



# Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

## How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

**NOTE:** Please see the USCIS Form G-1450 website for additional information.

**We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.**

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) <b>Monica</b>	Middle Name (if any)	Family Name (Last Name) <b>QUINTERO RUIZ</b>	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ <b>560 .00</b>
Credit Card Expiration Date CVV Code (mm/yyyy)			





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Department of Homeland Security

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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) <b>Britany</b>	Middle Name (if any) <b>Geraldine Hernandez</b>	Family Name (Last Name) <b>QUINTERO</b>	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount	
Credit Card Expiration Date CVV Code (mm/yyyy)		\$ <b>560 .00</b>	



USCIS

Attn: I-765 C08

P.O. Box 650888

Dallas, TX 75265-0888

RE: I-765 Application for Employment Authorization

Applicants: Monica Quintero Ruiz (A244780487)

Britany Geraldine Hernandez Quintero (A244780509)

Dear Sir or Madam,

Enclosed please find the completed Form I-765, Application for Employment Authorization, for the applicants, along with the following documents:

- Signed G-1450, Authorization for Credit Card Transactions;
- Signed Forms G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Signed Forms I-765, Application for Employment Authorization.

And the following documents:

- Monica Quintero Ruiz's Passport;
- Britany Geraldine Hernandez Quintero's Passport;
- Proof of Asylum Application (First 3 pages of Form I-589).

Sincerely

---

Natalia Vieira Santanna  
SBN#337502  
P.O. Box 7528  
Oakland, CA 94601  
(510) 922-0154

# MONICA QUINTERO RUIZ'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 6 3 4 6 0 3 2 7 9 7 4

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **VIEIRA SANTANNA**  
2.b. Given Name (First Name) **Natalia**  
2.c. Middle Name **N/A**

### Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 7528**  
3.b.  Apt.  Ste.  Flr. **N/A**  
3.c. City or Town **Oakland**  
3.d. State **CA** 3.e. ZIP Code **94601**  
(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 **5109220154**  
5. Mobile Telephone Number (if any) **5109220154**  
6. Email Address (if any) **natalia@santannalaw.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

**CA**

1.b. Bar Number (if applicable)

**337502**

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)

**Santanna Law Offices**

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)



**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

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

6.d.   
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# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 08/31/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input checked="" type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	Attorney State Bar Number (if applicable) <input type="text" value="337502"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="063460327974"/>
--	--	--	---

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

## Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to [www.uscis.gov/i-765](http://www.uscis.gov/i-765) for further details.

- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

### Other Names Used

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

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
**Santanna Law Offices PC**
- 5.b. Street Number and Name **PO Box 7528**
- 5.c.  Apt.  Ste.  Flr.
- 5.d. City or Town **Oakland**
- 5.e. State **CA** 5.f. ZIP Code **94601**  
*(USPS ZIP Code Lookup)*
6. Is your current mailing address the same as your physical address?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 6**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name **2008 Pleasant Ave**
- 7.b.  Apt.  Ste.  Flr. **N/A**
- 7.c. City or Town **Cares**
- 7.d. State **CA** 7.e. ZIP Code **95307**

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A- **2 4 4 7 8 0 4 8 7**
9. USCIS Online Account Number (if any)  
▶ **N/A**
10. Sex  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
13. Provide your Social Security number (SSN) (if known).  
▶ **N/A**

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

- 14.a. Country  
**Mexico**
- 14.b. Country  
**N/A**



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

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Apatzingan

15.b. State/Province of Birth

Michoacan

15.c. Country of Birth

Mexico

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

11/16/1985

**Information About Your Last Arrival in the United States**

17. Form I-94 Arrival-Departure Record Number (if any)

▶ N/A

18. Passport Number of Your Most Recently Issued Passport

N19001909

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Mexico

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

04/30/2031

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

10/30/2024

23. Place of Your Last Arrival Into the United States

San Ysidro, CA

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Applicant - I-589 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( C ) ( 8 ) ( N/A )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶ N/A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶ N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



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

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

**Applicant's Statement**

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.  The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- 2.  At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

**Applicant's Contact Information**

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant's 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 that I seek.

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

**Applicant's Signature**

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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

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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



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**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

***Preparer's Statement***

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

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

8.a. Preparer's Signature

8.b. 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number  3.b. Part Number  3.c. Item Number

3.d.


4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d.


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

5.d.


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

6.d.


7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d.




