



# Petition for Amerasian, Widow(er), or Special Immigrant

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

USCIS  
Form I-360  
OMB No. 1615-0020  
Expires 02/28/2026

<b>For USCIS Use Only</b>		<b>Fee Stamp</b>		<b>Action Block</b>	
Returned					
Resubmitted					
Relocated	Received				
	Sent				
Remarks:		<input type="checkbox"/> Petitioner/Applicant Interviewed	<b>Classification</b>		Priority Date
		<input type="checkbox"/> Interviewed Beneficiary Interviewed	<b>Consulate</b>		
		<input type="checkbox"/> I-485 Filed Concurrently			
		<input type="checkbox"/> Bene "A" File Reviewed			

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text"/>

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

## Part 1. Information About Person or Organization Filing This Petition

**NOTE:** You must complete **Part 1**, as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1, Item Number 7**.

- Your Full Name**  
Family Name (Last Name)  Given Name (First Name)  Middle Name
- USCIS Online Account Number (if any)** ▶
- U.S. Social Security Number (if any)** ▶
- Alien Registration Number (A-Number) (if any)** ▶ **A-**
- Individual IRS Tax Number (if any)** ▶
- Mailing Address** [\(USPS ZIP Code Lookup\)](#)  
In Care Of Name (if any)   
Organization Name (if applicable)   
Street Number and Name  Apt. Ste. Flr.    Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

**Part 1. Information About Person or Organization Filing This Petition (continued)**

**7. Alternate and/or Safe Mailing Address**

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Fl. Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

**Part 2. Classification Requested**

Select **only one** box.

- 1. **A.**  Amerasian
- B.**  Widow(er) of a U.S. citizen
- C.**  Special Immigrant Juvenile
- D.**  Special Immigrant Religious Worker
- (1)** Will the beneficiary be working as a minister?  Yes  No
- E.**  Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- F.**  Special Immigrant Physician
- G.**  Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member
- H.**  Special Immigrant Armed Forces Member
- I.**  Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident
- J.**  Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident
- K.**  VAWA Self-Petitioning Parent of a U.S. citizen son or daughter
- L.**  Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- M.**  Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- N.**  Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan
- O.**  Broadcasters
- P.**  Other

Provide the name of the classification below.

### Part 3. Information About the Person for Whom This Petition Is Being Filed

**NOTE:** On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3**.

**1. Your Full Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text" value="N/A"/>

**2. Mailing Address**

In Care Of Name (if any)

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Other Information

<b>3. Date of Birth (mm/dd/yyyy)</b> <input type="text"/>	<b>4. Country of Birth</b> <input type="text"/>
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<b>5. U.S. Social Security Number (if any)</b> ▶ <input type="text" value="N / A"/>	<b>6. A-Number (if any)</b> ▶ <input type="text" value="A- N / A"/>
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**7. Marital Status**     Single     Married     Divorced     Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

<b>8. Date of Last Arrival (mm/dd/yyyy)</b> <input type="text"/>	<b>9. Form I-94 Number or I-95 Crewman's Landing Permit</b> ▶ <input type="text"/>
<b>10. Passport Number</b> <input type="text"/>	<b>11. Travel Document Number</b> <input type="text" value="N/A"/>
<b>12. Country of Issuance for Passport or Travel Document</b> <input type="text"/>	<b>13. Expiration Date for Passport or Travel Document (mm/dd/yyyy)</b> <input type="text"/>
<b>14. Current Nonimmigrant Status</b> <input type="text"/>	<b>15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)</b> <input type="text"/>

### Part 4. Processing Information

**1.** If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

**U.S. Consulate**

<b>A. City or Town</b>	<input type="text" value="N/A"/>
<b>B. Country</b>	<input type="text" value="N/A"/>

**Part 4. Processing Information** (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

**A. Your Full Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	N/A

**B. Mailing Address**

Street Number and Name	Apt.	Ste.	Flr.	Number
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
City or Town				
<input type="text"/>				
Province	Postal Code	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

3. Gender of the beneficiary:  Male  Female

4. **A.** Are you filing any other petitions or applications with this one?  Yes  No

**B.** If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information.**

5. Is the beneficiary in removal proceedings?  Yes  No

6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.)  Yes  No

7. Is an application for adjustment of status attached to this petition?  Yes  No

**Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed**

**NOTE:** Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions?  Yes  No

**2. Person 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Spouse <input type="checkbox"/> Child	▶ A- <input type="text"/>	

**Part 5. Information About the Spouse and Children of the Beneficiary (continued)**

**3. Person 2**

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

Date of Birth (mm/dd/yyyy)  Country of Birth

Relationship A-Number (if any)  
 Child    ▶    A-

**4. Person 3**

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

Date of Birth (mm/dd/yyyy)  Country of Birth

Relationship A-Number (if any)  
 Child    ▶    A-

**5. Person 4**

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

Date of Birth (mm/dd/yyyy)  Country of Birth

Relationship A-Number (if any)  
 Child    ▶    A-

**6. Person 5**

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

Date of Birth (mm/dd/yyyy)  Country of Birth

Relationship A-Number (if any)  
 Child    ▶    A-

**7. Person 6**

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

Date of Birth (mm/dd/yyyy)  Country of Birth

Relationship A-Number (if any)  
 Child    ▶    A-

**Part 5. Information About the Spouse and Children of the Beneficiary (continued)**

**8. Person 7**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child	▶ A- <input type="text"/>	

**9. Person 8**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child	▶ A- <input type="text"/>	

**10. Person 9**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Country of Birth	
<input type="text"/>	<input type="text"/>	
Relationship	A-Number (if any)	
<input type="checkbox"/> Child	▶ A- <input type="text"/>	

**Part 6. Complete Only If Filing for an Amerasian**

**Information About the Mother of the Amerasian**

**1. Mother's Full Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. A.** Is the mother still alive?  Unknown  Yes  No

**B.** If you answered "Yes" to **Item A.** in **Item Number 2.**, provide her address below.

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
City or Town	State	ZIP Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Part 6. Complete Only If Filing for an Amerasian (continued)**

C. If you answered "No" to **Item A. in Item Number 2.**, provide her date of death (mm/dd/yyyy).

**Information About the Father of the Amerasian**

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information.**

3. Father's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

5. Country of Birth

6. A. Is the father still alive?

Unknown  Yes  No

B. If you answered "Yes" to **Item A. in Item Number 6.**, provide his address below.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

C. If you answered "No" to **Item A. in Item Number 6.**, provide his date of death (mm/dd/yyyy).

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

7. A. The father was in the military (indicate branch of service below).

Army  Air Force  Navy  Marine Corps  Coast Guard

B. Provide the father's service number:

C.  The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

**Part 7. Complete Only If Filing as a Widow/Widower**

1. Full Name of U.S. Citizen Husband or Wife Who Died

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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

**Part 7. Complete Only If Filing as a Widow/Widower (continued)**

5. At time of death, your spouse was a (Select **only one**):

- A.  U.S. citizen born in the United States
- B.  U.S. citizen born abroad to U.S. citizen parents
- C.  U.S. citizen through naturalization

(1) Provide A-Number (if any) ▶ A-

D.  Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

8. A. When did you and your spouse get married (mm/dd/yyyy)?

B. Where did you and your spouse get married?

9. A. Did you remarry after the death of your spouse?  Yes  No

B. If you answered "Yes" to **Item A. in Item Number 9.**, provide the date that you remarried (mm/dd/yyyy).

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death?  Yes  No

**NOTE:** If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information.**

**Part 8. Complete Only If Filing for a Special Immigrant Juvenile**

**Information About the Juvenile**

1. List any other names used:

A. Family Name (Last Name)	Given Name (First Name)	Middle Name
N/A	N/A	N/A
B. Family Name (Last Name)	Given Name (First Name)	Middle Name
N/A	N/A	N/A

