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**Non-Detained**

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

\_\_\_\_\_)  
**In the Matter of** )  
 )  
**Rayane Cristina Gonsaga Guimaraes** ) **File No. A.249-261-932**  
 )  
**In Removal Proceedings** )  
 )  
\_\_\_\_\_)

Immigration Judge: **Tisocco, Michael**

Next Hearing Date: **May 7, 2026 at 08:30 AM**

**RESPONDENTS' MOTION FOR CONTINUANCE**

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	)	
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**RESPONDENTS' MOTION FOR CONTINUANCE**

The undersigned counsel hereby respectfully requests a continuance of the upcoming Master Hearing currently scheduled for **May 7, 2026 at 8:30 AM**, and in support states the following:

1. The Respondent discovered her pregnancy around October 2025 and is currently approximately 33 weeks pregnant as of the date of this filing. Based on her current gestational age, the Respondent will be approximately 36–38 weeks pregnant at the time of the scheduled Master Hearing on May 7, 2026.
2. In recent weeks, the Respondent has experienced pregnancy-related complications, including shortness of breath, episodes of bleeding, and persistent weakness. These symptoms indicate medical risks that require ongoing monitoring and physical limitation, and she has recently experienced a threatened premature labor episode, further underscoring the seriousness of her condition. *See Exhibit 3.*
3. The Respondent's treating physician has determined that a Cesarean section (C-section) will be medically required due to several factors. She previously underwent a C-section for her first child, and a tubal ligation is planned at the time of

delivery, as she does not intend to have more children. The Respondent also has ovarian fibroids (myomas), a diagnosis of HPV, and is at increased risk for cervical cancer, which further necessitates surgical delivery to protect her health. Additionally, at 38 years of age, her pregnancy carries increased medical risks that require careful monitoring and management. *See* Exhibits 2-4.

4. The physician has indicated that the C-section is expected to occur between May 16 and May 20, 2026, but the exact time may vary, and the Respondent may be called into the hospital at any moment during this period. At 36–38 weeks and with a scheduled C-section, the Respondent may go into labor at any time or be recovering from surgery, making attendance at the hearing unsafe or impossible. The Respondent is under strict medical supervision and has been advised to limit physical activity and stress.
5. Under these circumstances, she would be physically unable to attend the hearing or provide testimony, answer questions, or engage in discussions with the Immigration Judge. Her medical condition directly prevents her from participating in the proceedings in any meaningful way, which undermines her right to due process.
6. The Respondent's advanced pregnancy, associated symptoms (shortness of breath, weakness, and episodes of bleeding), and required medical restrictions have limited her ability to meet with counsel. She has been unable to participate fully in discussions regarding case strategy, review supporting evidence, or finalize her declarations. Without her active participation, counsel cannot adequately prepare for the hearing on her behalf.
7. Due to her inability to participate and consult, essential case preparation remains incomplete. This includes gathering and reviewing medical and personal documentation, preparing testimony and declarations. Forcing the case to proceed under these conditions would prejudice the Respondent's ability to present her case fully and accurately, directly affecting the fairness and integrity of the proceedings.

Thus, due to the Respondent's advanced stage of pregnancy and impending surgery, counsel's ability to consult with the client and finalize essential legal preparations has been significantly restricted. A postponement will allow for a thorough assessment of the case and the submission of a complete evidentiary record once the Respondent has medically recovered.

Pursuant to 8 C.F.R. § 1003.29, a continuance may be granted for good cause shown. Good cause exists where circumstances beyond a respondent's control prevent appearance or interfere with the ability to reasonably prepare for proceedings. The determination is case-specific and must consider fairness, procedural integrity, and the respondent's ability to participate meaningfully in their case. Here, the Respondent's advanced pregnancy and imminent surgical procedure constitute circumstances beyond her control that significantly impair both her ability to participate in proceedings and counsel's ability to adequately prepare.

Wherefore, the Respondent respectfully requests that a continuance be granted in light of her current condition, as she is in the final stages of a risky pregnancy and will require a period of medical recovery following her scheduled C-section.

Accordingly, the Respondent respectfully requests that the Immigration Court reschedule the Master Hearing to a later date.

