



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) Sabrina	Middle Name (if any) Medina	Family Name (Last Name) CARNEIRO	
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 \$ 675 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



USCIS
Attn: I-130
P.O. Box 4053
Carol Stream, IL 60197-4053

RE: Form I-130, Petition for Alien Relative
Petitioner: Sabrina Carneiro Medina; Beneficiary: Andrey Cabral de Lima
(A216-914-876)

Dear Sir or Madam,

Please find enclosed Form I-130, Petition for Alien Relative, along with all required supporting documentation, filed on behalf of Andrey Cabral de Lima.

- Form G-1450, Authorization for Credit Card Transactions

Sabrina Carneiro Medina's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative.

Andrey Cabral de Lima's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- I-130A Supplemental Information For Spouse Beneficiary.

I. Sabrina Carneiro Medinas's Identification Documents:

- Sabrina Carneiro Medina's Birth Certificate;
- Sabrina Carneiro Medina's Valid Passport.

II. Andrey Cabral de Lima's Identification Documents:

- Andrey Cabral Lima's Birth Certificate with English Translation;
- Andrey Cabral Lima's Valid Passport.

III. Sabrina Carneiro Medina and Andrey Cabral de Lima's Proof of Marital Status

- Sabrina Carneiro Medina and Andrey Cabral de Lima's Marriage Certificate;

IV. Exhibit 4 - Sabrina Carneiro Medina and Andrey Cabral de Lima's Declarations

- Sabrina Carneiro Medina's Declaration;
- Andrey Cabral de Lima's Declaration with English Translation.

V. Exhibit 5 - Evidence of Bona Fide Marriage:

- Proof of Joint Insurance;
- Proof of Joint Mobile Account;
- Proof of Joint Residence;
- Proof of Job and Emergency Contact listing Andrey on Sabrina's job;
- Proof of Joint Bank Account;
- Proof of Joint Trips;
- Sabrina Medina Carnero and Andrey Cabral de Lima's Instagram Profile;
- Joint Photos.

VI. Exhibit 6 - Letters of Support

- Letter of Support Provided by Liz Marie Velez Fernandez;
- Letter of Support Provided by Fernanda Sany Mota Marinho;
- Letter of Support Provided by Victoria Soares de Almeida.

VII. Exhibit 7 – Notice to Appear Issued to Beneficiary

- Andrey Cabral de Lima's Notice to Appear.

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,



04/06/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law - 510-241-9336

Sabrina Carneiro Medina'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

➔ Sabrina Medina Cruz

2.b. Date of Signature (mm/dd/yyyy) 03/24/2026

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
[Signature]

1.b. Date of Signature (mm/dd/yyyy) 03/24/2026

2.a. Signature of Law Student or Law Graduate
[Blank]

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



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.

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.





Petition for Alien Relative
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-130
 OMB No. 1615-0012
 Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A- <input style="width:100px;" type="text"/>		
Initial Receipt Resubmitted		
Relocated Received	Section of Law/Visa Category	
<input type="checkbox"/> 201(b) Spouse - IR-1/CR-1 <input type="checkbox"/> 203(a)(1) Unm. S/D - F1-1 <input type="checkbox"/> 203(a)(2)(B) Unm. S/D - F2-4		
Sent	<input type="checkbox"/> 201(b) Child - IR-2/CR-2 <input type="checkbox"/> 203(a)(2)(A) Spouse - F2-1 <input type="checkbox"/> 203(a)(3) Married S/D - F3-1	
Completed	<input type="checkbox"/> 201(b) Parent - IR-5 <input type="checkbox"/> 203(a)(2)(A) Child - F2-2 <input type="checkbox"/> 203(a)(4) Brother/Sister - F4-1	
Approved	Petition was filed on (Priority Date mm/dd/yyyy):	<input type="checkbox"/> Field Investigation <input type="checkbox"/> Personal Interview <input type="checkbox"/> 204(a)(2)(A) Resolved
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	<input type="checkbox"/> Previously Forwarded <input type="checkbox"/> Pet. A-File Reviewed <input type="checkbox"/> I-485 Filed Simultaneously
Remarks	<input type="checkbox"/> 203(g) Resolved <input type="checkbox"/> Ben. A-File Reviewed <input type="checkbox"/> 204(g) Resolved	
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____		

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

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information.**
Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

- I am filing this petition for my (Select **only one** box):
 Spouse
 Parent
 Brother/Sister
 Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
 - Child was born to parents who were married to each other at the time of the child's birth
 - Stepchild/Stepparent
 - Child was born to parents who were not married to each other at the time of the child's birth
 - Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption? Yes No
- Did you gain lawful permanent resident status or citizenship through adoption? Yes No

Part 2. Information About You (Petitioner)

- Alien Registration Number (A-Number) (if any)
 ▶ A- N / A
- USCIS Online Account Number (if any)
 ▶ N/A
- U.S. Social Security Number (if any)
 ▶ 1 7 3 8 2 7 3 0 7

Your Full Name

- Family Name (Last Name) **CARNEIRO**
- Given Name (First Name) **Sabrina**
- Middle Name **Medina**



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

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

Other Information

6. City/Town/Village of Birth

7. Country of Birth

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

9. Sex Male Female

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name

10.b. Street Number and Name

10.c. Apt. Ste. Flr.

10.d. City or Town

10.e. State 10.f. ZIP Code

10.g. Province

10.h. Postal Code

10.i. Country

11. Is your current mailing address the same as your physical address?
 Yes No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13.a. Date From (mm/dd/yyyy)

13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State 14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

15.a. Date From (mm/dd/yyyy)

15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married?

17. Current Marital Status

Single, Never Married Married Divorced
 Widowed Separated Annulled



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

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

Place of Your Current Marriage (if married)

19.a. City or Town

19.b. State

19.c. Province

19.d. Country

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name)

20.b. Given Name (First Name)

20.c. Middle Name

21. Date Marriage Ended (mm/dd/yyyy)

Spouse 2

22.a. Family Name (Last Name)

22.b. Given Name (First Name)

22.c. Middle Name

23. Date Marriage Ended (mm/dd/yyyy)

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name)

24.b. Given Name (First Name)

24.c. Middle Name

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

26. Sex Male Female

27. Country of Birth

28. City/Town/Village of Residence

29. Country of Residence

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name)

30.b. Given Name (First Name)

30.c. Middle Name

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

32. Sex Male Female

33. Country of Birth

34. City/Town/Village of Residence

35. Country of Residence

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
 U.S. Citizen Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

Birth in the United States

Naturalization

Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? Yes No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number

39.b. Place of Issuance

39.c. Date of Issuance (mm/dd/yyyy)



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

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy)

N/A

Place of Admission

40.c. City or Town

N/A

40.d. State

N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

Yes No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Metro By Tmobile

43.a. Street Number and Name

33 E Gay St

43.b. Apt. Ste. Flr.

N/A

43.c. City or Town

West Chester

43.d. State

PA

43.e. ZIP Code

19380

43.f. Province

N/A

43.g. Postal Code

N/A

43.h. Country

USA

44. Your Occupation

Rental Sales Manager

45.a. Date From (mm/dd/yyyy)

05/27/2024

45.b. Date To (mm/dd/yyyy)

PRESENT

Employer 2

46. Name of Employer/Company

Self Employed

47.a. Street Number and Name

N/A

47.b. Apt. Ste. Flr.

