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Non-Detained

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
900 Market Street, Suite 504
Philadelphia, PA 19107**

In the Matter of)
)
João Lucas Rocha Silveira)
)
In Removal Proceedings)
_____)

File No. A 220-350-514

**RESPONDENT'S APPLICATION FOR ASYLUM AND WITHHOLDING OF
REMOVAL – 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. There is no filing fee for 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) 220350514	2. U.S. Social Security Number (if any) N/A	3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name ROCHA SILVEIRA	5. First Name Joao Lucas	6. Middle Name N/A	
7. What other names have you used (include maiden name and aliases)? Graziela Rocha Silveira			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 2378 S Barton Ave			Apt. Number N/A
City Inverness	State Florida	Zip Code 34450	Telephone Number (912) 736 0009
(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): Otavio Haverroth Silva			Telephone Number (510) 2419336
Street Number and Name PO Box 90487			Apt. Number N/A
City San Diego	State CA	Zip Code 92169	
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) 02/27/2003	13. City and Country of Birth Brazil		
14. Present Nationality (Citizenship) Brazilian	15. Nationality at Birth Brazilian	16. Race, Ethnic, or Tribal Group Latino	17. Religion Catholic
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>11/16/2021</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>11/21/2021</u>	Place <u>Arizona</u>	Status <u>EWI</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 YE640548 Travel Document Number N/A		22. Expiration Date (mm/dd/yyyy) 06/06/2027
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? N/A	

Part A.II. Information About Your Spouse and Children

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

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

1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Date of Birth (mm/dd/yyyy) 03/11/2002	4. U.S. Social Security Number (if any) 767104600
5. Complete Last Name JONES	6. First Name Jacob	7. Middle Name Paul	8. Other names used (include maiden name and aliases) N/A
9. Date of Marriage (mm/dd/yyyy) 07/14/2025	10. Place of Marriage Inverness, USA	11. City and Country of Birth Inverness, USA	
12. Nationality (Citizenship) American		13. Race, Ethnic, or Tribal Group White	14. Sex <input checked="" type="checkbox"/> Male <input 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): _____			
16. Place of last entry into the U.S. N/A	17. Date of last entry into the U.S. (mm/dd/yyyy) N/A	18. I-94 Number (if any) N/A	19. Status when last admitted (Visa type, if any) N/A
20. What is your spouse's current status? U.S. citizen	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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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: _____.

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

1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input 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. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	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 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 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> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. 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>): N/A			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	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? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. 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>): N/A			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	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? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> N/A	2. Passport/ID Card Number <i>(if any)</i> N/A	3. Marital Status (<i>Married, Single, Divorced, Widowed</i>) N/A	4. U.S. Social Security Number <i>(if any)</i> N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (<i>mm/dd/yyyy</i>) N/A
9. City and Country of Birth N/A	10. Nationality (<i>Citizenship</i>) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. 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>): N/A			
14. Place of last entry into the U.S. N/A	15. Date of last entry into the U.S. (<i>mm/dd/yyyy</i>) N/A	16. I-94 Number (<i>If any</i>) N/A	17. Status when last admitted (<i>Visa type, if any</i>) N/A
18. What is your child's current status? N/A	19. What is the expiration date of his/her authorized stay, if any? (<i>mm/dd/yyyy</i>) N/A	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? (<i>Check the appropriate box.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> 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)
AV Castelo Branco 409	Porto Velho	Rondonia	Brazil	02/2017	11/2021
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)
2378 S Barton Ave	Inverness	Florida	USA	03/2026	PRESENT
2250 Evenglow Ave	Spring Hill	Florida	USA	04/2025	03/2026
1791 Gyn Rickey	Ocoee	Florida	USA	02/2022	04/2025
1760 Revere Beach Pkwy	Everett	Massachusetts	USA	12/2021	02/2022
Av Castelo Branco 409	Porto Velho	Rondonia	Brazil	02/2017	11/2021

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)
EEEEFN Fernando de Souza Gomes	High School	AV Tiradentes s/n Porto Velho, Brazil	03/2019	12/2021
EEEEFN Fernando de Souza Gomes	Elementary School	AV Tiradentes s/n Porto Velho, Brazil	03/2015	12/2018
Jean Piaget	Elementary School	Rua Alagoas, 2082, Espigao D'Oeste, Brazil	02/2010	12/2014
N/A	N/A	N/A	N/A	N/A

