HS Law Corp.
Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(510) 241-9336

Non-Detained

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
800 Dolorosa Street, Suite 300
San Antonio, TX 78207

In the Matter of	)	
Jonathan Ulises Rafael	)	**File No. A. 221-397-911**
In Removal Proceedings	)	

Immigration Judge: Adams, Justin

Next Hearing Date: October 8, 2026 at 8:30 AM.

RESPONDENT'S PROOF OF ASYLUM APPLICATION FILING BEFORE USCIS

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
800 Dolorosa Street, Suite 300
San Antonio, TX 78207

In the Matter of	)	
Jonathan Ulises Rafael	)	**File No. A. 221-397-911**
In Removal Proceedings	)	

RESPONDENT'S PROOF OF ASYLUM APPLICATION FILING BEFORE USCIS

COMES NOW, the undersigned attorney, Otavio Haverroth Silva, respectfully, in the capacity of counsel for the above-identified Respondent, to submit this proof of Respondent's asylum application before USCIS, in strict compliance with the directive issued by this Honorable Court during the hearing held on **September 30, 2026**.

During the referenced hearing, the Court granted the Respondent until October 8, 2026, to submit proof demonstrating that his affirmative Application for Asylum and for Withholding of Removal (Form I-589) was submitted to the United States Citizenship and Immigration Services (USCIS) pursuant to its initial jurisdiction over Unaccompanied Alien Children under INA § 208(b)(3)(C).

In compliance with the Court's order, Respondent respectfully submits the following proof of filing:

1. Proof of Mailing and USPS Tracking Confirmation Document, confirming delivery of the asylum package to the designated USCIS filing center (USPS Tracking No.: 9405 5301 0935 5608 1532 59). *See* Exhibit A.
2. A complete copy of Respondent's Form I-589 filing package as submitted to USCIS. *See* Exhibit B.

Respondent will promptly supplement the record with the USCIS receipt notice upon receipt.

WHEREFORE, Respondent respectfully requests that this Honorable Court accept the attached evidence as full satisfaction of the Court's order and update the record accordingly.

Respectfully,

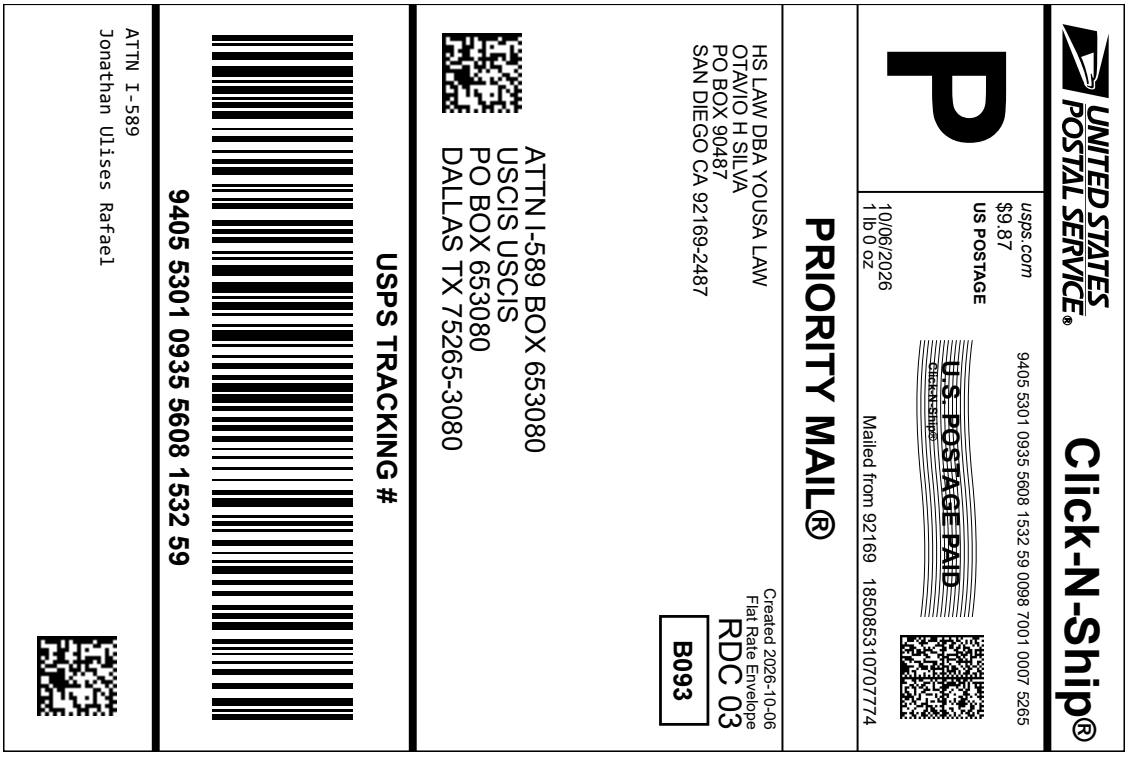


Otavio Silva (Bar N. 343486)
Attorney at Law
P.O. Box 90487
San Diego, CA 92169
Counsel for Respondent

Exhibit list

Exhibits:	Pages:
Exhibit A - Proof of Mailing Asylum Application USCIS	
USPS Tracking Confirmation Document	1
Exhibit B - Proof of Asylum Application USCIS	
Copy of Jonathan Ulises Rivera Rafael's Asylum Application Filing Before USCIS	2-34

Exhibit A - Proof of Mailing Asylum Application USCIS



Cut on dotted line.