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A. in Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information.**

2. A. Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity?  Yes  No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B. in Item Number 2.** above?  Yes  No

**Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)**

3. A. If you answered "Yes" to **Item C. in Item Number 2.** above, are you currently residing in your court-ordered placement?  Yes  No
- B. If you answered "No" to **Item C. in Item Number 2.** above, select your reason below.
- You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).
  - You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.
  - Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information.**)
4. A. A juvenile court has determined that reunification with  one or  both of my parents is not viable due to:
- Abuse  Neglect  Abandonment
  - Similar basis under state law (specify):
- B. If you selected "one" in **Item A. in Item Number 4.**, provide the name of that parent below.
5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence?  Yes  No
6. A. Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)?  Yes  No
- B. If you answered "Yes" to **Item A. in Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement?  Yes  No

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition**

***Prospective Employer Attestation***

1. Provide the following information about the prospective employer.
- A. Number of members of the prospective employer's organization
  - B. Number of employees working at the same location where the beneficiary will be employed
  - C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years
  - D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years
  - E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years
2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years?  Yes  No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

**NOTE:** Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**3. Beneficiary**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Period of Stay

From (mm/dd/yyyy)

To (mm/dd/yyyy)

- 4.** Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**

Position

Summary of the Type of Responsibilities for That Position

- 5.** Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

- 6.** Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**

**A.** Title of position offered

**B.** The beneficiary will be working (select one of the following):

As a minister

In a religious vocation

In a religious occupation

**C.** Detailed description of the beneficiary's proposed daily duties

**D.** Description of the beneficiary's qualifications for the position offered

**E.** Description of the proposed salaried and/or non-salaried compensation

**F.** Provide the specific addresses or locations where the beneficiary will be working

Company Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information.**

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition.  Yes  No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

- A.  A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;
- B.  A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or
- C.  If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:
- (1)  A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;
  - (2)  Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;
  - (3)  Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and
  - (4)  A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.
8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge.  Yes  No
9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization.  Yes  No
10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.  Yes  No
11. The offered position is full time, requiring at least an average of 35 hours of work per week.  Yes  No
12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered.  Yes  No
13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed.  Yes  No

***Prospective Employer Attestation (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)***

**I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.**

14. Signature of an Authorized Official of the Prospective Employer (sign in ink)  Date of Signature (mm/dd/yyyy)

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**Printed Name and Title of Signatory for Prospective Employer**

15. Family Name (Last Name)  Given Name (First Name)  Middle Name
16. Title of the Signatory

**Mailing Address**

17. Employer/Organization Name
- Street Number and Name  Apt. Ste. Fl.    Number
- City or Town  State  ZIP Code

**Contact Information**

18. Daytime Telephone Number
19. Fax Number (if any)
20. Email Address (if any)

**Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)**

I certify under penalty of perjury, that the prospective employer, ,

is affiliated with this Religious Denomination, , and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink)  Date of Signature (mm/dd/yyyy)

**Printed Name and Title of the Signatory of the Religious Denomination**

22. Family Name (Last Name)  Given Name (First Name)  Middle Name
23. Title of the Signatory

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**Information About the Attesting Religious Organization Within the Religious Denomination**

24. Name of Attesting Religious Organization Within the Religious Denomination

25. Street Number and Name  Apt.  Ste.  Flr.  Number   
City or Town  State  ZIP Code

26. Daytime Telephone Number  27. Fax Number (if any)

28. Email Address (if any)  29. IRS Tax Number of the Attesting Religious Organization

**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter**

**NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or their designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.**

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser  
Family Name (Last Name)  Given Name (First Name)  Middle Name

2. Date of Birth (mm/dd/yyyy)  3. Country of Birth  4. Date of Death (mm/dd/yyyy)

5. Your abuser is now, or was, a (Select one):  
A.  U.S. citizen born in the United States  
B.  U.S. citizen born abroad to U.S. citizen parents  
C.  U.S. citizen through naturalization  
(1) Provide A-Number (if known) ► A-   
D.  U.S. Lawful Permanent Resident  
(1) Provide A-Number (if any) ► A-   
E.  Other (Explain)

6. How many times have you been married? ►

7. How many times was your abuser married (if known)? ►

**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter**  
(continued)

8. A. When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")  
(mm/dd/yyyy)
- B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
9. When did you live with your abuser?  
From (mm/dd/yyyy)  To (mm/dd/yyyy)   
Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information.**
10. Provide the last address at which you lived together with your abuser.  
Street Number and Name  Apt. Ste. Flr.    Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country
11. Provide the last date that you lived together with your abuser at this address.  
From (mm/dd/yyyy)  To (mm/dd/yyyy)
12. I am currently residing in the United States and I request an Employment Authorization Document.  Yes  No

**Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**

**IMPORTANT:** Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

***Petitioner's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter
- A.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- B.  The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in ,  
a language in which I am fluent. I understand all of this information as interpreted.
2. Petitioner's Statement Regarding the Preparer
- At my request, the preparer named in **Part 14.**, ,  
prepared this petition for me based only upon information I provided or authorized.

**Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)**

***Petitioner's Contact Information***

- 3. Petitioner's Daytime Telephone Number
- 4. Petitioner's Mobile Telephone Number (if any)
- 5. Petitioner's Email Address (if any)

***Petitioner's Declaration and Certification***

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

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

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

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

***Petitioner's Signature***

- 6. Petitioner's Signature  Date of Signature (mm/dd/yyyy)

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

**Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory**

**IMPORTANT:** Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**.

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

***Petitioner's or Authorized Signatory's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

- 1. Petitioner's Statement Regarding the Interpreter
  - A.  I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
  - B.  The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understand all of this information as interpreted.

**Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)**

**2. Petitioner's Statement Regarding the Preparer**

At my request, the preparer named in **Part 14.**, , prepared this petition for me based only upon information I provided or authorized.

***Authorized Signatory's Contact Information***

- |   |   |
|---|---|
| <b>3. Authorized Signatory's Family Name (Last Name)</b>          | <b>Authorized Signatory's Given Name (First Name)</b>     |
| <input type="text"/>  | <input type="text"/>                                      |
| <b>4. Authorized Signatory's Title</b>                            | <b>5. Authorized Signatory's Daytime Telephone Number</b> |
| <input type="text"/>  | <input type="text"/>                                      |
| <b>6. Authorized Signatory's Mobile Telephone Number (if any)</b> | <b>7. Authorized Signatory's Email Address (if any)</b>   |
| <input type="text"/>  | <input type="text"/>                                      |

***Petitioner's or Authorized Signatory's Declaration and Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

***Petitioner's or Authorized Signatory's Signature***

- |   |                                       |
|---|---------------------------------------|
| <b>8. Petitioner's or Authorized Signatory's Signature</b>  | <b>Date of Signature (mm/dd/yyyy)</b> |
|  <input type="text"/> | <input type="text"/>                  |

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

### Part 13. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

#### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

#### Interpreter's Mailing Address

3. Street Number and Name  Apt. Ste. Flr.    Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

#### Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

#### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 11., Item B.** in **Item Number 1.**, or in **Part 12., Item B.** in **Item Number 1.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

#### Interpreter's Signature

7. Interpreter's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)

**Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3. Street Number and Name  Apt. Ste. Flr.    Number
- City or Town  State  ZIP Code
- Province  Postal Code  Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Number
6. Preparer's Email Address (if any)

**Preparer's Statement**

7. A.  I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- B.  I am an attorney or accredited representative and my representation of the petitioner in this case  extends  does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

**Preparer's Certification**

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8. Preparer's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)

**Part 15. Additional Information**

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

1. Family Name (Last Name)                      Given Name (First Name)                      Middle Name  
                                           

2. A-Number (if any) ▶ A-

3. A. Page Number      B. Part Number      C. Item Number  
 N/A                       N/A                       N/A

D.  
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4. A. Page Number      B. Part Number      C. Item Number  
 N/A                       N/A                       N/A

D.  
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5. A. Page Number      B. Part Number      C. Item Number  
 N/A                       N/A                       N/A

D.  
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6. A. Page Number      B. Part Number      C. Item Number  
 N/A                       N/A                       N/A

D.  
\_\_\_\_\_  
\_\_\_\_\_  
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USCIS  
Attn: AOS  
P.O. Box 805887  
Chicago, IL 60680

**RE: Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant**  
**Beneficiary: João Henrique Vilani Ferreira**  
**DOB: 04/08/2004**  
**Guardian: Camilla Moura Pinheiro**

Dear Sir or Madam,

Please find enclosed the supporting documents for the SIJS petition of João Henrique Vilani Ferreira. His legal guardian, Camilla Moura Pinheiro, was appointed by the Superior Court of California, County of Alameda on April 04, 2025.