N/A

47.c. City or Town

N/A

47.d. State

N/A

47.e. ZIP Code

N/A

47.f. Province

N/A

47.g. Postal Code

N/A

47.h. Country

USA

48. Your Occupation

Customer Service

49.a. Date From (mm/dd/yyyy)

01/24/2024

49.b. Date To (mm/dd/yyyy)

05/26/2024

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

Hispanic or Latino

Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

White

Asian

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

1

4. Weight

Pounds

1

3

7

5. Eye Color (Select **only one** box)

Black

Blue

Brown

Gray

Green

Hazel

Maroon

Pink

Unknown/Other



Part 3. Biographic Information (continued)6. Hair Color (Select **only one** box)

- Bald (No hair) Black Blond
 Brown Gray Red
 Sandy White Unknown/Other

Part 4. Information About Beneficiary

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

▶ A- 2 1 6 9 1 4 8 7 6

2. USCIS Online Account Number (if any)

▶ N/A

3. U.S. Social Security Number (if any)

▶ N/A

Beneficiary's Full Name

- 4.a. Family Name (Last Name) CABRAL DE LIMA
- 4.b. Given Name (First Name) Andrey
- 4.c. Middle Name N/A

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

- 5.a. Family Name (Last Name) N/A
- 5.b. Given Name (First Name) N/A
- 5.c. Middle Name N/A

Other Information About Beneficiary

6. City/Town/Village of Birth
Palmeiras dos Indios
7. Country of Birth
Brazil
8. Date of Birth (mm/dd/yyyy) 11/25/2004
9. Sex Male Female
10. Has anyone else ever filed a petition for the beneficiary?
 Yes No Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical AddressIf the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

- 11.a. Street Number and Name 3225 Unruh Ave
- 11.b. Apt. Ste. Flr. N/A
- 11.c. City or Town Philadelphia
- 11.d. State PA 11.e. ZIP Code 19149
- 11.f. Province N/A
- 11.g. Postal Code N/A
- 11.h. Country
USA

Other Address and Contact InformationProvide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

- 12.a. Street Number and Name SAME
- 12.b. Apt. Ste. Flr. SAME
- 12.c. City or Town SAME
- 12.d. State 12.e. ZIP Code SAME

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

- 13.a. Street Number and Name N/A
- 13.b. Apt. Ste. Flr. N/A
- 13.c. City or Town N/A
- 13.d. Province N/A
- 13.e. Postal Code N/A
- 13.f. Country
N/A
14. Daytime Telephone Number (if any)
8564951707



Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)

8564951707

16. Email Address (if any)

guilherme987lucas@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

1

18. Current Marital Status

Single, Never Married Married Divorced

Widowed Separated Annulled

19. Date of Current Marriage (if currently married)

(mm/dd/yyyy)

12/07/2025

Place of Beneficiary's Current Marriage
(if married)

20.a. City or Town Philadelphia

20.b. State

PA

20.c. Province N/A

20.d. Country

USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name) CARNEIRO

21.b. Given Name (First Name) Sabrina

21.c. Middle Name Medina

22. Date Marriage Ended (mm/dd/yyyy) Current

Spouse 2

23.a. Family Name (Last Name) N/A

23.b. Given Name (First Name) N/A

23.c. Middle Name N/A

24. Date Marriage Ended (mm/dd/yyyy) N/A

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) CARNEIRO

25.b. Given Name (First Name) Sabrina

25.c. Middle Name Medina

26. Relationship Spouse

27. Date of Birth (mm/dd/yyyy) 03/10/2004

28. Country of Birth

USA

Person 2

29.a. Family Name (Last Name) N/A

29.b. Given Name (First Name) N/A

29.c. Middle Name N/A

30. Relationship N/A

31. Date of Birth (mm/dd/yyyy) N/A

32. Country of Birth

N/A

Person 3

33.a. Family Name (Last Name) N/A

33.b. Given Name (First Name) N/A

33.c. Middle Name N/A

34. Relationship N/A

35. Date of Birth (mm/dd/yyyy) N/A

36. Country of Birth

N/A



Part 4. Information About Beneficiary
(continued)

Person 4

37.a. Family Name (Last Name)

37.b. Given Name (First Name)

37.c. Middle Name

38. Relationship

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

40. Country of Birth

Person 5

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

42. Relationship

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

44. Country of Birth

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?
 Yes No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

46.b. Form I-94 Arrival-Departure Record Number
▶

46.c. Date of Arrival (mm/dd/yyyy)

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

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

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name

51.c. Apt. Ste. Flr.

51.d. City or Town

51.e. State 51.f. ZIP Code

51.g. Province

51.h. Postal Code

51.i. Country

52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?
 Yes No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
 Removal Exclusion/Deportation
 Rescission Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)



Part 4. Information About Beneficiary
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name)

57.b. Given Name (First Name)

57.c. Middle Name

58.a. Street Number and Name

58.b. Apt. Ste. Flr.

58.c. City or Town

58.d. Province

58.e. Postal Code

58.f. Country

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name

59.b. Apt. Ste. Flr.

59.c. City or Town

59.d. State 59.e. ZIP Code

59.f. Province

59.g. Postal Code

59.h. Country

60.a. Date From (mm/dd/yyyy)

60.b. Date To (mm/dd/yyyy)

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town

61.b. State

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town

62.b. Province

62.c. Country

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? Yes No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. City or Town

3.b. State

4. Date Filed (mm/dd/yyyy)

5. Result (for example, approved, denied, withdrawn)

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7. Relationship



Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. Relationship

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner'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 petition and my answer to every question.

1.b. The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in

a language in which I am fluent. I understood all of this information as interpreted.

2. At my request, the preparer named in **Part 8.**,

prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

4. Petitioner's Mobile Telephone Number (if any)

5. Petitioner's Email Address (if any)

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink)

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

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



Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. Apt. Ste. Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

N/A

which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

N/A

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

N/A

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

USA



Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336
5. Preparer's Mobile Telephone Number (if any)
5102419336
6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement


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

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)

- 8.b. Date of Signature (mm/dd/yyyy) 03/24/2026



Part 9. Additional Information

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

1.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. Other Addresses:

3 - 1070 W Bridge St, Phoenixville, PA 19460 USA - From: 01/31/2024 To: 10/28/2024

4 - 2401 Birney Ave, Scranton, PA - 18505 USA
From: 04/09/2023 To: 01/30/2024

5 - Qs 14 Conjunto 8b Casa 12, Brasília, DF Brazil - Frin: 01/10/2020 To: 04/08/2023.

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.



