Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

I-360, Petition for Special Immigrant

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Julio Cesar	Middle Name (if any) N/A	Family Name (Last Name) Rodrigues Resende
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 250.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 805887
Chicago, IL 60680

RE: Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
Petitioner: Julio Cesar Rodrigues Resende
Guardian: Andrea Rodrigues Soares
DOB: 10/07/2005

Dear Sir or Madam,

Please find enclosed the supporting documents for the Special Immigrant Juvenile Status petition of Julio Cesar Rodrigues Resende. His legal guardian, Andrea Rodrigues Soares was appointed by the Superior Court of California, County of San Diego, on September 16, 2026.

- **Form G-1450, Authorization for Credit Card Transactions;**
- **Form G-28: Notice of Entry of Appearance as Attorney or Accredited Representative;**
- **Form I-360: Petition for Amerasian, Widow(er), or Special Immigrant;**
- **Julio Cesar Rodrigues Resende's Identification Documents:**
  - Julio Cesar Rodrigues Resende's Valid Passport;
  - Julio Cesar Rodrigues Resende's Previous Passport with Visa;
  - Julio Cesar Rodrigues Resende's Birth Certificate with English Translation;
  - Julio Cesar Rodrigues Resende's Copy of I-94.
  - Julio Cesar Rodrigues Resende's Proof of Residence
- **Court Orders that establish eligibility for SIJ classification.**

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

Sincerely,

09/17/2026
Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(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-360

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

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

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

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

4. Receipt Number (if any)

►

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) RODRIGUES RESENDE

6.b. Given Name (First Name) Julio Cesar

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

6193392420

11. Mobile Telephone Number (if any)

6193392420

12. Email Address (if any)

julioresende@outlook.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

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

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

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

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): RODRIGUES RESENDE

1.b. Given Name (First Name): Julio Cesar

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Amerasian, Widow(er), or Special Immigrant

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

USCIS
Form I-360
OMB No. 1615-0020
Expires 03/31/2027

For USCIS Use Only		Fee Stamp	Action Block
Returned			
Resubmitted			
Relocated	**Received**		
	Sent		
Remarks:	☐ Petitioner/Applicant Interviewed ☐ Interviewed Beneficiary Interviewed ☐ I-485 Filed Concurrently ☐ Bene "A" File Reviewed	**Classification** **Consulate**	**Priority Date**

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 or G-28I 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. Information About Person or Organization Filing This Petition

NOTE: You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1.**, **Item Number 7.**

1. Your Full Name

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

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

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

4. Alien Registration Number (A-Number) (if any)
► A- N / A

5. Individual IRS Tax Number (if any)
► N / A

6. Mailing Address

In Care Of Name (if any)
N/A

Organization Name (if applicable)
N/A

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

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

Province	Postal Code	Country
N/A	N/A	N/A

Part 1. Information About Person or Organization Filing This Petition (continued)

7. Alternate and/or Safe Mailing Address

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

Otavio HAVERROTH SILVA

Street Number and Name | Apt. Ste. Flr. | Number

PO Box 90487 | ☐ ☐ ☐ | N/A

City or Town | State | ZIP Code

San Diego | CA | 92169

Province | Postal Code | Country

N/A | N/A | USA

Part 2. Classification Requested

Select **only one** box.

1.

- **A.** ☐ Amerasian
- **B.** ☐ Widow(er) of a U.S. citizen
- **C.** ☒ Special Immigrant Juvenile
- **D.** ☐ Special Immigrant Religious Worker
  - **(1)** Will the beneficiary be working as a minister? ☐ Yes ☐ No
- **E.** ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- **F.** ☐ Special Immigrant Physician
- **G.** ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member
- **H.** ☐ Special Immigrant Armed Forces Member
- **I.** ☐ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident
- **J.** ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident
- **K.** ☐ VAWA Self-Petitioning Parent of a U.S. citizen son or daughter
- **L.** ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- **M.** ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- **N.** ☐ Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan
- **O.** ☐ Broadcasters
- **P.** ☐ Other

  Provide the name of the classification below.

  N/A

Part 3. Information About the Person for Whom This Petition Is Being Filed

NOTE: On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3.**

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
RODRIGUES RESENDE	Julio Cesar	N/A

2. Mailing Address

In Care Of Name (if any): Otavio HAVERROTH SILVA

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Date of Birth (mm/dd/yyyy): 10/07/2005

4. Country of Birth: Brazil

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

6. A-Number (if any): ► A- N / A

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

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

8. Date of Last Arrival (mm/dd/yyyy): 03/08/2022

9. Form I-94 Number or I-95 Crewman's Landing Permit: ► 7 8 5 8 9 7 1 6 4 A 2

10. Passport Number: GD536916

11. Travel Document Number: N/A

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

13. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 01/11/2027

14. Current Nonimmigrant Status: No legal status

15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy): 09/07/2022

Part 4. Processing Information

1. If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

U.S. Consulate

A. City or Town: N/A

B. Country: N/A

Part 4. Processing Information (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

A. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
Rodrigues Resende	Julio Cesar	N/A

B. Mailing Address

Street Number and Name	Apt. Ste. Flr.	Number
Rua Ramon Fernandes Peres 30	☐ ☐ ☐	N/A

City or Town: Jandira

Province	Postal Code	Country
N/A	N/A	Brazil

3. Sex of the beneficiary: ☒ Male ☐ Female

4. **A.** Are you filing any other petitions or applications with this one? ☐ Yes ☒ No

B. If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information**.

5. Is the beneficiary in removal proceedings? ☐ Yes ☒ No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☐ Yes ☐ No

7. Is an application for adjustment of status attached to this petition? ☐ Yes ☒ No

Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

NOTE: Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☒ No

2. **Person 1**

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

Date of Birth (mm/dd/yyyy)	Country of Birth
N/A	N/A

Relationship: ☐ Spouse ☐ Child

A-Number (if any): ► A- N / A

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

3. Person 2

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N / A

4. Person 3

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N / A

5. Person 4

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N / A

6. Person 5

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N / A

7. Person 6

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► A- N / A

Part 5. Information About the Spouse and Children of the Beneficiary (continued)

8. **Person 7**

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

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-Number (if any): A- N / A

9. **Person 8**

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

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-Number (if any): A- N / A

10. **Person 9**

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

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► A-Number (if any): A- N / A

Part 6. Complete Only If Filing for an Amerasian

Information About the Mother of the Amerasian

1. Mother's Full Name

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

2. **A.** Is the mother still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 2.**, provide her address below.

In Care Of Name (if any): N/A

Street Number and Name: N/A | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

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

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

Part 6. Complete Only If Filing for an Amerasian (continued)

C. If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death (mm/dd/yyyy). N/A

Information About the Father of the Amerasian

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information**.

3. Father's Full Name

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

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

5. Country of Birth: N/A

6. A. Is the father still alive? ☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A**. in **Item Number 6.**, provide his address below.

In Care Of Name (if any): N/A

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

C. If you answered "No" to **Item A.** in **Item Number 6.**, provide his date of death (mm/dd/yyyy). N/A

D. Daytime Telephone Number (if any): N/A

E. Work Telephone Number (if any): N/A

At the time the Amerasian was conceived:

7. A. The father was in the military (indicate branch of service below).

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

B. Provide the father's service number: N/A

C. ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

Part 7. Complete Only If Filing as a Widow/Widower

1. Full Name of U.S. Citizen Spouse Who Died

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

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

3. Country of Birth: N/A

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

Part 7. Complete Only If Filing as a Widow/Widower (continued)

5. At time of death, your spouse was a (Select **only one**):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ► **A-** N / A

D. ☐ Other (Explain)

N/A

6. How many times have you been married? N/A

7. How many times was your spouse married? N/A

8. A. When did you and your spouse get married (mm/dd/yyyy)? N/A

B. Where did you and your spouse get married? N/A

9. A. Did you remarry after the death of your spouse? ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried (mm/dd/yyyy). N/A

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information**.

Part 8. Complete Only If Filing for a Special Immigrant Juvenile

Information About the Juvenile

1. List any other names used:

	Family Name (Last Name)	Given Name (First Name)	Middle Name
A.	RODRIGUES RESENDE	Julio Cesar	N/A
B.	N/A	N/A	N/A

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A.** in **Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information**.