BRITANY GERALDINE HERNANDEZ  
QUINTERO'S SIGNED FORMS, SIGNED BY  
HER MOTHER, MONICA QUINTERO RUIZ.



# 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 6 3 4 6 0 3 2 7 9 7 4

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) VIEIRA SANTANNA  
 2.b. Given Name (First Name) Natalia  
 2.c. Middle Name N/A

### Address of Attorney or Accredited Representative

3.a. Street Number and Name PO Box 7528  
 3.b.  Apt.  Ste.  Flr. N/A  
 3.c. City or Town Oakland  
 3.d. State CA 3.e. ZIP Code 94601  
(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 5109220154  
 5. Mobile Telephone Number (if any) 5109220154  
 6. Email Address (if any) natalia@santannalaw.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  
CA

1.b. Bar Number (if applicable)  
337502

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)  
Santanna Law Offices

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.

I-765

2.a.  U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a.  U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

N/A

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) **QUINTERO**

6.b. Given Name (First Name) **Britany**

6.c. Middle Name **Geraldine Hernandez**

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

N / A

9. Client's Alien Registration Number (A-Number) (if any)

A- 2 4 4 7 8 0 5 0 9

**Client's Contact Information**

10. Daytime Telephone Number

6693445023

11. Mobile Telephone Number (if any)

6693445023

12. Email Address (if any)

monicaquintero16@icloud.com

**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 **PO Box 7528**

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

13.c. City or Town **Oakland**

13.d. State **CA** 13.e. ZIP Code **94601**

13.f. Province **N/A**

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

13.h. Country

USA

**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)



**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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# Application For Employment Authorization

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

USCIS  
Form I-765  
OMB No. 1615-0040  
Expires 08/31/2027

<b>For USCIS Use Only</b>	<input type="checkbox"/> Authorization/Extension Valid From _____	<b>Fee Stamp</b>	<b>Action Block</b>
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="337502"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="063460327974"/>
--	---	--	---

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

## Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a.  Initial permission to accept employment.
- 1.b.  Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to [www.uscis.gov/i-765](http://www.uscis.gov/i-765) for further details.

- 1.c.  Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

## Other Names Used

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

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
- 
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
- 
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
**Santanna Law Offices PC**
- 5.b. Street Number and Name **PO Box 7528**
- 5.c.  Apt.  Ste.  Flr. **N/A**
- 5.d. City or Town **Oakland**
- 5.e. State **CA** 5.f. ZIP Code **94601**  
*(USPS ZIP Code Lookup)*
6. Is your current mailing address the same as your physical address?  
 Yes  No

**NOTE:** If you answered "No" to **Item Number 6**, provide your physical address below.

**U.S. Physical Address**

- 7.a. Street Number and Name **2008 Pleasant Ave**
- 7.b.  Apt.  Ste.  Flr. **N/A**
- 7.c. City or Town **Ceres**
- 7.d. State **CA** 7.e. ZIP Code **95307**

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A- **2 4 4 7 8 0 5 0 9**
9. USCIS Online Account Number (if any)  
▶ **N/A**
10. Sex  Male  Female
11. Marital Status  
 Single  Married  Divorced  Widowed
12. Have you previously filed Form I-765?  
 Yes  No
13. Provide your Social Security number (SSN) (if known).  
▶ **N/A**

**Your Country or Countries of Citizenship or Nationality**

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

- 14.a. Country  
**Mexico**
- 14.b. Country  
**N/A**



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

**Place of Birth**

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Apatzingan

15.b. State/Province of Birth

Michoacan

15.c. Country of Birth

Mexico

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

06/22/2012

**Information About Your Last Arrival in the United States**

17. Form I-94 Arrival-Departure Record Number (if any)

▶ N/A

18. Passport Number of Your Most Recently Issued Passport

N19114672

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Mexico

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

05/03/2031

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)

10/30/2024

23. Place of Your Last Arrival Into the United States

San Ysidro

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

EWI

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Asylum Applicant - I-589 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

**Information About Your Eligibility Category**

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

( C ) ( 8 ) ( N/A )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree

N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶ N/A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶ N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes  No

**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



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

**NOTE:** Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

#### Applicant's Statement

**NOTE:** Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a.  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b.  The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2.  At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

#### Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

#### Applicant's 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 that I seek.

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

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

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

#### Applicant's Signature

- 7.a. Applicant's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

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

Provide the following information about the interpreter.