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)
Hotel Revel Minot, 1510 26th Ave SW, Minot, ND	Receptionist	10/2024	12/2024
Kings Point, 7231 International Dr #J, Orlando, FL	Kitchen assistant	06/2023	09/2024
Cfs Coffe Winter Park, 430 W New England Ave, Winter Park, FL	Kitchen assistant	04/2022	06/2023

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 Ana Kézia Almeida Rocha Silveira	Espigão do Oeste, Brazil	<input type="checkbox"/> Deceased Porto Velho, Brazil
Father Celio Silveira	Tangará da Serra, Brazil	<input type="checkbox"/> Deceased Espigao Do Oeste, Brazil
Sibling Ana Clara Almeida Rocha Silveira	Espigao do Oeste, Rondonia	<input type="checkbox"/> Deceased Espigao Do Oeste, Brazil
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A
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.

Throughout my entire life, I was repeatedly harassed, beaten, threatened, and humiliated because of my gender identity. From the time I was a child until I fled Brazil in November 2021, I suffered continuous persecution by classmates, neighbors, strangers, and my own family, all because of my female gender identity and my inability to conform to expectations that I act like a boy. At school Jean Piaget in Espigão D'Oeste, I was daily called transphobic and homophobic slurs ("viado," "bicha," "mulherinha"), physically assaulted by classmates, and mocked by teachers - all targeting my feminine mannerisms. My family beat me regularly to punish feminine behavior, while my cisgender sister was never beaten. Abuse became so severe I had to change schools and cities. In the new city, persecution intensified. Throughout 2018-2021, I suffered repeated attacks by groups of men who explicitly said they attacked me for being gender non-conforming, using transphobic and homophobic slurs and death threats. Violence escalated with any feminine expression, proving the direct connection to my gender identity. In June 2019, I was beaten with sports equipment by boys at school and did not seek hospital treatment to avoid my family discovering the incident. On New Year's Eve 2021, I was followed by an unknown man while returning home in my father's city and was forced to enter an establishment for safety. I was also witness to serious violence against other LGBT people, including a close friend who was hospitalized after being severely beaten because of his identity.

- 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 have a well-founded fear of persecution if I return to Brazil on account of my transgender identity, based on both my past persecution and my current circumstances. I fear that I will be murdered, sexually assaulted, physically attacked, threatened, tortured, and raped. I believe I would be harmed by private agents, given that the Brazilian government will not act to prevent this violence or protect transgender people, as well as by public agents and members of law enforcement who systematically abuse rather than protect LGBTQIA+ individuals, with impunity. Since beginning my medical transition in the United States in August 2022, including hormone therapy and surgical changes, I am now permanently and visibly transgender and cannot change my identity. This increased visibility makes me an immediate and identifiable target for violence. In Brazil, transgender women and LGBTQIA+ people face widespread and severe violence, and the government is unable and unwilling to provide effective protection. Persecution directed at LGBTQIA+ people is nationwide, and internal relocation would not suffice to protect me - anywhere in the country, I would be perceived as a transgender woman, and that alone would be sufficient to expose me to violence, discrimination, and death. I lack family protection, as my family was itself a source of harm throughout my life. Due to systemic discrimination against transgender women in employment, housing, and access to services, I would be unable to support myself and would be forced into dangerous survival conditions that increase my risk of harm. I would additionally be denied access to medical care, including the hormone therapy and treatment I depend on, as transgender healthcare remains inaccessible or actively withheld in Brazil outside of major centers, further endangering my life and wellbeing. For these reasons, I have a well-founded fear that I will be sexually exploited, tortured, and likely killed if returned to Brazil. Further details are included in my attached 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.

- 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.

- 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.

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

No Yes

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

I fear that I will be subjected to torture if returned to Brazil on account of my transgender identity. I fear severe harm including gang rape, prolonged beatings, mutilation, and murder by private agents who target transgender women. I also fear abuse by police officers. This harm rises to the level of torture. I believe this harm would occur with the acquiescence of Brazilian government officials because authorities are aware of the widespread and well-documented violence against transgender women, have the power to prevent it, and routinely fail to do so. Police and government authorities frequently refuse to investigate crimes against transgender individuals, fail to prosecute perpetrators, and in some cases directly abuse transgender victims. This creates a climate of impunity that allows such violence to continue. Since my medical transition in the United States, I am now visibly and permanently transgender and cannot change my identity. This makes me an immediate target. I lack family protection, which increases my vulnerability. As a result, I will be subjected to torture with the acquiescence of public officials or at their own hands if returned to Brazil. Further details are included in my attached 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.