Respectfully,



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

# Exhibit list

Exhibits:

Pages:

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**Exhibit 1**

Obstetric Ultrasound Report (Proof of Pregnancy) 1

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**Exhibit 2**

Health History Questionnaire 2

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**Exhibit 3**

Medical Records Demonstrating High-Risk Pregnancy 3-5

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**Exhibit 4**

Signed Consent for Sterilization Form 6

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# **Exhibit 1**



SWEDISH RADIA IMAGING  
01/06/26 12:48:14PM HC

GONSAGA GUIMARAES, RAYANE  
60012122471, Age 37

MI 1.1 TIs 0.4 C1-6  
20w0d:EDD OB-2/3

FR 24

LOGIQ  
E9

CHI  
Frq 5.0  
Gn 43  
S/A 3/3  
Map A/1  
D 14.0  
DR 72  
AO% 90




PROF

# **Exhibit 2**



**SWEDISH**  
MEDICAL GROUP

GONSAGA GUIMARAES, RAYANE CRIST\*  
 DOB: 4/8/1988 (37 yrs) F  
 MRN: 60012122471  
 CSN: 10746456877  
 Prv: Randolph Bourne, MD  
 Appt: 3/17/2026 2:30 PM EF#:  


**OB/GYN & Midwifery New Patient Health History Questionnaire**

Preferred name: RAYANE CRISTINA G. GUIMARAES Legal name: GUIMARAES

Gender pronouns:  She/her  He/him  They/them  Other: \_\_\_\_\_

Legal gender designation (on insurance):  Female  Male Self-declared gender:  Female  Male  Other

Marital status: MARRIED Who do you live with?: PARTNER

Would you accept a blood transfusion in an emergency?:  Yes  No

Have you ever had a blood transfusion?:  Yes  No

**What is your main concern today?:**

DISCUSS DATE OF SURGERY, I have been throwing up a lot in

**Personal Past Medical History:** What medical problems have you been told you need on-going care for? (i.e., high blood pressure, diabetes, asthma, heart disease, etc.)

↳ the past two days. Feeling a lot of heartburn and discomfort. Baby isnt moving a lot in the past two days.

**Surgical History:** Have you ever had any type of surgery (including dental)?:

Surgery/Reason: abdominoplasty Date: 2016  
 Surgery/Reason: C-section Date: 2010  
 Surgery/Reason: Gallbladder Date: 2021  
 Surgery/Reason: \_\_\_\_\_ Date: \_\_\_\_\_

**Family History:**  I am adopted or do not know my family history

Has anyone in your family ever had cancers of the:

Breast  No  Yes Ovary  No  Yes  
 Colon  No  Yes Endometrium/Uterus  No  Yes Grandma (cancer)

Please list any known major medical conditions for your immediate relatives:

Mother: Uterine fibroids Father: Diabetes  
 Brother: \_\_\_\_\_ Sister: Hypothyroidism  
 Maternal Grandmother: Diabetes Maternal Grandfather: \_\_\_\_\_  
 Paternal Grandmother: \_\_\_\_\_ Paternal Grandfather: \_\_\_\_\_

**Sexual and Reproductive Health History:**

Do you think you have periods?:  Yes  No If menopausal, when did your period stop?: \_\_\_\_\_  
 Age when you first had a menstrual period: 13 yo First day of your last menstrual period?: \_\_\_\_\_  
 Are your periods monthly?  Yes  No  
 # of days of bleeding?: 7-8 # of days between cycles?: 22-23  
 Have you ever been sexually active?:  Yes  No Types of sex:  Vaginal  Oral  Anal  
 Current birth control (if any): \_\_\_\_\_ Are you happy with this birth control?:  Yes  No  
 Have you or your partner(s) had other sexual partners in the past year?:  Yes  No  Unsure

# **Exhibit 3**







# Health Issues




## Current Health Issues

Please review your health issues, and verify that the list is up to date.


Multigravida of advanced maternal age in first trimester

Started 10/23/2025

 [Learn more](#)


HPV in female

Started 3/9/2026

 [Learn more](#)

Impaired glucose tolerance during pregnancy

Started 3/12/2026

 [Learn more](#)

Heartburn during pregnancy in third trimester

Started 3/17/2026

 [Learn more](#)



### Heartburn during pregnancy in third trimester

Started 3/17/2026

[Learn more](#)

### Vomiting pregnancy

Started 3/17/2026

[Learn more](#)

### Decreased fetal movements in third trimester, single or unspecified fetus

Started 3/17/2026

[Learn more](#)

## Health Issues You Asked To Be Removed

ASCUS (atypical squamous cells of undetermined significance) on gynecologic Papanicolaou smear complicating pregnancy, antepartum

Started 3/9/2026

[Learn more](#)

[Back to the home page](#)