2. A. Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? ☒ Yes ☐ No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

Andrea Rodrigues Soares

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B.** in **Item Number 2.** above? ☒ Yes ☐ No

Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)

3. **A.** If you answered "Yes" to **Item C.** in **Item Number 2.** above, are you currently residing in your court-ordered placement? ☒ Yes ☐ No

B. If you answered "No" to **Item C.** in **Item Number 2.** above, select your reason below.

☐ You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).

☐ You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.

☐ Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information**.)

4. **A.** A juvenile court has determined that reunification with ☒ one or ☐ both of my parents is not viable due to:

☐ Abuse ☒ Neglect ☒ Abandonment

☐ Similar basis under state law (specify):

B. If you selected "one" in **Item A.** in **Item Number 4.**, provide the name of that parent below.

Jose Balbino de Resende Neto

5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☒ Yes ☐ No

6. **A.** Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☒ No

B. If you answered "Yes" to **Item A.** in **Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition

Prospective Employer Attestation

1. Provide the following information about the prospective employer.

A. Number of members of the prospective employer's organization: N/A

B. Number of employees working at the same location where the beneficiary will be employed: N/A

C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years: N/A

D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years: N/A

E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years: N/A

2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

NOTE: Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

3. Beneficiary

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name: N/A

Period of Stay

From (mm/dd/yyyy): N/A

To (mm/dd/yyyy): N/A

4. Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Position

N/A

Summary of the Type of Responsibilities for That Position

N/A

N/A

5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

N/A

6. Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

A. Title of position offered

N/A

B. The beneficiary will be working (select one of the following):

☐ As a minister

☐ In a religious vocation

☐ In a religious occupation

C. Detailed description of the beneficiary's proposed daily duties

N/A

D. Description of the beneficiary's qualifications for the position offered

N/A

E. Description of the proposed salaried and/or non-salaried compensation

N/A

F. Provide the specific addresses or locations where the beneficiary will be working

Company Name

N/A

Street Number and Name: N/A

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information**.

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

A. ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;

B. ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or

C. ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:

(1) ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;

(2) ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;

(3) ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and

(4) ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.

8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No

9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No

10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No

11. The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No

12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No

13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

Prospective Employer Attestation *(must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)*

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

14. Signature of an Authorized Official of the Prospective Employer (sign in ink) | Date of Signature (mm/dd/yyyy)

N/A	N/A

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Printed Name and Title of Signatory for Prospective Employer

15. Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

16. Title of the Signatory: N/A

Mailing Address

17. Employer/Organization Name: N/A

Street Number and Name: N/A | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

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

Contact Information

18. Daytime Telephone Number: N/A

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

20. Email Address (if any): N/A

Religious Denomination Certification *(to be completed only if the prospective employer is affiliated with a religious denomination)*

I certify under penalty of perjury, that the prospective employer, N/A,

is affiliated with this Religious Denomination, N/A, and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink): N/A | Date of Signature (mm/dd/yyyy): N/A

Printed Name and Title of the Signatory of the Religious Denomination

22. Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

23. Title of the Signatory: N/A

Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Information About the Attesting Religious Organization Within the Religious Denomination

24. Name of Attesting Religious Organization Within the Religious Denomination

N/A

25. Street Number and Name

N/A

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

26. Daytime Telephone Number

N/A

27. Fax Number (if any)

N/A

28. Email Address (if any)

N/A

29. IRS Tax Number of the Attesting Religious Organization

N/A

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter

NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or his or her designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name: N/A

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

3. Country of Birth: N/A

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

5. Your abuser is now, or was, a (Select one):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if known) ► **A-** N / A

D. ☐ U.S. Lawful Permanent Resident

(1) Provide A-Number (if any) ► **A-** N / A

E. ☐ Other (Explain)

N/A

6. How many times have you been married? ► N/A

7. How many times was your abuser married (if known)? ► N/A

Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter (continued)

8. **A.** When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
(mm/dd/yyyy) N/A

B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
N/A

9. When did you live with your abuser?

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

Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information**.

10. Provide the last address at which you lived together with your abuser.

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

11. Provide the last date that you lived together with your abuser at this address.

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

12. I am currently residing in the United States and I request an Employment Authorization Document. ☐ Yes ☐ No

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)

IMPORTANT: Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

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.

B. ☒ The interpreter named in **Part 13.** 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. I understand all of this information as interpreted.

2. Petitioner's Statement Regarding the Preparer

☒ At my request, the preparer named in **Part 14.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
6193392420

4. Petitioner's Mobile Telephone Number (if any)
6193392420

5. Petitioner's Email Address (if any)
julioresende@outlook.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 and all 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;

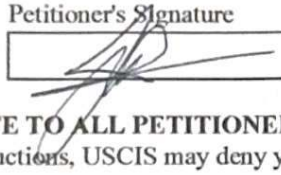
2) I reviewed and understood all of the information in, and submitted with, my petition; and

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. Petitioner's Signature



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

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

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

IMPORTANT: Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual).**

NOTE: Read the **Penalties** section of the Form I-360 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

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.

B. ☐ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in N/A, a language in which I am fluent. I understand all of this information as interpreted.

Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)

2. Petitioner's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 14.**, N/A, prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

3. Authorized Signatory's Family Name (Last Name): N/A

Authorized Signatory's Given Name (First Name): N/A

4. Authorized Signatory's Title: N/A

5. Authorized Signatory's Daytime Telephone Number: N/A

6. Authorized Signatory's Mobile Telephone Number (if any): N/A

7. Authorized Signatory's Email Address (if any): N/A

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

8. Petitioner's or Authorized Signatory's Signature: N/A

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

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

Part 13. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

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 (if any): `HS Law Corp`

Interpreter's Mailing Address

3. 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`

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 11.**, **Item B.** in **Item Number 1.**, or in **Part 12.**, **Item B.** in **Item Number 1.,** and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature (sign in ink)



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

Part 14. 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. Preparer's Family Name (Last Name)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

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

Preparer's Mailing Address

3. 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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336

5. Preparer's Mobile Number
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.

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, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, 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 or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8. Preparer's Signature (sign in ink)


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

Part 15. 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. 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): RODRIGUES RESENDE | Given Name (First Name): Julio Cesar | Middle Name: N/A

2. A-Number (if any) ► A- N / A

3. **A.** Page Number: N/A **B.** Part Number: N/A **C.** Item Number: N/A

D. N/A

4. **A.** Page Number: N/A **B.** Part Number: N/A **C.** Item Number: N/A

D.

5. **A.** Page Number: N/A **B.** Part Number: N/A **C.** Item Number: N/A

D. N/A

6. **A.** Page Number: N/A **B.** Part Number: N/A **C.** Item Number: N/A

D. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Julio Cesar Rodrigues Resende's Identification Documents	
Julio Cesar Rodrigues Resende’s Valid Passport	1-32
Julio Cesar Rodrigues Resende’s Previous Passport with Visa	33-62
Julio's Birth Certificate with English Translation	63-65
I-94 and Travel History	66-67
Proof of Residence	68
Exhibit 2 - Court Orders that establish eligibility for SIJ classification	
Court Orders that establish eligibility for SIJ classification	69-75

Exhibit 1 - Julio Cesar Rodrigues Resende's Identification Documents

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

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

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Júlio César Rodrigues Resende

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

GD536916

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GD536916

SOBRENOME / SURNAME
RODRIGUES RESENDE



NOME / GIVEN NAMES
JULIO CESAR

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
07 OUT/OCT 2005

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
ITAPEVI/SP

FILIAÇÃO / FILIATION
JOSE BALBINO DE RESENDE NETO

ANDREA RODRIGUES SOARES DE RESENDE

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

DATA DE EXPEDIÇÃO / DATE OF ISSUE
12 JAN/JAN 2022

AUTORIDADE / AUTHORITY
NUPAS/SR/SP

VÁLIDO ATÉ / DATE OF EXPIRY
11 JAN/JAN 2027

P<BRARODRIGUES<RESENDE<<JULIO<CESAR<<<<<<<<<
GD536916<9BRA0510073M2701116<<<<<<<<<<<<<<00

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

BRASIL

INFORMAÇÕES PARA O TITULAR

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

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

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

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

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

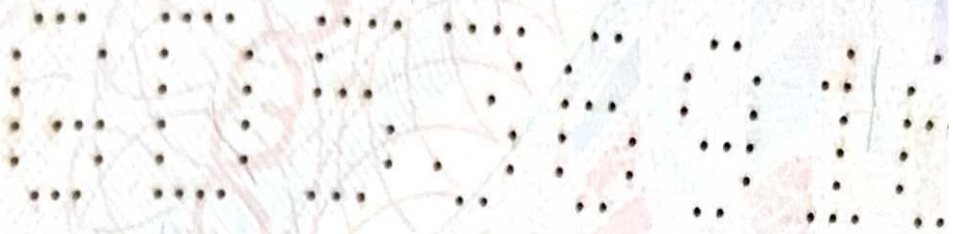
O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