Andrey Cabral de Lima'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)
 2.b. Given Name (First Name)
 2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name
 3.b. Apt. Ste. Flr.
 3.c. City or Town
 3.d. State 3.e. ZIP Code
(USPS ZIP Code Lookup)
 3.f. Province
 3.g. Postal Code
 3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number
 5. Mobile Telephone Number (if any)
 6. Email Address (if any)
 7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

1.b. Bar Number (if applicable)

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

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

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

2.b. Name of Recognized Organization

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

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

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

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔
- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

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

- 1. a. Signature of Attorney or Accredited Representative
- 1.b. Date of Signature (mm/dd/yyyy)
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)



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 N/A

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

3.d N/A

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

4.d N/A

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

5.d N/A

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

6.d N/A





Supplemental Information for Spouse Beneficiary

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

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) N/A	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8

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

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
▶ A- 2 1 6 9 1 4 8 7 6

2. USCIS Online Account Number (if any)
▶ N/A

5.a. Date From (mm/dd/yyyy) 10/26/2021

5.b. Date To (mm/dd/yyyy) PRESENT

Your Full Name

3.a. Family Name (Last Name) CABRAL DE LIMA

3.b. Given Name (First Name) Andrey

3.c. Middle Name N/A

Physical Address 2

6.a. Street Number and Name 51 Sandstone Ln

6.b. Apt. Ste. Flr. N/A

6.c. City or Town Willingboro

6.d. State NJ 6.e. ZIP Code 08046

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country USA

Address History

Provide your physical addresses for 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 7. Additional Information.**

Physical Address 1

4.a. Street Number and Name 3225 Unruh Ave

4.b. Apt. Ste. Flr. N/A

4.c. City or Town Philadelphia

4.d. State PA 4.e. ZIP Code 19149

4.f. Province N/A

4.g. Postal Code N/A

4.h. Country USA

7.a. Date From (mm/dd/yyyy) 06/21/2021

7.b. Date To (mm/dd/yyyy) 10/25/2021

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name Rua Geraldo Vieira

8.b. Apt. Ste. Flr. N/A

8.c. City or Town Sao Geraldo Do Baixo

8.d. Province N/A

8.e. Postal Code 35258-000

8.f. Country Brazil



Part 1. Information About You (The Spouse Beneficiary)9.a. Date From (mm/dd/yyyy) **11/25/2004**9.b. Date To (mm/dd/yyyy) **06/20/2021****Information About Parent 1**

Full Name of Parent 1

10.a. Family Name (Maiden Name) **PAIXAO DE LIMA**10.b. Given Name (First Name) **Jose**10.c. Middle Name **N/A**11. Date of Birth (mm/dd/yyyy) **08/06/1974**12. Sex Male Female13. City/Town/Village of Birth **Palmeira dos Índios**14. Country of Birth **Brazil**15. City/Town/Village of Residence **Philadelphia**16. Country of Residence **USA****Information About Parent 2**

Full Name of Parent 2

17.a. Family Name (Last Name) **CABRAL TEIXEIRA**17.b. Given Name (First Name) **Arlete**17.c. Middle Name **N/A**18. Date of Birth (mm/dd/yyyy) **03/16/1982**19. Sex Male Female20. City/Town/Village of Birth **Ouro Branco**21. Country of Birth **Brazi**22. City/Town/Village of Residence **Philadelphia**23. Country of Residence **USA****Part 2. Information About Your Employment**

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

Employment History**Employer 1**1. Name of Employer/Company **Self Employed**2.a. Street Number and Name **N/A**2.b. Apt. Ste. Flr. **N/A**2.c. City or Town **N/A**2.d. State **N/A** 2.e. ZIP Code **N/A**2.f. Province **N/A**2.g. Postal Code **N/A**2.h. Country **USA**3. Your Occupation **Construction**4.a. Date From (mm/dd/yyyy) **07/01/2021**4.b. Date To (mm/dd/yyyy) **PRESENT****Employer 2**5. Name of Employer/Company **N/A**6.a. Street Number and Name **N/A**6.b. Apt. Ste. Flr. **N/A**6.c. City or Town **N/A**6.d. State **N/A** 6.e. ZIP Code **N/A**6.f. Province **N/A**6.g. Postal Code **N/A**6.h. Country **N/A**

Part 2. Information About Your Employment (continued)

7. Your Occupation
N/A

8.a. Date From (mm/dd/yyyy) N/A

8.b. Date To (mm/dd/yyyy) N/A

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in Part 7, Additional Information.

1. Name of Employer/Company
N/A

2.a. Street Number and Name N/A

2.b. Apt. Ste. Flr. N/A

2.c. City or Town N/A

2.d. State 2.e. ZIP Code N/A

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
N/A

3. Your Occupation
N/A

4.a. Date From (mm/dd/yyyy) N/A

4.b. Date To (mm/dd/yyyy) N/A

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the Penalties section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary'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 form and my answer to every question.

1.b. The interpreter named in Part 5, read to me every question and instruction on this form and my answer to every question in Portuguese, a language in which I am fluent, and I understood everything.

2. At my request, the preparer named in Part 6., Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number
8564951707

4. Spouse Beneficiary's Mobile Telephone Number (if any)
8564951707

5. Spouse Beneficiary's Email Address (if any)
guilherme987lucas@gmail.com

Spouse Beneficiary'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)
➔ *Andrey Carvalho*

6.b. Date of Signature (mm/dd/yyyy) 03/24/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.



Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO
- 1.b. Interpreter's Given Name (First Name)
Andre Vinicius
- 2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

- 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**
- 3.f. Province **N/A**
- 3.g. Postal Code **N/A**
- 3.h. Country
USA

Interpreter's Contact Information

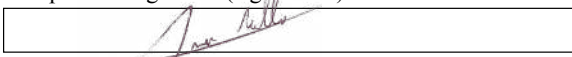
- 4. Interpreter's Daytime Telephone Number
4154252508
- 5. Interpreter's Mobile Telephone Number (if any)
4154252508
- 6. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **portuguese**, which is the same language provided in **Part 4., Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature (sign in ink)

- 7.b. Date of Signature (mm/dd/yyyy) **03/24/2026**

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA
- 1.b. Preparer's Given Name (First Name)
Otavio
- 2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

- 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**
- 3.f. Province **N/A**
- 3.g. Postal Code **N/A**
- 3.h. Country
USA



Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5102419336
5. Preparer's Mobile Telephone Number (if any)
5102419336
6. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Statement


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

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)

- 8.b. Date of Signature (mm/dd/yyyy) 03/24/2026



Part 7. 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 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. Street:
City:
Postal Code:
Country:
Date from:
Date to:

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.



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**Exhibit 1 - Sabrina
Carneiro Medina's
Identification
Documents**

COMMONWEALTH OF PENNSYLVANIA · DEPARTMENT OF HEALTH
VITAL RECORDS

Certification of Birth

DATE OF BIRTH 03-10-2004

FILE NO. 0343070-2004

DATE FILED 04-10-2004

COUNTY OF BIRTH LACKAWANNA

DATE ISSUED 03-29-2005

NAME SABRINA MEDINA CARNEIRO SEX FEMALE

FATHER'S NAME PIT NORBERTO MEDINA

MOTHER'S MAIDEN NAME KARINA CARNEIRO MENDONCA

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

Calvin B. Johnson

Calvin B. Johnson, M.D., M.P.H.
Secretary of Health

Charles Hardester

Charles Hardester
State Registrar



WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH

LPN

12853503

**Exhibit 2 - Andrey
Cabral de Lima's
Identification
Documents**

Document digitally
signed in accordance with
Provisional Measure
No. 2200-2/2001
which established the
Brazilian Public
Key Infrastructure (ICP-BRASIL)



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME

ANDRÉY CABRAL DE LIMA

CPF

022.945.176-44

REGISTRATION

003715 01 55 2005 1 00023 097 0019412 69

DATE OF BIRTH (IN FULL)

