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) Mislayni Jessica	Middle Name (if any)	Family Name (Last Name) PEREIRA COSTA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name) Otavio	Middle Name (if any) H	Family Name (Last Name) Silva
Credit Card Holder's Billing Address:		
Street Number and Name 5051 La Jolla Blvd	Apt. Ste. Flr. ☒ ☐ ☐	Number 202
City or Town San Diego	State CA	ZIP Code 92109
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number 5102419336	Credit Card Holder's Email Address otavio@legalhs.com	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Mislayni Jessica	Middle Name (if any)	Family Name (Last Name) PEREIRA COSTA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name) Otavio	Middle Name (if any) H	Family Name (Last Name) Silva
Credit Card Holder's Billing Address:		
Street Number and Name 5051 La Jolla Blvd	Apt. Ste. Flr. ☒ ☐ ☐	Number 202
City or Town San Diego	State CA	ZIP Code 92109
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number 5102419336	Credit Card Holder's Email Address otavio@legalhs.com	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 630.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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.
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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) Mislayni Jessica	Middle Name (if any)	Family Name (Last Name) PEREIRA COSTA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name) Otavio	Middle Name (if any) H	Family Name (Last Name) Silva
Credit Card Holder's Billing Address:		
Street Number and Name 5051 La Jolla Blvd	Apt. Ste. Flr. ☒ ☐ ☐	Number 202
City or Town San Diego	State CA	ZIP Code 92109
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number 5102419336	Credit Card Holder's Email Address otavio@legalhs.com	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

YOUSA
LAW FIRM

ADJUSTMENT OF STATUS WITH CONCURRENT APPLICATION FOR EMPLOYMENT AUTHORIZATION AND ADVANCED PAROLE

Applicant: PEREIRA COSTA, Mislayni Jessica

San Diego, CA - PO Box 90487

e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

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

General Information

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

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

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

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

USCIS Privacy Act Statement

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

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

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

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

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

Applicant/Petitioner Full Last Name	Applicant/Petitioner Full First Name	Applicant/Petitioner Full Middle Name
Pereira Costa	**Mislayni Jessica**	**N/A**

Email Address	Mobile Phone Number (Text Message)
Mislaynic@gmail.com	

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-485 I-765 I-131

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): PEREIRA COSTA

6.b. Given Name (First Name): Mislayni Jessica

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

6199304561

11. Mobile Telephone Number (if any)

6199304561

12. Email Address (if any)

mislaynic@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 06/12/2026

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) 06/12/2026

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): PEREIRA COSTA

1.b. Given Name (First Name): Mislayni Jessica

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEREIRA COSTA	Mislayni Jessica	N/A

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

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

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

3. Date of Birth (mm/dd/yyyy) 07/04/1992

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

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

A-Number ► **A-**

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

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

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

A-Number (if any) ► **A-**

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

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

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: **Contagem**

Country of Birth: **Brazil**

8. Country of Citizenship or Nationality: **Brazil**

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

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: **FP685092**

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): **04/24/2026**

Country that Issued this Passport or Travel Document: **Brazil**

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): **N0993017**

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): **05/14/2018**

Place and Date of Last Arrival into the United States

City or Town: **Los Angeles**

State: **CA**

Date of Last Arrival (mm/dd/yyyy): **10/29/2021**

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): **B-2 visitor**

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

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

☐ Other:

A-Number ► A-

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

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

Family Name (Last Name): PEREIRA COSTA

Given Name (First Name): Mislayni Jessica

Form I-94 Arrival/Departure Record Number ► 6 8 6 6 2 1 7 9 8 A 2

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

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): F-1

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

14. What is your current immigration status (if it has changed since your last arrival)? F-1

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any):

Street Number and Name: 6135 Rancho Brida

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Carlsbad

State: CA

ZIP Code: 92009

Date You First Resided at This Address (mm/dd/yyyy): 11/01/2023

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego

State: CA

ZIP Code: 92169

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

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

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

Prior Address

In Care Of Name (if any)

Street Number and Name: 936 Wind Drift Dr | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: Carlsbad | State: CA | ZIP Code: 92011

Province | Postal Code | Country: USA

Dates of Residence

From (mm/dd/yyyy): 12/13/2022 To (mm/dd/yyyy): 10/30/2023

Most Recent Address Outside the United States

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

Street Number and Name: 138 Geraldo Magela St | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: Belo Horizonte | State | ZIP Code

Province: Minas Gerais | Postal Code: 30520350 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 07/04/1992 To (mm/dd/yyyy): 10/30/2021

19. Social Security Card

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

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► 7 6 1 4 2 6 1 5 8

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

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

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

A-Number ► **A-**

Part 2. Application Type or Filing Category

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

2. Receipt Number of Underlying Petition (if any) IOE0931085852

Priority Date from Underlying Petition (if any) (mm/dd/yyyy) 03/31/2025

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

Principal Applicant's Date of Birth (mm/dd/yyyy)