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







VISTOS VISAS

VISTOS 15 VISAS


DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
MAR 08 2012

VISTOS 24 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 documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE



Júlio César R. Resende

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

FK848808

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE N.º / PASSPORT No.
FK848808

SOBRENOME / SURNAME
RODRIGUES RESENDE

NOME / GIVEN NAMES
JULIO CESAR

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
07/Oct/2005

IDENTIDADE N.º / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
ITAPEVI/SP

DATA DE EXPEDIÇÃO / DATE OF ISSUE
01/Sep/2014

AUTORIDADE / AUTHORITY
SR/DPF/SP

VALIDO ATÉ / DATE OF EXPIRY
31/Aug/2019

BRA

P<BRARODRIGUES<RESENDE<<JULIO<CESAR<<<<<<<<<

FK848808<7BRA0510073M1908310<<<<<<<<<<<<<<02

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

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

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

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

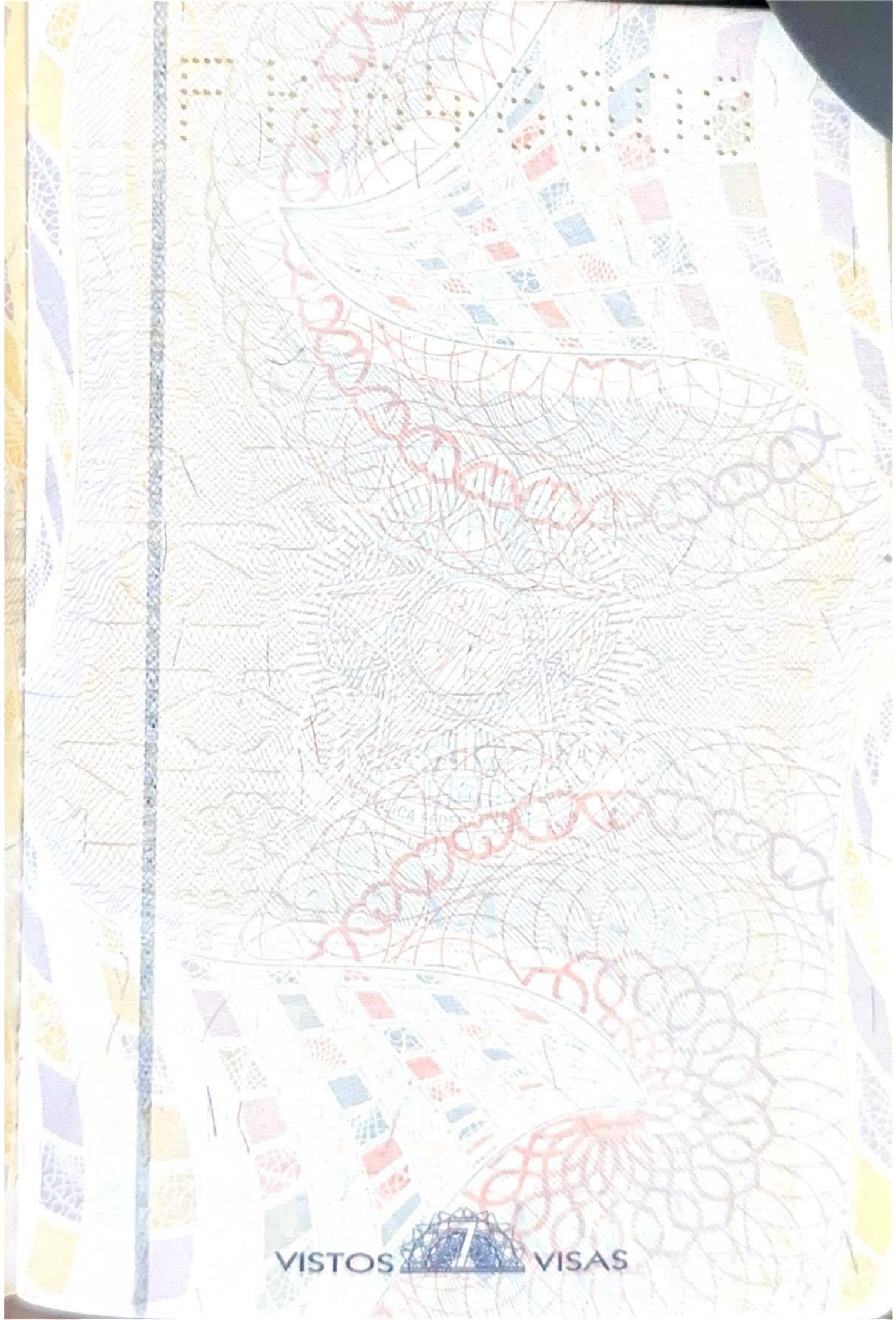
É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

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O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

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



DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
MIA
MAR 28 2015
Class
Until
B1/B2
SEP 27 2015

VISTOS VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20143521240008

Surname
RODRIGUES RESENDE

Given Name
JULIO CESAR

Visa Type /Class
R B1/B2

Passport Number	Sex	Birth Date	Nationality
FK848808	M	07OCT2005	BRZL

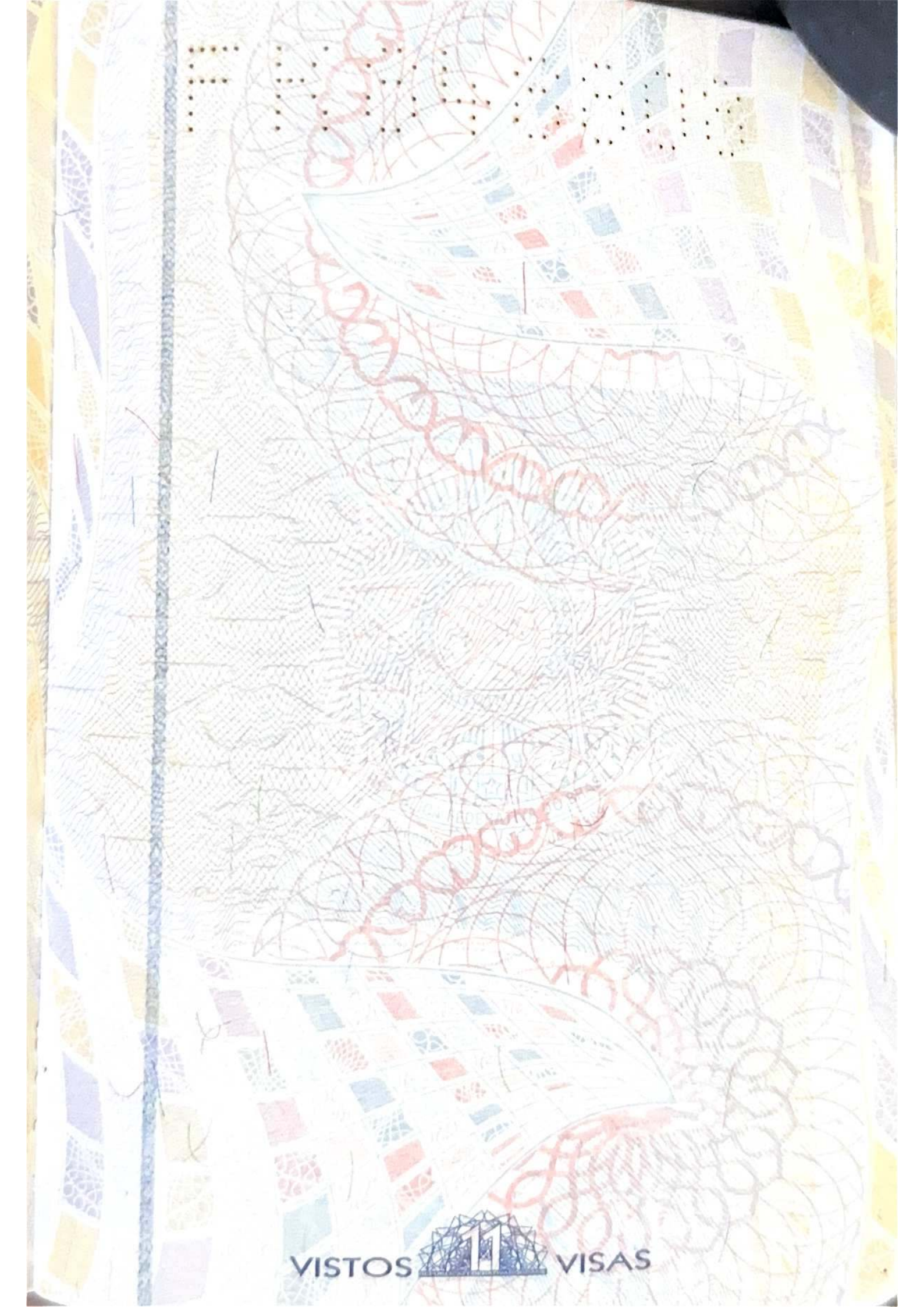
Entries	Issue Date	Expiration Date	
M	19DEC2014	17DEC2024	1010