Instructions

1. **Please use a laser or laser-quality printer.**
2. **Adhere shipping label to package with tape or glue - DO NOT TAPE OVER BARCODE. Be sure all edges are secure. Self-adhesive label is recommended.**
3. **Place label so that it does not wrap around the edge of the package.**
4. **Each shipping label number is unique and can be used only once - DO NOT PHOTOCOPY.**
5. **Please use this shipping label on the "ship date" selected when you requested the label.**
6. **If a mailing receipt is required, present the article and Online e-Label Record at a Post Office for postmark.**

9405 5301 0935 5608 1532 59

Print Date:	**2026-10-06**	**PRIORITY MAIL®** **$9.87**
Ship Date:	**2026-10-06**	**Extra Services:** **$0.00**
		Fees: **$0.00**
		Total: **$9.87**

From: **HS LAW DBA YOUSA LAW**
OTAVIO H SILVA
PO BOX 90487
SAN DIEGO CA 92169-2487

To:
ATTN I-589 BOX 653080
USCIS USCIS
PO BOX 653080
DALLAS TX 75265-3080

*** Commercial Pricing PRIORITY MAIL® rates apply. There is no fee for USPS Tracking® service on PRIORITY MAIL® service with use of this electronic rate shipping label. Refunds for unused postage paid labels can be requested online 30 days from the print date.**

Thank you for shipping with the United States Postal Service!
Check the status of your shipment on the USPS Tracking® page at usps.com

Exhibit B - Proof of Asylum Application USCIS

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**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jonathan Ulises	Middle Name (if any) N/A	Family Name (Last Name) RIVERA RAFAEL
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 $ 100.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

October 6, 2026

USCIS
Attn: I-589 (Box 653080)
P.O. Box 653080
Dallas, TX 75265-3080

RE: I-589 Application for Asylum - Unaccompanied Alien Child
Applicant: Jonathan Ulises Rivera Rafael
A-Number: 221-397-911

Dear Sir or Madam,

Please find attached the Form I-589, Application for Asylum and for Withholding of Removal, submitted on behalf of Jonathan Ulises Rivera Rafael, a native and citizen of El Salvador born on 03/07/2009. Jonathan Ulises Rivera Rafael was determined to be an Unaccompanied Alien Child (UAC) upon his apprehension by U.S. Customs and Border Protection on or about August 31, 2026, and is currently in the custody of the Office of Refugee Resettlement. Accordingly, USCIS has initial jurisdiction over his asylum application pursuant to INA § 208(b)(3)(C), notwithstanding his pending removal proceedings before the San Antonio Immigration Court.

The submission includes the completed Form I-589 along with the following documentation:

- Form G-1450, Authorization for Credit Card Transactions
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative signed by Jonathan Ulises Rivera Rafael
- Copy of Jonathan Ulises Rivera Rafael's Birth Certificate with English translation
- Copy of Jonathan Ulises Rivera Rafael's ID Document with English translation
- Copy of Jonathan Ulises Rivera Rafael's Notice to Appear (NTA)

Please do not hesitate to contact us should you require any additional information.

Thank you for your time and consideration.

Sincerely,



Otavio Haverroth Silva
otavio@yousalaw.com
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.

Form I-589 - Application for Asylum

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) RIVERA RAFAEL

6.b. Given Name (First Name) Jonathan Ulises

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 2 1 3 9 7 9 1 1

Client's Contact Information

10. Daytime Telephone Number

N/A

11. Mobile Telephone Number (if any)

N/A

12. Email Address (if any)

N/A

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) 10/05/2026

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) 10/05/2026

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): RIVERA RAFAEL

1.b. Given Name (First Name): Jonathan Ulises

1.c. Middle Name: N/A

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

2.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

3.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

4.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

5.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

6.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Application for Asylum and for Withholding of Removal

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

USCIS
Form I-589
OMB No. 1615-0067
Expires 09/30/2027

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application.

NOTE: ☒ Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You

1. Alien Registration Number(s) (A-Number) *(if any)*	2. U.S. Social Security Number *(if any)*	3. USCIS Online Account Number *(if any)*
221397911	N/A	N/A

4. Complete Last Name	5. First Name	6. Middle Name
RIVERA RAFAEL	Jonathan Ulises	N/A

7. What other names have you used *(include maiden name and aliases)?*
N/A

8. Residence in the U.S. *(where you physically reside)*

Street Number and Name	Apt. Number
7404 West US Highway 90	N/A

City	State	Zip Code	Telephone Number
San Antonio	Texas	78227	(N/A) N/A

(**NOTE:** *You must be residing in the United States to submit this form.*)

9. Mailing Address in the U.S. *(if different than the address in Item Number 8)*

In Care Of *(if applicable)*:	Telephone Number
Otavio Haverroth Silva	(510) 2419336
Street Number and Name	**Apt. Number**
PO Box 90487	N/A

City	State	Zip Code
San Diego	California	92169

10. Sex ☒ Male ☐ Female

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

12. Date of Birth *(mm/dd/yyyy)*	13. City and Country of Birth
03/07/2009	Cojutepeque, El Salvador

14. Present Nationality *(Citizenship)*	15. Nationality at Birth	16. Race, Ethnic, or Tribal Group	17. Religion
Salvadorian	Salvadorian	Latino	Catholic

18. *Check the box, a through c, that applies:* **a.** ☐ I have never been in Immigration Court proceedings.
b. ☒ I am now in Immigration Court proceedings. **c.** ☐ I am **not** now in Immigration Court proceedings, but I have been in the past.

