

**Zaia Law LLC  
Castilho Zaia, Guilherme Borcelli  
11810 Grand Park Ave  
Ste 500  
North Bethesda, MD 20852**

**Non-detained**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
130 Delaware Avenue, Suite 300  
Buffalo, NY 14202**

_____	)	
<b>In the Matter of</b>	)	
	)	
<b>Douglas Santos Conclaves,</b>	)	<b>File No. A 220-762-085</b>
<b>Debora Do Carmo Andrade Santos,</b>	)	<b>File No. A 220-762-086</b>
<b>Bianca Santos Andrade,</b>	)	<b>File No. A 220-762-087</b>
<b>Beatriz Santos Andrade,</b>	)	<b>File No. A 220-762-088</b>
<b>Benicio Santos Andrade,</b>	)	<b>File No. A 220-762-089</b>
	)	
<b>In Removal Proceedings</b>	)	
_____	)	

Immigration Judge: **Baumgarten, Mary C.**

Next Hearing Date: **July 31, 2026, at 1:00 PM**

**RESPONDENTS' AMENDMENT OF FORM I-589**



# Application for Asylum and for Withholding of Removal

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

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

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

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

Part A.I. Information About You					
1. Alien Registration Number(s) (A-Number) (if any) 220762085		2. U.S. Social Security Number (if any) 503-85-0820		3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name SANTOS GONÇALVES		5. First Name Douglas		6. Middle Name N/A	
7. What other names have you used (include maiden name and aliases)? N/A					
8. Residence in the U.S. (where you physically reside)					
Street Number and Name 145, East 21st Street				Apt. Number Apt 1	
City Erie		State PA	Zip Code 16503	Telephone Number ( 607 ) 7591667	
(NOTE: You must be residing in the United States to submit this form.)					
9. Mailing Address in the U.S. (if different than the address in Item Number 8)					
In Care Of (if applicable): Zaia Law LLC				Telephone Number ( 267 ) 6376123	
Street Number and Name 11810 Grand Park Ave				Apt. Number N/A	
City North Bethesda		State MD		Zip Code 20850	
10. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
12. Date of Birth (mm/dd/yyyy) 09/15/1983		13. City and Country of Birth Santos, Brazil			
14. Present Nationality (Citizenship) Brazilian		15. Nationality at Birth Brazilian	16. Race, Ethnic, or Tribal Group Latino	17. Religion Evangelical	
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.					
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) <u>10/19/2021</u> b. What is your current I-94 Number, if any? <u>N/A</u> c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.) Date <u>10/23/2021</u> Place <u>Tecate, CA</u> Status <u>E.W.I.</u> Date Status Expires <u>N/A</u> Date <u>N/A</u> Place <u>N/A</u> Status <u>N/A</u> Date <u>N/A</u> Place <u>N/A</u> Status <u>N/A</u>					
20. What country issued your last passport or travel document? Brazil		21. Passport Number <u>YE362539</u> Travel Document Number <u>YE362539</u>		22. Expiration Date (mm/dd/yyyy) 12/06/2025	
23. What is your native language (include dialect, if applicable)? Portuguese		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		25. What other languages do you speak fluently? Spanish	



## Part A.II. Information About Your Spouse and Children

<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	<b>Action:</b> Interview Date: _____ Asylum Officer ID No.: _____	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
---------------------------	----------------------------	---	--

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

1. Alien Registration Number (A-Number) <i>(if any)</i> 220762086	2. Passport/ID Card Number <i>(if any)</i> YF458126	3. Date of Birth (mm/dd/yyyy) 04/04/1992	4. U.S. Social Security Number <i>(if any)</i> 002-95-5126
5. Complete Last Name DO CARMO ANDRADE SANTOS	6. First Name Debora	7. Middle Name N/A	8. Other names used (include maiden name and aliases) Débora do Carmo Andrade
9. Date of Marriage (mm/dd/yyyy) 01/17/2009	10. Place of Marriage Ipatinga, Brazil	11. City and Country of Birth Ipatinga, Brazil	
12. Nationality (Citizenship) Brazilian	13. Race, Ethnic, or Tribal Group Latina	14. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): N/A			
16. Place of last entry into the U.S. Tecate, CA	17. Date of last entry into the U.S. (mm/dd/yyyy) 10/23/2021	18. I-94 Number (if any) N/A	19. Status when last admitted (Visa type, if any) E. W. I.
20. What is your spouse's current status? E. W. I.	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	22. Is your spouse in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) N/A
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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

