USCIS
Attn: AOS (Box 805887)
131 S. Dearborn St., 3rd Floor
Chicago, IL 60603-5517

RE: Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
Petitioner: Crystel Estephania Lima Varela A245-647-045
DOB: 09/18/2005 - Guardian: Maria Encarnación Monzón Arrivillaga de Quevedo

Dear Sir or Madam,

Please find enclosed the supporting documents for the Special Immigrant Juvenile Status petition of Crystel Estephania Lima Varela. Her legal guardian, Maria Encarnación Monzón Arrivillaga de Quevedo, was appointed by the Superior Court of California, County of Contra Costa on September 11, 2026.

- Form G-1651, Exemption for Paper Fee Payment
- Money Order in the amount of $250.00

Crystel Estephania Lima Varela's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant

I. Crystel Estephania Lima Varela's Identification Documents

- Crystel Estephania Lima Varela's Valid Passport;
- Crystel Estephania Lima Varela's Birth Certificate with English Translation.

II. Court Orders that establish eligibility for SIJ classification

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,

_____ Date: 09/11/2026

Natalia Vieira Santanna (Bar n. 337502)
Attorney at Law
+1 (510) 922-0154

Exemption for Paper Fee Payment

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

USCIS
Form G-1651

I hereby attest, on my own behalf or on behalf of the benefit requestor, a paper fee payment is required because of one of the following exemptions:

- **i.** I do not have access to banking services or electronic payment systems;
- **ii.** Electronic disbursement would cause me undue hardship, as contemplated in 31 C.F.R. Part 208;
- **iii.** National security-or law enforcement-related activities where non-electronic transactions are necessary or desirable;
- **iv.** Other circumstances as determined by the Secretary of the Treasury, as reflected in regulations or other guidance.

I certify that the information above is accurate.

Signature of Payer:

Date: 09/11/2026

DHS Privacy Notice

AUTHORITIES: The information requested on this form is collected pursuant to Section 286(m) of the Immigration and Nationality Act, 8 U.S.C 1356(m).

PURPOSE: The primary purpose for providing the requested information on this form is to request an exemption to process electronic payments/transactions. Immigration benefit petitioners will submit this form to the U.S. Citizenship and Immigration Services along with a benefit request form. This form authorizes USCIS to receive paper remittance from the petitioner. These payments cover applications, petitions, or requests that you are filing with U.S. Citizenship and Immigration Services (USCIS). DHS processes your case when the payment is received in full. By completing this transaction, you agree that you have paid for a government service and that the fees and all related financial transactions are final and not refundable, regardless of any action USCIS takes on an application, petition, or request.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may result in USCIS and your financial institution not accepting the payment.

ROUTINE USES: DHS may, where allowable under relevant confidentiality provisions, share the information you provide on this form with USCIS personnel and contractors or other agents who need the information to assist in activities related to processing associated fees. DHS may disclose the information to other Federal, state, local and authorized organizations. DHS follows approved routine uses described in the associated published system of records notices [DHS/USCIS/ICE/CBP-001 - Alien File, Index, and National File Tracking, DHS-USCIS-007 - Benefits Information System, DHS/ALL-008 Accounts Receivable System of Records, and published privacy impact assessments [DHS/USCIS/PIA-016(a) Computer Linked Application Information Management System, DHS/USCIS/PIA-056 USCIS Electronic Immigration System, and DHS/USCIS/PIA-061 Benefit Request Intake Process], available at **www.dhs.gov/privacy**. DHS may also share this information, as appropriate, for law enforcement purposes or in the interest of national security.