NOVEMBER TWENTY-FIFTH, TWO THOUSAND FOUR

DAY

25

MONTH

11

YEAR

2004

TIME OF BIRTH

12:15 PM

CITY OF BIRTH

PALMEIRA DOS ÍNDIOS/ALAGOAS

CITY OF REGISTRATION AND STATE

OURO BRANCO / ALAGOAS

PLACE, CITY OF BIRTH AND STATE

**SANTA OLIMPIA MATERNITY, PALMEIRA
DOS ÍNDIOS/ ALAGOAS**

SEX

MALE

FILIATION

JOSÉ PAIXÃO DE LIMA AND ARLETE CABRAL TEIXEIRA

GRANDPARENT'S

**DORALICE IZIDORO DE LIMA (PATERNAL) AND ENEIAS SOARES TEIXEIRA AND MARIA OUNICE
CABRAL (MATERNAL)**

TWIN

NAME AND REGISTRATION OF THE TWINS

NO

DATE OF REGISTRATION (IN FULL)

FEBRUARY TENTH, TWO THOUSAND FIVE

LIVE BIRTH REGISTRATION NUMBER

NO RECORD

ANNOTATIONS / NOTES TO BE ADDED

**ACT RECORDED IN BOOK A-23, ON PAGE 97V, UNDER No. 19412. NO ANNOTATIONS APPEAR IN THE
MARGIN OF THE ENTRY.**

REGISTRATION NOTES

NO RECORD.

Certificate issued by Manoel Marcos Carvalho Amorim - Civil Registry Office of Natural Persons of Ouro Branco, who electronically signed it on May 2, 2024, in accordance with Provision No. 46/2015 of the National Council of Justice.

The content of this certificate is true. I certify.

This is an electronic public document, issued in accordance with Provisional Measure 2200-2, of 08/24/2001, valid only in digital format, and its reproduction is prohibited.

Civil Registry Officer of Natural Persons
Ouro Branco - Alagoas
Manoel Marcos Carvalho Amorim - Registrar
Praça Antonio Xavier de Carvalho, 73 - Center -
ZIP Code: 57525-000
Email: cartorioalamorim@outlook.com or
mmcamorim@gmail.com
Phone: (82) 98805-807

Validation of the digital signature attribute
www.registrocivil.org.br/validacao
Hash Code: 5543856FEDC363048981F47DDA10DEEA
Civil Registry Information Center - CRC -
National



**Judiciary of the State of Alagoas
Digital Seal
12905**

Verify the act's details at
<https://selo.tjal.jus.br>

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.

Documento assinado digitalmente conforme MP nº 2200-2/2001 que instituiu a Infraestrutura de Chaves Públicas Brasileira (ICP-BRASIL)



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME

ANDRÊY CABRAL DE LIMA

CPF

022.945.176-44

MATRÍCULA

003715 01 55 2005 1 00023 097 0019412 69

DATA DE NASCIMENTO (POR EXTENSO)

VINTE E CINCO DE NOVEMBRO DE DOIS MIL E QUATRO

DIA

25

MÊS

11

ANO

2004

HORA DE NASCIMENTO

12H15MIN

NATURALIDADE

PALMEIRA DOS ÍNDIOS/AL

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

OURO BRANCO / AL

LOCAL: MUNICÍPIO DE NASCIMENTO E UF

MATERNIDADE SANTA OLÍMPIA, PALMEIRA DOS ÍNDIOS/AL

SEXO

MASCULINO

FILIAÇÃO

JOSÉ PAIXÃO DE LIMA E ARLETE CABRAL TEIXEIRA

AVÓS

DORALICE IZIDORO DE LIMA (PATERNO) E ENEIAS SOARES TEIXEIRA E MARIA OUNICE CABRAL (MATERNOS)

GÊMEOS

NÃO

NOME E MATRÍCULA DOS GÊMEOS

DATA DO REGISTRO (POR EXTENSO)

DEZ DE FEVEREIRO DE DOIS MIL E CINCO

NÚMERO DA DNV/DECLARAÇÃO DE NASCIDO VIVO

NÃO INFORMADO

AVERBAÇÕES / ANOTAÇÕES A ACRESCEER

ATO REGISTRADO NO LIVRO A-23, À FOLHA 97V SOB O Nº 19412. NÃO CONSTAM AVERBAÇÕES À MARGEM DO TERMO.

ANOTAÇÕES DE CADASTRO

SEM INFORMAÇÕES.

Certidão lavrada por Manoel Marcos Carvalho Amorim - Oficial do Registro Civil das Pessoas Naturais de Ouro Branco, o(a) qual assinou eletronicamente aos 02 de Maio de 2024, nos termos do Provimento nº 46/2015 do Conselho Nacional de Justiça

O conteúdo da certidão é verdadeiro. Dou fé

Certidão emitida em 02 de Maio de 2024

Este é um documento público eletrônico, emitido nos termos da Medida Provisória 2200-2, de 24/08/2001, só tendo validade em formato digital, vedada a sua reprodução.

Oficial de Registro Civil das Pessoas Naturais
Ouro Branco - AL

Manoel Marcos Carvalho Amorim - Oficial
Praça Antono Xavier de Carvalho, 73 - Centro -
CEP: 57525-000

E-mail: cartorioalamorim@outlook.com ou
mmcamorim@gmail.com

Tel: (82) 98805807

Validação do atributo da assinatura digital
www.registrocivil.org.br/validacao

Cod. Hash: 5543856FEDC363048981F47DDA10DEEA
Central de Informações do Registro Civil - CRC-
Nacional



Poder Judiciário Estado de Alagoas
Selo Digital
12905

Confira os dados do ato em
<https://selo.tjal.jus.br>

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

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

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

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

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

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

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

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

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



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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE





INFORMAÇÕES PARA O TITULAR

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

O extravio — perda, roubo ou destruição — do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomendar-se que o titular copie as informações da página 9. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

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

E recomendável que o brasileiro residente no exterior ou no Consulado do Brasil mais próximo, impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

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

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

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

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

Consulte / Consulte / Consultez / Consult / Consult / Consult
www.portalconsular.mre.gov.br ou www.pf.gov.br



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





























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

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

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

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:
In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

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

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



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

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

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

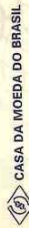
NE PAS AGRAPER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do Passaporte Eletrônico



CASA DA MOEDA DO BRASIL

**Exhibit 3 - Sabrina
Carneiro Medina and
Andrey Cabral de
Lima's Proof of
Marital Status**

No. 280393

DUPLICATE

We hereby certify, that on the December 07th day of 2025 two thousand and twenty five we united ourselves in marriage, at Philadelphia, in the County of Philadelphia, having first obtained from the Clerk of the Orphans' Court Division of the Court of Common Pleas of said County a declaration that he was satisfied that there was no existing legal impediment to our so doing.

Andrey Cabral de Lima
ANDREY CABRAL DE LIMA
Sabrina Medina Carneiro
SABRINA MEDINA CARNEIRO

We, the undersigned, were present at the solemnization of the marriage of ANDREY CABRAL DE LIMA and SABRINA MEDINA CARNEIRO as set forth in the foregoing certificate.