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

3.a. Family-based

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

☐ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born in the United States Under Diplomatic Status

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

☐ Other Eligibility

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town

Country

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent)

`School`

Name of Employer, Company, or School

`Horizon Institute`

Your Occupation (if unemployed or retired, so state)

`Student`

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 3251 W 6th St | Apt. Ste. Flr.: ☐ ☒ ☐ | Number: 301

City or Town: Los Angeles | State: CA | ZIP Code: 90020

Province: | Postal Code: | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 10/06/2025 To (mm/dd/yyyy): 10/05/2029

If unemployed or retired, source of financial support:

Savings

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

Name of Employer, Company, or School: Provesi Criacoes | Your Occupation (if unemployed or retired, so state): Financial Manager

Address of Employer, Company, or School

Street Number and Name: 180 Arozes St | Apt. Ste. Flr.: ☒ ☐ ☐ | Number: 1006

City or Town: Rio de Janeiro | State: | ZIP Code:

Province: Rio de Janeiro | Postal Code: 22775060 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 09/2020 To (mm/dd/yyyy): 10/2021

If unemployed or retired, source of financial support:

N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

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

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

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

3. Date of Birth (mm/dd/yyyy): 12/11/1970

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
SOARES DA COSTA	Ruth	N/A

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

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

7. Date of Birth (mm/dd/yyyy) 04/14/1971

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

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

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

4. Current Spouse's Legal Name

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

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

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

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address

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

City or Town | State | ZIP Code

Province | Postal Code | Country

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town | State or Province

Country

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

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

Information About Prior Marriages (if any)

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

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

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

13. Prior Spouse's Country of Birth

14. Prior Spouse's Country of Citizenship or Nationality

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

16. Place of Marriage to Prior Spouse

City or Town | State or Province

Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town | State or Province

Country

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

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

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

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

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

0

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

2. Child 1

Current Legal Name

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

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

Country of Birth

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

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

3. Child 2

Current Legal Name

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

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

Country of Birth

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

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

Part 8. Biographic Information

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

☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

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

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 6 **4.** Weight Pounds 1 6 0

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds

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

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

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

Organization 1

2. Name of Organization

3. City or Town

State or Province

Country

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

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

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

State or Province

Country

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

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

9. Dates of Membership or Dates of Involvement

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

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

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

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

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

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

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

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

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

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

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

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

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

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

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

57. What is the size of your household? 1

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

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

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

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

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

☐ Doctorate degree

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

List of Certifications
Bachelor in Business; MBA – Investment Management; ANBIMA CPA10; Investment Specia –
list Certification; Professional Administrator License.

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Illegal Entries and Other Immigration Violations

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

Miscellaneous Conduct

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

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

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

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

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

Have you **EVER:**

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

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

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

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

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

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

Applicant's Contact Information

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

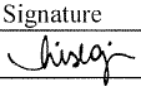
1. Applicant's Daytime Telephone Number: 6199304561

2. Applicant's Mobile Telephone Number (if any): 6199304561

3. Applicant's Email Address (if any): mislaynic@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: 

Date of Signature (mm/dd/yyyy): 06/12/2026

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

Interpreter's Full Name

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

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

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: N/A

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

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature: N/A

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

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature 

Date of Signature (mm/dd/yyyy)
06/12/2026

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

Part 13. Signature at Interview

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

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEREIRA COSTA	**Mislayni Jessica**	**N/A**

2.

Page Number	Part Number	Item Number
2	**1**	**10**

New passport information
Number: YF250998
Expiration date: 08/17/2029
Issuing country: Brazil
Authority: Los Angeles CG

3.

Page Number	Part Number	Item Number
4	**1**	**N/A**

Address: 1542 Olive Ave. Vista – CA. 92083
Dates of residency: 10/31/2021 – 12/12/2022

4.

Page Number	Part Number	Item Number
8	**4**	**7**

* From **08/19/2024** to **10/2025: student** at **KPCA NWPTS** (29424 Military Rd S, Federal Way, WA 98003, USA), financially supported by her **savings and investment income.**
* From **06/2023** to **08/2024: unemployed,** and financially supported by her **investment income.**
* From **29/08/2022** to **05/26/2023: student** at Internexus (2121 N 550 W #100, Provo, UT 84604, USA), and financially supported by **savings and investment.**
* From **10/2021** to **08/2022:** unemployed, financially supported by her **investment income**

5.