Annotation

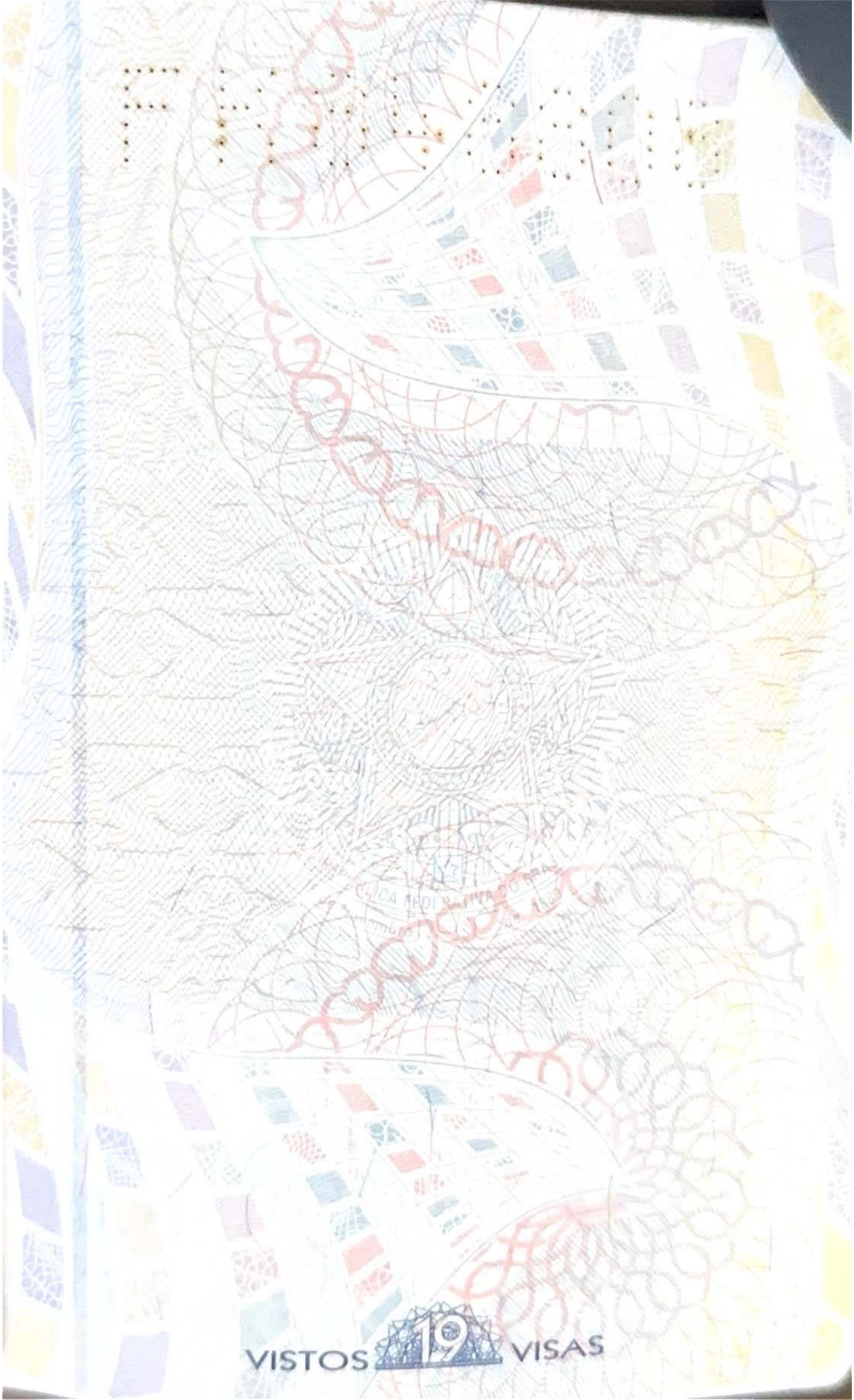
K1650547

* *

VNUSARODRIGUES<RESENDE<<JULIO<CESAR<<<<<<<<<<
FK848808<7BRA0510073M2412171B3SPL26MAH220386

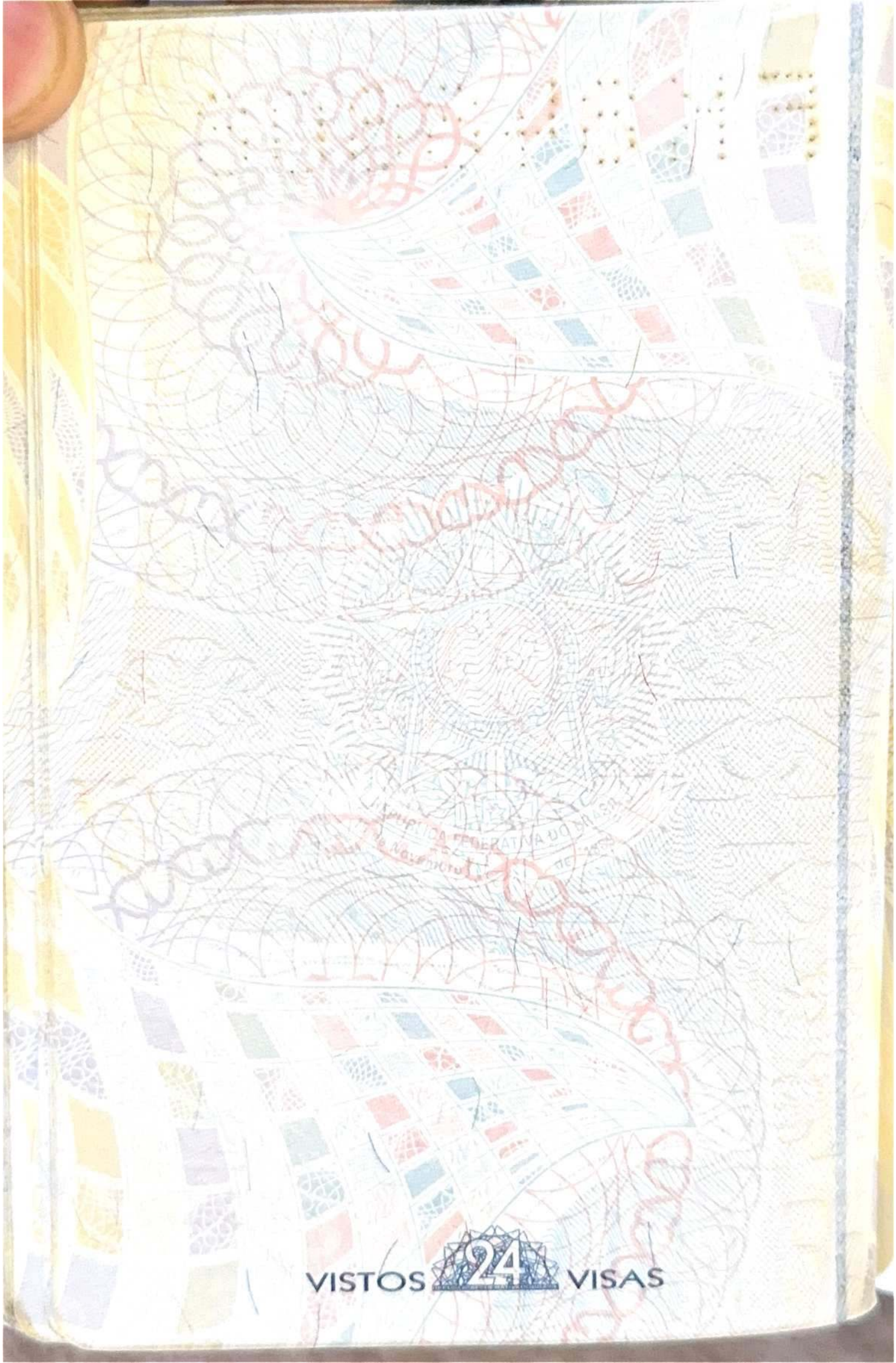


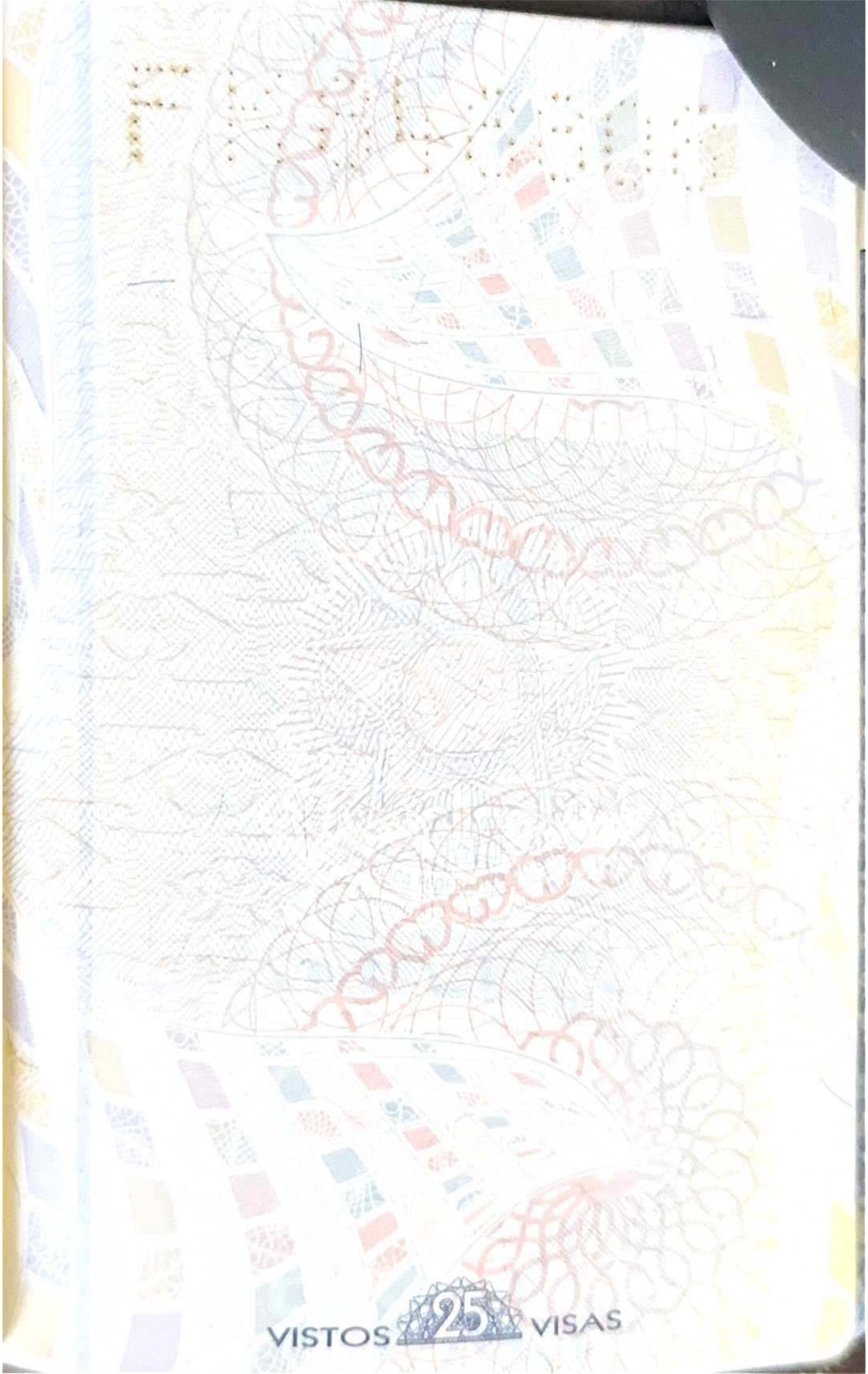






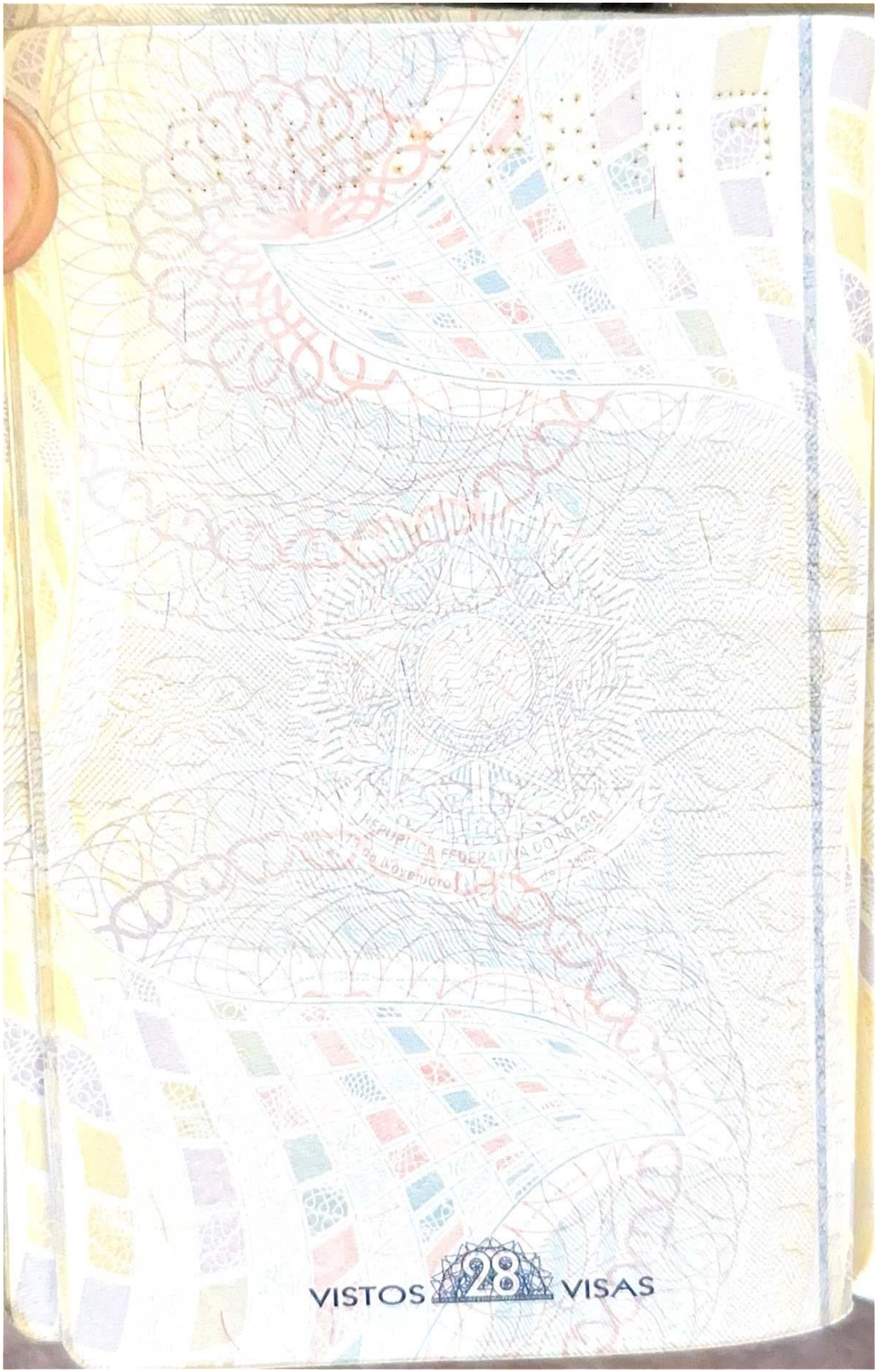



VISTOS 24 VISAS






VISTOS
27
VISAS


REPÚBLICA FEDERATIVA DO BRASIL
15 de Novembro


VISTOS
29
VISAS


VISTOS
30
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: _____

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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: _____