Address: 3225 Unruh Ave Philadelphia, PA 19149 Signature: A. RETE LABAAL Witness-Print: A. RETE LABAAL TEIXEIRA

Address: 3225 Unruh Ave Philadelphia, PA 19149 Signature: Marcelo Cabral Witness-Print: MARCELO CABRAL DE LIMA

Commonwealth of Pennsylvania :

County of Philadelphia



I, Shameira Gissendanner hereby certify the foregoing to be true and accurate copy of the Application for Marriage and Certificate Numbered 280393 as the same appears of record in the office of the Clerk of the Orphan's Court Division of the Court of Commons Pleas of Philadelphia County.



WITNESS my hand and seal of the said Court

This 8th day of December A.D., 2025

S. Gissendanner

Assistant Clerk of Orphan's Court Division

MARRIAGE RECORD

APPLICANT				APPLICANT			
5a. NAME (First, Middle, Last) ANDREY CABRAL DE LIMA		5c.		5b. NAME (First, Middle, Last) SARRINA MEDINA CARNEIRO		5c. MAIDEN SURNAME (If different) CARNEIRO	
6a. RESIDENCE (Address) 3225 UNRUH AVE - 19149		6b. CITY PHILADELPHIA	6c. STATE PA	6d. RESIDENCE (Address) 3225 UNRUH AVE - 19149		6e. CITY PHILADELPHIA	6f. STATE PA
7a. BIRTHPLACE (State or Foreign Country) BRAZIL	7b. DATE OF BIRTH (Month, Date, Year) 11/25/2004	7c. AGE LAST BIRTHDAY 20		7d. BIRTHPLACE (State or Foreign Country) PA	7e. DATE OF BIRTH (Month, Date, Year) 03/10/2004	7f. AGE LAST BIRTHDAY 21	
8a. NUMBER OF THIS MARRIAGE (Specify) 1st		8b. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED 8b. BY Death, Divorce Annulment (Specify) 8c. DATE (Month, day, year)		8d. NUMBER OF THIS MARRIAGE (Specify) 1st		8e. IF PREVIOUSLY MARRIED, LAST MARRIAGE ENDED 8e. BY Death, Divorce Annulment (Specify) 8f. DATE (Month, day, year)	
9a. TRANSMISSIBLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9b. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+) 0		9c. TRANSMISSIBLE DISEASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		9d. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 0	
10a. USUAL OCCUPATION CARPENTER				10b. USUAL OCCUPATION CUSTOMER SERVICE			
11a. FATHER'S NAME (First, Middle, Last) JOSE PAIXAO DE LIMA		11b. BIRTHPLACE (State or Foreign Country) BRAZIL		11c. FATHER'S NAME (First, Middle, Last) PIT NORBERTO MEDINA		11d. BIRTHPLACE (State or Foreign Country) URUGUAY	
12a. MOTHER'S NAME (First, Middle, Last) ARLETE CABRAL TEIXEIRA				12b. MOTHER'S NAME (First, Middle, Last) KARINA CARNEIRO DE OLIVEIRA			
12c. MAIDEN SURNAME CABRAL TEIXEIRA		12d. BIRTHPLACE (State or Foreign Country) BRAZIL		12e. MAIDEN SURNAME DE OLIVEIRA		12f. BIRTHPLACE (State or Foreign Country) BRAZIL	
13a. FATHER'S RESIDENCE PA				13b. FATHER'S RESIDENCE BRAZIL			
14a. FATHER'S USUAL OCCUPATION CARPENTER				14b. FATHER'S USUAL OCCUPATION PAINTER			
15a. MOTHER'S RESIDENCE PA				15b. MOTHER'S RESIDENCE BRAZIL			
16a. MOTHER'S USUAL OCCUPATION HOUSECLEANER				16b. MOTHER'S USUAL OCCUPATION TEACHER			
DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA'S MARRIAGE LAW? (SEE REVERSE SIDE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				DOES APPLICANT SATISFY ALL PROVISIONS IN PENNSYLVANIA'S MARRIAGE LAW? (SEE REVERSE SIDE) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

We, the undersigned, in accordance with the statements hereinabove contained, the facts set forth wherein we and each of us do solemnly swear are true and correct to the best of our knowledge, information, and belief, do hereby make application to the Clerk of Orphans' Court Division of Court of Common Pleas of Philadelphia County, Pennsylvania, for a license to marry.

Print Name: ANDREY CABRAL DE LIMA

Print Name: SARRINA MEDINA CARNEIRO

Andrey Cabral
SIGNATURE OF APPLICANT

Sabrina
SIGNATURE OF APPLICANT

Sworn and Subscribed to before me this 10th day of NOVEMBER A. D. 20 25

PREMARITAL FORMS FILED:

Janice Youngblood
ASSISTANT CLERK

John P. Sabatone Esq.
CLERK OF ORPHANS' COURT

**Exhibit 4 - Sabrina
Carneiro Medina and
Andrey Cabral de
Lima's Declarations**

Statement in support of my husband's family-based petition

My name is Sabrina Medina Carneiro, I was born on March 10, 2004, and through this letter I come to report in a completely true and detailed manner my relationship with my husband Andrey Cabral de Lima.

On April 2, 2025, I went to my friend Fernanda's house, as usual since I am a client of her mother's and get eyelash extensions with her. On that specific day, we were talking about relationships, family, and the future, and I ended up mentioning my desire to meet someone calm and perhaps start a relationship. In the middle of the conversation, Fernanda told me she had a friend to introduce to me, showed me his Instagram profile, and told me he was single. Visually, I liked him right away and sent a friend request at that same moment; he accepted me and we started talking from then on.

We spent the whole week talking, discussing our families, work, and mutual friends. Already in that first week, he asked me to go out together on Saturday to get to know each other better, and I undoubtedly accepted.

So, on April 5, 2025, we went out for the first time. We went to a Brazilian pizzeria called Bizza Pizza in Philadelphia. He picked me up at home, and I can remember exactly how nervous I was. As soon as he arrived, we headed to our destination, and from that moment on, we never stopped keeping in touch.

The following month, I had a trip scheduled to Brazil. We talked about it and decided to take things slowly and see what would happen. My trip was on May 8, 2025, he drove me to the airport, and throughout the entire trip we talked every day, we made video calls, and he even got to meet my family members. By the end of the trip, I knew exactly what I felt for him and was very hopeful that he would ask me to be his girlfriend, and, to my surprise, when he picked me up at the airport, he was waiting for me with a huge bouquet of roses and finally asked me to be his girlfriend.

As time went by, we were already talking about living together. At the time, I was renting a room in a friend's house in Phoenixville, and where I lived was a one-hour drive to Andrey's house; as soon as I returned from Brazil, I stayed at his house every week, so he asked me if I wanted to live with him and his family, and I accepted, I knew I wanted what was best for my relationship.

So, on June 18, 2025, I officially moved in.

He and I enjoyed the summer a lot, with outings and trips, and one of our destinations was Atlantic City. We booked an Airbnb for two nights, and on August 24, 2025, he surprised me once again with a marriage proposal on the beach, with the most beautiful ring in the world, I felt like the luckiest and most loved woman in the world, it was a dream come true and one of the best days of my life.