- 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.

I transited through Mexico for approximately one week in November 2021, I had no legal status there and am not entitled to return for lawful residence. I did not apply for asylum in Mexico because Mexico does not constitute a safe alternative for LGBTQIA+ individuals – transgender and gender non-conforming people face widespread violence, discrimination, and lack of effective government protection throughout the country. At that time, although I had not yet begun my medical transition and was still presenting as male, I had feminine characteristics and internally identified as a woman, which made me visibly vulnerable. In Mexico City, I was confined to a hotel room for approximately three days without food or potable water, and my cell phone was stolen, leaving me isolated and unable to seek help. Upon reaching Mexicali at the border, I was targeted and harassed by two men who attempted to separate me from my group and force me into a van; they grabbed my belongings and tried to take me alone. I was under imminent danger of being kidnapped, tortured, and raped. I only reached safety because my group and I managed to cross into the United States at that moment – had we remained in Mexico any longer, those men would have found me again. As an eighteen-year-old traveling alone, speaking only Portuguese, and gender non-conforming, I was at acute and immediate risk of kidnapping, sexual violence, and trafficking. My transit was brief, dangerous, and I had no safe alternative but to reach the United States. Further details are included in my attached 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.

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).)

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.

I arrived in the United States on November 21, 2021 and after a Credible Fear Interview I was granted parole. I qualify for an exception to the one-year filing deadline based on both changed circumstances and extraordinary circumstances directly related to my delay. Since my entry into the United States in November 2021, I have undergone a fundamental change in my personal circumstances. I entered the United States presenting as a gay male, but beginning in August 2022, I started my medical transition, including hormone therapy, surgical procedures, and subsequent physical changes, and I now live as a transgender woman. This transition significantly increases my risk of persecution and torture if returned to Brazil, where transgender women face extreme violence. My current identity and visibility are materially different from the circumstances that existed at the time of my entry and constitute changed circumstances that materially affect my eligibility for asylum. At the time of my arrival and release from detention in 2021, I was 18 years old, a native Portuguese speaker with no English proficiency, recently traumatized, and without family support. I was not provided with information in a language I understood about my right to apply for asylum, the one-year deadline, or how to obtain legal assistance. Critically, I never received a Notice to Appear or any Notice of Hearing. I was unaware that removal proceedings had been initiated against me or that a hearing had been scheduled. I only learned much later, when I sought legal assistance to regularize my status, that an in absentia removal order had been entered against me. During the period following my unnoticed hearing, I remained unaware of my legal situation and lacked access to counsel. I received notice of any hearing, I would have appeared and complied with all requirements. I am now seeking to reopen my case and pursue protection through this application. Further details are included in my attached 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.

On November 21, 2021, I was apprehended by U.S. Border Patrol near San Luis, Arizona, after entering the United States without authorization. I was charged with removability under Section 212(a)(7)(A)(i) (I) and Section 212(a)(6)(A)(i) of the Immigration and Nationality Act. I was detained by the Department of Homeland Security at the Eloy Detention Center in Eloy, Arizona, for approximately 20 days. During my detention, I underwent a credible fear interview based on my fear of persecution due to my membership in a particular social group. I was released on parole on December 10, 2021. I was not charged with any criminal offense, and no criminal charges were filed against me. I have no criminal history in the United States or in any other country. My detention was solely related to my manner of entry as an immigration matter. After my release, I was not provided with a Notice to Appear or any information about a hearing. I never received any Notice to Appear or Notice of Hearing and was unaware that removal proceedings had been initiated against me. I later learned, only after seeking legal assistance to regularize my status, that an in absentia removal order had been entered against me without my knowledge. Further details are included in my attached 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. João Lucas Rocha Silveira	Write your name in your native alphabet. N/A
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Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
--------	----------------	--------	----------------


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

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

Signature of Applicant (The person in Part A.)
 **06/01/2026**
 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 Otavio Haverroth Silva	
Daytime Telephone Number (510) 2419336		Address of Preparer: Street Number and Name PO Box 90487	
Apt. Number N/A	City San Diego	State CA	Zip Code 92169
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) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8

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

NOTE: You will be asked to complete this part 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 (If available) 220-350-514	Date 06/01/2026
Applicant's Name Joao Lucas Rocha Silveira	Applicant's Signature <i>Joao Lucas Rocha Silveira</i>