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

N/A

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
☐ **Document Hand Delivered** By: _____ Date: ____/____/____			☒ Fill in box if G-28 is attached to represent the applicant.
Document Issued ☐ Re-entry Permit *(Update "Mail To" Section)* ☐ Refugee Travel Document *(Update "Mail To" Section)* ☐ Single Advance Parole ☐ Multiple Advance Parole *Valid Until:* ____/____/____ ☐ TPS Travel Authorization Documentation *Valid Until:* ____/____/____/		**Mail To** ***(Reentry Permit and Refugee Travel Document Only)***	☐ Address in **Part 2.** ☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

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

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

`I-485 pending(concurrent filing with Form I-485)`

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

K. ☐ An approved V Nonimmigrant Status, receipt number:

L. ☐ CNMI long-term residence, receipt number:

M. ☐ Other (provide explanation):

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

U.S. Federal Government Agency Representative Official Email Address:

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

E. ☐ Other: (List specific parole program or process)

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

C. ☐ Other: (List specific program or process)

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

A. ☐ Family Reunification Parole Process

B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

C. ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

D. ☐ Filipino World War II Veterans Parole (FWVP) Program

E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

F. ☐ Central American Minors (CAM) Program

G. ☐ Family Reunification Task Force (FRTF) Process

H. ☐ Military Parole in Place (Military PIP)

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

I. ☐ Other Program or Process (List specific program or process):

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy)

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☒ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEREIRA COSTA	Mislayni Jessica	N/A

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

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

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego

State: CA

ZIP Code: 92169

Province:

Postal Code:

Country: USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)

Street Number and Name: 6135 Rancho Brida

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Carlsbad

State: CA

ZIP Code: 92009

Province:

Postal Code:

Country: USA

Other Information

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

► A- N/A

6. Country of Birth: Brazil

7. Country of Citizenship or Nationality: Brazil

8. Sex: ☐ Male ☒ Female

9. Date of Birth (mm/dd/yyyy): 07/04/1992

10. U.S. Social Security Number (if any)

► 7 6 1 4 2 6 1 5 8

11. USCIS Online Account Number (if any)

► N/A

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

12. Class of Admission (COA) (if any): F1

13. Most Recent Form I-94 Arrival/Departure Record Number (if any): 686621798A2

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) D/S

15. eMedical U.S. Parolee ID (USPID) (if any) N/A

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

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

17. Their Other Names Used (if applicable)

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

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

19. Country of Birth

20. Country of Citizenship or Nationality

21. Daytime Phone Number

22. Email Address (if any)

23. Alien Registration Number (A-Number) (if any)
► **A-**

24. Their Current Mailing Address

In Care Of Name (if any)

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

City or Town | State | ZIP Code

Province | Postal Code | Country

25. Their Current Physical Address

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 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any)

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

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

☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 6 **4.** Weight Pounds 1 6 0

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

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

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

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

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

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

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued (mm/dd/yyyy)

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

7.a. ☐ To the U.S. address shown in **Part 2.**, **Item Number 3.** of this application.

7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town _____ Country _____

Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

8.a. ☐ To the address shown in **Part 2.**, **Item Number 3.** of this application.

8.b. ☐ To the address shown below in **Part 4.**, **Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

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

City or Town | State | ZIP Code

Province | Postal Code | Country

9.b. Daytime Phone Number

9.c. Email Address

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

- ☐ Less Than 6 Months
- ☐ 6 Months to 1 Year
- ☐ 1 to 2 Years
- ☐ 2 to 3 Years
- ☐ 3 to 4 Years
- ☐ More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

6.a. Are you currently outside the United States? ☐ Yes ☐ No

6.b. If you answered "Yes," what is your current location (City or Town and Country)?

6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

1. Date of Intended Departure (mm/dd/yyyy) 12/15/2026

2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)
To visit my family.

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)
Brazil

4. How many trips do you intend to use this document?

☒ One Trip ☐ More than one trip

5. Expected Length of Trip (in days) 20

Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

2. Expected Length of Stay in the United States

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town

Country

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10.** or **11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 6199304561

2. Applicant Mobile Telephone Number (if any): 6199304561

3. Applicant's Email Address (if any): mislaynic@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

Date of Signature (mm/dd/yyyy): 06/12/2026

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

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

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

06/12/2026

Part 13. Additional Information

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

1. Family Name (Last Name): PEREIRA COSTA | Given Name (First Name): Mislayni Jessica | Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

N/A

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

N/A

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

N/A

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

N/A

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

N/A

Application For Employment Authorization

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

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

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

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

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

Part 1. Reason for Applying

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

1.a. ☒ Initial permission to accept employment.

