



**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT**

Respondent Name:
RAIMUNDO, MIRIAN

Address:
12107 NE 134TH ST
KIRKLAND, WA 98034

A-Number:
221-290-315

REJECTION NOTICE

Date: 07/09/2026

**REJECTED FILING
NOTICE TO ATTORNEY OR REPRESENTATIVE**

This notice is to inform you that the document(s) received by the Immigration Court on 07/01/2026 is/are being rejected for the reasons given below. When re-filing the corrected document(s) other than initiation documents, please attach this rejection notice. A copy of the corrected filing must also be served on the opposing party.

Document(s) being rejected:
Fee Waiver - Motion to Reconsider - Patrick.pdf

Rejection Reason(s)

1. No Cover Page
2. No or Improper Proof of Service

Rejection Explanation:

Certificate of Service

This document was served:

Via: ☐ Mail ☐ Personal Service ☒ Electronic Service
To: ☐ Alien ☐ Alien c/o custodial officer ☒ Alien's atty/rep. ☐ DHS
By: GulbranJ, ☐ Court Staff ☐ Immigration Judge
Date: 07/09/2026



**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT**

Respondent Name:

RAIMUNDO-SANTANA, PABLO HENRIQUE

A-Number:

221-290-343

Address:

12107 NE 134TH ST
KIRKLAND, WA 98034

REJECTION NOTICE

Date: 07/09/2026

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Date: 07/09/2026



**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT**

Respondent Name:

RAIMUNDO-SANTANA, PATRICK

A-Number:

221-290-316

Address:

12107 NE 134TH ST
KIRKLAND, WA 98034

REJECTION NOTICE

Date: 07/09/2026

**REJECTED FILING
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By: GulbranJ, ☐ Court Staff ☐ Immigration Judge

Date: 07/09/2026

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

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
915 2nd Avenue, Suite 613
Seattle, WA 98174**

	)	
In the Matter of	)	
	)	
Mirian Raimundo	)	File No. A 221-290-315
Patrick Raimundo Santana	)	File No. A 221-290-316
Pablo Henrique Raimundo Santana	)	File No. A 221-290-343
	)	
In Removal Proceedings	)	
	)	
	)	

Immigration Judge: Tisocco, Michael **Next Hearing Date:** July 16, 2027, at 08:30 AM

NAME AND ALIEN ("A") NUMBER

Answer all items in English. (Type or Print)

If more than one respondent is included in your application, motion, or appeal, only the lead respondent need file this form.

RAIMUNDO SANTANA, Patrick

Name (Last, First, Middle)

221-290-316

Alien ("A") Number

AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST.

(This affidavit is to be signed by the respondent, not the respondent's attorney or representative of record.)

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person above and that I am unable to pay the filing fee. I believe that my application/motion/appeal is valid and not frivolous, and I declare that the following information is true and correct to the best of my knowledge.

Patrick Raimundo Santana

(Print name of respondent filing the form)

Patrick Raimundo Santana

(Signature of respondent filing the form)

06/24/2026

(Date signed)

The Immigration Judge may grant your fee waiver request for an EOIR application or motion filed with the Immigration Court if you show that you are unable to pay the filing fee. The Board of Immigration Appeals (BIA) may grant your fee waiver request for an appeal or motion filed with the BIA if you show that you are unable to pay the filing fee. If this fee waiver request does not establish your inability to pay the required fee, your application, motion, application, or appeal will not be deemed properly filed. 8 C.F.R. §§ 1003.8 and 1003.24(d). You must answer all questions on the form even if the answer is "\$0.00".

1. Estimate your average monthly amount of money received from each of the following sources. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the average monthly rate. Use gross amounts, that is, amounts before any deductions for taxes and other state/federal payroll withholdings.

Income Sources	Monthly Average
Employment, including self-employment	\$ 500
Income from real property (such as rental income)	\$ 0.00
Interest from checking and/or saving account(s)	\$ 0.00
All other income, including but not limited to these and other sources: alimony, child support, interest, dividends, social security, annuities, unemployment, public assistance, etc.	\$ 0.00
1.A.: TOTAL AVERAGE MONTHLY INCOME	\$ 500

2. Estimate your average monthly expenses. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Expense Sources	Monthly Average
Rent or home-mortgage payment(s) (include lot rented for mobile home)	\$ 0
Utilities (electricity, heating fuel, water, sewer, telephone, internet, etc.)	\$ 0
Installment payments or outstanding debits (credit card(s), store credit card(s), vehicle payment, personal loan(s), etc., but not including rent or home-mortgage payments)	\$ 0.00
Living expenses (food, clothing, transportation, child care, tuition, etc.)	\$ 500
All other expenses, including but not limited to these and other sources: alimony, child support, insurance, medical, health, any state or federal taxes, attorney fees, etc.	\$ 0.00
2.B: TOTAL AVERAGE MONTHLY EXPENSES	\$ 500