I have children. Total number of children: 3

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

1. Alien Registration Number (A-Number) <i>(if any)</i> 220762087	2. Passport/ID Card Number <i>(if any)</i> YF232376	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name SANTOS ANDRADE	6. First Name Bianca	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) 03/07/2010
9. City and Country of Birth Ipatinga, Brazil	10. Nationality (Citizenship) Brazilian	11. Race, Ethnic, or Tribal Group Latina	12. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): N/A			
14. Place of last entry into the U.S. Tecate, CA	15. Date of last entry into the U.S. (mm/dd/yyyy) 10/23/2021	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) E. W. I.
18. What is your child's current status? E. W. I.	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) N/A	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



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

1. Alien Registration Number (A-Number) <i>(if any)</i> <b>220762088</b>	2. Passport/ID Card Number <i>(if any)</i> <b>YF458125</b>	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>Single</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>SANTOS ANDRADE</b>	6. First Name <b>Beatriz</b>	7. Middle Name <b>N/A</b>	8. Date of Birth ( <i>mm/dd/yyyy</i> ) <b>07/26/2012</b>
9. City and Country of Birth <b>Ipatinga, Brazil</b>	10. Nationality ( <i>Citizenship</i> ) <b>Brazilian</b>	11. Race, Ethnic, or Tribal Group <b>Latina</b>	12. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

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

14. Place of last entry into the U.S. <b>Tecate, CA</b>	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) <b>10/23/2021</b>	16. I-94 Number ( <i>If any</i> ) <b>N/A</b>	17. Status when last admitted ( <i>Visa type, if any</i> ) <b>E.W.I.</b>
--	---	---	---

18. What is your child's current status? <b>E.W.I.</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

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

1. Alien Registration Number (A-Number) <i>(if any)</i> <b>220762089</b>	2. Passport/ID Card Number <i>(if any)</i> <b>YF458124</b>	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>Single</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>SANTOS ANDRADE</b>	6. First Name <b>Benicio</b>	7. Middle Name <b>N/A</b>	8. Date of Birth ( <i>mm/dd/yyyy</i> ) <b>01/17/2018</b>
9. City and Country of Birth <b>Ipatinga, Brazil</b>	10. Nationality ( <i>Citizenship</i> ) <b>Brazilian</b>	11. Race, Ethnic, or Tribal Group <b>Latino</b>	12. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

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

14. Place of last entry into the U.S. <b>Tecate, CA</b>	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) <b>10/23/2021</b>	16. I-94 Number ( <i>If any</i> ) <b>N/A</b>	17. Status when last admitted ( <i>Visa type, if any</i> ) <b>E.W.I.</b>
--	---	---	---

18. What is your child's current status? <b>E.W.I.</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---	--

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

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

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

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

18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

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



### Part A.III. Information About Your Background

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

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
R. Ageu, 140	Ipatinga	Minas Gerais	Brazil	03/2020	10/2021
N/A	N/A	N/A	N/A	N/A	N/A

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

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
145, East 21st Street	Erie	PA	United States	04/2025	PRESENT
12322 Pink Dogwood Ln	Jacksonville	FL	United States	09/2024	04/2025
26 Kattelville Rd	Binghamton	NY	United States	10/2023	08/2024
120 William St.	Jamestown	NY	United States	03/2022	10/2023
93 Wakeman Ave	Newark	NJ	United States	12/2021	02/2022

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

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Supletivo à Distância SAEI	High School Equivalency Program	Costa Fernandes, Praça Monte Castelo, nº12, g. 302, Rio de Janeiro, Brazil.	06/2017	08/2018
CESEC Joao Guimaraes Rosa	High School	Av. Joao Valentim Pascoal, 865 A, Ipatinga, Brazil	01/2012	12/2014
E. E. Prof. Zulmira de Almeida Lambert	Elementary School	R. Campos, s/n - São Vicente, Brazil	01/1999	12/1999
EMEF Prof. Laura Filgueiras	Elementary School	R. Mal. Euclides Zenobio da Costa, 75, Sao Vicente, Brazil.	01/1993	12/1998

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

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
3bxsolutions -12322 Pink Dogwood Ln, Jacksonville, FL, USA	Businessman/Partner	05/2024	PRESENT
Ann Cleaner - NY, USA, various addresses	Cleaner	03/2022	08/2024
Supermarket Stop & Shop - NJ, USA	Dishwasher/Cleaner	11/2021	03/2022