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

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

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

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): PEREIRA COSTA

1.b. Given Name (First Name): Mislayni Jessica

1.c. Middle Name: N/A

Other Names Used

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

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

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

2.c. Middle Name: N/A

3.a. Family Name (Last Name):

3.b. Given Name (First Name):

3.c. Middle Name:

4.a. Family Name (Last Name):

4.b. Given Name (First Name):

4.c. Middle Name:

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

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

(USPS ZIP Code Lookup)

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

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

U.S. Physical Address

7.a. Street Number and Name: 6135 Rancho Brida

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Carlsbad

7.d. State: CA **7.e.** ZIP Code: 92009

Other Information

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

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

10. Sex ☐ Male ☒ Female

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

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

13. Provide your Social Security number (SSN) (if known).
► 761426158

Your Country or Countries of Citizenship or Nationality

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

14.a. Country
Brazil

14.b. Country

Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

Contagem

15.b. State/Province of Birth

Minas Gerais

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 07/04/1992

Information About Your Last Arrival in the United States

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

► 6 8 6 6 2 1 7 9 8 A 2

18. Passport Number of Your Most Recently Issued Passport

YF250998

19. Travel Document Number (if any)

YF250998

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 08/17/2029

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 10/29/2021

23. Place of Your Last Arrival Into the United States

Los Angeles

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

B-2

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

F-1

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

► N- 0033508298

Information About Your Eligibility Category

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

(c) (9) (N/A)

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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

☐ Yes ☐ No

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

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

► N/A

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

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

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

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

Applicant's Statement

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

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

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

N/A

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

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

Otavio Haverroth Silva

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(619) 930-4561

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

(619) 930-4561

5. Applicant's Email Address (if any)

mislaynic@gmail.com

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

Applicant's Certification

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

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

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

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

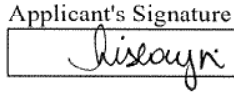
2) I understood all of the information contained in, and submitted with, my application; and

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

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

Applicant's Signature

7.a. Applicant's Signature

➡ 

7.b. Date of Signature (mm/dd/yyyy) 06/12/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: N/A **3.e.** ZIP Code: N/A

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: N/A

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature: N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

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

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

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 06/12/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): PEREIRA COSTA

1.b. Given Name (First Name): Mislayni Jessica

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

June 22th, 2026

USCIS

U.S. Postal Service (USPS):

USCIS
Attn: NFB
P.O. Box 21281
Phoenix, AZ 85036-1281

RE: Adjustment of Status (Form I-485) with Concurrent Applications for Employment Authorization (Form I-765) and Advance Parole (Form I-131), Pursuant to a Pending Form I-140 under EB-2NIW Classification

Applicant: Mislayni Jessica Pereira Costa
Petition Type: I-140 (EB-2NIW)
Receipt Number: IOE0931085852

Dear Sir or Madam,

Please **accept the enclosed applications**, as follows: **Form I-485**, Application to Register Permanent Residence or Adjust Status, duly completed and submitted in connection with Form I-140, Immigration Petition for Alien Worker (**#IOE0931085852**), for the applicant, Ms. Mislayni Jessica Pereira Costa (I-140 beneficiary). The applicant is also concurrently filing **Form I-131**, Application for Travel Document, and **Form I-765**, Application for Employment Authorization.

Also enclosed, **please find: Form G-28**, Notice of Entry of Appearance as Attorney or Accredited Representative; **Form I-797**, Notice of Action, and **Form G-1145**, E-Notification of Application/Petition Acceptance; passport-style photographs; supporting documentation, and proof of lawful status, as required.

In addition, please note that the applicant is submitting the **Form I-693**, Report of Medical Examination and Vaccination Record, in sealed envelopes as required by USCIS. The medical examinations were completed by a designated Civil Surgeon authorized to perform immigration medical exams.

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,

Otavio Haverroth Silva

California Bar n. 343486

Exhibit list

Exhibits:	Pages:
Ms. Mislayni Jessica Pereira Costa	
Receipt Notice	1-2
New Passaport	3-4
Old Passaport	5
Visa	6
F-1 Approval Notice	7
I-20 - Horizon Institute	8-10
I-20 - KPCA NWPTS	11-13
I-20 - Internexus San Diego	14-16
I-94 and Travel History	17-18
Birth Certificate	19-21

Ms. Mislayni Jessica Pereira Costa

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE		NOTICE DATE
Receipt		April 03, 2025
CASE TYPE		USCIS ALIEN NUMBER
I-140, Immigrant Petition for Alien Worker		
RECEIPT NUMBER	RECEIVED DATE	PAGE
IOE0931085852	March 31, 2025	1 of 1
PRIORITY DATE	PREFERENCE CLASSIFICATION	DATE OF BIRTH
March 31, 2025	203 B2 NATL INTEREST WAIVER	July 04, 1992

MISLAYNI JESSICA PEREIRA COSTA
C/O OTAVIO HAVERROTH SILVA HS LAW CORP
P.O. BOX 90487
SAN DIEGO, CA 92169

12 00004125

APPLICANT/PETITIONER NAME AND MAILING ADDRESS

PAYMENT INFORMATION:

Application/Petition Fee:	$1,015.00
Total Amount Received:	$1,015.00
Total Balance Due:	$0.00