Please call 911 if you have an emergency or

# AFTER VISIT SUMMARY

Rayane C. Gonsaga Guimaraes

DoB: 4/6/1988 CEID: PWM-HKNN-4FXK-T885



Providence  
SWEDISH

4/10/2026 9:30 AM SWEDISH BIRTH AND  
FAMILY CARE EDMONDS 425-640-4950

Instructions from Casey M. Babcock, MD

## Third Trimester: weeks 27-40+

Congratulations, you are now 33w3d

Due date: Estimated Date of Delivery: 5/26/26

Your vital signs today: BP (!) 88/54 | Pulse 85 | Wt 86.7 kg  
(191 lb 3.2 oz) | LMP 06/23/2025 (Within Days) | SpO2 99%  
| BMI 33.88 kg/m<sup>2</sup>

Fundal height: 35 cm

Repeat labs today

Please try drinking an electrolyte solution (like liquid IV)  
especially on days . If still feel dizzy please let me know and  
we will order IV fluids at infusion center

My team with order growth ultrasound and let you know

### At your Third Trimester visits:

You will be seen every two weeks until 36 weeks, then every  
week until delivery!

**If you have urgent questions or concerns regarding your  
pregnancy or signs of labor, there is always a doctor "on  
call" 24 hours. You can call (425) 640- 4950 night or  
day!**

Your doctor may repeat a blood count for anemia sometime  
between 32-36 weeks.

After 36 weeks, you can expect your doctor to collect a  
"GBS" swab from your vaginal area. GBS, or Group B Strep,  
is a common bacteria that lives in the vaginal area. It is not  
sexually transmitted. It is important to know if you carry

## Today's Visit

You saw Casey M. Babcock, MD on  
Friday April 10, 2026. The  
following issues were addressed:

- Multigravida of advanced  
maternal age in first trimester
- Impaired glucose tolerance  
during pregnancy
- Vomiting pregnancy
- Anemia during pregnancy in  
third trimester
- Uterine size date discrepancy  
pregnancy, third trimester



Blood Pressure  
88/54



BMI  
33.88



Weight  
191 lb 3.2 oz



Pulse  
85



Oxygen Saturation  
99%



BSA  
1.96 m<sup>2</sup>

# **Exhibit 4**

### CONSENT FOR STERILIZATION

**NOTICE:** YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

#### ■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from Swedish OB/GYN-Edmonds . When I first asked Doctor or Clinic

for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Bilateral Salpingectomy . The discomforts, risks

Specify Type of Operation and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: 04/06/1988 Date

I, Rayane C. Gonsaga Guimaraes hereby consent of my own free will to be sterilized by Swedish OB/GYN-Edmonds

by a method called Bilateral Salpingectomy . My Specify Type of Operation

consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

X RAYANE GONSAGA G. 03/17/2026  
Signature Date

You are requested to supply the following information, but it is not required: (Ethnicity and Race Designation) (please check)

- |   |  |                                |  |
|---|--|--------------------------------|--|
| Ethnicity:                                      |  | Race (mark one or more):       |  |
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> American Indian or Alaska Native          | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> White |  |

#### ■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized: I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in Portuguese language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

X [Signature] 03/17/26  
Interpreter's Signature Date

#### ■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Rayane C. Gonsaga Guimaraes signed the Name of Individual consent form, I explained to him/her the nature of sterilization operation Bilateral Salpingectomy , the fact that it is

Specify Type of Operation intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

[Signature] 03/17/2026  
Signature of Person Obtaining Consent Date

Swedish OB/GYN-Edmonds Facility  
21616 76th Ave W #205 Edmonds, WA 98026  
Address

#### ■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon \_\_\_\_\_ on \_\_\_\_\_

I explained to him/her the nature of the sterilization operation \_\_\_\_\_, the fact that it is

Specify Type of Operation intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraph: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least 30 days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):

- Premature delivery  
Individual's expected date of delivery: \_\_\_\_\_
- Emergency abdominal surgery (describe circumstances): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date

GONSAGA GUIMARAES, RAYANE CRIST\*  
DOB: 4/6/1988 (37 yrs) F  
MRN: 60012122471  
PHN: 40716656877

**PROOF OF SERVICE**

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

**RESPONDENTS' MOTION FOR CONTINUANCE**

To the following:

<b>Office Location:</b>  Office of the Principal Legal Advisor, Seattle Department of Homeland Security. 915 Second Avenue, Suite 708 Seattle, WA 98174	<b>Mailing Address:</b>  US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor. 915 Second Avenue, Suite 708 Seattle, WA 98174
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by:

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



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