3. Calculate ability to pay filing fee (total income minus total expenses):

TOTAL AVERAGE MONTHLY INCOME (1.A):	\$ 500
TOTAL AVERAGE MONTHLY EXPENSES (2.B):	- \$ 500
TOTAL:	\$ 0

4. Provide any other information that will help explain why you cannot pay the filing fees for your appeal, motion, or application. Include your name and "A" number on all pages of any additional document(s) or additional pages.

See attached page, "Additional Information in Support of Fee Waiver Request," incorporated herein and bearing my name and A-Number.

Attorney or Representative (if any):

(If an attorney or representative is submitting this form, the attorney or representative must complete, sign, and date below.)

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.



Otavio Haverroth Silva

RR665872

06/24/2026

Signature of Attorney or Representative

Print Name

EOIR ID Number

Date

Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is one (1) hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

Privacy Act Notice: The information on this form is requested to determine if you have established eligibility for the fee waiver you are seeking. The legal right to ask for this information is located at 8 C.F.R. § 1003.8(a)(3). EOIR may provide this information to other Government agencies. Failure to provide this information may result in denial of your request.

ADDITIONAL INFORMATION IN SUPPORT OF FEE WAIVER REQUEST (FORM EOIR-26A)

Patrick Raimundo Santana is eighteen years old (date of birth: August 28, 2007) and is a full-time high school student at Juanita Senior High School in Kirkland, Washington (Lake Washington School District), currently in the 12th grade. A copy of his school transcript is attached. His classes run from 8:00 a.m. to 4:00 p.m. every school day, and because of that schedule, he is not able to hold a regular job.

On weekends, Patrick Raimundo Santana sometimes helps his mother, Mirian Raimundo, with the house-cleaning jobs she performs for work. In exchange, she gives him approximately half of what she is paid for that day. This occurs on average about once a week, so the amount varies, but averages approximately \$500 per month. Patrick uses this money entirely to cover his own personal expenses, such as transportation, food while at school, clothing, and school supplies, and has no income remaining after these expenses.

Patrick lives with his mother, Mirian Raimundo, and his brother, Pablo Henrique Raimundo Santana, who cover his housing and other household costs. Patrick has no savings, bank account, property, or other income besides what is described above.

STUDENT INFORMATION

WASHINGTON STATE HIGH SCHOOL
TRANSCRIPT

SCHOOL OF RECORD

LEGAL NAME (LAST, FIRST MIDDLE) (And Other Former Names Used)

SANTANA, PATRICK RAIMUNDO

REPORT DATE

12/10/25

GRADUATION DATE

SCHOOL NAME, ADDRESS, PHONE NUMBER

JUANITA SR HIGH SCHOOL

10601 NE 132ND ST

KIRKLAND, WA 98034

DISTRICT IDENTIFICATION NUMBER BIRTH DATE

1091045

08/28/2007

GRADE POINT TABLE

A = 4.0

A- = 3.7

B+ = 3.3

B = 3.0

B- = 2.7

C+ = 2.3

C = 2.0

C- = 1.7

D+ = 1.3

D = 1.0

E or F = 0.0

NOT USED IN GPA

PNP Pass/No Pass

CR/NC Credit/No Credit

SS Satisfactory/Unsatisfactory

W Withdrawn

I Incomplete

V Waived COVID-19

SSID

6073050649

Grad Regents Year 2025

PARENT(S)/GUARDIAN(S)

RAIMUNDO, MIRIAN

SCHOOL DISTRICT NAME

LAKE WASHINGTON SCHOOL DIST

*** SCHOOLS ATTENDED ***

Entry Exit School Name

01/2022 08/2024 BRAZIL

03/2025 JUANITA SR HIGH SCHOOL

City, State

KIRKLAND WASHINGTON

***** COURSE DESIGNATION KEY *****

A = Advanced Placement

B = CADR

C = College in the HS

H = Honors Option

I = Intl Baccalaureate

K = Cambridge Program

L = Local Comp Test

N = National Comp Test

Q = Quantitative

R = Running Start

S = Science Lab

T = CTE Dual Credit (Tech Prep)