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OFFICE OF NATURAL PERSONS
AND NOTARY PUBLIC
CITY OF JANDIRA
JUDICIAL DISTRICT OF BARUERI - STATE OF SÃO PAULO

Dr. David Ribeiro de Mendonça
Registrar and Notary Public

ARPEN-SP

BIRTH CERTIFICATE

I CERTIFY that, on page 178 of Birth Record Book A No. 082, under record No. 50.179, the birth record of **JÚLIO CESAR RODRIGUES RESENDE**, male, was drawn up.-.-.-.-.-.-.-.-.-.-.-.-.-.-.-. -.- born on **October seventh, two thousand five (10/07/2005)**, at eleven fifty-nine a.m., at Nova Vida Hospital and Maternity, in Itapevi, State of São Paulo. -. son of **JOSÉ BALBINO DE RESENDE NETO** and **ANDRÉA RODRIGUES SOARES DE RESENDE,** -.- .-.-. -.- .-.-. -.- .-.-. -.- paternal grandparents are **Carlos Alberto de Resende** and **Luzia dos Santos Resende** .-.-.-.- .- and maternal grandparents are **Arlindo Soares dos Santos** and **Natalícia Rodrigues de França Soares.** .-.-.-.-.-.-.-.-.-.-.-.-.- -.- .-

Record was drawn up on October 10, 2005.

Notes: -.-

The above is true and I certify.
Jandira, October 10, 2005.

-----//**Signature**//----

RUBENS GOMES DE OLIVEIRA
AUTHORIZED CLERK

rgo

EXEMPT FROM FEES

JANDIRA CIVIL REGISTRY OFFICE
AND NOTARY PUBLIC OFFICE
RUBENS GOMES DE OLIVEIRA
AUTHORIZED CLERK
PHONE/FAX: (011) 427-5160
SÃO PAULO
JANDIRA

Praça Anielo Gragnano, No. 18 - Centro – Jandira/São Paulo - ZIP Code: 06600-050 - Phone: (11) 4789-2135 - Fax: (11) 4707-5160 - Email: cartoriojandira@globo.com

0521G-09001-10000-0805

0521G - AA 009570

VALID THROUGHOUT THE NATIONAL TERRITORY WITHOUT ALTERATIONS AND/OR ERASURES

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



_____ Date: July 31, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

OFICIAL DE REGISTRO CIVIL DAS PESSOAS NATURAIS
E TABELIÃO DE NOTAS
MUNICÍPIO DE JANDIRA
COMARCA DE BARUERI - ESTADO DE SÃO PAULO

Dr. David Ribeiro de Mendonça
Oficial e Tabelião

ARPEN-SP

CERTIDÃO DE NASCIMENTO

CERTIFICO que, às folhas 178, do livro A nº 082 de Registro de Nascimento, sob nº de ordem 50.179, foi lavrado o assento de **JÚLIO CÉSAR RODRIGUES RESENDE,** do sexo masculino, nascido no dia **sete de outubro de dois mil e cinco (07/10/2005),** às onze horas e cincoenta e nove minutos, no Hospital e Maternidade Nova Vida, em Itapevi, Estado de São Paulo, filho de **JOSÉ BALBINO DE RESENDE NETO** e de **ANDRÉA RODRIGUES SOARES DE RESENDE,** sendo avós paternos **Carlos Alberto de Resende** e **Luzia dos Santos Resende** e avós maternos **Arlindo Soares dos Santos** e **Natalícia Rodrigues de França Soares.**

Registro lavrado no dia 10 de outubro de 2005.

Observações:

O referido é verdade e dou fé.
Jandira, 10 de outubro de 2005.

RUBENS GOMES DE OLIVEIRA
ESCREVENTE AUTORIZADO

rgo

ISENTA DE EMOLUMENTOS

CARTÓRIO DO OFICIAL DE REGISTRO CIVIL E TABELIÃO DE NOTAS DE JANDIRA
RUBENS GOMES DE OLIVEIRA
ESCREVENTE AUTORIZADO
FONE/FAX: (011) 427-5160
JANDIRA SÃO PAULO

Praça Anielo Gragnano, 18 - Centro - Jandira/SP - CEP: 06600-050 - Fone: (11) 4789-2135 - Fax: (11) 4707-5160 - e-mail: cartoriojandira@globo.com

0521G-09001-10000-0805

0521G - AA 009570

VÁLIDO EM TODO O TERRITÓRIO NACIONAL SEM EMENDAS E/OU RASURAS

For: **JULIO CESAR RODRIGUES RESENDE**

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

Most Recent I-94

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

Admission I-94 Record Number: 785897164A2

Arrival/Issued Date: 2022 March 08

Class of Admission: B2

Admit Until Date: 2022 September 07

Details provided on the I-94 Information form:

Last/Surname: RODRIGUES RESENDE

First (Given) Name: JULIO CESAR

Birth Date: 2005 October 07

Document Number: GD536916

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 07/31/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GD536916**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2022-03-08	Arrival	CHI

OMB No. 1651-0111 Expiration Date: 07/31/2026


Allstate.
Allstate Insurance Company
PO Box 660598
Dallas, TX 75266-0598
AB 01 022874 99096 H 40 A
CW133009
ANDREA RODRIGUES SOARES
2891 WHITNEY ST
SAN DIEGO CA 92111-5615


U.S. DEPARTMENT OF THE TREASURY
BUREAU OF THE FISCAL SERVICE
P.O. BOX 51315
PHILADELPHIA, PENNSYLVANIA 19115-6315
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE $300
IF RECIPIENT DECEASED
Check here and drop in mailbox.
FIRST CLASS PRESORT
POSTAGE AND FEES PAID
DEPARTMENT OF
THE TREASURY
PERMIT NO. G-4
06 12 26 20091800 KANSAS CITY, M
000934490279 4045 86029428 1
JULIO CESAR RODRIGUES RESENDE
2891 WHITNEY ST
SAN DIEGO CA 92111 5615

Exhibit 2 - Court Orders that establish eligibility for SIJ classification

RECEIVED
9/11/2026 6:52:52 AM

GC-240

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NO.: 343486	FOR COURT USE ONLY
NAME: Otavio Haverroth Silva		
FIRM NAME: HS LAW CORP (Yousa Law Firm)		
STREET ADDRESS: P.O Box 90487		
CITY: San Diego	STATE: CA ZIP CODE: 92169	FILED Clerk of the Superior Court SEP 16 2026 By: B. Leon-Alvarez
TELEPHONE NO.: 5102419336	FAX NO.:	
E-MAIL ADDRESS: otavio@legalhs.com		
ATTORNEY FOR (name): Julio Cesar Rodrigues Resende		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
STREET ADDRESS: 1100 Union Street		
MAILING ADDRESS:		
CITY AND ZIP CODE: San Diego, CA - 92101		
BRANCH NAME: Central Division - Central Courthouse		
GUARDIANSHIP OF THE [x] PERSON [ ] ESTATE OF (name): Julio cesar Rodrigues Resende		

ORDER APPOINTING GUARDIAN OR EXTENDING GUARDIANSHIP OF THE PERSON

CASE NUMBER: 26PG002231C

WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.