19. *Complete 19 a through c.*

a. When did you last leave your country? *(mm/dd/yyyy)* 08/22/2026 **b.** What is your current I-94 Number, if any? N/A

c. List each entry into the U.S. beginning with your most recent entry. *List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)*

Date	Place	Status	Date Status Expires
08/31/2026	Rio Grandre City, TX	N/A	N/A
N/A	N/A	N/A	
N/A	N/A	N/A	

20. What country issued your last passport or travel document?	21. Passport Number / Travel Document Number	22. Expiration Date *(mm/dd/yyyy)*
N/A	Passport Number N/A Travel Document Number N/A	N/A

23. What is your native language *(include dialect, if applicable)?*	24. Are you fluent in English?	25. What other languages do you speak fluently?
Spanish	☐ Yes ☒ No	N/A

Part A.II. Information About Your Spouse and Children

For EOIR use only.	For USCIS use only.	Action:	Decision:
		Interview Date, if applicable: _____	Approval Date: _____
		Asylum Officer ID No.: _____	Denial Date: _____
			Referral Date: _____

Your spouse ☒ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Date of Birth *(mm/dd/yyyy)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Other names used *(include maiden name and aliases)*
N/A	N/A	N/A	N/A
9. Date of Marriage *(mm/dd/yyyy)*	**10.** Place of Marriage	**11.** City and Country of Birth	
N/A	N/A	N/A	
12. Nationality *(Citizenship)*	**13.** Race, Ethnic, or Tribal Group	**14.** Sex ☐ Male ☐ Female	
N/A	N/A		

15. Is this person in the U.S.?
☐ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location):* _____

16. Place of last entry into the U.S.	17. Date of last entry into the U.S. *(mm/dd/yyyy)*	18. I-94 Number *(if any)*	19. Status when last admitted *(Visa type, if any)*
20. What is your spouse's current status?	**21.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**22.** Is your spouse in Immigration Court proceedings? ☐ Yes ☐ No	**23.** If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*

24. If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*
☐ Yes
☐ No

Your Children. List **all** of your children, regardless of age, location, or marital status.

☒ I do not have any children. *(Skip to Part A.III., Information about your background.)*

☐ I have children. Total number of children: _____.

(**NOTE:** *Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)*

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex ☐ Male ☐ Female
N/A	N/A	N/A	

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*: _____

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*
☐ Yes
☐ No

Part A.II. Information About Your Spouse and Children (continued)

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*: _____

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*: _____

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*: _____

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. *(List Address, City/Town, Department, Province, or State and Country.)*
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Number and Street *(Provide if available)*	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
Canton San Antonio, Caserio La Ermita	Cojutepeque	Cuscatlan	El Salvador	03/2009	08/2026
N/A	N/A	N/A	N/A	N/A	N/A

2. Provide the following information about your residences during the past 5 years. List your present address first.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Number and Street	City/Town	Department, Province, or State	Country	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
7404 West US Highway 90	San Antonio	Texas	United States	08/2026	PRESENT
Canton San Antonio, Caserio La Ermita	Cojutepeque	Cuscatlan	El Salvador	03/2009	08/2026
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

3. Provide the following information about your education, beginning with the most recent school that you attended.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Name of School	Type of School	Location *(Address)*	Attended From *(Mo/Yr)*	Attended To *(Mo/Yr)*
Centro Escolar Cantón San Antonio	High school	Cantón San Antonio, Monte San Juan, Cuscatlán Sur, El Salvador	01/2024	11/2025
Centro Escolar Cantón San Antonio	Middle school	Cantón San Antonio, Monte San Juan, Cuscatlán Sur, El Salvador	01/2021	11/2023
Centro Escolar Cantón San Antonio	Elementary school	Cantón San Antonio, Monte San Juan, Cuscatlán Sur, El Salvador	01/2016	11/2020

4. Provide the following information about your employment during the past 5 years. List your present employment first.
*(***NOTE:** *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Name and Address of Employer	Your Occupation	Dates From *(Mo/Yr)*	Dates To *(Mo/Yr)*
Ruta 113 (Cojutepeque – San Salvador), Terminal de Buses de Cojutepeque, Cuscatlán, El Salvador	Bus Fare Collector	11/2023	07/2026
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.
(**NOTE**: *Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)*

Full Name	City/Town and Country of Birth	Current Location
Mother Alba Yanira Rafael	Monte San Juan, El Salvador	☐ Deceased Oakland, United States
Father Jose Tomas Rivera Reyes	Santa Tecla, El Salvador	☐ Deceased Ojos de Agua, El Salvador
Sibling Angie Liliana	San Salvador, El Salvador	☐ Deceased Ojos de Agua, El Salvador
Sibling N/A	N/A	☐ Deceased N/A
Sibling N/A	N/A	☐ Deceased N/A
Sibling N/A	N/A	☐ Deceased N/A

Part B. Information About Your Application

(**NOTE:** *Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)*

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

USCIS may adjudicate your application without conducting an interview and without issuing a request for evidence. Your application and any supporting evidence that you provide now may be your only opportunity to meet your burden of proof to establish eligibility for asylum before USCIS.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- ☐ Race
- ☒ Political opinion
- ☐ Religion
- ☒ Membership in a particular social group
- ☐ Nationality
- ☒ Torture Convention

A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

☐ No ☒ Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

I am a minor from El Salvador who was directly targeted, threatened, and forced to flee my country due to my work in the public transportation sector, the threat of forced gang recruitment, and my refusal to submit to criminal extortion by local pandilleros.From approximately November 2023 until July 2026, I worked as a young bus fare collector on Route 113, traveling between Cojutepeque and San Salvador. Because of my visible daily job on this public transit line, I became a direct target for local gang members (pandilleros from MS-13 or Barrio 18) and systematically prey upon public transport workers.In July 2026, when I was 17 years old, I was working alone cleaning the bus at the Route 113 terminal when a group of masked individuals wearing ski masks suddenly surrounded and cornered me. They explicitly threatened my life, demanding that I pay them extortion money. I did not hand over any money. To intimidate me into compliance, they made it clear that they knew exactly who I was, where I lived in Cantón San Antonio, and where my family resided. My failure to hand over money was taken by these pandilleros as a direct challenge to their authority and control over the transit route.The interaction abruptly ended and the masked men fled the scene only because cars began passing by the terminal area. See additional information.