- Form G-28: Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-360: Petition for Amerasian, Widow(er), or Special Immigrant;
- João Henrique Vilani Ferreira's Identification Documents
  - João Henrique Vilani Ferreira's Valid Passport;
  - João Henrique Vilani Ferreira's Birth Certificate with English Translation;
  - João Henrique Vilani Ferreira's Driver License;
- João Henrique Vilani Ferreira's Copy of I-94
- João Henrique Vilani Ferreira's Declaration;
- Camilla Moura Pinheiro's Valid Passport - Guardian;
- Camilla Moura Pinheiro's Declaration - Guardian;
- Camilla Moura Pinheiro's Proof of Residence - Guardian;
- João Henrique Vilani Ferreira's Proof of Residence;
- GC 224 - Special Immigrant Juvenile Findings;
- GC 240 - Order Appointing Guardian.

Thank you for your time and consideration in this matter. If you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



04/04/2025

\_\_\_\_\_  
Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)  
▶

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

### Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code   
(USPS ZIP Code Lookup)

3.f. Province

3.g. Postal Code

3.h. Country

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate

**Part 3. Notice of Appearance as Attorney or Accredited Representative**

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

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a.  U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a.  U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)  
▶
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):  
 Applicant    Petitioner    Requestor  
 Beneficiary/Derivative    Respondent (ICE, CBP)

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

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)  
▶
- 9. Client's Alien Registration Number (A-Number) (if any)  
▶ **A-**

**Client's Contact Information**

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

**Mailing Address of Client**

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

- 13.a. Street Number and Name
- 13.b.  Apt.    Ste.    Flr.
- 13.c. City or Town
- 13.d. State
- 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

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

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

**Options Regarding Receipt of USCIS Notices and Documents**

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

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

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

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

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

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

**Signature of Client or Authorized Signatory for an Entity**

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

➔

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

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy)

2.a. Signature of Law Student or Law Graduate

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

N/A

**Part 6. Additional Information**

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

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

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

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

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

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# Exhibit list

Exhibits:

Pages:

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## **Exhibit 1 - João Henrique Vilani Ferreira's Identification Documents**

João Henrique Vilani Ferreira's Birth Certificate	1-5
João Henrique Vilani Ferreira's Passport	6-22
João Henrique Vilani Ferreira's Driver License	23-24

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## **Exhibit 2 - João Henrique Vilani Ferreira's Copy of I-94**

João Henrique Vilani Ferreira's Copy of I-94	25-26
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## **Exhibit 3 - João Henrique Vilani Ferreira's Declaration**

João Henrique Vilani Ferreira's Declaration	27-30
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## **Exhibit 4 - Guardian's Identification Document**

Guardian's Passport	31
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## **Exhibit 5 - Guardian's Declaration**

Guardian's Declaration	32-33
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## **Exhibit 6 - Proof That the Applicant Resides With Their Guardian**

João Henrique Vilani Ferreira's Proof of Residence	34
Guardian's Proof of Residence	35

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## **Exhibit 7 - Proof of Eligibility for SIJ Classification**

Form GC 224 - Special Immigrant Juvenile Findings	36-37
Form GC 240 - Order Appointing Guardian	38-40

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**Exhibit 1 - João  
Henrique Vilani  
Ferreira's  
Identification  
Documents**



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS



# BIRTH CERTIFICATE

Name  
**JOÃO HENRIQUE VILANI FERREIRA**

CPF: ----- \*\*

Registration  
129742 01 55 2004 1 00079 025 0020072 83

Date of birth in full  
April eighth, two thousand four \*\*

Day	Month	Year
08	04	2004

Time of birth 12:02 P.M.	Place of birth Curitiba-PR **
-----------------------------	----------------------------------

City of Registration and State Curitiba-PR **	Location, City of Birth and State Maternity Hospital in Curitiba, Curitiba-PR **	Sex Male
--	---	-------------

Parents  
DARLAN KLAS FERREIRA and ANNA CRISTINA DE CASTRO VILANI FERREIRA, he was born in Curitiba/PR, she was born in Foz do Iguaçu/PR, residing at Rua Professor José Mascalewski, 273, Pilarzinho in Curitiba/PR \*\*

Grandparents  
OSCAR DARLAN FERREIRA, LORY KLAS FERREIRA, PORCIDIO D'OTAVIANO DE CASTRO VILANI and VERENA PIERRE DE CASTRO VILANI \*\*

Twins No	Name and registration of the twins ----- **
-------------	--

Registration date in full April fifteenth, two thousand four **	Live birth registration number 19883301
--	--

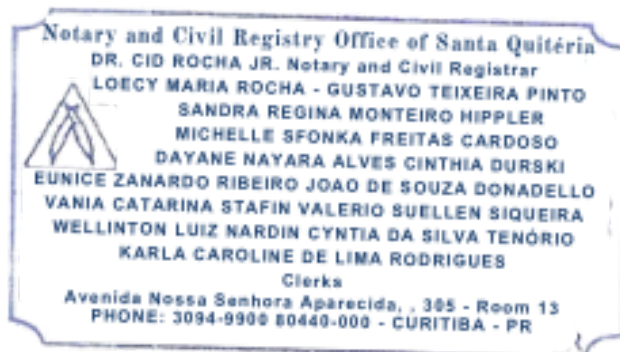
Annotations / Notes to be added  
Costs: R\$33.77 (VRC 175.00), Funarpen Stamp: R\$2.20 \*\*

Registration Notes  
Nothing on record \*\*

Name of the Office Notary and Civil Registry Office of Santa Quitéria
Registrar Officer CID ROCHA JUNIOR
City and District / State Curitiba - State of Paraná
Address Avenida Nossa Senhora Aparecida, 305 Zip Code: 80.440-000 - Phone: (41)3094-9900

The contents of the certificate are true. I certify.  
Curitiba-PR, January 17, 2018.

-----/signature/-----  
SILVANA VIEIRA  
CLERK



FUNARPEN AA 002727432 P

**REGISTRATION DETAILS**

Registration	0018830155 1987 1 0003 050 0000533 31	cc (95)	Type of Service Provided, being: 55: Civil Registration Service for Natural Persons	fff (0003)	Book number
Standard	aaaaaaaaabccc dddd e fff ggg hhhhhh ii	ddd (1997)	Year of Registration	ggg (050)	Sheet number
aaaaa (00188-3)	National Service Code (Unique identification of the registry office)	ddd (1997)	Type of book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 4: Book C (Death) 5: Book C (Stillborn Registry) 6: Book D (Publication of Banns) 7: Book E (Other Acts Related to Civil Registration)	hhhhhh (0000533)	Term Number
bb (01)	Collection Code, being: 01 - Own Collection Other Incorporated Collections	ii (31)		ii (31)	Check Digit

**Exclusive use for issuing civil registration certificates for natural persons**

I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.