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

Full Name	City/Town and Country of Birth	Current Location
Mother Maria da Conceicao Santos Goncalves	Sao Vicente, Brazil	<input checked="" type="checkbox"/> Deceased N/A
Father Luiz Goncalves	Sao Vicente, Brazil	<input checked="" type="checkbox"/> Deceased N/A
Sibling Denis Santos Goncalves	Santos, Brazil	<input type="checkbox"/> Deceased Sao Vicente, Brazil
Sibling Danielly Santos Goncalves	Santos, Brazil	<input type="checkbox"/> Deceased Sao Tome das Letras, Brazil
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A



## Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Race        | <input checked="" type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention                      |

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

- No  Yes

If "Yes," explain in detail:

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

My involvement with the PCC began when I was approximately seventeen years old in São Vicente, São Paulo, where I grew up in extreme poverty without family structure or guidance. I came to be identified within the organization as a "primo-leal," a peripheral, non-initiated affiliate. I was never formally initiated and held no leadership position. My involvement lasted approximately three years. In my early twenties, I became a Christian. That transformation led me to make a conscious, permanent decision to leave the PCC entirely, not merely to step back, but to reject the organization, its methods, and everything it represented. I did not announce my departure. I silently distanced myself, stopped associating with anyone connected to the PCC, and relocated to the state of Minas Gerais to rebuild my life. Continued in Supplement B.

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

- No  Yes

If "Yes," explain in detail:

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

I fear being killed by the Primeiro Comando da Capital (PCC) if we return to Brazil. I am permanently marked as a traitor by the PCC because I left the organization, a decision I made in my early twenties after converting to Christianity and rejecting everything the PCC represents. I had been a peripheral, non-initiated affiliate known as a "primo-leal." In the PCC's framework, leaving without authorization is treated as betrayal, and betrayal is punished with death. Years after I relocated from São Paulo to Minas Gerais and rebuilt my life, the PCC found me through my business's social media presence. The demands that followed were not only financial, they were an attempt to force me to reverse my departure and return to the organization. When I refused, the calls made clear that my life was in danger. I also fear that my wife and children would be threatened, harmed, or killed in retaliation, as threats against them were already made to pressure me into complying. I believe the PCC has the capacity to locate me anywhere in Brazil, they already proved this when they found me after I had moved states to escape. I believe the PCC operates across the entire country and has the reach and resources to find and harm anyone it considers a traitor, regardless of where they live. I believe the Brazilian state is unable or unwilling to protect my family or me. Further details are in my declaration.



**Part B. Information About Your Application (continued)**

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

No  Yes

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

When I was 18 years old, I was arrested in São Vicente, São Paulo, Brazil, for possessing a small amount of drugs for personal use. I was detained for approximately ninety days during the legal proceedings and was ultimately released with a more lenient penalty and no additional jail time, consisting of an alternative monetary sanction that I fulfilled through the donation of basic food baskets. This experience was a turning point in my life. It made me realize the need to completely leave behind the criminal lifestyle and work toward a better and lawful future. Since that time, I have devoted myself to building a family, starting a business, and living a life of integrity. I sincerely regret my past mistakes and have worked tirelessly to distance myself from those influences. In addition, in October 2021, while in transit through Mexico, my family and I were held by Mexican officials at the Tijuana airport for approximately one day, together with other arriving foreign nationals, without adequate explanation. We were not charged with any offense and were released. Further details are included in my declaration.

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

No  Yes

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

From approximately age seventeen to twenty, I was associated with individuals connected to the Primeiro Comando da Capital (PCC) in São Vicente, São Paulo, and was regarded as what they called a "primo-leal," a lower-level, non-initiated affiliate. I was never formally initiated into the organization through its "baptism" process, never held a leadership role, and did not occupy any position of authority. Around age twenty, I decided to distance myself from that environment, stopped associating with people connected to the PCC, and moved to another state to rebuild my life. After distancing myself and later refusing demands to reestablish contact or comply with requests for money, I was threatened by individuals I understood to be associated with the PCC. Further details are included in my declaration.

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

No  Yes

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

At approximately age twenty, after realizing the harmful path I was on, I made a conscious decision to sever all ties with the group and reject its criminal activities. Since then, I have fully committed myself to building a lawful and peaceful life for myself and my family. I have not participated in, maintained contact with, or held any role in the PCC or any similar organization, and I moved to another state to rebuild my life. Further details are included in my declaration.