B. Do you fear harm or mistreatment if you return to your home country?

☐ No ☒ Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

If I am forced to return to El Salvador, I have a fear that the gang members (pandilleros) who targeted me will track me down, kidnap, severely torture, or kill me in retaliation for defying their authority, refusing to comply with their extortion demands, and fleeing the country. These pandilleros explicitly threatened my life and made it clear that they knew my identity, my workplace on Route 113, and the exact location where I lived with my grandmother and my aunt in Cantón San Antonio. In El Salvador, local gangs like MS-13 and Barrio 18 view any refusal to obey their orders or hand over money as an act of direct resistance. My fear of future harm is further validated by the fact that after I arrived in the United States, an unidentified caller phoned my grandmother's private, unlisted landline specifically asking for my whereabouts and hung up when questioned. This demonstrates that these gang members are still actively seeking me and that their interest in locating me remains active.I cannot safely relocate anywhere within El Salvador. El Salvador is a geographically small country where gang networks maintain a pervasive presence across transit corridors, towns, and communities. Returning to my home in Cantón San Antonio or moving to any other region would put my life in immediate danger, as these gangs easily track individuals through their territorial networks, and local authorities are unable to provide effective protection to victims of gang violence. For these reasons, returning to El Salvador poses a direct threat to my physical integrity and my life.

Part B. Information About Your Application (continued)

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

☒ No ☐ Yes

If "Yes," explain the circumstances and reasons for the action.

N/A

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

☒ No ☐ Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

N/A

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

☒ No ☐ Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

N/A

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

☐ No ☒ Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

I fear being subjected to severe persecution, kidnapping, or death if I am returned to El Salvador. As a young bus fare collector on Route 113 who did not comply with extortion demands from gang members (pandilleros), I was cornered and directly threatened by masked individuals who warned me that they knew my identity, my job, and where I lived. In El Salvador, everyone knows that when people do not do what the gangs ask, they take them, hurt them very badly, or kill them to make sure others remain afraid and obedient. Because I never gave them what they asked for, I am terrified that if I go back, these gang members will look for me at my grandmother's house, take me, torture me, or kill me in retaliation for defying their authority. I do not believe the authorities in El Salvador can effectively protect young workers like me from these gang members, because my work as a bus fare collector on fixed transit routes requires me to be in the exact same public locations on a daily schedule, making me constantly exposed, easy to locate, and completely vulnerable to these people. Criminal gangs exploit this constant visibility, and local police are unable to provide continuous protection to individual transport workers at bus stops, terminals, or along daily routes.

Part C. Additional Information About Your Application

You should ensure that your explanations are complete and detailed. An asylum officer may adjudicate your application without conducting an interview or requesting additional evidence.

(**NOTE:** *Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.*)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

☐ No ☒ Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

My mother, Alba Yanira Rafael (A-Number 240-431-905), applied for asylum and withholding of removal in the United States. Her asylum application is currently pending, and no decision has been reached yet. She is currently in removal proceedings in Concord Immigration Court.

2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

☐ No ☒ Yes

2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

☒ No ☐ Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

After leaving El Salvador on August 22, 2026, I traveled through Guatemala, where I spent 2 days, and Mexico, where I spent approximately 8 days, by car, in transit to the United States. The entire journey took approximately 10 days, and I arrived at the U.S. border on August 31, 2026. I did not have any legal status in Guatemala or Mexico, and I do not have permission to live in either country. I did not ask for asylum or any other protection there because I know that gangs also operate in these countries and I believe I would face the same type of persecution there.

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

☒ No ☐ Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

N/A

Part C. Additional Information About Your Application (continued)

4. After you left the country where you were harmed or fear harm, did you return to that country?

☒ No ☐ Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

N/A

5. Are you filing this application more than 1 year after your last arrival in the United States?

☒ No ☐ Yes

If "Yes," explain why you did not file within the first year after you arrived. Your written explanation may be your only opportunity to have an asylum officer consider your reason(s). If you are scheduled for an asylum interview or a hearing with an immigration judge, you must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1. Filing Instructions, Section V. Completing the Form, Part C.

N/A

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

☐ No ☒ Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

I was apprehended and detained by U.S. immigration authorities upon arriving at the border on August 31, 2026. As a minor entering without inspection, I was designated as an Unaccompanied Alien Child (UAC) and charged under INA sections 212(a)(6)(A)(i) (present without admission or parole) and 212(a)(7)(A)(i)(I) (applicant for admission without valid entry documents). Following my initial processing, I was transferred to the Office of Refugee Resettlement (ORR) shelter at Compass Connections, where I currently reside while awaiting family reunification with my mother. My mother, Alba Yanira Rafael (A-Number 240-431-905), was also apprehended at the border when entering the United States, and she is currently in Immigration Court removal proceedings. She committed no other violation of the law besides entering without inspection. I have never been arrested, charged, or convicted of any crime in the United States, El Salvador, or any other country. Neither I nor my mother have ever engaged in any criminal activity, and our sole immigration violation consists of entering the United States without prior authorization.