*Marina Viana*

Date: January 15, 2025

**FUNARPEN**  
SELO DIGITAL Nº  
6otkh.w5Gop.rM8dh  
eUenm.HsMA9  
consulte esse selo em  
<http://funarpen.com.br>



229442 15000 WNW9CAF2 9CC  
vadic cm www.ootario.net

REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

## CERTIDÃO DE NASCIMENTO

Nome

**JOÃO HENRIQUE VILANI FERREIRA**

CPF: ----- \*\*

Matrícula

129742 01 55 2004 1 00079 025 0020072 83

Data do nascimento por extenso

Oito de abril de dois mil e quatro \*\*

Dia  
08

Mês  
04

Ano  
2004

Hora

12h 02min

Naturalidade

Curitiba-PR \*\*

Município de registro e unidade de federação

Curitiba-PR \*\*

Local, Município de Nascimento e UF

Maternidade Curitiba, Curitiba-PR \*\*

Sexo

Masculino

Filiação

DARLAN KLAS FERREIRA e ANNA CRISTINA DE CASTRO VILANI FERREIRA, ele natural de Curitiba/PR, ela natural de Foz do Iguaçu/PR, residentes na Rua Professor José Mascialewski, 273, Pilarzinho em Curitiba/PR \*\*

Avós

OSCAR DARLAN FERREIRA, LORY KLAS FERREIRA, PORCÍDIO D'OTAVIANO DE CASTRO VILANI e VERENA PIERRE DE CASTRO VILANI \*\*

Gêmeo

Não

Nome e Matrícula do(s) gêmeo(s)

----- \*\*

Data do registro por extenso

Quinze de abril de dois mil e quatro \*\*

Número da D.N.V

19883301

OBSERVAÇÃO/ANOTAÇÕES A ACRESCEM

Custas: R\$33,77 (VRC 175,00), Selo Funarpen:R\$2,20. \*\*

Anotações de cadastro

Nada consta. \*\*

Nome do Ofício

Tabellionato e Registro Civil de Santa Quitéria

Oficial Registrador

CID ROCHA JUNIOR

Município e Comarca / UF

Curitiba - Estado do Paraná

Endereço

Av. Nossa Sra. Aparecida, 305  
CEP: 80.440-000 - Fone: (41)3094-9900

O conteúdo da certidão é verdadeiro. Dou fé.

Curitiba-PR, 17 de janeiro de 2018.

SILVANA VIEIRA  
ESCREVENTE

Tabellionato e Registro Civil de Santa Quitéria  
DR. CID ROCHA JR. - Tabellião e Registrador Civil  
LOECY MARIA ROCHA - GUSTAVO TEIXEIRA PINTO  
SANDRA REGINA MONTEIRO HIPPLER  
MICHELLE SPONKA FREITAS CARDOSO  
DAYANE NAYARA ALVES - CINTHIA DURSKI  
EUNICE ZANARDO RIBEIRO - JOÃO DE SOUZA DONADELLO  
VANIA CATARINA STAFIN VALERIO - SUELLEN SIQUEIRA  
WELLINTON LUIZ NARDIN - CYNTHIA DA SILVA TENÓRIO  
KARLA CAROLINE DE LIMA RODRIGUES  
Escreventes  
Av. Nossa Senhora Aparecida, 305 - Lj. 13  
FONE: 3094-9900 - 80440-000 - CURITIBA - PR

FUNARPEN AA 002727432 P



**DETALHAMENTO DA MATRÍCULA**

Matrícula 0018630155 1987 1 0003 050 0000533 31

Padrão aaaaaabccc dddd e ffff 699 hhhhhh ii

**DETALHAMENTO**

aaaaa (00188-3) Código Nacional da Serventia

bb (01) Identificação única do cartório

01 - Acervo Proprio

Outros - Acervos Incorporados

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais

cc (55) Tipo de Serviço Prestado, sendo:

55- Serviço de Registro Civil das Pessoas Naturais

ddd (1987) Ano do Registro

e (1) Tipo do livro, sendo:

1- Livro A (Resumido)

2- Livro B (Autógrafa)

3- Livro C (Autógrafa)

4- Livro D (Outro)

5- Livro E (Outro)

6- Livro F (Outro)

7- Livro G (Outro)

ffff (0003) Número do livro

ggg (050) Número da folha

hhhhhh (0000533) Número do Termo

ii (31) Dígito Verificador

**Este passaporte contém 32 páginas numeradas.**  
Ce passeport contient 32 pages numérotées.  
This passport contains 32 numbered pages.  
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

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

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



**Este documento pertence à**  
**Ce document appartient à la**  
**This document is the property of the**  
**Este documento pertence a la**

**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE**  
**PASSEPORT**  
**PASSPORT**  
**PASAPORTE**





## INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

○ extravio — perda, roubo ou destruição — do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

○ brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. ○ titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

○ menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

○ cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte  
[www.portalconsular.mre.gov.br](http://www.portalconsular.mre.gov.br) ou [www.pf.gov.br](http://www.pf.gov.br)



Para uso das autoridades brasileiras  
Reservé aux autorités brésiliennes  
For the use of Brazilian authorities  
Para uso de las autoridades brasileñas





DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION  
ADMITTED  
NYC  
10  
JUN 29 2022  
Class  
Until B2  
28 Dec 2022