1. The petition for appointment of a guardian or extension of a guardianship of the person came on for hearing as follows *(check boxes c, d, and e to indicate personal presence)*:
   a. Judge *(name)*: Olga Alvarez
   b. Hearing date: 09/16/2026 Time: 08:45 [x] Dept.: 503 [ ] Room:
   c. [x] Petitioner *(name)*: Julio Cesar Rodrigues Resende
   d. [x] Attorney for Petitioner *(name)*: Natalia Lertora
   e. [x] Attorney for (proposed) ward *(name, address, e-mail, and telephone)*:
   Natalia Lertora; P.O Box 90487, San Diego, CA 92169; otavio@legalhs.com; 5102419336

THE COURT FINDS

2. a. [x] All notices required by law have been given.
   b. [ ] Notice of hearing to the following persons [ ] has been [ ] should be dispensed with *(names)*:

3. [x] Appointment of a guardian of the [x] person [ ] estate of the proposed ward is necessary or convenient. (***NOTE:*** *The Probate Code does not authorize the appointment of a guardian of the estate for a proposed ward 18 years of age or older.)*
4. [ ] Extension of the guardianship of the person past the ward's 18th birthday is necessary or convenient.
5. [ ] Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
6. [ ] Attorney *(name)*: has been appointed by the court as legal counsel to represent the (proposed) ward in these proceedings. The cost for representation is: $
7. [ ] The appointed court investigator, probation officer, or domestic relations investigator is *(name, title, address, and telephone)*:

GUARDIANSHIP OF THE [x] PERSON [ ] ESTATE OF (name): **Julio Cesar Rodrigues Resende**	CASE NUMBER: **26PG002231C**

THE COURT ORDERS

8. a. [x] *(name)*: Andrea Rodrigues Soares
(address): 2891 Whitney St., San Diego, CA 92111 *(telephone)*: 6193394069

is appointed guardian of the PERSON of *(name)*: Julio Cesar Rodrigues Resende
and *Letters* shall issue upon qualification.

b. *(Not applicable to a proposed ward 18 years of age or older.)*
[ ] *(name)*:
(address): *(telephone)*:

is appointed guardian of the ESTATE of *(name)*:
and *Letters* shall issue upon qualification.

c. [ ] The appointment of
(name):
(address): *(telephone)*:

as guardian of the PERSON of *(name)*:
is extended past the ward's 18th birthday and new *Letters* shall issue forthwith.

9. [ ] Notice of hearing to the persons named in item 2b is dispensed with.

10. a. [x] Bond is not required.
b. [ ] Bond is fixed at: $ to be furnished by an authorized surety company or as otherwise provided by law.
c. [ ] Deposits of: $ are ordered to be placed in a blocked account at *(specify institution and location)*:

and receipts shall be filed. No withdrawals shall be made without a court order.
[ ] Additional orders in Attachment 10c.
d. [ ] The guardian is not authorized to take possession of money or any other property without a specific court order.

11. [ ] For legal services rendered on behalf of the (proposed) ward, [ ] the parents of the (proposed) ward
[ ] the (proposed) ward's estate shall pay to *(name)*:
the sum of: $
[ ] forthwith [ ] as follows *(specify terms, including any combination of payers)*:

12. [ ] The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 12 [ ] subject to the conditions provided.

13. [ ] Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351–2358 as specified in Attachment 13.

GUARDIANSHIP OF THE [x] PERSON [ ] ESTATE OF (name): **Julio Cesar Rodrigues Resende**	CASE NUMBER: **26PG002231C**

14. [ ] Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 14.

15. [ ] Other orders as specified in Attachment 15 are granted.

16. [ ] The probate referee appointed is *(name and address):*

17. Number of boxes checked in items 9–16: 1

18. Number of pages attached: 0

Date: 9-16-2026

JUDGE OF THE SUPERIOR COURT

[ ] SIGNATURE FOLLOWS LAST ATTACHMENT

OLGA ÁLVAREZ

For your protection and privacy, please press the Clear This Form button after you have printed the form.

Print this form | Save this form | Clear this form

RECEIVED
9/11/2026 6:52:52 AM

FL-357/GC-224/JV-357

PARTY WITHOUT ATTORNEY OR ATTORNEY	STATE BAR NO.: 343486	FOR COURT USE ONLY
NAME: Otavio Haverroth Silva		**CONFIDENTIAL**
FIRM NAME: Hs Law Corp (Yousa Law Firm)		
STREET ADDRESS: PO Box 90487		
CITY: San Diego	STATE: CA ZIP CODE: 92169	FILED Clerk of the Superior Court SEP 16 2026 By: B. Leon-Alvarez
TELEPHONE NO.: 5102419336	FAX NO.:	
E-MAIL ADDRESS: otavio@yousalaw.com		
ATTORNEY FOR (name): Julio Cesar Rodrigues Resende		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO		
STREET ADDRESS: 1100 Union St		
MAILING ADDRESS:		
CITY AND ZIP CODE: San Diego, 92101		
BRANCH NAME: Central Division, Central Courthouse		
CASE NAME: Guardianship of Julio Cesar Rodrigues Resende		
SPECIAL IMMIGRANT JUVENILE FINDINGS		CASE NUMBER: 26PG002231C

1. Child's name: Julio Cesar Rodrigues Resende Date of birth: 10/07/2005

2. [X] The petition or request for Special Immigrant Juvenile (SIJ) findings was heard
   a. Date of hearing: 09/16/2026 Time: 8:45 AM Dept.: 503 Room:
   b. Judicial officer *(name)*: Olga Alvarez
   c. Persons and attorneys present *(names)*:
      Petitioner/Minor: Julio Cesar Rodrigues Resende
      Attorney for Petitioner/ward: Natalia Lertora
      Proposed Guardian: Andrea Rodrigues Soares

The court has reviewed the evidence and finds the following:

3. Notice of the underlying proceeding was given as required by law.

4. a. [ ] The child was declared a dependent of the juvenile court of the county of *(specify)*:
   on *(date)*: and remains under the court's jurisdiction.

   OR

   b. [X] The child was
      (1) [X] placed under the custody of an individual *(name, unless confidential)*: Andrea Rodrigues Soares
      (2) [ ] placed under the custody of an entity *(name)*:
      (3) [ ] committed to a state agency or department *(name)*:
      appointed by this court or another California court on *(date)*: 09/16/2026
      The custody or commitment order remains in effect.

   Supporting legal conclusions or factual findings, if necessary:

   The San Diego County Probate Court, a juvenile court within the United States, considering the evidence presented, found that it is in Julio Cesar Rodrigues Resende's best interest to appoint Andrea Rodrigues Soares as his guardian under section 1510.1 of the California Probate Code. Julio Cesar Rodrigues Resende is under the age of 21 and unmarried. The guardianship is necessary and convenient and in Julio's best interest because it best promotes his health, safety, and welfare. As Julio's guardian, Andrea Rodrigues Soares has "the care, custody and control" of Julio Cesar Rodrigues Resende pursuant to 2351(a) of the California Probate Code, and provides for all of his needs. Andrea provides a stable presence for Julio. Cal. Prob. Code §§ 1514 and 2351; Cal. Fam. Code §§ 3011(a) and 3040(a)(2). Julio needs this custodial relationship over himself in order to make medical, housing, and other legal decisions for him. Therefore, it was in Julio's best interest under California law that Andrea Rodrigues Soares be appointed his guardian under section 1510.1 of the California Probate Code."

[ ] Continued on Attachment 4.