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): VIEIRA SANTANNA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601 *(USPS ZIP Code Lookup)*

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5109220154

5. Mobile Telephone Number (if any): 5109220154

6. Email Address (if any): natalia@santannalaw.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: CA

1.b. Bar Number (if applicable): 337502

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): Santanna Law Offices

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): LIMA VARELA

6.b. Given Name (First Name): Crystel Estephania

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- 2 4 5 6 4 7 0 4 5

Client's Contact Information

10. Daytime Telephone Number

4157259666

11. Mobile Telephone Number (if any)

4157259666

12. Email Address (if any)

estephaniavarela6@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 7528

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town: Oakland

13.d. State: CA **13.e.** ZIP Code: 94601

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡

2.b. Date of Signature (mm/dd/yyyy) 09/11/2026

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) 09/11/2026

2.a. Signature of Law Student or Law Graduate

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

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 VARELA

1.b. Given Name (First Name): Crystel Estephania

1.c. Middle Name:

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

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)
		337502	063460327974

► **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 *(USPS ZIP Code Lookup)*

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

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)

Natalia Vieira Santanna

Street Number and Name

Po Box 7528

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town

Oakland

State: CA

ZIP Code: 94601

Province: N/A

Postal Code: N/A

Country: 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.

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
LIMA VARELA	Crystel Estephania	

2. Mailing Address

In Care Of Name (if any): Natalia Vieira Santanna

Street Number and Name	Apt. Ste. Flr.	Number
Po Box 7528	☐ ☐ ☐	

City or Town	State	ZIP Code
Oakland	CA	94601

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Date of Birth (mm/dd/yyyy): 09/18/2005

4. Country of Birth: Guatemala

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

6. A-Number (if any): ► A- 245647045

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): 12/20/2023

9. Form I-94 Number or I-95 Crewman's Landing Permit: ► N / A

10. Passport Number: 110606308115341

11. Travel Document Number: N/A

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

13. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 11/20/2028

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): N/A

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
LIMA VARELA	Crystel Estephania	

B. Mailing Address

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

City or Town: Oratorio

Province	Postal Code	Country
N/A	N/A	Guatemala

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)

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

City or Town | State | ZIP Code

Province | Postal Code | Country

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).

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)

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

City or Town | State | ZIP Code

Province | Postal Code | Country

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

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:

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-**

D. ☐ Other (Explain)

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).

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.	**N/A**	**N/A**	**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.

Maria Encarnacion Monzon Arrivillaga de Quevedo

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.

Genner Edilcar Lima Cruz

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

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:

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)

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: | 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) | Date of Signature (mm/dd/yyyy)

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

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: ▼ 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 Spanish, 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.**, Natalia Vieira Santanna, 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

4157259666

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

4157259666

5. Petitioner's Email Address (if any)

estephaniavarela6@gmail.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)

09/11/2026

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 _____, 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.**, [ ], 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

➡ [ ]

Date of Signature (mm/dd/yyyy)

[ ]

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

☐ ☐ ☐

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 Spanish, 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)

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)

VIEIRA SANTANNA

Preparer's Given Name (First Name)

Natalia

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

Santanna Law Offices

Preparer's Mailing Address

3. Street Number and Name

Po Box 7528

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town

Oakland

State CA

ZIP Code 94601

Province N/A

Postal Code N/A

Country USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5109220154

5. Preparer's Mobile Number

5109220154

6. Preparer's Email Address (if any)

natalia@santannalaw.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) 09/11/2026

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): LIMA VARELA | Given Name (First Name): Crystel Estephania | Middle Name:

2. A-Number (if any) ► **A-** 245647045

3. **A.** Page Number: 4 **B.** Part Number: 4 **C.** Item Number: 5

D. I entered the United States on or about December 20, 2023, without being admitted or paroled near Lukeville, Arizona. I was placed in removal proceedings on December 22, 2023.

4. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A

5. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A

6. **A.** Page Number **B.** Part Number **C.** Item Number

D. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Crystel Estephania Lima Varela's Identification Documents	
Crystel Estephania Lima Varela's Valid Passport;	1-32
Crystel Estephania Lima Varela's Birth Certificate with English Translation.	33-37
Exhibit 2 - Court Orders that establish eligibility for SIJ classification	
Court Orders that establish eligibility for SIJ classification	38

Exhibit 1 - Crystel Estephania Lima Varela's Identification Documents

PASAPORTE/PASSPORT



Firma del titular / Holder's signature

REPUBLICA DE GUATEMALA

Tipo / Type: P
Código de país / Country Code: GTM
Pasaporte N. / Passport No.: 110606308115341

Apellidos / Surname
LIMA VARELA

Nombres / Given names
CRYSTEL ESTEPHANIA

Nacionalidad / Nationality
GUATEMALTECA

Fecha de nacimiento / Date of Birth
18 SEPT / SEP 05

Identidad No. / ID No.
3081153410606

Sexo / Sex
F

Lugar de nacimiento / Place of birth
SANTA ROSA ORATORIO

Fecha de Emisión / Date of issue
21 NOV / NOV 23

Autoridad / Authority
DIRECTOR MIGRACION

Fecha de vencimiento / Date of expiry
20 NOV / NOV 28

No. de Libreta / Booklet No.
F9232814

P<GTMLIMA<VARELA<<CRYSTEL<ESTEPHANIA<<<<<<<<<
3081153418GTM0509189F2811202F9232814<<<<<<84

PASAPORTE

3

OBSERVACIONES / OBSERVATIONS

La emisión de este documento no afecta los derechos de Guatemala sobre su territorio

Este pasaporte consta de 32 páginas / This passport contains 32 pages

* F 9 2 3 2 8 1 4 *

4

VISAS

VISAS

VISAS

VISAS

VISAS

VISAS

VISAS

PASAPORTE

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IMPORTANTE

El pasaporte es el documento de identidad de los guatemaltecos en el extranjero.
El pasaporte ordinario será emitido por el Instituto Guatemalteco de Migración.
El pasaporte será nulo por las causas que se determinan en el Artículo 95 del Código de Migración, Decreto número 44-2016 del Congreso de la República de Guatemala:

a) No sea emitido por el Instituto Guatemalteco de Migración.
b) Cuando no cumpla con las caracteristicas defindas por el Instituto Guatemalteco de Migración.
c) Cuando se le ha incorporado visas falsas de otros paises.

El pasaporte será anulable por las causas establecidas en el Artículo 95 del Código de Migración, Decreto número 44-2016 del Congreso de la República de Guatemala:

a) Cuando por hurto, robo, extravio, deterioro y otros, es declarado anulado mediante el procedimiento de denuncia o reporte correspondiente.
b) Cuando es alterada la información de la persona a quien identifica.
c) Cuando se ha alterado sus formas.
d) Cuando ha expirado por cumplirse su plazo de vigencia.

RENAP
National Registry of Persons

VERIFIER: 2E77E2ED9A6B
ID: 152000-23769

Correlative: I0001415223032018

Civil Registry
Birth Certificate

The undersigned Civil Registrar of the National Registry of Persons of the City of Oratorio, Department of Santa Rosa,

CERTIFIES

that on October 7, 2005, in entry 420-2005, page 24 of book 61, of the Civil Registry of the City of ORATORIO, Department of SANTA ROSA, the birth of the following person was registered:

- Crystel Estephania , Lima Varela -

First and last names of the registered

Photo not available

Registered Information

3081153410606
Identification Document

Eighteen September two thousand and five
Date of Birth

Guatemala, Santa Rosa, Oratorio
Place of Birth

Female
Sex

Mother's details

Photo not available

- Ana Luisa , Varela Veliz -

First and last names of the Mother

--

Date of Birth

Oratorio, Santa Rosa

Place of Origin

Photo not available

Father's details

- Genner Edilcar , Lima Crúz -

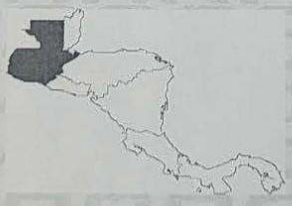
First and last names of the Father

--

Date of Birth

Oratorio, Santa Rosa

Place of Origin



1999868190101
03/23/2018 11:01:25a.m.
DPI_01_152

9B2BD7E3776CA7E2502EB4D2D82924A34676BF6B

Remarks
NO NOTES ON RECORD

Reference Notes:

The minor's data does not include a photograph because no DPI application has been submitted.
The mother's data does not include date of birth, CUI, or photograph because no DPI application has been submitted for the registered person.
The father's data does not include date of birth, CUI, or photograph because no DPI application has been submitted for the registered person.
The minor's data does not include a photograph because a DPI application is currently being verified.