VISTOS VISAS

VISTOS VISAS

2432030X7

VISTOS  10 VISTAS

2432030X7

VISTOS  10 VISTAS



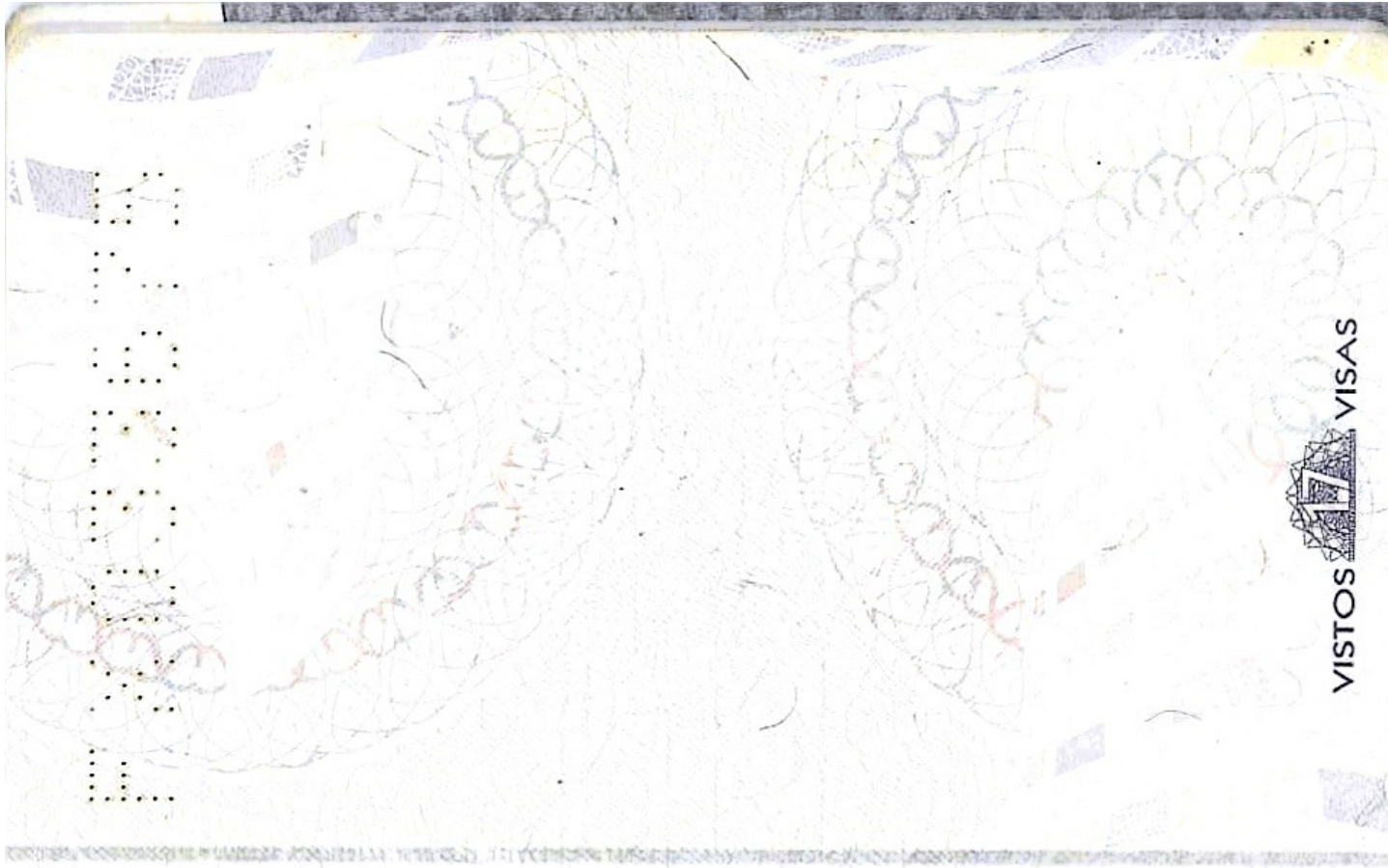
VISTOS VISAS

VISTOS VISAS

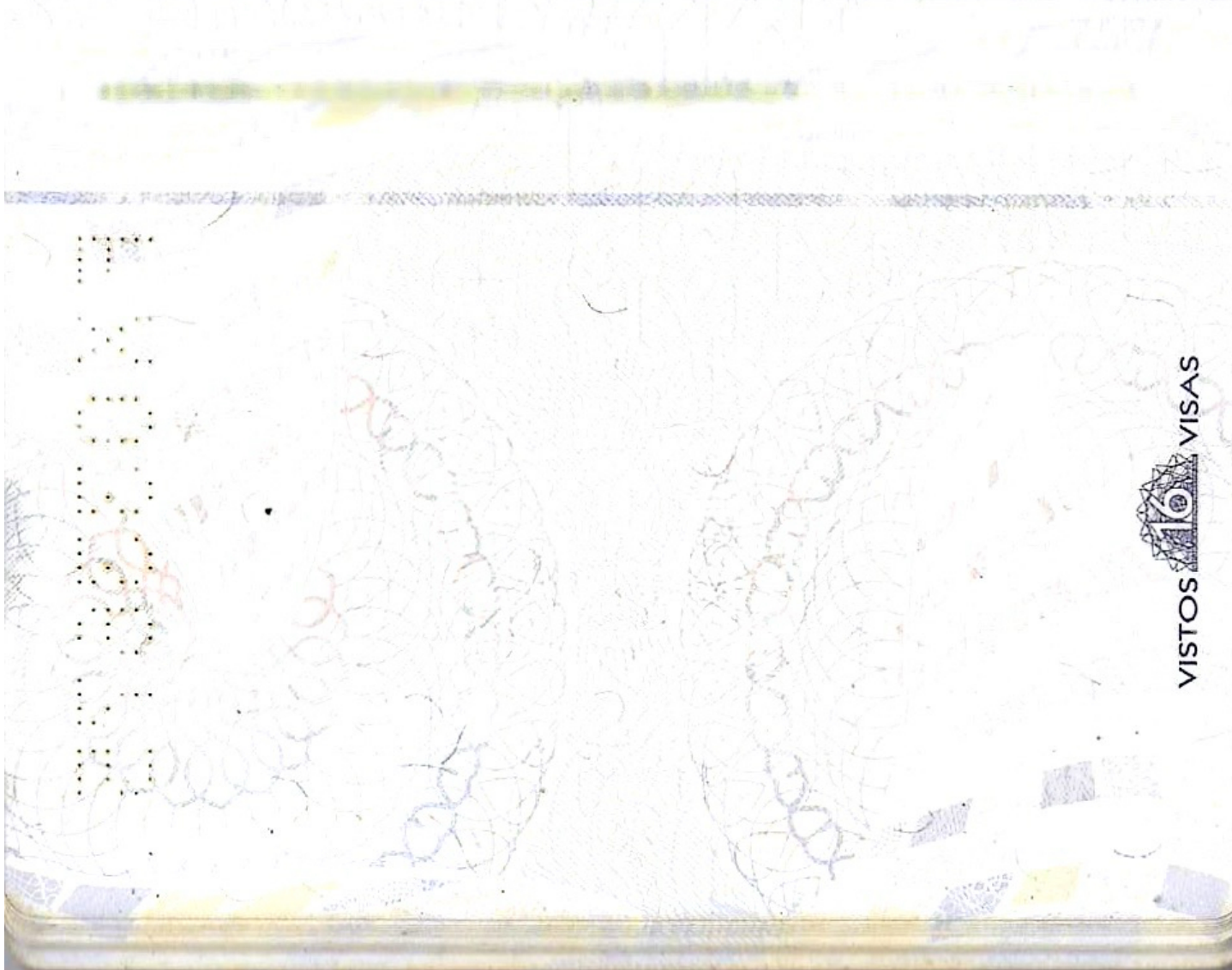


VISTOS **15** VISAS

VISTOS **14** VISAS



VISTOS **17** VISAS



VISTOS **16** VISAS



VISTOS 19 VISAS

VISTOS 18 VISAS





VISTOS 92 VISAS

VISTOS 92 VISAS



VISTOS **193** VISAS

VISTOS **194** VISAS



VISTOS 27 VISAS

VISTOS 26 VISAS



VISTOS  VISAS

VISTOS  VISAS



VISTOS 31 VISAS

VISTOS 30 VISAS

Os campos abaixo devem ser preenchidos pelo titular.  
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.  
**ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE**  
**BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR**

Endereço / Address:	_____
Cidade / City	_____
Estado / State	_____
País / Country	_____
Telefone / Phone:	_____

**Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:**

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous.

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below.

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo.

Nome / Name	_____
Endereço / Address	_____
Cidade / City	_____
Estado / State	_____
País / Country	_____
Telefone / Phone	_____



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

DO NOT STAMP OR STAMP THIS PAGE

NE PAS AGRAVER OU TAMPONNER CETTE PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



**Simbolo Internacional do  
Passaporte Eletrônico**



**CASA DA MOEDA DO BRASIL**

California USA

DRIVER LICENSE



DL **Y9350781**

EXP **04/08/2027**

DOB **04/08/2004**

**AGE 21 IN 2025**

CLASS C  
END NONE  
RSTR CORR LENS

FEDERAL  
LIMITS  
APPLY

DONOR

04082004

LN **VILANI FERREIRA**  
FN **JOAO HENRIQUE**  
701 CATAMARAN ST APT 3  
FOSTER CITY, CA 94404



SEX: M  
HAIR AUB EYES BRN  
HGT 5'-08" WGT 168 lb

ISS  
12/28/2022

DD 12/28/202259321/AAFD/27

CLASS: C - Veh w/GVWR ≤26000, No M/C  
ENDORSEMENTS: None

RESTRICTIONS: 01-Must wear corrective lenses when driving



040804

This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

Rev 08/29/2017

22362Y93507610401

**Exhibit 2 - João  
Henrique Vilani  
Ferreira's Copy of I-  
94**

# View Travel History

*I-94 travel history includes up to 100 arrivals and departures spanning the last ten years*

## Travel History Results

Document Number: **FX033675**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2022-06-29	Arrival	NYC
2	2022-01-08	Departure	MIA
3	2021-12-24	Arrival	MIA
4	2019-07-23	Departure	LOS
5	2019-07-14	Arrival	LVG
6	2019-01-22	Departure	SFR
7	2018-12-23	Arrival	SFR

OMB No. 1651-0111 Expiration Date: 04/30/2025

 For: **joao henrique vilani ferreira**



## U.S. Customs and Border Protection

Securing America's Borders

### Most Recent I-94

---

**Note to employers, local, state or federal agency granting benefits:**

Please visit the CBP I-94 Public Website and click on the tab for "Get Most Recent I-94" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94 printout matches the "Get Most Recent I-94" returned results for this applicant. I-94 FAQs: (<https://i94.cbp.dhs.gov/I94/#/faq>).