Form Adopted for Mandatory Use
Judicial Council of California
FL-357/GC-224/JV-357 [Rev. July 1, 2016]

Code of Civil Procedure, § 155;
8 U.S.C. § 1101(a)(27)(J).
8 C.F.R. § 204.11
www.courts.ca.gov

CASE NAME: Guardianship of Julio Cesar Rodrigues Resende	CASE NUMBER: 26PG002231C

5. Reunification of the child with ☐ the mother ☒ the father ☐ the other legal parent is not viable under California law because of parental ☐ abuse, ☒ neglect, ☒ abandonment, or ☐ a similar legal basis *(specify)*:

as established on *(date)*: 09/16/2026 , for the following reasons *(for each parent with whom reunification is not viable, state the reasons that apply to that parent)*:

The Court finds there is evidence to support findings that Julio Cesar Rodrigues Resende cannot reunify with his father. Under the California Family Code, abandonment means that a child has been left without provision for reasonable and necessary care or supervision. See Cal. Fam. Code § 3402(a). Under the California Welfare and Institutions Code, abandonment occurs when "a child has been left without any provision for support." See Cal. Welf. & Inst. Code § 300(g). Throughout most of Julio's childhood, his father did not provide him with any material or financial resources. This behavior constitutes leaving Julio Cesar Rodrigues Resende without provision for reasonable and necessary care, supervision, or support and is abandonment under Section 3402(a) of the California Family Code and Section 300(g) of the California Welfare and Institutions Code.
Under Cal.Welf. & Inst. Code § 300(b)(1), a child is neglected if "the child has suffered, or there is a substantial risk that the child will suffer, serious physical harm or illness, as a result of the failure or inability ofthe child's parent or guardian to adequately supervise or protect the child, or the willful or negligent failure of the child's parent or guardian to adequately supervise or protect the child from the conduct of the custodian with whom the child has been left...or by the inability of the parent or guardian to provide regular care for the child due to the parent's or guardian's mental illness, developmental disability, or substance abuse." Cal. Welf. & inst. Code § 300(b)(1).
His parents separated when Julio was approximately 10 years old. Since then, his father has been emotionally and physically absent from his life, never attending school meetings, school events, or any activities related to Julio's upbringing. The father failed to provide adequate financial support, leaving Julio's mother, Andrea Rodrigues Soares, as the sole provider for all of Julio's needs. Due to the financial hardship caused by the father's absence, Julio began working at the age of 15 to help support the family.
Accordingly, Julio Cesar Rodrigues Resende cannot reunify with his father due to abandonment and neglect.

☐ Continued on Attachment 5.

6. It is not in the child's best interest to be returned to the child's or parent's country of nationality or country of last habitual residence *(specify country or countries)*: Brazil
for the following reasons:

The Court find there is evidence to support findings that it is not in Julio Cesar Rodrigues Resende's best interest to return to Brazil because his health, safety, and welfare will be jeopardized in Brazil.
His father, Jose Balbino de Resende Neto, resides in Brazil but has been consistently absent and uninvolved throughout Julio's life - never attending school events, failing to provide financial support, and maintaining only sporadic contact. This neglect caused Julio significant emotional distress, requiring psychological intervention from two therapists, and forced him to begin working at age 15 to support his family. Returning to Brazil would expose Julio to the same harmful environment and separate him from his sole caregiver, Andrea Rodrigues Soares, who has provided all emotional and financial support since their arrival in the United States in March 2022. It is in Julio's best interest to remain in the United States, where he has stability, safety, and the support he needs to build his future. See Fam. Code Section 3011(a); Cal. Welf. & Inst. Code § 300(b)(1).

☐ Continued on Attachment 6.

Date: 9-16-2026

JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

OLGA ÁLVAREZ

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GC-250

ATTORNEY OR PARTY WITHOUT ATTORNEY	STATE BAR NO.: 343486	FOR COURT USE ONLY
NAME: Otavio Haverroth Silva FIRM NAME: HS Law Corp STREET ADDRESS: PO Box 90487 CITY: San Diego STATE: CA ZIP CODE: 92169 TELEPHONE NO.: 5102419336 FAX NO.: E-MAIL ADDRESS: otavio@legalhs.com ATTORNEY FOR (name): Julio Cesar Rodrigues Resende		FILED Clerk of the Superior Court SEP 16 2026 By: L. Dominguez
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1100 Union Street MAILING ADDRESS: CITY AND ZIP CODE: San Diego, CA, 92101 BRANCH NAME: Central Division - Central Courthouse		
GUARDIANSHIP OF *(name):* Julio Cesar Rodrigues Resende		
LETTERS OF GUARDIANSHIP ☒ **Person** ☐ **Estate**		CASE NUMBER: 26PG002231C

LETTERS

1. ☒ *(Name):* Andrea Rodrigues Soares is appointed guardian of the ☒ person ☐ estate
   of *(name):* Julio Cesar Rodrigues Resende
2. ☐ The appointment of *(name):* as guardian of the person of
   (name):
   is extended past the ward's 18th birthday as of *(date):*
3. ☐ Other powers have been granted and conditions have been imposed as follows:
   a. ☐ Powers to be exercised independently under Probate Code section 2590 are specified in attachment 3a *(specify powers, restrictions, conditions, and limitations).*
   b. ☐ Conditions relating to the care and custody of the property under Probate Code section 2402 are specified in attachment 3b.
   c. ☐ Conditions relating to the care, treatment, education, and welfare of the ward under Probate Code section 2358 are specified in attachment 3c.
   d. ☐ Other powers granted or conditions imposed are ☐ specified on attachment 3d ☐ specified below.

4. [ ] The guardian is not authorized to take possession of money or any other property without a specific court order.
5. The guardianship of the person terminates by operation of law on *(date):* **10/07/2026**
6. Number of pages attached: 0

WITNESS, clerk of the court, with seal of the court affixed.

(SEAL)

Date: SEP 16 2026

Clerk, by _____, Deputy

L. Dominguez

Form Adopted for Mandatory Use
Judicial Council of California
GC-250 [Rev. July 1, 2016]

LETTERS OF GUARDIANSHIP
(Probate—Guardianships and Conservatorships)

Probate Code, §§ 2310, 2311, 2890–2893
www.courts.ca.gov

GUARDIANSHIP OF (name): Julio Cesar Rodrigues Resende	CASE NUMBER: 26PG002231C

NOTICE TO INSTITUTIONS AND FINANCIAL INSTITUTIONS

(Probate Code sections 2890–2893)

When these *Letters of Guardianship* (Letters) are delivered to you as an employee or other representative of an *institution* or *financial institution* (described below) in order for the guardian of the estate (1) to take possession or control of an asset of the minor named above held by your institution (including changing title, withdrawing all or any portion of the asset, or transferring all or any portion of the asset) or (2) to open or change the name of an account or a safe-deposit box in your financial institution to reflect the guardianship, you must fill out Judicial Council form GC-050 (for an institution) or form GC-051 (for a financial institution). An officer authorized by your institution or financial institution must date and sign the form, and you must file the completed form with the court.

There is no filing fee for filing the form. You may either arrange for personal delivery of the form or mail it to the court for filing at the address given for the court on page 1 of these Letters.

The guardian should deliver a blank copy of the appropriate form to you with these Letters, but it is your institution's or financial institution's responsibility to complete the correct form, have an authorized officer sign it, and file the completed form with the court. If the correct form is not delivered with these Letters or is unavailable for any other reason, blank copies of the forms may be obtained from the court. The forms may also be accessed from the judicial branch's public website free of charge. The Internet address (URL) is *www.courts.ca.gov/forms.htm*. Select the form group *Probate—Guardianships and Conservatorships* and scroll down to form GC-050 for an institution or form GC-051 for a financial institution. The forms may be printed out as blank forms and filled in by typewriter (nonfillable form) or may be filled out online and printed out ready for signature and filing (fillable form).

An *institution* under California Probate Code section 2890(c) is an insurance company, insurance broker, insurance agent, investment company, investment bank, securities broker-dealer, investment advisor, financial planner, financial advisor, or any other person who takes, holds, or controls an asset subject to a conservatorship or guardianship other than a financial institution. Institutions must file a *Notice of Taking Possession or Control of an Asset of Minor or Conservatee* (form GC-050) for an asset of the minor or conservatee held by the institution. A single form may be filed for all affected assets held by the institution.

A *financial institution* under California Probate Code section 2892(b) is a bank, trust (including a Totten trust account but excluding other trust arrangements described in Probate Code section 82(b)), savings and loan association, savings bank, industrial bank, or credit union. Financial institutions must file a *Notice of Opening or Changing a Guardianship or Conservatorship Account or Safe-Deposit Box* (form GC-051) for an account or a safe-deposit box held by the financial institution. A single form may be filed for all affected accounts or safe-deposit boxes held by the financial institution.

LETTERS OF GUARDIANSHIP

AFFIRMATION

I solemnly affirm that I will perform according to law the duties of guardian.

Executed on *(date)*: **09/09/2026** , at *(place)*: San Diego

Andrea Rodrigues Soares
(TYPE OR PRINT NAME)

Andrea R. Soares
(SIGNATURE OF APPOINTEE)

CERTIFICATION

I certify that this document, including any attachments, is a correct copy of the original on file in my office, and that the Letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date

Clerk, by _____, Deputy