Extended on the twenty-third day of March two thousand eighteen by the Civil Registrar, which is authentic as it is a true copy of the original.

LAST LINE

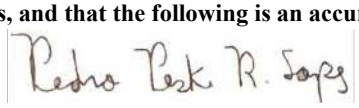
I certify

CIVIL REGISTRY OF PERSONS - RENAP
ORATORY
SANTA ROSA
OFFICE No. 152

Melisanda Ulianova , Morales Lima
CIVIL REGISTRAR

This certificate was printed on bond paper on the twenty-third day of March two thousand eighteen and is valid for six months or three QR code verifications. For any purposes deemed necessary by the interested party, its authenticity must be verified via the link: https://www.renap.gob.gt/verificacion-de-certificado or by calling 1516.

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



_____ **Date: June 11, 2025.**

RENAP
Registro Nacional de las Personas

VERIFICADOR: 2E77E2ED9A6B
ID: 152000-23769

Correlativo: I0001415223032018

Registro Civil de las Personas
Certificado de Nacimiento

El Infrascrito Registrador Civil de las Personas del Registro Nacional de las Personas del Municipio de Oratorio, Departamento de Santa Rosa,

CERTIFICA

que con fecha siete de octubre de dos mil cinco, en la partida 420-2005, folio 264 del libro 61, del Registro Civil del Municipio de ORATORIO, Departamento de SANTA ROSA, quedó inscrito el Nacimiento de:

- Crystel Estephania , Lima Varela -

Nombres y Apellidos del Inscrito

Fotografía no disponible

Datos del Inscrito

3081153410606
Documento de Identificación

Dieciocho de septiembre de dos mil cinco
Fecha de Nacimiento

Guatemala, Santa Rosa, Oratorio
Lugar de Nacimiento

Femenino
Género

Datos de la Madre

- Ana Luisa , Varela Veliz -

Nombres y Apellidos de la Madre

--

Fecha de Nacimiento

Oratorio, Santa Rosa

Lugar de Origen

Fotografía no disponible

Fotografía no disponible

Datos del Padre

- Genner Edilcar , Lima Crúz -

Nombres y Apellidos del Padre

--

Fecha de Nacimiento

Oratorio, Santa Rosa

Lugar de Origen



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23/03/2018 11:01:25a.m.
DPI_01_152

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Observaciones
NO CONSTA NINGUNA ANOTACIÓN

Notas Referenciales:
En datos del menor de edad no consta fotografía por no existir solicitud DPI.
En datos de la madre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del padre no consta fecha de nacimiento, CUI y fotografía por no existir solicitud de DPI del inscrito.
En datos del menor de edad no consta fotografía por existir solicitud DPI en proceso de verificación.

Extendida el día veintitrés de marzo de dos mil dieciocho por el Registrador Civil de las Personas, la cual es auténtica por ser una copia fiel de su original.

----------ULTIMA LÍNEA----------

Doy fe

REGISTRO CIVIL DE LAS PERSONAS
1
RENAP
ORATORIO
SANTA ROSA
OFICINA No. 152
RENAP

Melisanda Ulianova , Morales Lima
REGISTRADOR CIVIL DE LAS PERSONAS

Este certificado fue impreso en papel bond el día veintitres de marzo del dos mil dieciocho y tiene vigencia de seis meses o tres verificaciones del código QR. Para los usos que al interesado convenga deberá de verificar su autenticidad a través del link: https://www.renap.gob.gt/verificacion-de-certificado o bien llamando al 1516.

Exhibit 2 - Court Orders that establish eligibility for SIJ classification

ofjeowpakfa