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

Name	Date of Birth	Country of Birth	Class (If Applicable)
PEREIRA COSTA, MISLAYNI JESSICA	7/4/1992	BRAZIL	

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

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

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

USCIS Office Address:
USCIS
Nebraska Service Center
P.O. Box 82521
Lincoln, NE 68501-2521

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

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

Form I-797C 10/13/21

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

Notice for Customers with Disabilities

To request a disability accommodation:

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

YF250998

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE / *PASSPORT*

TIPO / *TYPE*: PP

PAÍS EMISSOR / *ISSUING COUNTRY*: BRA

PASSAPORTE Nº / *PASSPORT No.*: YF250998

SOBRENOME / *SURNAME*: PEREIRA COSTA

NOME / *GIVEN NAMES*: MISLAYNI JÉSSICA

NACIONALIDADE / *NATIONALITY*: BRASILEIRO(A)

DATA DE NASCIMENTO / *DATE OF BIRTH*: 04 JUL/JUL 1992

CPF / *PERSONAL NUMBER*: 109878416-29

SEXO / *SEX*: F

NATURALIDADE / *PLACE OF BIRTH*: CONTAGEM/MG

FILIAÇÃO / *FILIATION*:
EDWARD LINO PEREIRA

RUTH SOARES DA COSTA

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*: 18 AGO/AUG 2025

VÁLIDO ATÉ / *DATE OF EXPIRY*: 17 AGO/AUG 2029

AUTORIDADE / *AUTHORITY*: LOS ANGELES CG

PPBRAPEREIRA<COSTA<<MISLAYNI<JESSICA<<<<<<<<<

YF250998<6BRA9207042F2908177109878416 29<<<98

BRA

844264MT

REPÚBLICA FEDERATIVA DO BRASIL

CONSULADO-GERAL DO BRASIL EM LOS ANGELES

I20

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE FP685092 EXTRAVIADO.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005

YF250998

18 AGO/AUG 2025
HOSANA FERREIRA DA SILVA
VICE-CÔNSUL

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

Sinema

Flores da Lobeira

4

FP685092

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FP685092

SOBRENOME / SURNAME: PEREIRA COSTA

NOME / GIVEN NAMES: MISLAYNI JESSICA

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 04 JUL/JUL 1992

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: CONTAGEM/MG

FILIAÇÃO / FILIATION: EDWARD LINO PEREIRA

RUTH SOARES DA COSTA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 25 ABR/APR 2016

AUTORIDADE / AUTHORITY: SR/DPF/MG

VALIDADE / DATE OF EXPIRY: 24 ABR/APR 2026

P<BRAPEREIRA<COSTA<<MISLAYNI<JESSICA<<<<<<<<
FP685092<6BRA9207042F2604240<<<<<<<<<<<<<<06


VISTOS VISAS
OCT 29 2021
B2
APR 20 2023
VISA
UNITED STATES OF AMERICA
Issuing Post Name
RIO DE JANEIRO
Control Number
20181319630017
Surname
PEREIRA COSTA
Given Name
MISLAYNI JESSICA
Visa Type /Class
R B1/B2
Passport Number
FP685092
Sex
F
Birth Date
04JUL1992
Nationality
BRZL
Entries
M
Issue Date
14MAY2018
Expiration Date
10MAY2028
1010
Annotation
N0993017
**
VNUSAPEREIRA<COSTA<<MISLAYNI<JESSICA<<<<<<<<
FP685092<6BRA9207042F2805106B3RDJ1BMPU862312

Receipt Number		Case Type
MCT2226212067		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 08/25/2022	**Priority Date**	**Applicant** PEREIRA COSTA, MISLAYNI JESSICA
Notice Date 01/03/2023	**Page** 1 of 1	**Beneficiary** PEREIRA COSTA, MISLAYNI JESSICA

MISLAYNI JESSICA PEREIRA COSTA
c/o MISLAYNI JESSICA PEREIRA COSTA
1542 OLIVE AVE
VISTA CA 920835564

Notice Type: Approval Notice
Class: F1
Valid from 01/03/2023 to Duration of Status(DS)

The above application for change of nonimmigrant status is approved. The new status is listed above. The length of authorized temporary stay in this status, for the applicant(s) named, is also listed above.

An updated I-94 is included in the lower portion of this notice. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States.

If any person included in this application must depart the U.S., he or she may wish to take this notice with them to facilitate their return to this status. He or she must obtain a new visa in the new classification before returning to the U.S.

