

USCIS  
Attn: 1367  
P.O. Box 4205  
Carol Stream, IL 60197-4205

**RE: I-192, Application for Advance Permission to Enter**  
**Applicant: Andreia MAIDANA**

Dear Sir or Madam,

Please find enclosed Form I-192, Application for Advance Permission to Enter as a Nonimmigrant and all requisite documentation, filed by counsel on behalf of Andreia Maidana. The applicant also has a pending T nonimmigrant status application (Receipt Number: LIN2517851048).

- **Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative**
- **Form I-192, Application for Advance Permission to Enter**

**I. Andreia Maidana's Identification Documents**

- Andreia Maidana's Passport
- Andreia Maidana's Birth Certificate with English Translation

**II. Andreia Maidana's Written Statement**

**III. Receipt Notice of the Application for T-Nonimmigrant Status**

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

Sincerely,



04/17/2026

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

# **ANDREIA MAIDANA'S SIGNED FORMS**



# 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)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

## Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

## Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**

3.b.  Apt.  Ste.  Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**  
(USPS ZIP Code Lookup)

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

## Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

6. Email Address (if any) **otavio@legalhs.com**

7. Fax Number (if any) **N/A**

## 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

**California**

1.b. Bar Number (if applicable)

**343486**

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)

**HS Law Corp**

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

**N/A**

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

**N/A**

3.  I am associated with

**N/A**

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

**N/A**



**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)**

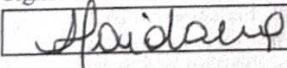
**Options Regarding Receipt of USCIS Notices and Documents**

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)







# Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS  
**Form I-192**  
OMB No. 1615-0017  
Expires 03/31/2027

For DHS Use Only		
Received	Returned Trans. Out	Fee Stamp
Trans. In	Completed	
Action by the Department of Homeland Security		
Ground of Inadmissibility		Action Stamp
<input type="checkbox"/> INA 212(a)(1) _____ <input type="checkbox"/> INA 212(a)(2) _____ <input type="checkbox"/> INA 212(a)(3) _____ <input type="checkbox"/> INA 212(a)(4) _____ <input type="checkbox"/> INA 212(a)(6) _____ <input type="checkbox"/> INA 212(a)(7) _____ <input type="checkbox"/> INA 212(a)(8) _____		<b>Benefits Category:</b> <input type="checkbox"/> T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16 <input type="checkbox"/> T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16 <input type="checkbox"/> U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17 <input type="checkbox"/> U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17 <input type="checkbox"/> Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4
<input type="checkbox"/> INA 212(a)(9) _____ <input type="checkbox"/> INA 212(a)(10) _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Granted, subject to revocation at any time, upon the following terms and conditions		
<b>Date of Action</b> (mm/dd/yyyy) _____ <b>DD or OIC</b> _____ <b>Office</b> _____		

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or Form G-28I is attached.</b>	<b>Volag Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	<b>Attorney State Bar Number</b> (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	<b>Attorney or Accredited Representative USCIS Online Account Number</b> (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">7</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">3</td> <td style="border: 1px solid black; text-align: center;">8</td> </tr> </table> </div>	0	0	7	4	9	2	6	2	5	4	3	8
0	0	7	4	9	2	6	2	5	4	3	8				

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

## Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**



**Part 2. Information About You**

1. Your Full Legal Name (Do not provide a nickname)

Family Name (Last Name)

MAIDANA

Given Name (First Name)

Andreia

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

**Other Information**

3. Alien Registration Number (A-Number) (if any)

▶ A- 2 5 4 0 3 3 3 6 6

4. USCIS Online Account Number (if any)

▶ N / A

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

06/01/1974

6. Place of Birth

City or Town

Cruz Alta

State or Province

Rio Grande do Sul

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr.

Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA



**Part 2. Information About You (continued)**

**Address History**

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

**10. Physical Address 1 (current address)**

Street Number and Name		Apt.	Ste.	Flr.	Number
4359 SW 10th Pl		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	306
City or Town		State		ZIP Code	
Deerfield Beach		FL		33442	
Province	Postal Code	Country			
N/A	N/A	USA			
Dates of Residence					
From (mm/dd/yyyy)		To (mm/dd/yyyy)			
04/01/2024		PRESENT			

**11. Physical Address 2**

Street Number and Name		Apt.	Ste.	Flr.	Number
899 SE 2nd Ave		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	102
City or Town		State		ZIP Code	
Deerfield Beach		FL		33441	
Province	Postal Code	Country			
N/A	N/A	USA			
Dates of Residence					
From (mm/dd/yyyy)		To (mm/dd/yyyy)			
08/01/2020		04/01/2024			

**Information About Your Marital History**

**12. What is your current marital status?**

Single, Never Married    Married    Divorced    Widowed    Legally Separated    Marriage Annulled

Other

**13. How many times have you been married (including annulled marriages and marriages to the same person)?**

**Information About Your Current Marriage (including if you are legally separated)**

If you are currently married, provide the following information about your **current spouse**.

**14. Current Spouse's Legal Name**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

**15. Spouse's Alien Registration Number (A-Number) (if any)** ▶ A-



**Part 2. Information About You (continued)**

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

17. Date of Marriage (mm/dd/yyyy)

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

**Information About Prior Marriages (if any)**

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

20. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

22. Date of Marriage (mm/dd/yyyy)

23. Place of Marriage

City or Town

State or Province

Country

24. Date Marriage Legally Ended (mm/dd/yyyy)

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

26. Explain the grounds of inadmissibility that may apply in your case.

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II) and worked without authorization. (see additional information)



**Part 2. Information About You (continued)**

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant?  Yes  No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**  
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

28. Date Application Filed (mm/dd/yyyy)

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry  City or Town

State or Province  Country

Receipt Number (if available) ▶

30. Have you **EVER** been in the United States for a period of six months or more?  Yes  No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information.**

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf?  Yes  No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

34. Outcome of the application or petition (for example, approved, denied, or pending).

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)?  Yes  No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information.**

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations?  Yes  No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information.**



**Part 2. Information About You (continued)**

**Travel Information**

**NOTE:** If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

<b>37.</b> City	<b>38.</b> State	<b>39.</b> Name of Port of Entry
N/A	N/A	N/A
<b>40.</b> How do you plan to travel to the United States? (For example, by plane, ship, car)	<b>41.</b> When do you plan to enter the United States? (mm/dd/yyyy)	
N/A	N/A	
<b>42.</b> Approximate Length of Stay in the United States		
N/A		
<b>43.</b> What is the purpose of your stay in the United States? Explain fully below.		
N/A		

**Employment History**

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information.**

**44.** Employer 1 (current or most recent)

Name of Employer or Company

GA Collar Corp

Address of Employer or Company

Street Number and Name	Apt.	Ste.	Flr.	Number
4359 SW 10th Pl	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	306
City or Town	State		ZIP Code	
Deerfield Beach	FL		33442	
Province	Postal Code	Country		
N/A	N/A	USA		
Your Occupation				
Owner				
Dates of Employment				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
03/29/2021	PRESENT			



**Part 2. Information About You (continued)**

45. Employer 2

Name of Employer or Company

Execu Clean of Boca Raton

Address of Employer or Company

Street Number and Name

1650 NW 80th Ave

Apt. Ste. Flr.

Number

104

City or Town

Margate

State

FL

ZIP Code

33063

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Cleaner

Dates of Employment

From (mm/dd/yyyy)

11/01/2017

To (mm/dd/yyyy)

10/01/2022

**Part 3. Applicant's Statement, Contact Information, Certification, and Signature**

**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

4074099306

2. Applicant's Mobile Telephone Number (if any)

4074099306

3. Applicant's Email Address (if any)

andreiamaidana9@gmail.com

**Applicant's Certification and Signature**

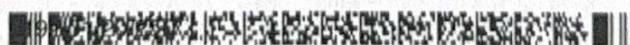
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature

*Andreia Maidana*

Date of Signature (mm/dd/yyyy)

04/17/2026



**Part 4. Interpreter's Contact Information, Certification, and Signature**

**Interpreter's Full Name**

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

**Interpreter's Contact Information**

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

**Interpreter's Certification**

I certify, under penalty of perjury, that I am fluent in English and  , and I have interpreted every question on the application and instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

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

**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

**Preparer's Full Name**

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

**Preparer's Contact Information**

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

**Preparer's Certification**

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application is complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