We immediately began the wedding preparations, and the first step was to go to the registry office and obtain the necessary documents and information to schedule the civil wedding. We reached an agreement and decided to hold our religious ceremony in Brazil, since my family lives there, and here we would hold an intimate ceremony only with friends and some of Andrey's family members. Our celebration took place on December 20, 2025, at a Brazilian restaurant called Charkoal's Brazilian Steakhouse, and for our honeymoon, we went to the Kalahari hotel in the Poconos. I declare under penalty of perjury that the foregoing is true and correct.

----//signature//----

I, André Vinícius Inacio Penna Mello, 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: March 2, 2026.

Declaração em apoio pedido de Family based do meu marido

Me chamo Sabrina Medina Carneiro, nasci no dia 10 de março de 2004, e por meio desta carta venho relatar de forma totalmente verdadeira e detalhada o meu relacionamento com o meu marido Andrey Cabral de Lima.

No dia 2 de abril de 2025 fui até a casa da minha amiga Fernanda, já como de costume pois cliente da mãe dela e realizo extensão de cílios com ela. Nesse dia específico estávamos falando sobre relacionamento, família e futuro, e eu acabei relatando o meu desejo de conhecer alguém tranquilo e talvez iniciar um relacionamento, no meio da conversa a Fernanda me disse q tinha um amigo para me apresentar, me mostrou o perfil dele no Instagram e me disse q estava solteiro, visualmente eu gostei dele de primeira e no mesma hora enviei uma solicitação de amizade, ele me aceitou e já daí começamos a conversar.

Ficamos a semana toda conversando, falamos sobre nossas famílias, trabalho e amigos incomum. Já nessa primeira semana ele me chamou para sairmos juntos no sábado para nos conhecermos melhor, e eu sem dúvidas aceitei.

Então, no dia 5 de abril de 2025 saímos a primeira vez, fomos a uma pizzaria brasileira chamada Bizza Pizza, na Philadelphia. Ele me buscou em casa e eu consigo me lembrar exatamente o quão nervosa eu estava, assim q ele chegou fomos para o destino e deste então, nunca mais cortamos contato.

No mês seguinte eu tinha uma viagem agendada para a o Brasil, nós dois conversamos sobre isso e decidimos ir com calma e ver no q aconteceria, minha viagem foi no dia 8 de maio de 2025, ele me levou até o aeroporto e durante toda a viagem nós falamos todos os dias, fizemos chamadas de vídeo e ele até chegou a conhecer meus familiares. Já no final da viagem sabia exatamente o que sentia por ele já estava muito esperançosa de acontecer o pedido de namoro, e , para a minha surpresa quando ele foi me buscar no aeroporto estava me esperando com um buquê de rosas enorme e com ele finalmente o pedido de namoro.

Com o passar do tempo já estávamos falando sobre morar juntos, na época eu alugava um quarto na casa de uma amiga em Phoenixville e onde eu morava era um percurso de 1 hora até a casa do Andrey, assim q voltei do Brasil ficava toda a semana na casa dele então, ele me perguntou se eu não queria morar com ele e a família dele, e eu aceitei, sabia q queria melhor para o meu relacionamento. Então no dia 18 de junho de 2025 me mudei oficialmente.

Eu e ele aproveitamos bastante o verão, com passeios, viagens e um dos nossos destinos foi Atlantic City, reservamos um Airbnb por 2 noites e no dia 24 de agosto de 2025 ele me surpreende mais uma vez com um pedido de casamento, na beira da praia, com o anel mais lindo do mundo, eu me sentir a mulher mais sortuda e amada do mundo, foi a realização de um sonho e um dos melhores dias da minha vida.

Já logo começamos os preparativos para o casamento, a primeira etapa foi ir até o cartório e obter os documentos e informações necessárias para agendar o casamento no civil. Entramos em um acordo e decidimos realizar nossa cerimônia religiosa no Brasil, já que minha família reside lá, e aqui realizar uma cerimônia intimista somente com amigos e alguns familiares dos Andrey. Nossa celebração se realizou no dia 20 de dezembro de 2025 em um restaurante brasileiro chamado Charkoal's Brazilian Steakhouse, e para nossa lua de mel, fomos até o Kalarari hotel, em Poconos.

Declaro, sob pena de perjúrio, que tudo acima é verdadeiro e correto.

Sabrina Medina Carneiro

RELATIONSHIP STATEMENT

I met my wife through a mutual friend named Fernanda. She had gone to get her eyelashes done at Fernanda's mother's house, and then she introduced us over the internet. She started following me on Instagram on the night of April 2, 2025, and we began talking the following morning through Instagram itself.

I invited her to go out on April 5, 2025. I picked her up at her house in Phoenixville, Pennsylvania, which is about an hour from my residence. We went to a pizzeria in Philadelphia called Biza Pizza. Since that day, we never stopped keeping in touch, and she began staying at my house on weekends.

On May 8, 2025, she traveled to Brazil to visit her family, and during that entire period we continued communicating daily. When she returned to the United States, I picked her up at the airport on June 9, 2025, at which time I asked her to be my girlfriend.

As time went by, we began talking about her moving in with me, since she lived a bit far away and was renting a room in a friend's house. She moved into my house on June 18, 2025.

We took some trips together. On one of those trips to Atlantic City, New Jersey, I proposed to her on August 24, 2025, and she accepted.

We then began preparing for the wedding. We went to the city hall on November 3, 2025, to obtain the necessary documents. We decided to hold a small ceremony just for family and friends, which took place at Charkoal's Brazilian Steakhouse restaurant, located in King of Prussia, on December 20, 2025.

We intend to hold our wedding reception in Brazil, as we wish to gather all our family at this special moment, and my wife's family lives in Brazil.

I declare that the information above is true and correct to the best of my knowledge.

----//signature//----

02/25/2026

I, André Vinícius Inacio Penna Mello, 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: March 2, 2026.

DECLARAÇÃO DE RELACIONAMENTO

Conheci minha esposa através de uma amiga em comum chamada Fernanda. Ela havia ido fazer cílios na casa da mãe da Fernanda, e então ela nos apresentou pela internet. Ela começou a me seguir no Instagram no dia 2 de abril de 2025, à noite, e começamos a conversar no dia seguinte pela manhã pelo próprio Instagram.

Convidei-a para sair no dia 5 de abril de 2025. Fui buscá-la em sua casa, em Phoenixville, Pensilvânia, que fica a cerca de uma hora da minha residência. Fomos a uma pizzaria na Philadelphia chamada Biza Pizza. Desde esse dia, não paramos mais de manter contato, e ela passou a ficar na minha casa aos fins de semana.

No dia 8 de maio de 2025, ela viajou para o Brasil para visitar sua família, e durante todo esse período continuamos nos comunicando diariamente. Quando ela retornou aos Estados Unidos, fui buscá-la no aeroporto no dia 9 de junho de 2025, ocasião em que a pedi em namoro.

Com o passar do tempo, começamos a conversar sobre ela vir morar comigo, já que ela morava um pouco distante e alugava um quarto na casa de uma amiga. Ela se mudou para minha casa no dia 18 de junho de 2025.

Fizemos algumas viagens juntos. Em uma dessas viagens para Atlantic City, Nova Jersey, eu a pedi em casamento no dia 24 de agosto de 2025, e ela aceitou.

Passamos então a nos preparar para o casamento. Fomos à prefeitura no dia 3 de novembro de 2025 para obter os documentos necessários. Decidimos realizar uma pequena cerimônia apenas para familiares e amigos, que aconteceu no restaurante Charkoal's Brazilian Steakhouse, localizado em King of Prussia, no dia 20 de dezembro de 2025.