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I certify that I am physically present in the United States or seeking admission at a Port of Entry when I execute this application. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

WARNING: **Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn, and even if USCIS does not conduct an interview on the application. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.**

Print your complete name.	Write your name in your native alphabet.
JONATHAN ULISES RIVERA RAFAEL	N/A

Did your spouse, parent, or child(ren) assist you in completing this application? ☒ No ☐ Yes *(If "Yes," list the name and relationship.)*

N/A	N/A	N/A	N/A
(Name)	*(Relationship)*	*(Name)*	*(Relationship)*

Did someone other than your spouse, parent, or child(ren) prepare this application? ☐ No ☒ Yes *(If "Yes," complete Part E.)*

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? ☒ No ☐ Yes

Signature of Applicant *(The person in Part. A.I.)*

➡ [JRR]

Sign your name so it all appears within the brackets

10/05/2026

Date (mm/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer	Print Complete Name of Preparer
	Otavio Haverroth Silva

Daytime Telephone Number	Address of Preparer: Street Number and Name
(510) 2419336	PO Box 90487

Apt. Number	City	State	Zip Code
N/A	San Diego	California	92169

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

Part F. To Be Completed at Asylum Interview, if Applicable

NOTE: You will be asked to complete this part if you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: *You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are ☐ all true or ☐ not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

Signature of Applicant	Date *(mm/dd/yyyy)*
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

Application for Asylum and for Withholding of Removal Supplement A

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

USCIS
Form I-589
OMB No. 1615-0069
Expires 09/30/2027

A-Number *(If available)*	Date
221397911	10/05/2026
Applicant's Name	**Applicant's Signature**
JONATHAN ULISES RIVERA RAFAEL	

List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*:			
14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)* ☐ Yes ☐ No			

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	N/A	N/A
5. Complete Last Name	**6.** First Name	**7.** Middle Name	**8.** Date of Birth *(mm/dd/yyyy)*
N/A	N/A	N/A	N/A
9. City and Country of Birth	**10.** Nationality *(Citizenship)*	**11.** Race, Ethnic, or Tribal Group	**12.** Sex
N/A	N/A	N/A	☐ Male ☐ Female
13. Is this child in the U.S.? ☐ Yes *(Complete Blocks 14 to 21.)* ☐ No *(Specify location)*:			
14. Place of last entry into the U.S.	**15.** Date of last entry into the U.S. *(mm/dd/yyyy)*	**16.** I-94 Number *(If any)*	**17.** Status when last admitted *(Visa type, if any)*
18. What is your child's current status?	**19.** What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	**20.** Is your child in Immigration Court proceedings? ☐ Yes ☐ No	
21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)* ☐ Yes ☐ No			

Application for Asylum and for Withholding of Removal Supplement B

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

USCIS
Form I-589
OMB No. 1615-0069
Expires 09/30/2027

Additional Information About Your Claim to Asylum

A-Number *(if available)*	Date
221397911	10/05/2026
Applicant's Name	Applicant's Signature
JONATHAN ULISES RIVERA RAFAEL	JURR

NOTE: *Use this as a continuation page for any additional information requested. Copy and complete as needed.*

Part A.III.

Question 5

The applicant has provided all available information regarding his paternal half-sister, Angi Liliana. The applicant does not know her full complete surnames because he never resided with his father's other family and was raised exclusively by his mother and maternal grandmother.

Application for Asylum and for Withholding of Removal Supplement B

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

USCIS
Form I-589
OMB No. 1615-0069
Expires 09/30/2027

Additional Information About Your Claim to Asylum

A-Number *(if available)*	Date
221397911	10/05/2026
Applicant's Name	Applicant's Signature
JONATHAN ULISES RIVERA RAFAEL	Jonathan URR

NOTE: *Use this as a continuation page for any additional information requested. Copy and complete as needed.*

Part B

Question 1.A

Immediately following this incident, I was overcome with terror, quit my job, and completely stopped leaving my house in Cantón San Antonio out of fear for my life and fear of being forcibly recruited or harmed by the gang.I did not report this incident to the Salvadoran police because the perpetrators were masked and unidentified, and because local law enforcement is unable or unwilling to protect young workers from gang persecution. Terrified that these masked men would fulfill their threats against me, my grandmother Maria Victoria Rafael, or my aunt Norma Liliana Ruiz Rafael, I was forced to abandon my life and flee El Salvador on August 22, 2026. After I fled to the United States, an unidentified individual called my grandmother's private landline asking for me. My family never shares their private phone number with anyone outside our immediate family. When my grandmother asked who was calling, the caller immediately hung up. This incident confirmed that these gang members are still actively seeking my whereabouts, making it impossible for me to return safely.

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Proof of Identity	
Copy of Jonathan Ulises Rivera Rafael's Birth Certificate	1-3
Copy of Jonathan Ulises Rivera Rafael's ID Document	4-7
Exhibit 2 - Notice to Appear (NTA)	
Jonathan Ulises Rivera Rafael's Notice to Appear (NTA)	8-11

Exhibit 1 - Proof of Identity

NATIONAL REGISTRY OF NATURAL PERSONS

FAMILY STATUS REGISTRY
REPUBLIC OF EL SALVADOR
BIRTH CERTIFICATE

FORM No. 025994

forty-one

REGISTRANT'S INFORMATION

1) BIRTH REGISTRY OF THE MUNICIPALITY OF *Monte San Juan*
DEPARTMENT OF *Cuscatlán* 2) BOOK NUMBER *seven*, YEAR *two thousand nine*, PAGE *forty-two*
3) ENTRY NUMBER *forty-one*
4) GIVEN NAME *JONATHAN ULISES* 5) SEX *male*
6) PLACE OF BIRTH *National Hospital*, Municipality of *Cojutepeque*, Department of *Cuscatlán*
7) AT *twelve* HOURS AND *Twenty-five* MINUTES P.M., ON THE *seventh* DAY OF *March, two thousand nine*