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

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

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

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

Detach This Half for Personal Records

Receipt# MCT2226212067
I-94# 686621798 A2
NAME PEREIRA COSTA, MISLAYNI JESSICA
CLASS F1
VALID FROM 01/03/2023 **UNTIL** Duration of Status (DS)

APPLICANT
PEREIRA COSTA, MISLAYNI JESSICA
1542 OLIVE AVE
VISTA CA 920835564

686621798 A2
Receipt Number MCT2226212067
US Citizenship and Immigration Services

I94 Departure Record
Applicant: PEREIRA COSTA, MISLAYNI JESSICA

14. Family Name		
PEREIRA COSTA		
15. First (Given) Name MISLAYNI JESSICA	**16. Date of Birth** 07/04/1992	
17. Country of Citizenship BRAZIL		

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

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

SEVIS ID: N0033508298

SURNAME/PRIMARY NAME Pereira Costa	**GIVEN NAME** Mislayni Jessica	**Class of Admission** **F-1**
PREFERRED NAME Mislayni Jessica Pereira Costa	**PASSPORT NAME**	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH	**DATE OF BIRTH** 04 JULY 1992	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CONTINUED ATTENDANCE	**ADMISSION NUMBER**	

SCHOOL INFORMATION

SCHOOL NAME Horizon Institute Horizon Institute	**SCHOOL ADDRESS** 3251 W 6TH ST STE 301, LOS ANGELES, CA 90020
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jessica Mertz Admission	**SCHOOL CODE AND APPROVAL DATE** LOS214F01460000 02 MARCH 2010

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	**MAJOR 1** Theology/Theological Studies 39.0601	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	**ENGLISH PROFICIENCY NOTES** Student is proficient	**EARLIEST ADMISSION DATE**
START OF CLASSES 06 OCTOBER 2025	**PROGRAM START/END DATE** 06 OCTOBER 2025 - 05 OCTOBER 2029	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 4,500	Personal Funds	$ 16,500
Living Expenses	$ 12,000	Funds From This School	$
Expenses of Dependents (0)	$	Funds From Another Source	$
Other	$	On-Campus Employment	$
TOTAL	$ 16,500	TOTAL	$ 16,500

REMARKS

SCHOOL ATTESTATION

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

X	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Jessica Mertz, Admission	28 October 2025	LOS ANGELES,CA

STUDENT ATTESTATION

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

X		
SIGNATURE OF: Mislayni Jessica Pereira Costa		**DATE**
	X	
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0033508298 (F-1) **NAME: Mislayni Jessica Pereira Costa**

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
06 OCTOBER 2025	12 DECEMBER 2025

TRAVEL ENDORSEMENT

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

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

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS TO SCHOOLS

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

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

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

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

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

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

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

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

SEVIS ID: N0033508298

SURNAME/PRIMARY NAME Pereira Costa	**GIVEN NAME** Mislayni Jessica	**Class of Admission** **F-1**
PREFERRED NAME Mislayni Jessica Pereira Costa	**PASSPORT NAME**	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH	**DATE OF BIRTH** 04 JULY 1992	
FORM ISSUE REASON Transfer Pending - Global TESOL College Inc. DBA INX Academy	**ADMISSION NUMBER**	**ACADEMIC AND LANGUAGE**

SCHOOL INFORMATION

SCHOOL NAME KPCA Northwestern Presbyterian Theological Seminary KPCA NWPTS	**SCHOOL ADDRESS** 29424 MILITARY RD S, FEDERAL WAY, WA 98003
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Jong Chung Office Administrator	**SCHOOL CODE AND APPROVAL DATE** SEA214F00088000 13 NOVEMBER 2012

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	**MAJOR 1** Bible/Biblical Studies 39.0201	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	**ENGLISH PROFICIENCY NOTES** Student is proficient	**EARLIEST ADMISSION DATE**
START OF CLASSES 19 AUGUST 2024	**PROGRAM START/END DATE** 19 AUGUST 2024 - 31 JULY 2028	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		**STUDENT'S FUNDING FOR:** 12 MONTHS	
Tuition and Fees	$ 5,000	Personal Funds	$ 0
Living Expenses	$ 13,000	Funds From This School	$
Expenses of Dependents (0)	$ 0	FAMILY	$ 22,434
BOOKS	$ 500	On-Campus Employment	$
TOTAL	$ 18,500	TOTAL	$ 22,434

REMARKS

SCHOOL ATTESTATION

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

X Jong Chung	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Jong Chung, Office Administrator	12 May 2024	FEDERAL WAY,WA

STUDENT ATTESTATION

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

X			
SIGNATURE OF: Mislayni Jessica Pereira Costa		**DATE**	
	X		
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)**	**DATE**