Pretendemos realizar nossa festa de casamento no Brasil, pois desejamos reunir toda a nossa família nesse momento especial, e a família da minha esposa mora no Brasil.







Declaro que as informações acima são verdadeiras e corretas, conforme meu melhor conhecimento.



02/25/2026

**Exhibit 5 - Evidence
of Bona Fide
Marriage**

Sabrina Carneiro - Benefits as of 02/06/2026

Plan	Effective Date	Coverage	Your Cost
 Medical			\$50.31
 BCBS: Metro MVP PPO	07/01/2025	You	
 Dental			\$9.72
 BCBS: Metro -BCBS High, Biweekly	07/01/2025	You	
 Employee Life			
 BCBS: Employer Paid Basic Life & AD&D \$10,000.00	07/01/2025	Primary Beneficiary andrey cabral de lima (100%)	
Cost per paycheck			\$60.03

Waived Plans

Health Savings Account	Waive Reason: Do not want to be Insured
Critical Illness	Waive Reason: Do not want to be Insured
Child Life	Waive Reason: Do not want to be Insured
Spouse Life	Waive Reason: Do not want to be Insured
Vision	Waive Reason: Do not want to be Insured
Group Accident	Waive Reason: Do not want to be Insured



SABRINA CARNEIRO
569973711

OBO Dealer Code:



Review your customer's account to help with future access and recovery: Suggest that Gov't ID matches account, a valid email is attached to the account, and that the customer knows their PIN and Security Question/Answer.

< 1 of 1 >

Sabrina Carneiro

Account: 569973711 | Verified
Account Activated 12/10/2024
Status: Open
Account type: Retail
Check SmartCredit

Payment

78.00 **\$0.00**
Amount Due Due Immediately
Due By: 03/09/2026
Cycle Day: 10

Quick Actions

- Create Memo
- Financial Overview
- View Memos
- Device History
- Usage Details

Subscribers (2)

Customer Journey



Add a new line



Launch MBE

Phone Number



ANDREY DELIMA
(856) 495-1707
Market: Philadelphia
Status: Active | Unverified
Active Since 11/25/2025
 Usage Details | Top Up



BYODIPHONE
 Not eligible for device upgrade in Ship-To Transactions
Device Activation: 11/25/2025
IMEI 356764178912276 | 356764178986593
History
SIM 8901260330971195323 (eSIM)
History | Reset | Details



Recurring: \$30.00
NWBYOD30 | \$30.00 | Details
 Eligible for discount



[View Gismo Promotions](#)



SABRINA MEDINA
(610) 333-9286
Market: Philadelphia
Status: Active | Verified
Active Since 12/10/2024
Auto Payer Details
 Usage Details | Top Up



BYODIPHONE
 Eligible for device upgrade in Ship-To Transactions.
Device Activation: 10/10/2025
IMEI 352591616522142 | 352591616265932
History
SIM 8901260320926052406 (eSIM)
History | Reset | Details



Recurring: \$48.00
MVP48 | \$48.00 | Details
 Ineligible for discount





Apply now for your



Platinum Mastercard Card

PT3 20 495

Sabrina Carneiro
3225 Unruh Ave
Philadelphia PA 19149-2626



PRE-APPROVED¹

See below for details.

Congratulations, Sabrina Carneiro:

Your credit history has allowed us to Pre-Approve¹ you for a

PREMIER Bankcard[®] Platinum Mastercard[®].

What does that mean? It means your credit history met our basic approval standards — increasing the chance of your application being approved.

Your credit limit will be assigned based on your creditworthiness at the time of application. Please see the Terms and Conditions insert as you may need to pay a Program Fee². We'll report monthly to the Consumer Reporting Agencies to help you build³ credit.

We have a long history of giving people a second chance at accessing credit. PREMIER Bankcard helps those with less-than-perfect credit who may have been rejected by others.

Why PREMIER Bankcard:

- **24/7 account access** — with our user-friendly mobile app and full-service website.
- **Complimentary Mastercard Identity Theft Resolution Services** (subject to Mastercard guidelines).
- **Credit Limit Increase Eligible** after 12 months of consistent responsible account management.
- **We're on your side** with best-in-class service, and no overlimit fees or penalty APRs.

**Credit limit:
Up to \$700.00²**

Your Offer is Waiting!

Scan:



Visit: PREMIERCreditCard.com

Call: 1-800-603-8585

Confirmation Number:
644 652 034 2KQG

Offer not available to residents of NY and WI

RESPONSE TIME

60 Seconds or less

STATUS

Pre-Approved¹

RESPOND BY

12/8/2025

You can choose to stop receiving "prescreened" offers of credit from this and other companies by calling toll-free 1-888-567-8688. See **PRESCREEN & OPT-OUT NOTICE** on the Terms and Conditions insert for more information about prescreened offers.

Questions? Just call 1-800-603-8585

Please see reverse for important information about the USA PATRIOT Act Customer Identification Program.

¹ Pre-Approved means that you have met our initial criteria for this credit card offer. See the Terms and Conditions insert for our Eligibility Criteria, which includes a minimum income requirement of \$10,000.

This offer is not available to active duty military personnel and their dependents who are covered borrowers (as defined in 32 C.F.R. 232.3) under the Military Lending Act.

² In addition to a Program Fee ranging from \$0 to \$95, you will be billed an Annual Fee of \$25 to \$99 and a Monthly Fee of \$0 to \$10 after the account is opened. The amount of the Annual Fee and Monthly Fee will depend on the credit limit assigned upon approval. The Annual Fee and Monthly Fee will reduce the amount of credit you initially have available. If approved, the credit limit will be \$300 to \$700. Based on your credit limit, the initial available credit will range from \$225 to \$613. The Annual Fee and Monthly Fee may change in the second year. See the Terms and Conditions Insert for information about rates, fees and important disclosures.

³ Build credit by keeping your balances low and paying all your bills on time every month.

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF TRANSPORTATION
 BUREAU OF MOTOR VEHICLES
 PO BOX 68674
 HARRISBURG, PA 17106-8674
 www.dmv.pa.gov

WID# 253389999031366 001
 TITLE# 89161280
 PROCESSING DATE 251204
 TRANSACTION CODE 00030

SABRINA MEDINA CARNEIRO
 3225 UNRUH AVE
 PHILADELPHIA, PA 19149

MAIL DATE: December 04, 2025

Dear Customer:

The Department of Transportation recently received information from your insurance company regarding a cancellation of your automobile insurance. PennDOT realizes that you may have only changed companies; however, insurance companies are only required to notify us of a cancellation of insurance but not when they add you as a customer. Therefore, we need to verify your new coverage with this letter. **Please take the time to read this letter carefully and provide PennDOT with necessary documentation.** As a reminder, automobile insurance is required to maintain valid vehicle registration.