Z = Non-Instructional

***** Academic *****

State	Dist								
Crs	Course	Description	Lt	Cr	Cred	Course			
Code	Code		Gr	Earn	Attp	Dsg			
MO/YR 05/2022 GRD LVL: 9									
24207	TRE09	PORTUGUESE LANGUAGE	B	1.500	1.500	B			
05154	TRA	ART	C	0.250	0.250				
01008	TRLMSC	ENGLISH LANGUAGE	B	0.250	0.250				
08001	TRP	PHYSICAL EDUCATION	A	0.750	0.750				
02002	TRMSC	MATHEMATICS	C	1.500	1.500				
03210	TRCMSC	SCIENCE	C	1.000	1.000				
04051	TRS09	HISTORY	C	1.000	1.000	B			
04049	TRSELE	GEOGRAPHY	C	1.000	1.000	B			
04258	TRSELE	SOCIOLOGY	C	0.750	0.750	B			
MO/YR 05/2023 GRD LVL: 10									
24207	TRE10	PORTUGUESE LANGUAGE	C	1.000	1.000	B			
05154	TRA	ART	B	0.500	0.500				
01008	TRLMSC	ENGLISH LANGUAGE	C	0.500	0.500				
08001	TRP	PHYSICAL EDUCATION	B	0.250	0.250				
02002	TRMSC	MATHEMATICS	C	1.000	1.000				
03101	TRCCHE	CHEMISTRY	C	0.500	0.500	BQ			
03151	TRCPHY	PHYSICS	C	0.500	0.500	B			
03051	TRCBIO	BIOLOGY	C	0.500	0.500	B			
04051	TRS09	HISTORY	C	0.250	0.250	B			
04049	TRSELE	GEOGRAPHY	C	0.250	0.250	B			
04258	TRSELE	SOCIOLOGY	C	0.250	0.250	B			
04306	TRSELE	PHILOSOPHY	C	0.250	0.250	B			
04047	TRX	RONDONIA GEOGRAPHY	C	0.250	0.250				
04097	TRX	RONDONIA HISTORY	C	0.250	0.250				
22003	TRX	GUIDED STUDY	B	0.250	0.250				
03063	TRCMSC	LIFE PROJECT	P	0.500	0.500				
22999	TRX	ELECTIVES	B	0.750	0.750				
22999	TRX	OUTREACH ACTIVITIES	P	0.250	0.250				

MO/YR 06/2025 GRD LVL: 12									
01003	ENG322	ENGLISH 11	S	0.500	0.500	B			
19252	CDC731	CULINARY ARTS I	B	0.500	0.500	ST			
08009	PED561	STRENGTH TRAINING 2	B	0.500	0.500				
01008	MLI912	HS ML ENTERING	B+	0.500	0.500				
04107	SOC332	DECOLONIZING US	S	0.500	0.500	B			
03101	SCI332	CHEMISTRY IN THE EARTH SYSTEM	A	0.500	0.500	BQS			
02052	MAT242	ALGEBRA 1	S	0.500	0.500	B			

***** REPORT PERIOD AND CUMULATIVE SUMMARY *****							
Gd	Cred	Cred	GPA	GPA	GPA		
Lv	Mo / Year	Earn	Atte	Earn	AttR	Pts	GPA
9	05/2022	8.000	8.000	4.500	4.500	11.000	2.444
10	05/2023	8.000	8.000	8.000	8.000	17.500	2.188
12	06/2025	3.500	3.500	1.500	1.500	5.150	3.433

***** REPORT PERIOD AND CUMULATIVE SUMMARY *****							
Gd	Cred	Atte	Gon	QtR	GTR		
Lv	Mo / Year	Earn	AttR	Earn	AttR	Pts	GPA
Cum: 19.500 19.500 14.000 14.000 33.650 2.404							
***** ADDITIONAL STATE REQUIREMENTS *****							
HIGH SCHOOL & BEYOND PLAN							NOT MET
WASHINGTON STATE HISTORY							NOT MET
***** GRADUATION PATHWAY *****							
***** END OF TRANSCRIPT RECORD *****							NOT MET



For Information about the State of Washington
High School Transcript please visit the OSPI
Website at www.ospi.k12.wa.us

AUTHORIZED SIGNATURE

Jasme Palm
REGISTRAR

DATE

Dec. 10, 2025

Page
1 of 1

Mirian Raimundo
Patrick Raimundo Santana
Pablo Henrique Raimundo Santana

File No. A 221-290-315
File No. A 221-290-316
File No. A 221-290-343

Proof of Service

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

RESPONDENT'S FEE WAIVER REQUEST (FORM EOIR-26A)

To the following:

Office Location:	Mailing Address:
Office of the Chief Counsel Department of Homeland Security 915 Second Avenue, Suite 708 Seattle, WA 98174	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Chief Counsel 915 Second Avenue, Suite 708 Seattle, WA 98174

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