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

No  Yes

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

I am afraid of being subjected to torture and killed by the Primeiro Comando da Capital (PCC) if I return to Brazil. The PCC uses extreme violence to punish those it classifies as traitors. Based on my time in that environment and what I witnessed and learned about how the organization operates, I know that people considered traitors are subjected to severe beatings, physical abuse, and other forms of violent punishment before being killed. I am permanently classified as a traitor by the PCC for having left the organization and refusing to return or comply with its demands. I believe that if I returned to Brazil, I would be subjected to this type of treatment in retaliation for my departure and continued refusal to submit to the organization. I also fear that my wife and children would be harmed as a way to pressure or retaliate against me. I believe the Brazilian authorities are unable or unwilling to protect me or my family from this harm. Further details are included in my declaration.



---

---

## Part C. Additional Information About Your Application

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

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

No  Yes

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

N/A

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

No  Yes

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

No  Yes

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

Before entering the United States on October 23, 2021, my family and I passed through Mexico for approximately three days. Upon arrival, we were held by Mexican officials at the Tijuana airport for approximately one day, together with other foreign nationals, without receiving a clear explanation and without being accused of anything. In the confusion after our release, we lost the backpack containing our passports. I did not seek protection in Mexico because I did not believe my family would be safe there. We had been warned that corruption among authorities was common, and what we experienced seemed consistent with that. From what I knew and had heard, criminal organizations hold significant influence in Mexico, and I feared that groups there could have ties to organizations like the PCC. We also had no status, family, or support network in the country. Further details are included in my declaration.

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

No  Yes

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

N/A



**Part C. Additional Information About Your Application (continued)**

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

No  Yes

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

N/A

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

No  Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

My delay in filing was due to a combination of factors. The persecution I faced in Brazil left me in a constant state of fear, and adjusting to life in the United States was an enormous challenge. After a positive credible fear determination, I was released and enrolled in ICE's Alternatives to Detention program as head of family, with hearings already scheduled before the Immigration Court. Because I was under continuous government monitoring and attended every hearing I was given, even without a lawyer, I reasonably believed my case was already underway. I focused primarily on trying to stabilize my life, which required my family to relocate repeatedly for work, and my case was transferred from New York to the Buffalo Immigration Court during this period. Additionally, I faced significant financial difficulties, aggravated by the total loss of our car in a snow accident, which I reported to the court at the time. The drastic change in my life and the need to support myself and my family in the United States made it difficult for me to prioritize the asylum process. I tried repeatedly to obtain free legal assistance, but my calls went unanswered or I was redirected without result. The fear of being forced to return to Brazil, where my life was in constant danger, also made it extremely difficult for me to navigate the asylum process promptly. It was only after I gained a better understanding of the U.S. asylum system and received the support of legal counsel that I realized the importance of filing my application. Given these extraordinary circumstances, I respectfully request that my delay in filing be excused. I am now fully prepared to present my case and provide all necessary documentation to support my claim for asylum. Further details are included in my declaration.

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

No  Yes

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

Upon entering the United States through Tecate, California, on October 23, 2021, my family and I were detained by immigration authorities as part of the immigration process after requesting protection. I remained detained for approximately two days while my case was processed. Following a positive credible fear determination, I was released from detention and placed in Immigration Court proceedings. Neither I nor any member of my family included in this application has committed, been charged with, convicted of, or sentenced for any other crime in the United States. My sole purpose in seeking entry was to escape severe threats and persecution in our home country. Further details are included in my declaration.



## Part D. Your Signature

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

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

Print your complete name. <b>Douglas Santos Goncalves</b>	Write your name in your native alphabet. <b>N/A</b>
--	--

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

<b>N/A</b> (Name)	<b>N/A</b> (Relationship)	<b>N/A</b> (Name)	<b>N/A</b> (Relationship)
----------------------	------------------------------	----------------------	------------------------------

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

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

No  Yes

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

➔ [ \_\_\_\_\_ ] 06/08/2026  
 Sign your name so it all appears within the brackets Date (mm/dd/yyyy)