MOTHER'S INFORMATION

8) MOTHER'S NAME: *Alba Yanira*, FIRST SURNAME: *Rafael*, SECOND SURNAME: -
OF *nineteen* YEARS OLD, PROFESSION OR OCCUPATION *student*
9) PLACE OF BIRTH: Municipality of *Monte San Juan*, Department of *Cuscatlán*
RESIDENCE: Municipality of *Cantón San Antonio*, Department of *Cuscatlán*
10) NATIONALITY: *Salvadoran* 11) IDENTIFIED BY Type of Document: *Unique Identity Document*
NUMBER *zero four one nine zero four three seven eight*

FATHER'S INFORMATION

12) FATHER'S NAME: *José Tomás*, FIRST SURNAME: *Rivera*, SECOND SURNAME: *Reyes*
OF *thirty* YEARS OLD, PROFESSION OR OCCUPATION *worker*
13) PLACE OF BIRTH: Municipality of *Santa Tecla*, Department of *De la Libertad*
RESIDENCE: Municipality of *1 Cantón San Andres, Monte San Juan*, Department of *Cuscatlán*
14) NATIONALITY: *Salvadoran* 15) IDENTIFIED BY Type of Document: *Unique Identity Document*
NUMBER *zero zero eight seven three nine seven one eight*

DECLARANT'S INFORMATION

16) PROVIDED THIS INFORMATION
NAME: *José Tomás*, FIRST SURNAME: *Rivera*, SECOND SURNAME: *Reyes*
17) IDENTIFIED BY Type of Document: *Unique Identity Document*, NUMBER *zero zero eight seven three nine seven one eight* 18) DECLARES TO BE Relationship: *father* AND FOR THE RECORD, HE/SHE SIGNS, OR FOR BEING UNABLE TO DO SO, LEAVES THE FINGERPRINT OF THE Finger identifier: --- OF HIS/HER Right/Left: --- HAND 19) ENTERED BY VIRTUE OF A Certificate/Affidavit/Judgment: --- DATED Day: ---, of Month: ---, Year: ---

WITNESSE'S INFORMATION

20) WITH THE STATEMENTS OF THE WITNESSES TO THE Act/Knowledge: ---
21) NAME: ---, FIRST SURNAME: ---, SECOND SURNAME: ---
IDENTIFIED BY Type of Document: --- NUMBER: ---
22) NAME: ---, FIRST SURNAME: ---, SECOND SURNAME: ---
IDENTIFIED BY Type of Document: --- NUMBER: ---

23) PLACE AND DATE *Monte San Juan, March eighteenth, two thousand nine. Reference to document page forty-two. Amended. And valid.*
24) ----------

[Stamp: Registry Stamp]

25) ----//signature//---- ---------- ---------- ----//signature//----
Declarant Witness 1 Witness 2 Name and signature of the Registrar of Family Status
María Sara Paredes de Ildez

ANNOTATIONS

ORIGINAL

[Stamp: Republic of El Salvador — Municipality of Monte San Juan, Department of Cuscatlán]

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.

Pedro Peski R. Lopes

_____ **Date: October 5, 2026.**

REGISTRO NACIONAL DE LAS PERSONAS NATURALES

REGISTRO DEL ESTADO FAMILIAR
REPUBLICA DE EL SALVADOR
PARTIDA DE NACIMIENTO

FORMULARIO
Nº 025994

DATOS DEL INSCRITO(A)

1) REGISTRO DE NACIMIENTOS DEL MUNICIPIO DE Monte San Juan
DEPARTAMENTO DE Cuscatlán 2) LIBRO NÚMERO siete
AÑO dos mil nueve
3) PARTIDA NÚMERO cuarenta y uno FOLIO cuarenta y dos
4) NOMBRE PROPIO DEL INSCRITO(A) JONATHAN ULISES 5) SEXO masculino
6) NACIÓ EN El Hospital Nacional
MUNICIPIO DE Cojutepeque LUGAR DEPARTAMENTO DE Cuscatlán
7) A LAS doce HORAS Y veinticinco MINUTOS, DEL DÍA siete
DEL MES DE marzo DEL AÑO dos mil nueve

DATOS DE LA MADRE

8) Alba Yanira (NOMBRE PROPIO DE LA MADRE) Rafael (PRIMER APELLIDO) (SEGUNDO APELLIDO)
DE diecinueve AÑOS DE EDAD, PROFESIÓN U OFICIO estudiante
9) ORIGINARIA DE Monte San Juan (MUNICIPIO) Cuscatlán (DEPARTAMENTO)
DEL DOMICILIO DE Cantón San Antonio (MUNICIPIO) Cuscatlán (DEPARTAMENTO)
10) DE NACIONALIDAD Salvadoreña (MUNICIPIO) 11) QUIEN SE IDENTIFICA POR MEDIO DE Documento Unico (TIPO DE DOCUMENTO)
NÚMERO cero cuatro uno nueve cero cuatro tres siete- ocho

DATOS DEL PADRE

12) José Tomás (NOMBRE PROPIO DEL PADRE) Rivera (PRIMER APELLIDO) Reyes (SEGUNDO APELLIDO)
DE treinta AÑOS DE EDAD, PROFESIÓN U OFICIO obrero
13) ORIGINARIO DE Santa Tecla (MUNICIPIO) De la Libertad (DEPARTAMENTO)
DEL DOMICILIO DE 1 Cantón San Andres, Monte San Juan (MUNICIPIO) Cuscatlán (DEPARTAMENTO)
14) DE NACIONALIDAD Salvadoreña (MUNICIPIO) 15) QUIEN SE IDENTIFICA POR MEDIO DE Documento Unico (TIPO DE DOCUMENTO)
NÚMERO cero cero ocho siete tres nueve siete uno- ocho