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



**Part 6. Additional Information**

If you need extra space to provide any additional information within this application, 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 application 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 (if applicable)
	MAIDANA	Andreia	N/A

2. A-Number (if any) ▶ A- 

2	5	4	0	3	3	3	6	6
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3.	Page Number	Part Number	Item Number
	3	2	10

899 SE 2nd Ave, apt 220, Deerfield Beach, FL - 33441 - from 11/01/2019 to 08/01/2020.

4.	Page Number	Part Number	Item Number
	4	2	26

The applicant was also stopped by police in 2017 due to a traffic citation of which she was unaware, as she had not updated her address with the DMV. The matter resulted in a court appearance for driving without a valid U.S. driver's license and was resolved with payment of fines and completion of 15 hours of community service.

5.	Page Number	Part Number	Item Number
	5	2	30

The applicant entered the United States on September 16, 2016, with a B-2 visa and has remained in the country since then.

6.	Page Number	Part Number	Item Number
	5	2	36

The applicant was stopped by police in 2017 due to a traffic citation of which she was unaware, as she had not updated her address with the DMV. The matter resulted in a court appearance for driving without a valid U.S. driver's license and was resolved with payment of fines and completion of 15 hours of community service.



# Exhibit list

Exhibits:

Pages:

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## **Exhibit 1 - Andreia Maidana's Identification Documents**

Andreia Maidana's Passport 1-2

Andreia Maidana's Birth Certificate with English Translation 3-7

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## **Exhibit 2 - Andreia Maidana's Written Statement**

Andreia Maidana's Written Statement 8-10

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## **Exhibit 3 - Receipt Notice of the Application for T-Nonimmigrant Status**

Receipt Notice of the Application for T-Nonimmigrant Status 11-12

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# **Exhibit 1 - Andreia Maidana's Identification Documents**







FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

2<sup>nd</sup> COPY

# BIRTH CERTIFICATE

NAME  
**ANDRÉIA MAIDANA**

CPF

995.127.500-15

REGISTRATION

**098145 01 55 1979 1 00007 245 0006715 17**

DATE OF BIRTH IN FULL

June first, nineteen seventy-four

DAY

01

MONTH

06

YEAR

1974

TIME OF BIRTH

at 7:00 AM

CITY OF BIRTH

Cruz Alta, Rio Grande do Sul

CITY OF REGISTRATION AND STATE

Cruz Alta, Rio Grande do Sul

PLACE, CITY OF BIRTH AND STATE

Maternity of Nossa Senhora de Fátima Hospital,  
Cruz Alta, RS

SEX

Female

FILIATION

CARLOS JOAREZ MAIDANA and ELENIR PADILHA MAIDANA, both born in this State.

GRANDPARENT'S

Dorival Maidana and Ercy Bello Maidana; Rosalino Afonso Padilha and Zelinda Ferreira Padilha

TWIN

NAME AND REGISTRATION OF THE TWINS

No

no record

DATE OF REGISTRATION IN FULL

May twenty-fifth, nineteen seventy-nine

LIVE BIRTH REGISTRATION NUMBER

no record

ANNOTATIONS / NOTES TO BE ADDED

A CPF endorsement is recorded in the registry.

Civil Registry of Natural Persons  
Darliane Jaques de Souza Pedro - Designated Registrar  
Cruz Alta/Rio Grande do Sul  
Rua Voluntários da Pátria, 592, Room 2, Centro  
(55) 3303-6664  
certidoes@cartoriocruzalta.com.br  
Ana Luiza Gonçalves Padilha - Authorized Clerk  
Notarial and Registry Digital Inspection Seal (State Law No. 12,692/2006):  
(0157.04.2200002.14142 = R\$ 4.40); (0157.01.2100003.16702 = R\$ 1.80)  
Fees: Certificate: R\$ 36.60; Electronic processing: R\$ 6.40  
The validity of the digital seals can be verified on the Court of Justice website: www.tirs.jus.br

The above is true and I certify.  
Cruz Alta, April 11, 2023.

-----//Signature//-----

Ana Luiza Gonçalves Padilha  
Authorized clerk



The consultation will be available within 24 hours  
on the website of the Court of Justice of RS  
<http://go.tjrs.jus.br/selodigital/consulta>  
Authenticity key for consultation  
**098145 55 2023 00007430 08**

AA 029303562 BRP



ARPENBRASIL



I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, 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: February 26, 2026.