**Admission I-94 Record Number:** 907789282A2

**Arrival/Issued Date:** 2022 June 29

**Class of Admission:** B2

**Admit Until Date:** 2022 December 28

**Details provided on the I-94 Information form:**

**Last/Surname:** VILANI FERREIRA

**First (Given) Name:** JOAO HENRIQUE

**Birth Date:** 2004 April 08

**Document Number:** FX033675

**Country of Citizenship:** Brazil

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
  - ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111  
Expiration Date: 04/30/2025

**Exhibit 3 - João  
Henrique Vilani  
Ferreira's Declaration**

## DECLARATION OF JOÃO HENRIQUE VILANI FERREIRA

I, João Henrique Vilani Ferreira, declare that my move to the United States was motivated by the pursuit of better life opportunities, education, and personal development. From a very young age, I faced significant challenges within my own family, having to mature quickly and work from an early age, which limited my ability to fully dedicate myself to my studies and personal growth.

My father, Darlan, left home when I was only 2 years old, leaving my mother, Anna Cristina, solely responsible for raising me. During my childhood, I had no memory of his presence until I was 5 years old. Even after that period, our relationship was always marked by instability and distance, becoming particularly turbulent during my adolescence. In 2018, my father decided to move to the United States, further increasing the separation between us.

In Brazil, my mother always did her best to help me, but she did not (and still does not) have the financial means to provide me with the necessary support for my academic and professional advancement or quality of life. Since the age of 15, I have had to work to help with household expenses, which made it difficult to focus on my studies and my goals.

Given this situation, in 2022, I decided to leave Brazil and move to the United States in search of a better future. My father had already been living in the U.S. for a few years, and at first, I thought that living with him would bring me stability. However, our relationship has always been difficult, and after just three months, I realized that I couldn't continue living with him. Thus, he left the residence we were living in, and I started living with my ex-stepmother.

My father has a history of emotional abuse and aggressive behavior. In Brazil, he owed me R\$28,000 (approximately \$4,900 USD) in child support, but he forced me to pay my mother's lawyer to have the case withdrawn, using psychological pressure to make me accept.

Throughout my life with my father, I was verbally threatened and subjected to situations of great emotional distress. I have audio recordings of my father threatening to physically harm me, which further prove the toxic and unsafe environment he created. Our father-son relationship does not exist.

Since then, I have been trying to rebuild my life on my own and found support in Benjamin (Camilla) Moura Pinheiro, who has become an essential person in my life. Although he is not my legal guardian, he has been the main source of stability, guidance, and financial and emotional support for me in the United States. He has become more of a family member to me than my own father ever was, providing me with a safe and welcoming environment.

Returning to Brazil is not an option for me. Although I love and respect my mother, she is unable to support me, and I would have to work a lot, study very little, and still struggle to live peacefully. In the United States, I have the opportunity to build a stable life and pursue my

dreams, especially my artistic career, which would not be possible in Brazil.

In light of these facts, I respectfully request that the court recognize that remaining in the United States is the best decision for my well-being, safety, and future.

**Sincerely,**

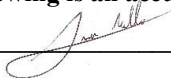
---//signature//---

---

João Henrique Vilani Ferreira

**I, André Vinícius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

---



**Date: March 6, 2025**

## DECLARAÇÃO DE JOÃO HENRIQUE VILANI FERREIRA

Eu, João Henrique Vilani Ferreira, declaro que minha vinda para os Estados Unidos foi motivada pela busca de melhores oportunidades de vida, educação e desenvolvimento pessoal. Desde muito jovem, enfrentei desafios significativos dentro da minha própria família, tendo que amadurecer rapidamente e trabalhar desde cedo, o que limitou minha capacidade de me dedicar totalmente aos meus estudos e crescimento pessoal.

Meu pai, Darlan, deixou o lar quando eu tinha apenas 2 anos de idade, deixando minha mãe, Anna Cristina, responsável sozinha pela minha criação. Durante minha infância, não tive qualquer lembrança da presença dele até os meus 5 anos. Mesmo após esse período, nossa relação sempre foi marcada por instabilidade e distanciamento, tornando-se particularmente conturbada durante minha adolescência. Em 2018, meu pai decidiu se mudar para os Estados Unidos, aumentando ainda mais o afastamento entre nós.

No Brasil, minha mãe sempre fez o possível para me ajudar, mas não tinha (e continua não tendo) condições financeiras para me dar o suporte necessário para meu avanço acadêmico, profissional e qualidade de vida. Desde os 15 anos de idade, precisei trabalhar para ajudar nas despesas de casa, o que dificultou meu foco nos estudos e em meus objetivos.

Diante dessa situação, em 2022, decidi sair do Brasil e me mudar para os Estados Unidos em busca de um futuro melhor. Meu pai já morava nos EUA há alguns anos, e, a princípio, pensei que viver com ele me traria estabilidade. No entanto, nosso relacionamento sempre foi difícil e, após apenas três meses, percebi que não poderia continuar morando com ele. Sendo assim, ele abandonou a residência que morávamos e passei a residir com minha ex-madrasta.

Meu pai tem um histórico de abuso emocional e comportamento agressivo. No Brasil, ele me devia R\$28.000 (aproximadamente \$4.900,00 USD) em pensão alimentícia, mas me forçou a pagar o advogado da minha mãe para que o processo fosse retirado, utilizando pressão psicológica para me obrigar a aceitar.

Durante toda a minha vida com meu pai, fui ameaçado verbalmente e submetido a situações de grande sofrimento emocional. Possuo gravações de áudio do meu pai ameaçando me agredir fisicamente, o que comprova ainda mais o ambiente tóxico e inseguro que ele criou. Nossa relação de pai e filho não existe.

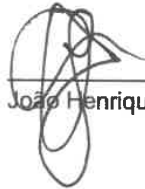
Desde então, venho tentando me reerguer sozinho e encontrei suporte em Benjamin (Camilla) Moura Pinheiro, que se tornou uma pessoa essencial na minha vida. Embora ele não seja meu guardião legal, ele tem sido a principal fonte de estabilidade, orientação e apoio financeiro e emocional para mim nos Estados Unidos. Ele se tornou mais um membro da minha família do que meu próprio pai jamais foi, me proporcionando um ambiente seguro e acolhedor.

Retornar ao Brasil não é uma opção para mim. Apesar de amar e respeitar minha mãe, ela não tem condições de me sustentar e eu precisaria trabalhar muito, estudar pouco e ainda assim, ter dificuldades para viver tranquilamente. Nos Estados Unidos, tenho a

oportunidade de construir uma vida estável e realizar meus sonhos, principalmente minha carreira artística, que não seria possível no Brasil.

Diante desses fatos, peço respeitosamente que o tribunal reconheça que permanecer nos Estados Unidos é o melhor para o meu bem-estar, segurança e futuro.