DATOS DEL INFORMANTE

16) DIO ESTOS DATOS
José Tomás (NOMBRE PROPIO) Rivera (PRIMER APELLIDO) Reyes (SEGUNDO APELLIDO)
17) QUIEN SE IDENTIFICA POR MEDIO DE Documento Unico (TIPO DE DOCUMENTO) NÚMERO cero cero ocho siete tres nueve siete uno- ocho
18) MANIFESTANDO SER padre (PARENTESCO)
Y PARA CONSTANCIA FIRMA O POR NO y firma HACERLO, DEJA IMPRESA LA HUELLA DACTILAR DEL (IDENTIFICACIÓN DEL DEDO)
DE SU MANO (DERECHA / IZQUIERDA) 19) SE ASIENTA EN VIRTUD DE (CONSTANCIA / TESTIMONIO / SENTENCIA)
DE FECHA (DÍA) DE (MES) DE (AÑO)

DATOS DE LOS TESTIGOS

20) CON LAS DECLARACIONES DE LOS TESTIGOS DE (ACTO / CONOCIMIENTO)
21) (NOMBRE PROPIO) (PRIMER APELLIDO) (SEGUNDO APELLIDO)
QUIEN SE IDENTIFICA POR MEDIO DE (TIPO DE DOCUMENTO) NÚMERO
22) (NOMBRE PROPIO) (PRIMER APELLIDO) (SEGUNDO APELLIDO)
QUIEN SE IDENTIFICA POR MEDIO DE (TIPO DE DOCUMENTO) NÚMERO

23) LUGAR Y FECHA Monte San Juan, dieciocho de marzo de dos mil nueve.- Enmende
24) dos.- Documento-cuarenta-doce-vale. Mas enmendado. y.vale.

25) (INFORMANTE) (TESTIGO 1) (TESTIGO 2) (NOMBRE Y FIRMA DEL REGISTRADOR DEL ESTADO FAMILIAR)

MARGINACIONES

ORIGINAL

Impresora Nacional PBX (503) 2590-7800

DEPARTAMENTO DE CUSCATLÁN MUNICIPIO DE CUSCATLÁN REGISTRO DEL ESTADO FAMILIAR

No. *759311*

PERSONAL IDENTIFICATION CARD

PICTURE

Name. *Jonathan Ulises Rivera Rafael*
son of *Alba Yanira Rafael*
and *José Tomás Rivera Reyes*
Born in *Cuscatlán on March 07, 2009*
Mayor's Office *Monte San Juan*
August 21, 2026

[Stamp: [illegible]
Cuscatlán Sur]

----//signature//----
MAYOR

----//signature//----
OFFICER IN CHARGE

MINISTRY OF FINANCE
No. 759311

Residence: *Cantón San Antonio, Monte San Juan*
Skin color: *light brown* – **Eyes** *brown*
Hair *Brown* - **Distinguishing marks**:
None
School or place of employment:
Various trades

FINGERPRINTS

ORIGINAL

FEE: $ 2.10

----//signature//----
SIGNATURE

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.

Pedro Peski R. Lopes

Date: October 5, 2026.

No. 759311

CARNET DE IDENTIFICACIÓN PERSONAL



Nombre Jonathan Ulises Rivera Rafael

hijo de Alba Yanira Rafael Rivera y de José Tomás Reyes Reyes nació en Tipeque el 07 de 2009

Alcaldía Municipal Monte San Juan

de Agosto de 2026

ALCALDE

ENCARGADO

MINISTERIO DE HACIENDA Nº 759311

Residencia: Cantón San Antonio, Norte San Juan

Color de la piel Trigueña ojos cafés

Pelo Castaño señales especiales ninguna

Centro de Estudios o lugar de trabajo: Oficios Varios



ORIGINAL VALOR $ 2.10

JURR

FIRMA

Exhibit 2 - Notice to Appear (NTA)

Uploaded on: 08/31/2026 at 10:20:32 AM (Central Daylight Time) Base City: SNA

DEPARTMENT OF HOMELAND SECURITY

NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID:403519286 **FINS #:1403082683** **DOB: 03/07/2009**

File No: A221 397 911

Event No:RGC2608000309

In the Matter of:

Respondent: JONATHAN ULISES RAFAEL currently residing at:

ORR, 7404 HIGHWAY 90 WEST SAN ANTONIO, TEXAS, 78227 (Number, street, city, state and ZIP code)

+1 (000) 000-0000 (Area code and phone number)

☐ You are an arriving alien.

☒ You are an alien present in the United States who has not been admitted or paroled.

☐ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of EL SALVADOR and a citizen of EL SALVADOR ;
3. You arrived in the United States at or near RIO GRANDE CITY, TX , on or about August 31, 2026 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

OR

At that time you arrived at a time or place other than as designated by the Attorney General.

5. You were not then admitted or paroled after inspection by an Immigration Officer.
6. You are an immigrant not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Immigration

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

See Continuation Page Made a Part Hereof

☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

800 DOLOROSA STREET, SUITE 300 SAN ANTONIO TX 78207

(Complete Address of Immigration Court, including Room Number, if any)

on October 14, 2026 *(Date)* at 01:00 PM *(Time)* to show why you should not be removed from the United States based on the charge(s) set forth above.

OMAR F MEDINA
Date: 2026.08.31 09:52:09 -05:00
0883166048.CBP

Acting/Patrol Agent in Charge

(Signature and Title of Issuing Officer)

Date: August 31, 2026

McAllen, Texas

(City and State)

EOIR – 1 of 4

Uploaded on: 08/31/2026 at 10:20:32 AM (Central Daylight Time) Base City: SNA

Notice to Respondent

Alien Registration: This Notice to Appear serves as evidence of your alien registration pursuant to INA § 262. If you are 18 years or older, failure to carry this Notice to Appear, or other evidence of alien registration as provided in 8 C.F.R. § 264.1(b), on your person at all times is a criminal offense pursuant to INA § 264(e), for which you may be subject to a criminal penalty of $5,000 and imprisonment of up to 30 days.