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

2ª VIA

# CERTIDÃO DE NASCIMENTO

NOME  
**ANDRÉIA MAIDANA**

CPF

995.127.500-15

MATRÍCULA

**098145 01 55 1979 1 00007 245 0006715 17**

DATA DE NASCIMENTO POR EXTENSO

Primeiro de junho de mil novecentos e setenta e quatro

DIA  
01

MÊS  
06

ANO  
1974

HORA DE NASCIMENTO

às 07h

NATURALIDADE

Cruz Alta, RS

MUNICÍPIO DE REGISTRO E UF

Cruz Alta, RS

LOCAL, MUNICÍPIO DE NASCIMENTO E UF

Maternidade do Hospital Nossa Senhora de Fátima, Cruz Alta, RS

SEXO

Feminino

FILIAÇÃO

CARLOS JOAREZ MAIDANA e ELENIR PADILHA MAIDANA, ambos naturais deste Estado.

AVÓS

Dorival Maidana e Ercy Bello Maidana; Rosalino Afonso Padilha e Zelinda Ferreira Padilha

GÊMEOS

NOME E MATRÍCULA DOS GÊMEOS

Não

sem informação

DATA DO REGISTRO POR EXTENSO

Vinte e cinco de maio de mil novecentos e setenta e nove

NÚMERO DA DNV

sem informação

AVERBAÇÕES/ANOTAÇÕES A ACRESCER

Consta averbação de CPF no registro.

Registro Civil das Pessoas Naturais  
Darlaine Jaques de Souza Pedro - Oficiala Designada  
Cruz Alta/RS  
Rua Voluntários da Pátria, 592, Sala 2, Centro  
(55)3303-6664  
certidoes@cartoriocruzalta.com.br

Ana Luiza Gonçalves Padilha-Escritora Autorizada  
Selo Digital de Fiscalização Notarial e Registral (Lei Estadual n.12.692/2006):  
(0157.04.2200002.14142 = R\$ 4,40); (0157.01.2100003.16702 = R\$ 1,80)  
Emolumentos: Certidão: R\$ 36,60; Processamento eletrônico: R\$ 6,40  
A validade dos selos digitais poderá ser consultada no site do Tribunal de Justiça: [www.tjrs.jus.br](http://www.tjrs.jus.br)

O conteúdo da certidão é verdadeiro. Dou fé.  
Cruz Alta, 11 de abril de 2023.

Ana Luiza Gonçalves Padilha  
Escritora autorizada



A consulta estará disponível em até 24h  
no site do Tribunal de Justiça do RS  
<http://go.tjrs.jus.br/selodigital/consulta>  
Chave de autenticidade para consulta  
**098145 55 2023 00007430 08**

ARPENBRASIL AA 029303562 BRP



<b>DETALHAMENTO DA MATRÍCULA</b>		<b>cc (55) Tipo de Serviço Prestado, sendo:</b>		<b>ffrr (0003) Número do livro</b>	
Matrícula	0018830155 1987 1 0003 050 0000533 31	cc (55)	35 - Serviço de Registro Civil das Pessoas Naturais	ffrr (0003)	999 (050)
Padrão	aaaaabbc dddd e ffff ggg hhhhhh ll	ddd (1987) Ano do Registro		ggg (050) Número da folha	hhhhhh (0000533)
aaaaa (00188-3) Código Nacional da servente (identificação do cartório)		e (1) Tipo do livro, sendo:		iiiiiii (0000533) Número do termo	ll (31) Dígito Verificador
bb (01) Código do Acervo, sendo:		1 - Livro A (Registro de Nascimento)			
Outros - Acervos Incorporados		2 - Livro B (Auxiliar (Registro de Matrimônio))			
		3 - Livro C (Auxiliar (Registro de Nascimento))			
		4 - Livro D (Registro de Proclamação)			
		5 - Livro E (Outros atos relativos ao Registro Civil)			

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

# **Exhibit 2 - Andreia Maidana's Written Statement**

## WRITTEN STATEMENT

My name is Andreia Maidana, I am a widow, born in Cruz Alta, Rio Grande do Sul, Brazil, and I currently reside at 4389 SW 10th Pl., Apt. 306, Deerfield Beach, FL 33442, and I declare, under penalty of perjury, that the information below is true and correct to the best of my knowledge and recollection.