**Atenciosamente,**



João Henrique Vilani Ferreira

# **Exhibit 4 - Guardian's Identification Document**



# **Exhibit 5 - Guardian's Declaration**

To Whom It May Concern:

My name is Benjamin (Camilla) Moura Pinheiro, I reside at 3138 MLK Jr Way Oakland, CA 94609. I am a Bay Area native being born in San Francisco on 2/2/1997. I am writing this letter to show my support for João Henrique Vilani and his application for legal residency in the United States of America.

I have been good and close friends with João Henrique Vilani for a few years now. My friendship with Joao began in the winter of 2022 when we met through his step brother Bernardo Divardin; whom I have known since 2019. Quickly bonding, we would end up sharing the same close friend group and spending most of our free time sharing mutual interests such as music that made us bond stronger over time. From the beginning of our friendship, I have always heard our mutual friends mention João who lived in Brazil and how we'd get along very well. So when we both met for the first time, it felt we had known each other for a lifetime.

After sometime in an effort to help each other save money, João and I along with a few other friends moved into a large house in Daly City, CA and lived there for a whole year. During that time we spent every day together working on passion projects, talking, cooking, and playing video games. We bonded very much and it was clear we got a long very very well. João would help me with issues between out other roommates and house work, and would constantly be the one to have my back when things got sour.

When our contract was almost up we decided to move in together just the two of us. We have been sharing a home in Oakland, CA since august 2024 and is a breeze to live with. We hangout regularly, share chores, and have been able to help each other financially and emotionally through our daily lives living together.

My friendship with Joao is much more than that to me, he's more of a younger brother whom I have taken under my wing and we're figuring this thing called life together. He has been there for me and my family during difficult times, helping in anyway he could and listening to my rants always. He always offers a helping hand and a loving smile no matter the task at hand. I have caught myself telling and teaching him things that remind me of my dad speaking to me; and he always seems to absorb all the wisdom I try to share with him and flourishes.

Joao has become part of my life and family in a way thats here to stay. My mother asks about him, asks to bring him when I visit, brings him gifts, and will call him out on things like a mom does. His sister has given me the unofficial title of his guardian since she trusts me so much and relies on me to help him in ways she cant from afar. I see me building my future with Joao as my right hand man. I know I can always count on him and know that the dreams we chase are bigger than we can imagine; but we need to do it together.

I understand the legal complexity behind his application for green card, however, this is definitely one individual who is extremely deserving of having the privilege of being a legal visitor in our country. By being an honest witness to his efforts and dedication to becoming a

better human and realizing his dreams, I can say wholeheartedly that accepting his application is the right decision.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ben Pinheiro', written in a cursive style.

Benjamin (Camilla) Moura Pinheiro

# **Exhibit 6 - Proof That the Applicant Resides With Their Guardian**



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Welcoming  
Caring  
Connecting

Guarantor # 11721882  
Responsible Party Joao Ferreira  
Statement # 27727526  
Statement Date 01/14/25

**MyChart** The easiest way to pay your bill, visit us online at  
MyChart.sfdph.org  
**MyChart Activation Code:** R8GV4-FN9BE

Not interested in signing up for MyChart?  
Use this info to pay as a guest!

**Guarantor ID:** 11721882 **Name:** Ferreira

Questions About Your Statement?  
Call us: (628) 206 - 8448  
\*8am-4:30pm\* Monday-Friday

**Total Balance**  
**\$411.98**

**Minimum due by 02/11/25**  
**\$411.98**

We do not have record of your insurance coverage. Please pay the balance due or contact our office to provide your information, to make payment arrangements, or to apply for financial assistance.

Detach the bottom portion to return with your payment



Zuckerberg S.F. General Hospital  
PO BOX 748892  
Los Angeles, CA 90074-8892

Guarantor #: 11721882  
Statement Date: 01/14/25  
Call Us: (628) 206-8448  
\*8AM - 4:30PM\* Monday - Friday

**Amount Due**  
**\$411.98**

Check this box if your address or insurance information has changed. Please make changes on the back.

Please pay amount due. Make checks payable to: Zuckerberg San Francisco General Hospital



Joao Ferreira  
3138 MARTIN LUTHER KING JR WAY  
OAKLAND, CA 94609-2929



ZUCKERBERG GENERAL HOSPITAL  
PO BOX 748892  
LOS ANGELES, CA 90074-8892



0002 000650



1-866-40-EBMUD

YOUR ACCOUNT NUMBER:

70921895368

Next Read Date is 04/08/2025

Your Payment is Due by 02/28/2025

A watershed walk is a great way to kickstart the new year. Check out the 90 miles of EBMUD trails that cross 29,000 acres of East Bay watershed and explore the beauty of our reservoirs, redwood groves, and oak woodlands. Fill a water bottle, grab a jacket and head out for some fresh air. Learn more and get a trail permit at ebmud.com/eastbaytrails.



Camilla Piheiro
3138 MARTIN LUTHER KING JR WAY
OAKLAND, CA 94609-2929

Bill Date: 02/13/25

Table with Billing Period (58 Days), From 12/10/24, To 2/6/25

For: 3138 M L King Jr Way
Private Residence

AMOUNT

TOTAL

PREVIOUS CHARGES AND CREDITS

Table with columns for Description, Amount, and Total. Rows include Previous Amount Due, Late Payment Penalty, EBMUD - Water Charges, and EBMUD - Wastewater Charges.

PASS THROUGH CHARGES FOR THE CITY OF OAKLAND SEWER SERVICES

92.60

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

TOTAL CURRENT CHARGES

456.74

Table with columns: Meter Size, Elev. Band, Meter Readings (Current, Previous), Units, Consumption Information (Gallons, Days), Gal/Day.

PLEASE DETACH AND RETURN THIS PAYMENT STUB WITH CHECK OR MONEY ORDER PAYABLE TO EBMUD

3138 M L King Jr Way, Oakland, CA 946092929 12/10/24 2/6/25 ACCOUNT NO.: 70921895368 2480

Pay by credit/ATM/e-check for a fee. Call 1-888-963-0909

Mail payment to:

TOTAL PREVIOUS 226.50
TOTAL CURRENT 230.24

EBMUD PAYMENT CENTER
PO BOX 51191
LOS ANGELES CA 90051-5491

Please Pay This Amount Now Due

456.74

709218953681000045674000002231500

# **Exhibit 7 - Proof of Eligibility for SIJ Classification**

PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NO.: 343486 NAME: Otavio Haverroth Silva FIRM NAME: HS Law Corp STREET ADDRESS: PO BOX 90487 CITY: San Diego STATE: CA ZIP CODE: 92169 TELEPHONE NO.: (510) 241-9336 FAX NO.: E-MAIL ADDRESS: otavio@yousalaw.com ATTORNEY FOR (name): João Henrique Vilani Ferreira	FOR COURT USE ONLY <b>CONFIDENTIAL</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: 2120 Martin Luther King Jr. Way MAILING ADDRESS: CITY AND ZIP CODE: Berkeley, CA 94704 BRANCH NAME: Berkeley Courthouse	
CASE NAME: Guardianship of João Henrique Vilani Ferreira	
<b>SPECIAL IMMIGRANT JUVENILE FINDINGS</b>	CASE NUMBER: 25PR115842

1. Child's name: João Henrique Vilani Ferreira Date of birth: 04/08/2004
2.  The petition or request for Special Immigrant Juvenile (SIJ) findings was heard
- a. Date of hearing: 04/07/2025 Time: 10:30AM Dept.: 201 Room: N/A
- b. Judicial officer (name):
- c. Persons and attorneys present (names):

Natalia Lertora, Attorney for Ward/Petitioner

**The court has reviewed the evidence and finds the following:**

3. Notice of the underlying proceeding was given as required by law.
4. a.  The child was declared a dependent of the juvenile court of the county of (specify):  
 on (date): and remains under the court's jurisdiction.