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

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

Signature of Preparer		Print Complete Name of Preparer <b>Guilherme Castilho Zaia</b>	
Daytime Telephone Number <b>( 267 ) 6376123</b>		Address of Preparer: Street Number and Name <b>11810 Grand Park Ave</b>	
Apt. Number <b>N/A</b>	City <b>North Bethesda</b>	State <b>MD</b>	Zip Code <b>20850</b>
To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <b>334469</b>	Attorney or Accredited Representative USCIS Online Account Number (if any) <b>0 6 9 0 1 5 9 2 4 6 1 6</b>



---

---

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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

---

---

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

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

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

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge





# Application for Asylum and for Withholding of Removal Supplement A

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

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

A-Number <i>(If available)</i> <b>220762085</b>	Date <b>06/08/2026</b>
Applicant's Name	Applicant's Signature

**List All of Your Children, Regardless of Age or Marital Status**  
*(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)*

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

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





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

A-Number (if available) 220762085	Date 06/08/2026
Applicant's Name	Applicant's Signature

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

Part   B  

Question   1.A.  

That decision to leave is what permanently marked me as a traitor in the PCC's internal framework. In that organization, a member who departs without authorization is classified as a deserter and a traitor. That designation does not expire. It carries known and lethal consequences, regardless of how much time passes.

I rebuilt my life entirely in Minas Gerais. I married, had three children, and founded a legitimate food production business in Ipatinga that grew to include two locations, a factory, and nearly thirty-two employees. My business's social media presence allowed the PCC to locate me years later. When members of the PCC contacted me by phone, the demands were not simply financial. They were the organization's attempt to reverse, through coercion, the departure I had made years earlier – to force me to resume submission to its authority. I refused, because I had already permanently rejected any connection to the organization. That refusal confirmed, in the PCC's view, the betrayal that had begun the day I left. After my refusals, the threats escalated to explicit death threats against me, my wife, and my children.

I did not seek police protection, because I believed that filing a police report could expose me to greater risk rather than protect me. Internal relocation within Brazil offered no protection, since I had already relocated from São Paulo to Minas Gerais and was found regardless. I left Brazil on October 19, 2021, with my wife and three children. Further details are included in my declaration.





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

A-Number (if available) 220762085	Date 06/08/2026
Applicant's Name Douglas Santos Goncalves	Applicant's Signature

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

Part A.III.

Question 2

74 Garrison St, Newark, NJ, United States (10/2021 - 11/2021)  
 Rua Ageu, 140, Ipatinga, Minas Gerais, Brazil (03/2020 - 10/2021)  
 Rua Carlos Chagas 505, Santana do Paraiso, Brazil (01/2020 - 03/2020)





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

A-Number (if available) 220762085	Date 06/08/2026
Applicant's Name Douglas Santos Goncalves	Applicant's Signature

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

Part A.III.

Question 3

Escola Estadual Olga Cury, Elementary School, R. Alexandre Fleming, s/n, Santos, Brazil (01/1991 - 12/1992)





# Application for Asylum and for Withholding of Removal Supplement B

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

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

## Additional Information About Your Claim to Asylum

A-Number (if available) 220762085	Date 06/08/2026
Applicant's Name Douglas Santos Goncalves	Applicant's Signature

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

Part A.III.

Question 4

Pao de Ouro - Ipatinga, Brazil - Owner (02/2021 - 10/2021)  
 Top Salgados - Coronel Fabriciano, Brazil - Owner (01/2019 - 10/2021)  
 Top Salgados - Ipatinga, Brazil - Owner (11/2018 - 10/2021)



**Douglas Santos Gonçalves**  
**Debora Do Carmo Andrade Santos**  
**Bianca Santos Andrade**  
**Beatriz Santos Andrade**  
**Benicio Santos Andrade**

**A 220-762-085**  
**A 220-762-086**  
**A 220-762-087**  
**A 220-762-088**  
**A 220-762-089**

**PROOF OF SERVICE**

On this day, I, Guilherme Castilho Zaia, served a copy of the following documents:

**RESPONDENTS' AMENDMENT OF FORM I-589**

To the following:

<b>Office Location:</b>  Office of the Principal Legal Advisor Department of Homeland Security 250 Delaware Avenue, Suite 773 Buffalo, NY 14202	<b>Mailing Address:</b>  US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor 250 Delaware Avenue, Suite 773 Buffalo, NY 14202
--	---

by:

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



**Guilherme Castilho Zaia (Bar N. 334469)**  
**Attorney at Law**  
**11810 Grand Park Ave, Ste 500**  
**North Bethesda, MD 20852**  
*Counsel for Respondent*