I entered the United States in September 2016 on a tourist visa, authorized to remain for a limited period. I remained in the country beyond the authorized period due to personal circumstances and the process of adapting to life conditions in the United States, and since then, I have never left the United States, maintaining a continuous presence to date. Over time, my status as an immigrant contributed to my exposure to situations of vulnerability.

I was subjected to abusive working conditions and experienced threats and intimidation, including those related to my immigration status. These experiences placed me in a position of significant vulnerability. The abuse I suffered had substantial impacts on my physical and mental health, resulting in diagnoses of anxiety and panic disorder, for which I continue to receive treatment.

Currently, I have a pending T visa application (Receipt Number: LIN2517851048) with the United States immigration authorities, related to the abuse I experienced.

Additionally, in 2017, I was approached by the police due to a traffic ticket, of which I had no prior knowledge, as I had not updated my address with the Department of Motor Vehicles (DMV) after moving to a different city. I later learned that the ticket was related to a traffic violation recorded by a camera. Because I did not receive the notification, the fine remained outstanding and was entered into the system, which led to the police encounter.

At that time, I presented my Brazilian driver's license and was subsequently referred to court for not having a valid driver's license in the United States. The matter was properly resolved through the court, with payment of the required fines and completion of 15 hours of community service. I do not have knowledge or recollection that this resulted in any type of conviction, and I do not possess any documentation related to the case, as it occurred many years ago.

I have no criminal record, and this event was an isolated incident.

I acknowledge that I remained in an irregular immigration status and take responsibility for this situation. However, considering the circumstances of my case, particularly the fact that I was a victim of abuse and exploitation, I respectfully request the granting of a waiver of inadmissibility, allowing me to remain in the United States in accordance with applicable law.

I declare, under penalty of perjury, that all the above information is true and correct.

  
Signature:

April 16, 2026

I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: April, 20 2026

## DECLARAÇÃO ESCRITA

Meu nome é Andreia Maidana, sou viúva, nascida em Cruz Alta, Rio Grande do Sul, Brasil, atualmente residente no endereço 4389 SW 10th Pl., apt 306, Deerfield Beach, FL - 33442 e declaro, sob pena de perjúrio, que as informações abaixo são verdadeiras e corretas, de acordo com o meu melhor conhecimento e lembrança.

Entrei nos Estados Unidos em setembro de 2016 com visto de turista, autorizada a permanecer por um período determinado. Permaneci no país além do período autorizado, em razão de circunstâncias pessoais e do processo de adaptação às condições de vida nos Estados Unidos, e, desde então, nunca saí dos Estados Unidos, mantendo presença contínua até a presente data. Com o tempo, minha condição como imigrante contribuiu para que eu fosse exposta a situações de vulnerabilidade.

Fui submetida a condições de trabalho abusivas e sofri ameaças e intimidação, inclusive relacionadas à minha situação migratória. Essas experiências me colocaram em uma posição de grande fragilidade. Os abusos sofridos tiveram impactos significativos na minha saúde física e mental, resultando em diagnóstico de ansiedade e síndrome do pânico, condições para as quais sigo em tratamento.

Atualmente, possuo um pedido de visto T pendente (Receipt Number: LIN2517851048) junto às autoridades de imigração dos Estados Unidos, relacionado aos abusos vivenciados.

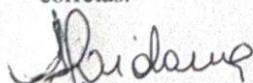
Além disso, em 2017, fui abordada pela polícia em decorrência de uma multa de trânsito da qual eu não tinha conhecimento, pois não havia atualizado meu endereço junto ao órgão de trânsito (DMV) após mudança de cidade. Posteriormente, tomei conhecimento de que a multa estava relacionada a uma infração de trânsito registrada por câmera. Como a notificação não foi recebida, a multa permaneceu em aberto e passou a constar no sistema, o que levou à abordagem policial.