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

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

1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input 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. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	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 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 type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any) N/A	2. Passport/ID Card Number (if any) N/A	3. Marital Status (Married, Single, Divorced, Widowed) N/A	4. U.S. Social Security Number (if any) N/A
5. Complete Last Name N/A	6. First Name N/A	7. Middle Name N/A	8. Date of Birth (mm/dd/yyyy) N/A
9. City and Country of Birth N/A	10. Nationality (Citizenship) N/A	11. Race, Ethnic, or Tribal Group N/A	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input 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. N/A	15. Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I-94 Number (If any) N/A	17. Status when last admitted (Visa type, if any) N/A
18. What is your child's current status? N/A	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 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 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

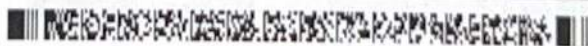
A-Number (if available) 220350514	Date 06/01/2026
Applicant's Name Joao Lucas Rocha Silveira	Applicant's Signature <i>João Lucas Rocha Silveira</i>

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

Part A.I

Question 10

My sex is marked as "Male" on this form because it reflects my biological sex as recorded on official identity documents. However, I identify myself female and live as a transgender woman. My legal name as recorded on official documents is João Lucas Rocha Silveira, but I identify myself and I am known as Graziela Rocha Silveira. I am in the process of transitioning and have been undergoing hormone therapy and surgical procedures since August 2022. I present myself and live fully as a woman in all aspects of my daily life. The designation of "Male" on this form should not be interpreted as inconsistent with the my asylum claim, which is based in significant part on my identity as a transgender woman and the persecution I face as a result.





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) 220350514	Date 06/01/2026
Applicant's Name Joao Lucas Rocha Silveira	Applicant's Signature <i>Joao Lucas Rocha Silveira</i>

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

Part AIII

Question 4

During the period from October 2024 to December 2024, I worked as a receptionist at Hotel Revel in Minot, North Dakota. Although my primary residence remained in Florida with my husband, I temporarily relocated to North Dakota for this short-term employment opportunity, as the position included on-site housing accommodations at the hotel. This arrangement was solely for financial reasons. In December 2024, my husband was involved in a serious motorcycle accident, and I immediately returned to Florida to care for him and support his recovery. I did not change my permanent address during this period as I always intended to return to Florida, where my husband and our life together are established.





Application for Asylum and for Withholding of Removal Supplement B

Department of Homeland Security
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Expires 09/30/2027

Additional Information About Your Claim to Asylum

A-Number (if available) 220-350-514	Date 06/01/2026
Applicant's Name Joao Lucas Rocha Silveira	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

I never reported any of the incidents because Brazilian police are documented to abuse transgender victims rather than protect them. Brazil has the world's highest transgender murder rate with near-total impunity, proving government unwillingness to protect transgender women. Attackers explicitly referenced my gender identity through slurs and statements. My family's differential treatment versus my sister shows abuse was tied to being transgender. My experience matches systematic persecution of transgender women throughout Brazil. I fled Brazil at eighteen because staying meant certain persecution, torture at the hands of my persecutors, and most likely death. Brazil remains the deadliest country for transgender people. After medical transition in the U.S., I am permanently visibly transgender, increasing my risk if returned. Further details are included in my attached 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) 220350514	Date 06/01/2026
Applicant's Name Joao Lucas Rocha Silveira	Applicant's Signature <i>Joao Lucas Rocha Silveira</i>

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

Part C
Question 5

My ability to seek legal help was further hindered by significant family hardship: following my husband's serious motorcycle accident in December 2024, I became his primary caregiver, managing his recovery while also working to survive. Additionally, the psychological burden of navigating my ongoing medical and My gender transition – a deeply demanding and emotionally consuming process – further prevented me from understanding or pursuing legal options during this period. These compounding factors: lack of notice, language barriers, the psychological weight of my transition, and the urgent need to care for my injured husband, constitute extraordinary circumstances that directly caused the delay in filing. The combination of my young age, lack of notice of proceedings, family crisis, my ongoing transition, and the significant change in my circumstances due to my gender transition justify an exception to the one-year deadline.



PROOF OF SERVICE

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

**RESPONDENT’S APPLICATION FOR ASYLUM AND WITHHOLDING OF REMOVAL
- FORM I-589**

To the following:

Office Location: Office of the Principal Legal Advisor Department of Homeland Security 900 Market Street, Suite 346 Philadelphia, PA 19107	Mailing Address: US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor 900 Market Street, Suite 346 Philadelphia, PA 19107
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by:

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



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