#### Interpreter's Full Name

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

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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. 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 Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

1.a. Preparer's Family Name (Last Name)

1.b. Preparer's Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

6. Preparer's Email Address (if any)



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**Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant**  
(continued)

***Preparer's Statement***

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

**NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

***Preparer's Certification***

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

***Preparer's Signature***

8.a. Preparer's Signature

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





# Exhibit list

Exhibits:

Pages:

**Exhibit 1 - Monica Quintero Ruiz's Identification Documents**

Monica Quintero Ruiz's Passport;

1

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**Exhibit 2 - Britany Geraldine Hernandez Quintero's Identification Documents**

Britany Geraldine Hernandez Quintero's Passport

2

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**Exhibit 3 - Proof of Asylum Application (First 3 pages of Form I-589)**

Proof of Asylum Application (First 3 pages of Form I-589)

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**Exhibit 1 - Monica  
Quintero Ruiz's  
Identification  
Documents**



**Exhibit 2 - Brittany  
Geraldine Hernandez  
Quintero's  
Identification  
Documents**



**Exhibit 3 - Proof of  
Asylum Application  
(First 3 pages of  
Form I-589)**



# Application for Asylum and for Withholding of Removal

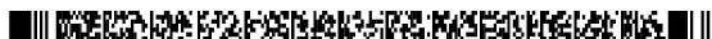
Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-589  
OMB No. 1615-0067  
Expires 09/30/2027

**START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.**

**NOTE:**  Check this box if you also want to apply for withholding of removal under the Convention Against Torture.

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) <b>244780487</b>		2. U.S. Social Security Number (if any) <b>N/A</b>	
3. USCIS Online Account Number (if any) <b>N/A</b>			
4. Complete Last Name <b>QUINTERO RUIZ</b>		5. First Name <b>Monica</b>	6. Middle Name <b>N/A</b>
7. What other names have you used (include maiden name and aliases)? <b>N/A</b>			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name <b>2008 Pleasant Ave</b>		Apt. Number <b>N/A</b>	
City <b>Ceres</b>	State <b>CA</b>	Zip Code <b>95307</b>	Telephone Number <b>( 669 ) 3445023</b>
<i>(NOTE: You must be residing in the United States to submit this form.)</i>			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): <b>Santanna Law Offices PC</b>		Telephone Number <b>( 510 ) 9220154</b>	
Street Number and Name <b>PO Box 7528</b>		Apt. Number <b>N/A</b>	
City <b>Okland</b>	State <b>CA</b>	Zip Code <b>94601</b>	
10. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy) <b>11/16/1985</b>	13. City and Country of Birth <b>Apatzingan, Mexico</b>		
14. Present Nationality (Citizenship) <b>Mexican</b>	15. Nationality at Birth <b>Mexican</b>	16. Race, Ethnic, or Tribal Group <b>Latina</b>	17. Religion <b>Catholic</b>
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy) <b>10/30/2024</b>		b. What is your current I-94 Number, if any? <b>N/A</b>	
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date <b>10/30/2024</b>	Place <b>San Ysidro, CA</b>	Status <b>No legal status</b>	Date Status Expires <b>N/A</b>
Date <b>N/A</b>	Place <b>N/A</b>	Status <b>N/A</b>	
Date <b>N/A</b>	Place <b>N/A</b>	Status <b>N/A</b>	
20. What country issued your last passport or travel document? <b>Mexico</b>	21. Passport Number <b>N19001909</b> Travel Document Number <b>N19001909</b>		22. Expiration Date (mm/dd/yyyy) <b>04/30/2031</b>
23. What is your native language (include dialect, if applicable)? <b>Spanish</b>	24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? <b>N/A</b>	



## Part A.II. Information About Your Spouse and Children

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

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

1. Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	2. Passport/ID Card Number <i>(if any)</i> <b>N02292824</b>	3. Date of Birth <i>(mm/dd/yyyy)</i> <b>12/10/1988</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>HERNANDEZ PINA</b>	6. First Name <b>Francisco Javier</b>	7. Middle Name <b>N/A</b>	8. Other names used <i>(include maiden name and aliases)</i> <b>N/A</b>
9. Date of Marriage <i>(mm/dd/yyyy)</i> <b>02/09/2007</b>	10. Place of Marriage <b>Apatzingan, Mexico</b>	11. City and Country of Birth <b>Apatzingan, Mexico</b>	
12. Nationality <i>(Citizenship)</i> <b>Mexican</b>	13. Race, Ethnic, or Tribal Group <b>Latino</b>		14. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes <i>(Complete Blocks 16 to 24.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
16. Place of last entry into the U.S. <b>Unknown, NY</b>	17. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>09/17/2023</b>	18. I-94 Number <i>(if any)</i> <b>N/A</b>	19. Status when last admitted <i>(Visa type, if any)</i> <b>EWI</b>
20. What is your spouse's current status? <b>No legal status</b>	21. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> <b>N/A</b>	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	23. If previously in the U.S., date of previous arrival <i>(mm/dd/yyyy)</i> <b>N/A</b>
24. If in the U.S., is your spouse to be included in this application? <i>(Check the appropriate box.)</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