SEVIS ID: N0033508298 (F-1) **NAME: Mislayni Jessica Pereira Costa**

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

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

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

INSTRUCTIONS TO STUDENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

INSTRUCTIONS TO SCHOOLS

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

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

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

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

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

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

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

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

SEVIS ID: N0033508298

SURNAME/PRIMARY NAME Pereira Costa	**GIVEN NAME** Mislayni Jessica	**Class of Admission** **F-1**
PREFERRED NAME Mislayni Jessica Pereira Costa	**PASSPORT NAME**	
COUNTRY OF BIRTH BRAZIL	**COUNTRY OF CITIZENSHIP** BRAZIL	
CITY OF BIRTH	**DATE OF BIRTH** 04 JULY 1992	**ACADEMIC AND LANGUAGE**
FORM ISSUE REASON CHANGE OF STATUS	**ADMISSION NUMBER**	

SCHOOL INFORMATION

SCHOOL NAME Interglobal San Diego LLC Internexus San Diego	**SCHOOL ADDRESS** 2555 CAMINO DEL RIO S STE 150, SAN DIEGO, CA 92108
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Chikako Yamazaki DSO	**SCHOOL CODE AND APPROVAL DATE** SND214F58770000 04 OCTOBER 2021

PROGRAM OF STUDY

EDUCATION LEVEL LANGUAGE TRAINING	**MAJOR 1** Second Language Learning 32.0109	**MAJOR 2** None 00.0000
PROGRAM ENGLISH PROFICIENCY Not Required	**ENGLISH PROFICIENCY NOTES** Internexus is an ESL school	**EARLIEST ADMISSION DATE** 30 JULY 2022
START OF CLASSES 29 AUGUST 2022	**PROGRAM START/END DATE** 29 AUGUST 2022 - 26 MAY 2023	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		**STUDENT'S FUNDING FOR:** 9 MONTHS	
Tuition and Fees	$ 3,825	Personal Funds	$ 13,765
Living Expenses	$ 9,000	Funds From This School	$
Expenses of Dependents (0)	$	Funds From Another Source	$
Other	$	On-Campus Employment	$
TOTAL	$ 12,825	TOTAL	$ 13,765

REMARKS

COVID-19 on 3/26/2020, the Student and Exchange Visitor Program (SEVP) issued a guidance allowing DSOs to electronically send Forms I-20 to student email addresses listed in SEVIS. SEVP has identified the following method to sign and send the Form I-20: Email a digitally signed Form I-20 that contains a digitally reproduced copy of a physical signature

SCHOOL ATTESTATION

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

X	**DATE ISSUED**	**PLACE ISSUED**
SIGNATURE OF: Chikako Yamazaki, DSO	17 August 2022	SAN DIEGO,CA

STUDENT ATTESTATION

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

X		
SIGNATURE OF: Mislayni Jessica Pereira Costa		**DATE**
	X	
NAME OF PARENT OR GUARDIAN	**SIGNATURE**	**ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0033508298 (F-1) **NAME: Mislayni Jessica Pereira Costa**

EMPLOYMENT AUTHORIZATIONS

CHANGE OF STATUS/CAP-GAP EXTENSION

AUTHORIZED REDUCED COURSE LOAD

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE

TRAVEL ENDORSEMENT

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

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

INSTRUCTIONS TO STUDENTS

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For: **MISLAYNI JESSICA PEREIRA COSTA**

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

Most Recent I-94

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

Admission I-94 Record Number: 686621798A2

Arrival/Issued Date: 2021 October 29

Class of Admission: B2

Admit Until Date: 2022 April 28

Details provided on the I-94 Information form:

Last/Surname: PEREIRA COSTA

First (Given) Name: MISLAYNI JESSICA

Birth Date: 1992 July 04

Document Number: FP685092

Country of Citizenship: Brazil

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

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

View Travel History

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

Travel History Results

Document Number: **FP685092**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2021-10-29	Arrival	LOS

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

JUDICIARY - TJMG
JUDICIARY ADMINISTRATIVE DEPARTMENT
Civil Registry Office for Natural Persons and Notary Public - Nogueira Registry Office - MG
Digital Seal: EYU90163 - Security Code: 0421.8845.4877.9619 - Code and Quantity of Act(s) Performed: 1 (7802) Act(s)
Performed by: Fees: R$ 36.17 - Judicial Fee: R$ 7.30 - Total: R$ 43.47 - ISS Tax: R$ 1.71
Verify validity at: https://selos.tjmg.jus.br

Civil Registry 3399-1400 Industrial Park, Contagem - MG

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTER OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

MISLAYNI JÉSSICA PEREIRA COSTA

CPF
109.878.416-29

REGISTRATION
0454190155 1992 1 00155 149 0103533 10

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
July fourth, Nineteen Ninety-Two	04	07	1992

TIME OF BIRTH	PLACE OF BIRTH
//	Contagem - MG

CITY OF REGISTRATION AND STATE	LOCATION, CITY OF BIRTH AND STATE	SEX
Contagem - MG	Industrial Park M° and CCa of Contagem - MG	Female

PARENTS
EDWARD LINO PEREIRA
RUTH SOARES DA COSTA

GRANDPARENTS
Sebastião Luiz Pereira and Tarcisia Lino Pereira
José Soares da Costa and Maria das Graças Costa

TWINS	NAME AND REGISTRATION OF THE TWINS
NO	//

REGISTRATION DATE IN FULL	LIVE BIRTH REGISTRATION NUMBER
July seventh, nineteen ninety-two	//

ANNOTATIONS / NOTES TO BE ADDED
On 10/01/2021, the registrant's CPF was recorded.

