex	DOB	Age	Juvenile?	PRN
	Other	Male				2103061

Type	Address
Home	

City	State	ZIP Code	Date
	California		10/06/2021

Phone Type	Phone No	Date
Cell		10/06/2021

PERSON 3: Confidential

Involvement	Invl No	Name
PER	3	See Confidential Page

PERSON 4: SCOTT,HEIDI

Involvement	Invl No	Type	Name
PERSON	4	Individual	SCOTT,HEIDI

MNI	Race	Sex	DOB	Age	Juvenile?	PRN
	White	Female	/			2103063

Summary Narrative

There was a Tesla Model Y (listed) parked west of Yu's vehicle. This vehicle has a side camera that was pointed towards Yu's car. I spoke to the owner of this vehicle who has only had the vehicle for approximately 1 month and was unsure how to use the camera system. We could not locate any recordings from this vehicle prior to when the owner arrived and opened her trunk.

I used a rouse with Yu, because he knew I was going to look at the video of the Tesla in my patrol car. I told Yu that I saw him masturbating in his vehicle. He again remained in denial. Ultimately, Yu left the Costco lot of his own free will.

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No other witnesses or video evidence were located at the scene. Yu was released from the scene.

The victim wants this case to be forwarded to the District Attorney's Office for charging Yu with indecent exposure. No further action taken by this officer at this time.

CC:
DA

Incident Report
FREMONT POLICE DEPARTMENT

211006017 | Supplement No ORIG

Confidential Section

Do not distribute

PERSON 3: NICODEMOS,NICAELLY

Involvement	Invl No	Type	Name
PERSON	3	Individual	NICODEMOS,NICAELLY

MNI	Race	Sex	DOB	Age	Juvenile?	Height	Weight	Hair Color	Eye Color	Confidential
31139153	Other	Female	05/23/2004	17	Yes	5'04"	140#	Black	Brown	Juvenile

PRN
2103062

Type	Address
Home	39939 STEVENSON CO #3107

City	State	ZIP Code	Date
Fremont	California	94538	10/06/2021

Phone Type	Phone No	Date
Cell	(650)766-4118	10/06/2021

roperty Summary

olvement
ZVD

scription
rticle: Other (none of the above) OTHER COSTCO THUMBDRV 1 costco humbdrive with video of parking lot

Summary Narrative

T&T TRANSLATORS

RANSLATOR #1
RANSLATOR CHOON #362988 (MANDARIN)

RANSLATOR #2
RANSLATOR ZHOU #266344 (MANDARIN)

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The victim recognized Yu from seeing him at least 6 times over the past six months in grocery stores. The victim believes that in the recent past, Yu has tried to speak to the victim for possible dating purposes.

The victim went into the Costco and shopped. When she returned, she noticed Yu driving in the lot and parking directly next to (west of) the victim's car. The victim began to unload her items and walked to the drivers' side of her car, which is also the passenger side of Yu's car.

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I then contacted the two listed Mandarin translators, so I could interview Yu. This interview was recorded and later uploaded to the digital evidence system. Yu's statement is provided in summary.

It should be known, that Yu was never hand cuffed or arrested while he provided his statement. Throughout this interview, Yu remained in denial about the accusation of him exposing his penis to the victim.

Incident Report
FREMONT POLICE DEPARTMENT

2000 Stevenson Blvd
Fremont, California 94538

Phone Number
(510) 790-6800
Fax Number
(510) 790-6831

211006017 Supplement No ORIG

Reported Date 10/06/2021
Rpt/Incident Typ 314
Member# HANRAHAN, MARK

Administrative Information

Agency	Report No	Supplement No	Reported Date	Reported Time	CAD Call No
FREMONT POLICE DEPARTMENT	211006017	ORIG	10/06/2021	12:19	21105100

Status	Rpt/Incident Typ
REPORT TO FOLLOW	INDECENT EXPOSURE

Location	City
43621 PACIFIC COMMONS BL	Fremont

ZIP Code	Rep Dist	Area	Beat	From Date	From Time	To Date	To Time
94538	1122	3	3 3	10/06/2021	12:19	10/06/2021	12:19

Member#	Assignment	Entered By
2535/HANRAHAN, MARK	Day Shift, A Team, Zone 3	2535

RMS Transfer	Prop Trans Stat	Approved By	Approving Officer	Approval Date
Successful	Successful	11190	11190	04/20/2022

Approval Time 09:50:14

# Offenses	Offense	Description	Complaint Type
1	PC314	Indecent exposure	M

NIBRS

NIBRS	Seq#	IBRS	AC

Used	Bias	Location Type	# Premises	Method of Entry	Criminal Activity	Weapon/Force	Cargo Theft?	CA CJIS

Type	CA Lvl	Gang Type	Hate	CA Section	ARRC?	Id Theft?	Gang?

Person Summary

Invl	Invl No	Type	Name	MNI
VIC	1	I	NICODEMOS,LIMA POLIANA	31160301

Race	Sex	DOB
O	F	10/28/1982

Invl	Invl No	Type	Name	MNI
SUS	1	I	YU,JIANG	

Race	Sex	DOB
C	M	

Invl	Invl No	Type	Name	MNI
PER	1	I	MOMEN,HELLAI	

Race	Sex	DOB
Z	F	

Invl	Invl No	Type	Name	MNI
PER	2	I	JOHNSON,LEONARDO	

Race	Sex	DOB
O	M	

Invl	Invl No	Name
PER	3	See Confidential Page

Invl	Invl No	Type	Name	MNI
PER	4	I	SCOTT,HEIDI	

Race	Sex	DOB
W	F	

Vehicle Summary

Invl	Type	License No	State	Lic Year	Year	Make	Model	Style	Color
FCN	1		CA	2021	2016	HOND	ACC	4D	WHI
FCN	1		CA	2021	2021	TESL		4D	WHI

Report Officer 2535/HANRAHAN, MARK
Printed At 05/10/2023 14:31

Incident Report
FREMONT POLICE DEPARTMENT

211006017 Supplement No ORIG

Type	Address			
Business				
City	State	ZIP Code	Date	
	California		10/06/2021	
Phone Type	Phone No	Date		
Cell		10/06/2021		

Vehicle: 7PZT762

Involvement	Type	License No	State	Lic Year			
Field Contact	Auto		California	2021			
Lic Type		Year	Make	Model	Style		
Regular Passenger Automobile Plates		2016	Honda	Accord	4-door Automobile		
Color							
White							

Vehicle: 8XGG852

Involvement	Type	License No	State	Lic Year			
Field Contact	Auto		California	2021			
Lic Type		Year	Make	Style	Color		
Regular Passenger Automobile Plates		2021	TESLA	4-door Automobile	White		

Property

Prop #	Involvement	Invl Date	In Custody?	Security	Tag No	Item No	# Pieces	
1	Evidence	10/06/2021	Yes	No	210004601	1	1	
Description							Typ	
1 costco thumbdrive with video of parking lot							Article	
Cat		Article	Brand	Article Color	Model			
Other (none of the above)		OTHER	COSTCO	White	THUMBDRV			
Description						Entered Date	Entered Time	
1 costco thumbdrive with video of parking lot						10/25/2021	15:05	
RMS Transfer	Control							
Successful	2535 1025211507							
Link	Involvement	Invl No	Name				Race	Sex
OWN	PER	4	SCOTT,HEIDI				W	F
DOB								
08/02/1976								

Narrative

same as summary

AT&T TRANSLATORS

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