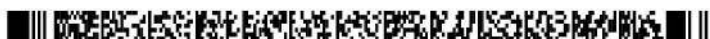
**Your Children.** List all of your children, regardless of age, location, or marital status.

I do not have any children. *(Skip to Part A.III., Information about your background.)*

I have children. Total number of children: 1

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

1. Alien Registration Number (A-Number) <i>(if any)</i> <b>244780509</b>	2. Passport/ID Card Number <i>(if any)</i> <b>N19114672</b>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i> <b>Single</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>HERNANDEZ QUINTERO</b>	6. First Name <b>Britany Geraldine</b>	7. Middle Name <b>N/A</b>	8. Date of Birth <i>(mm/dd/yyyy)</i> <b>06/22/2012</b>
9. City and Country of Birth <b>Apatzingan, Mexico</b>	10. Nationality <i>(Citizenship)</i> <b>Mexican</b>	11. Race, Ethnic, or Tribal Group <b>Latina</b>	12. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S.? <input checked="" type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i> _____			
14. Place of last entry into the U.S. <b>San Ysidro, CA</b>	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>10/30/2024</b>	16. I-94 Number <i>(If any)</i> <b>N/A</b>	17. Status when last admitted <i>(Visa type, if any)</i> <b>No legal status</b>
18. What is your child's current status? <b>No legal status</b>	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			



**Part A.II. Information About Your Spouse and Children (continued)**

1. Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	2. Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>N/A</b>	6. First Name <b>N/A</b>	7. Middle Name <b>N/A</b>	8. Date of Birth ( <i>mm/dd/yyyy</i> ) <b>N/A</b>
9. City and Country of Birth <b>N/A</b>	10. Nationality ( <i>Citizenship</i> ) <b>N/A</b>	11. Race, Ethnic, or Tribal Group <b>N/A</b>	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location</i> ): _____			
14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	16. I-94 Number ( <i>If any</i> ) <b>N/A</b>	17. Status when last admitted ( <i>Visa type, if any</i> ) <b>N/A</b>
18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	2. Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>N/A</b>	6. First Name <b>N/A</b>	7. Middle Name <b>N/A</b>	8. Date of Birth ( <i>mm/dd/yyyy</i> ) <b>N/A</b>
9. City and Country of Birth <b>N/A</b>	10. Nationality ( <i>Citizenship</i> ) <b>N/A</b>	11. Race, Ethnic, or Tribal Group <b>N/A</b>	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location</i> ): _____			
14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	16. I-94 Number ( <i>If any</i> ) <b>N/A</b>	17. Status when last admitted ( <i>Visa type, if any</i> ) <b>N/A</b>
18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	2. Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	3. Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	4. U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
5. Complete Last Name <b>N/A</b>	6. First Name <b>N/A</b>	7. Middle Name <b>N/A</b>	8. Date of Birth ( <i>mm/dd/yyyy</i> ) <b>N/A</b>
9. City and Country of Birth <b>N/A</b>	10. Nationality ( <i>Citizenship</i> ) <b>N/A</b>	11. Race, Ethnic, or Tribal Group <b>N/A</b>	12. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S. ? <input type="checkbox"/> Yes ( <i>Complete Blocks 14 to 21.</i> ) <input type="checkbox"/> No ( <i>Specify location</i> ): _____			
14. Place of last entry into the U.S. <b>N/A</b>	15. Date of last entry into the U.S. ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	16. I-94 Number ( <i>If any</i> ) <b>N/A</b>	17. Status when last admitted ( <i>Visa type, if any</i> ) <b>N/A</b>
18. What is your child's current status? <b>N/A</b>	19. What is the expiration date of his/her authorized stay, if any? ( <i>mm/dd/yyyy</i> ) <b>N/A</b>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? ( <i>Check the appropriate box.</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No			