Notification to the Department of Homeland Security (DHS) of Change of Address: All aliens aged 14 years or older, and all parents and legal guardians of aliens under the age of 14, must report a change of address to U.S. Citizenship and Immigration Services, a component of DHS, within 10 days of moving, pursuant to INA § 265(a). Failure to notify DHS of your change of address is a criminal offense pursuant to INA § 266(b), for which you may be subject to a criminal penalty of $5,000 and imprisonment of up to 30 days. More information is available online at **https://www.uscis.gov/addresschange. This obligation is in addition to your obligation to notify the Immigration Court of your change of address.**

Representation: If you choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to INA §§ 240(b)(4)(A) and 292. Unless you request otherwise in writing, no hearing will be scheduled earlier than 10 days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost is provided with this notice.

Conduct of the hearing: At your hearing you will be given the opportunity to admit or deny any or all of the allegations in this Notice to Appear, including that you are inadmissible or deportable. You will be advised by the immigration judge of any relief from removal for which you may appear eligible, including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge. At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross-examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at **www.uscis.gov/i-589**. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to INA § 208(a)(2)(B).

Notification to the Immigration Court of Change of Address: You are required to notify the Immigration Court, in writing, of your full mailing address and telephone number (if any). You must also immediately notify the Immigration Court whenever you change your address or telephone number during the course of this proceeding by using Form EOIR-33/IC, Change of Address/Contact Information Form. Notices of hearing will be mailed to this address. If you file a Form EOIR-33/IC with the Immigration Court, you must serve a copy on the ICE Office of the Principal Legal Advisor. If you change your address or telephone number during the course of this proceeding and do not submit Form EOIR-33/IC, the Immigration Court shall not be required to provide you with written notice of your hearing. **This obligation is in addition to your obligation to notify DHS of your change of address.**

Failure to Appear: If you fail to attend the hearing at the date, time, and place designated on this notice, or any date, time, or place later directed by the Immigration Court, the immigration judge shall order you removed in your absence upon determining that you were provided written notice and are removable. If you are arrested by ICE after being ordered removed in your absence by the immigration judge pursuant to INA § 240(b)(5), you will be required to pay a minimum fee of $5,000, adjusted for inflation, or a greater amount as established by the Secretary of Homeland Security.

Mandatory Duty to Depart the United States: If you become subject to a final order of removal as defined in 8 C.F.R. § 1241.1, you must depart the United States within 90 days of the order. If you do not depart, you may be subject to a civil penalty under INA § 274D(a) of $500 per day, adjusted for inflation, and imprisonment of up to 4 years (or 10 years if you belong to certain specified classes described in INA § 237(a)(1)(E), (2), (3), or (4)). If you are granted voluntary departure, you must comply with the terms of the voluntary departure order. If you fail to voluntarily depart within the time provided, you will be subject to a final order of removal, may be ineligible for certain immigration benefits for a period of 10 years from the date you overstayed the order, and may be subject to a civil penalty from $1,000 to $5,000, adjusted for inflation. For additional information, refer to the order granting voluntary departure, as well as INA § 240B(d).

Sensitive Locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in INA § 239(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is SPANISH

EOIR – 2 of 4

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before: _____
(Signature of Respondent)

_____ Date: _____
(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on August 31, 2026 in the following manner and in compliance with section 239(a)(1) of the Act.

☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the SPANISH language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

Refused to Sign
(Signature of Respondent if Personally Served)

LEOPOLDO BENAVIDES LOZANO
Date: 2026.08.31 07:56:33 -05:00
0749850519.CBP
Border Patrol Agent
(Signature and Title of officer)

Privacy Act Statement

Authority:
The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

Purpose:
You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

Routine Uses:
For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at https://www.dhs.gov/system-records-notices-sorns. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at https://www.justice.gov/opcl/doj-systems-records. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:
Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.

EOIR – 3 of 4

Uploaded on: 08/31/2026 at 10:20:32 AM (Central Daylight Time) Base City: SNA

Alien's Name	File Number	Date
JONATHAN ULISES RAFAEL	221397911 RGC2608000309	August 31, 2026

ON THE BASIS OF THE FOREGOING, IT IS CHARGED THAT YOU ARE SUBJECT TO REMOVAL FROM THE UNITED STATES PURSUANT TO THE FOLLOWING PROVISION(S) OF LAW:

==========

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (Act), as amended, as an immigrant who, at the time of application for admission, is not in possession of a valid unexpired immigrant visa, reentry permit, border crossing card, or other valid entry document required by the Act, and a valid unexpired passport, or other suitable travel document, or document of identity and nationality as required under the regulations issued by the Attorney General under section 211(a) of the Act.

Signature		Title
	OMAR F MEDINA Date: 2026.08.31 09:57:12 -05:00 0883166048.CBP	Acting/Patrol Agent in Charge

EOIR – 4 of 4

4 of 4 Pages

Form I-831 Continuation Page (Rev. 08/01/07)

Jonathan Ulises Rafael **File No. A. 221-397-911**

PROOF OF SERVICE

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

RESPONDENT'S PROOF OF ASYLUM APPLICATION FILING BEFORE USCIS

To the following:

Office Location:	**Mailing Address:**
Office of the Principal Legal Advisor U.S. Immigration and Customs Enforcement Department of Homeland Security 1015 Jackson-Keller Road, Suite 100 San Antonio, TX 78213	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor 1015 Jackson-Keller Road, Suite 100 San Antonio, TX 78213

by:

☑ Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



Otavio Silva (Bar N. 343486)
Attorney at Law
P.O. Box 90487
San Diego, CA 92169
Counsel for Respondent