REGISTRATION NOTES

DOCUMENT TYPE	NUMBER	DISPATCH DATE	ISSUING AGENCY	EXPIRATION DATE
RG (ID)	- - - | - - -	- - - | - - -	- - - | - - -	- - - | - - -
PIS/NIS (Social Integration Program) (Social Identification Number)	- - - | - - -	- - - | - - -	- - - | - - -	- - - | - - -
Passport	- - - | - - -	- - - | - - -	- - - | - - -	- - - | - - -
National Health Card	- - - | - - -	- - - | - - -	- - - | - - -	- - - | - - -

DOCUMENT TYPE	NUMBER	ELECTORAL DISTRICT/POLLING STATION	CITY	STATE
Voter ID	- - - | - - -	- - - | - - -	- - - | - - -	- - - | - - -

Residential ZIP CODE	- - - | - - -	Blood Type	- - - | - - -

The registration notes above do not exempt the interested party from presenting the original document when required by the requesting body or when necessary to identify its bearer.

Civil Registry Office for Natural Persons and Notary Public - Nogueira Registry Office
Official: Nilo de Carvalho Nogueira Coelho
Avenida João César de Oliveira, 1548 Eldorado
Contagem, MG (31) 3399-1400
registrocivil@cartorionogueira.com.br

The content of the certificate is true. I certify.
Contagem, MG, October 1, 2021.

-----//signature//-----
Signature of the Official/Deputy

Dangleyd Garcia Santana Resende
Clerk
NOGUEIRA REGISTRY OFFICE

RECIVIL AA 010593896 MG-P

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

Marina Viana _____ **Date: October 29, 2024**

PODER JUDICIÁRIO - TJMG
CORREGEDORIA - GERAL DE JUSTIÇA
Cartorio de Registro Civil das Pessoas Naturais e Tabelionato - Cartório Nogueira - MG
Selo Digital: EYU90163 - Cod. Seg : 0421.8845.4877.9619 - Cod. e Quantidade do(s) ato(s) Praticado(s): 1 (7802) Ato(s) Praticado(s) por: - Emol.: R$ 36,17 - Tx.Judic.: R$ 7,30 - Total: R$ 43,47 - ISS: R$ 1,71
Consulte a validade no site: https://selos.tjmg.jus.br

3399-1400

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE NASCIMENTO

NOME:

MISLAYNI JÉSSICA PEREIRA COSTA

CPF
109.878.416-29

MATRÍCULA:

0454190155 1992 1 00155 149 0103533 10

DATA DE NASCIMENTO POR EXTENSO
quatro de julho de mil novecentos e noventa e dois

DIA MÊS ANO
04/07/1992

HORA
//

NATURALIDADE
Contagem - MG

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO
Contagem-MG

LOCAL, MUNICÍPIO DE NASCIMENTO E UF
Parque Industrial Mº e CCª de Contagem - MG

SEXO
Feminino

FILIAÇÃO
EDWARD LINO PEREIRA
RUTH SOARES DA COSTA

AVÓS
Sebastião Luiz Pereira e Tarcisia Lino Pereira
José Soares da Costa e Maria das Graças Costa

GÊMEO
NÃO

NOME E MATRÍCULA DO(S) GÊMEO(S)
//

DATA DO REGISTRO POR EXTENSO
sete de julho de mil novecentos e noventa e dois

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO
//

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
Aos 01/10/2021 averbo o CPF do(a) registrado(a).

ANOTAÇÕES DE CADASTRO

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	---	---	---	---
PIS/NIS	---	---	---	---
Passaporte	---	---	---	---
Cartão Nacional de Saúde	---	---	---	---

TIPO DOCUMNETO	NÚMERO	ZONA/SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	---	---	---	---

CEP Residencial	---	Grupo Sanguíneo	---

* As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

Cartorio de Registro Civil das Pessoas Naturais e Tabelionato - Cartório Nogueira
Oficial: Nilo de Carvalho Nogueira Coelho
Avenida João César de Oliveira, 1548 Eldorado
Contagem-MG. (31) 3399-1400
registrocivil@cartorionogueira.com.br

O conteúdo da certidão é verdadeiro. Dou fé.
Contagem-MG, 01 de outubro de 2021.

Assinatura do Oficial/Substituto

Dangleyd Garcia Santana Resende
Escrevente
CARTÓRIO NOGUEIRA

RECIVIL AA 01059389 6 MG-P