Na ocasião, apresentei minha carteira de habilitação do Brasil, sendo então encaminhada para a corte em razão de não possuir habilitação válida nos Estados Unidos. O caso foi devidamente resolvido na justiça, com o pagamento das quantias devidas e o cumprimento de 15 horas de serviço comunitário. Não tenho conhecimento nem recordação de que isso tenha resultado em algum tipo de condenação, e não possuo nenhum documento relacionado ao caso, já que ocorreu há muitos anos.

Não tenho histórico criminal, e esse evento trata-se de um incidente isolado.

Reconheço que permaneci com status imigratório irregular e assumo responsabilidade por essa situação. Contudo, considerando as circunstâncias do meu caso, em especial o fato de ter sido vítima de abuso e exploração, solicito respeitosamente a concessão de dispensa (waiver) de inadmissibilidade, permitindo minha permanência nos Estados Unidos nos termos da legislação aplicável.

Declaro, sob pena de perjúrio, que todas as informações acima são verdadeiras e corretas.

  
Assinatura:

16 de abril de 2026.

**Exhibit 3 - Receipt  
Notice of the  
Application for T-  
Nonimmigrant Status**

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**



Receipt Number LIN2517851048		Case Type I914 - APPLICATION FOR T NONIMMIGRANT STATUS
Received Date 01/27/2025	Priority Date	Applicant A254 033 366 MAIDANA, ANDREIA
Notice Date 04/17/2025	Page 1 of 2	Beneficiary A254 033 366 MAIDANA, ANDREIA
ANDREIA MAIDANA 4389 SW 10TH P1 APT 306 DEERFIELD BEACH FL 33442		Notice Type: Receipt Notice Fee Waived
<p>We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.</p> <p>Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.</p> <p><b>Contacting the Agency</b></p> <p>If your safe mailing address changes and you do not have an attorney of record or representative on your case you must submit your address change in writing, with your signature, to the center with jurisdiction over your filing. Otherwise, you might not receive notice of your action on this case. If any other changes need to be made you also must contact the center with jurisdiction over your filing in writing. Please include what changes need to be made and your signature.</p> <p>If any of the information in your notice is incorrect or you have questions about your case, you can reach USCIS at <a href="http://www.uscis.gov/contact">www.uscis.gov/contact</a>, utilizing the available case inquiry options for "Inquiries for VAWA, T, and U Filings."</p> <p>Nebraska Service Center U.S. Citizenship &amp; Immigration Services P.O. Box 82521 Lincoln, NE 68501-2521</p> <p><b>Processing time</b> - Processing times vary by case type. Go to <a href="http://www.uscis.gov">www.uscis.gov</a> to see the current processing times listed by case type and office.</p> <ul style="list-style-type: none"> <li>• View your case status on our website's Case Status Online page.</li> <li>• You can also sign up to receive free email updates as we process your case.</li> <li>• During most of the time while your case is pending, the processing status will not change. This is because we are working on cases that were filed before your case.</li> <li>• When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.</li> <li>• If you do not receive an initial decision or update from us within our current processing time, visit our website at <a href="http://www.uscis.gov">www.uscis.gov</a> for options for submitting an inquiry.</li> </ul> <p><b>Biometrics</b> - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:</p> <ul style="list-style-type: none"> <li>• A passport or national photo ID issued by your country,</li> <li>• A driver's license,</li> <li>• A military photo ID, or</li> <li>• A state-issued photo ID card.</li> </ul> <p>If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.</p> <p><b>Return of Original Documents</b> - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your mother's/father's marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)</p>		
<p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <a href="https://www.uscis.gov/file-online">https://www.uscis.gov/file-online</a>.</p>		
<p>Nebraska Service Center U.S. CITIZENSHIP &amp; IMMIGRATION SVC P.O. Box 82521 Lincoln NE 68501-2521</p> <p>USCIS Contact Center: <a href="http://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a></p>		

**THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.**



Receipt Number LIN2517851048		Case Type I914 - APPLICATION FOR T NONIMMIGRANT STATUS
Received Date 01/27/2025	Priority Date	Applicant A254 033 366 MAIDANA , ANDREIA
Notice Date 04/17/2025	Page 2 of 2	Beneficiary A254 033 366 MAIDANA , ANDREIA

**NOTICE:** The information you provide on and in support of applications and petitions is submitted under the penalty of perjury. USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.  
USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Nebraska Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 82521  
Lincoln NE 68501-2521

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)