**OR**

- b.  The child was
- (1)  placed under the custody of an individual (name, unless confidential): Camilla Moura Pinheiro
- (2)  placed under the custody of an entity (name):
- (3)  committed to a state agency or department (name):  
 appointed by this court or another California court on (date):
- The custody or commitment order remains in effect.

Supporting legal conclusions or factual findings, if necessary:

This court has jurisdiction with regard to custody of the Minor pursuant to Family Code Section 3421. Custody proceedings were conducted and Camilla Moura Pinheiro was awarded sole legal and sole physical custody. This order creates legal and physical custody rights to the Petitioner.

Continued on Attachment 4.

CASE NAME: <p style="text-align: center;">Guardianship of João Henrique Vilani Ferreira</p>	CASE NUMBER: <p style="text-align: center;">25PR115842</p>
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5. Reunification of the child with  the mother  the father  the other legal parent is not viable under California law because of parental  abuse,  neglect,  abandonment, or  a similar legal basis (*specify*):

as established on (*date*): 04/07/2025, for the following reasons (*for each parent with whom reunification is not viable, state the reasons that apply to that parent*):

This Court finds that there is evidence to support the findings that:

The child's father, Darlan, left home when the minor was only 2 years old and he has no memory of him until he was 5 years old. After that, the relationship between them was marked by instability and distance, becoming particularly turbulent during the adolescence, characterized by constant arguments and lack of emotional support. Despite being in the United States, Darlan has been neglectful, failing to provide proper guidance or consistent financial support. The negative relationship between the child and his father has caused emotional harm.

The child's mother, on the other hand, remains in Brazil, where she faces financial instability. Since the age of 15, the child had to work to help his mother with the household expenses, which made it difficult for him to focus on his studies - severely limiting his opportunities for education and personal growth. The mother is unable to provide a stable and supportive environment due to her financial difficulties.

Additionally, the child does not receive any financial support from either parent, making his situation even more vulnerable.

Continued on Attachment 5.

6. It is not in the child's best interest to be returned to the child's or parent's country of nationality or country of last habitual residence (*specify country or countries*): Brazil for the following reasons:

This Court finds that there is evidence to support the findings that:

It is not in the child's best interest to be returned to Brazil, as he would face financial difficulties, have to work a lot, study little, and still struggle to live peacefully. Additionally, the child finds stability, guidance, and financial and emotional support in the United States through Camilla Moura Pinheiro, who has become an essential person in his life.

See California Family Code sc 3011

Continued on Attachment 6.

Date:

\_\_\_\_\_  
 JUDICIAL OFFICER  
 SIGNATURE FOLLOWS LAST ATTACHMENT

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ATTORNEY OR PARTY WITHOUT ATTORNEY NAME: Otavio Haverroth Silva FIRM NAME: Hs Law Corp STREET ADDRESS: Po Box 90847 CITY: San Diego STATE: CA ZIP CODE: 92169 TELEPHONE NO.: 510 241 9336 FAX NO.: E-MAIL ADDRESS: otavio@vouselaw.com ATTORNEY FOR (name): João Henrique Vilani Ferreira	STATE BAR NO.: 343486	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ALAMEDA STREET ADDRESS: 2120 Martin Luther King Jr. Way MAILING ADDRESS: CITY AND ZIP CODE: Berkeley, CA 94704 BRANCH NAME: Berkeley Courthouse		
GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): João Henrique Vilani Ferreira		
<b>ORDER APPOINTING GUARDIAN OR EXTENDING GUARDIANSHIP OF THE PERSON</b>		CASE NUMBER: 25PR115842
<b>WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.</b>		

1. The petition for appointment of a guardian or extension of a guardianship of the person came on for hearing as follows (check boxes c, d, and e to indicate personal presence):

- a. Judge (name):
- b. Hearing date: 04/07/2025 Time: 10:30AM  Dept.: 201  Room:
- c.  Petitioner (name): João Henrique Vilani Ferreira
- d.  Attorney for Petitioner (name): Natalia Lertora
- e.  Attorney for (proposed) ward (name, address, e-mail, and telephone):

Natalia Lertora  
 P.O Box 90487  
 San Diego, CA 92169  
 otavio@legalhs.com  
 5102419336

#### THE COURT FINDS

2. a.  All notices required by law have been given.  
 b.  Notice of hearing to the following persons  has been  should be dispensed with (names):
3.  Appointment of a guardian of the  person  estate of the proposed ward is necessary or convenient. (NOTE: The Probate Code does not authorize the appointment of a guardian of the estate for a proposed ward 18 years of age or older.)
4.  Extension of the guardianship of the person past the ward's 18th birthday is necessary or convenient.
5.  Granting the guardian powers to be exercised independently under Probate Code section 2590 is to the advantage and benefit and is in the best interest of the guardianship estate.
6.  Attorney (name): has been appointed by the court as legal counsel to represent the (proposed) ward in these proceedings. The cost for representation is: \$
7.  The appointed court investigator, probation officer, or domestic relations investigator is (name, title, address, and telephone):

Do NOT use this form for a temporary guardianship.

Page 1 of 3

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): João Henrique Vilani Ferreira	CASE NUMBER: 25PR115842
--	----------------------------

**THE COURT ORDERS**

8. a.  (name): Camilla Moura Pinheiro  
(address) 3138 Martin Luther King Jr. Way, Oakland, CA 90072 (telephone): +1 (510) 930-4441

is appointed guardian of the PERSON of (name): João Henrique Vilani Ferreira  
and Letters shall issue upon qualification.

- b. (Not applicable to a proposed ward 18 years of age or older.)

(name):  
(address): (telephone):

is appointed guardian of the ESTATE of (name):  
and Letters shall issue upon qualification.

- c.  The appointment of

(name):  
(address): (telephone):

as guardian of the PERSON of (name):  
is extended past the ward's 18th birthday and new Letters shall issue forthwith.

9.  Notice of hearing to the persons named in item 2b is dispensed with.

10. a.  Bond is not required.

b.  Bond is fixed at: \$ to be furnished by an authorized surety company or as otherwise provided by law.

c.  Deposits of: \$ are ordered to be placed in a blocked account at (specify institution and location):

and receipts shall be filed. No withdrawals shall be made without a court order.

Additional orders in Attachment 10c.

- d.  The guardian is not authorized to take possession of money or any other property without a specific court order.

11.  For legal services rendered on behalf of the (proposed) ward,  the parents of the (proposed) ward

the (proposed) ward's estate shall pay to (name):  
the sum of: \$

forthwith  as follows (specify terms, including any combination of payers):

12.  The guardian of the estate is granted authorization under Probate Code section 2590 to exercise independently the powers specified in Attachment 12  subject to the conditions provided.

13.  Orders are granted relating to the powers and duties of the guardian of the person under Probate Code sections 2351–2358 as specified in Attachment 13.

GUARDIANSHIP OF THE <input checked="" type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (name): João Henrique Vilani Ferreira	CASE NUMBER: 25PR115842
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14.  Orders are granted relating to the conditions imposed under Probate Code section 2402 upon the guardian of the estate as specified in Attachment 14.
15.  Other orders as specified in Attachment 15 are granted.
16.  The probate referee appointed is (name and address):

17. Number of boxes checked in items 9–16: 1

18. Number of pages attached: 0

Date:

\_\_\_\_\_  
JUDGE OF THE SUPERIOR COURT

SIGNATURE FOLLOWS LAST ATTACHMENT

**ORDER APPOINTING GUARDIAN  
OR EXTENDING GUARDIANSHIP OF THE PERSON  
(Probate—Guardianships and Conservatorships)**

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