The insurance company that notified us of the cancellation and the vehicle affected are listed below. **THE INSURANCE CANCELLATION DATE IS 12/02/25.**

Insurance Information	Vehicle Information
INSURANCE CO: PROGRESSIVE SPECIALTY COMPANY POLICY NUMBER: DATE INSURANCE WAS CANCELLED: 12/02/25	MAKE: HOND YEAR: 2026 BODY TYPE: STATION WAGON LICENSE PLATE NUMBER: NBF8348 TITLE: 89161280 VIN: 2HKRS4H4XTH431131

Below is a list of nine scenarios and the documentation PennDOT will require:

- 1) If you obtained insurance with a new insurance company and canceled with your previous insurance company without a lapse in coverage; please send PennDOT proof of new insurance. A listing of acceptable proof of insurance is located on the second page.
- 2) If you obtained valid insurance within 30 days from when your previous insurance was cancelled; please send PennDOT your current proof of insurance with the new effective date. If you did not operate the vehicle referenced above, please complete the enclosed Statement of Non-Operation of Vehicle. **Note: If you operated the vehicle during the lapse, the vehicle registration will be suspended for three months. You will receive an official notice of suspension letter in the mail. Credit towards serving a three month registration suspension will not begin until PennDOT receives the registration plate and card.**
- 3) If your insurance policy was reinstated with the same company and there was no lapse of coverage; please send PennDOT a signed letter from the insurance company's headquarters. This letter must be on the company's letterhead stating the date the policy resumed active coverage, policy number, policy effective and expiration dates, NAIC number and VIN.
- 4) If you cancelled your insurance and you are not going to obtain valid insurance on your vehicle listed above; the registration plate and card must be returned to PennDOT within 30 days from the insurance cancellation date. **NOTE: If you do not send PennDOT your registration plate and card within 30 days of the insurance cancellation date, the vehicle registration will be suspended for three months. You will receive an official notice of suspension letter in the mail. Credit towards serving a three month registration suspension will not begin until PennDOT receives the registration plate and card.**

Wells Fargo Clear Access BankingSM

October 31, 2025 ■ Page 1 of 5



013830 1 AV 0.593 253219



ANDREY CABRAL DE LIMA
3225 UNRUH AVE
PHILADELPHIA PA 19149-2626

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711

1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (345)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

It's Cybersecurity Awareness Month.

In today's digital world, scammers are using advanced tools like AI to make impersonation scams harder to detect. Caller ID can be spoofed, emails can be faked, voices can be cloned, and images can be altered.

Imposters may contact you with messages that:

- Are unexpected.
- Appear to be from a legitimate source but could be spoofed.
- Claim to be urgent, asking you to act right away, without thinking.
- Use language that manipulates your emotions.
- Request payment through unusually specific methods like gift cards, cryptocurrency or payment apps.

If you have any doubts about a message, call the company or government agency directly to find out if there really is a problem.

And if they're impersonating Wells Fargo, don't engage. Instead, call us right away or you can always check your account in the Wells Fargo Mobile[®] app* or in online banking.

CCDP11UTF3 013830 NNNNNNNNNN NNN NYN 001 003 345 085633 20825988 2

Customer 1 Information

Customer Name: ANDREY CABRAL DE LIMA			Street Address: 3225 UNRUH AVE		
Customer Number (ECN): 513347891749311			Address Line 2:		
Account Relationship: Sole Owner			Address Line 3:		
Taxpayer Identification Number (TIN):		TIN Type: Non US	Date of Birth: 11/25/2004		City: PHILADELPHIA
					State: PA
Primary ID Type: PASP	Primary ID Description: GC372731		ZIP/Postal Code: 19149-2626	Country: US	Time at this address: Year(s) Month(s)
Primary ID St/Ctry/Prov: BR	Primary ID Issue Date: 03/18/2021	Primary ID Expiration Date: 03/17/2026		Directional Address: (Document when no physical residence, business or alternate street address.)	
Secondary ID Type: ALID OTHR	Secondary ID Description: CITY PHILA A15A5259C3862				
Secondary ID State/Country:	Secondary ID Issue Date: 04/04/2023	Secondary ID Expiration Date: 04/04/2028		Previous Street Address:	
Home Phone:	Business Phone:		City:		State:
Current Employer: construction			ZIP/Postal Code:	Country:	Time at this address: Year(s) Month(s)
Check Reporting: NO RECORD			Country of Citizenship: BR		Permanently Resides in US: NO

Customer Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open or maintain the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. **I have received a copy of the applicable account agreement and the privacy policy (each may be amended from time to time) and agree to be bound by their terms.** I also agree to the terms of the dispute resolution program described in the foregoing agreements. **Under the dispute resolution program, our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**

Customer 1 Name
ANDREY CABRAL DE LIMA

Customer 1 Signature



- Submit manually
- Signature not required

Date:
04/04/2023

Customer Copy

Wells Fargo Clear Access BankingSM

24 de octubre de 2025

Página 1 de 6 ■ Algunas secciones de este estado de cuenta son en inglés.

WELLS
FARGO

013154 1 AV 0.593 248133



SABRINA M CARNEIRO

3225 UNRUH AVE

PHILADELPHIA PA 19149-2626

¿Preguntas?

Disponible por teléfono las 24 horas del día, los 7 días de la semana:

Aceptamos todas las llamadas de retransmisión, incluso del 711

En español: **1-877-PARA-WFB** (1-877-727-2932)

English: 1-800-TO-WELLS (1-800-869-3557)

Por Internet: wellsfargo.com/spanish

Escriba a: Wells Fargo Bank, N.A. (345)
P.O. Box 6995
Portland, OR 97228-6995

Usted y Wells Fargo

Gracias por ser un cliente leal de Wells Fargo. Valoramos su confianza en nuestra compañía y esperamos poder seguir ayudándole para satisfacer sus necesidades financieras.

Otros Beneficios de Wells Fargo

Es el Mes de Concientización sobre Seguridad Cibernética.

En el mundo digital de hoy, los estafadores utilizan herramientas avanzadas como la IA para hacer que las estafas de suplantación de identidad sean más difíciles de detectar. Los identificadores de llamadas se pueden falsear, los correos electrónicos se pueden falsificar, las voces se pueden clonar y las imágenes se pueden alterar.

Los impostores pueden comunicarse con usted con mensajes que:

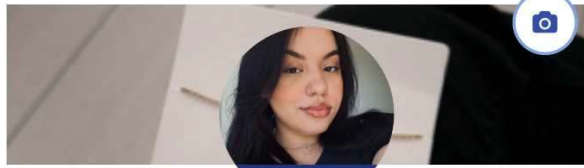
- son inesperados.
- parecen ser de una fuente legítima, pero podrían ser falsos.
- dicen ser urgentes y le piden que actúe de inmediato, sin pensar.
- utilizan un lenguaje que manipula sus emociones.
- solicitan un pago a través de métodos inusualmente específicos, como tarjetas de regalo, criptomonedas o apps de pago.

Si tiene alguna duda sobre un mensaje, llame a la compañía o a la agencia gubernamental directamente para averiguar si realmente hay un problema.

DDP11UT1 013154 NNNNNNNNN NNN NYN 001 003 345 094255 20820195 2



Profile



Sabrina Carneiro

Retail Sales Manager - Metro by T-Mobile

Employee ID: P6TUCHPFJ

Time with Company: 1 Year 1 Month

[+ Add status message](#)

Professional **Personal** Compensation & Benefits

Personal Information >

- Legal Name
Sabrina Carneiro
- 3225 Unruh Ave
Philadelphia, PA 19149
US
- +1 610 333 9286
- Sabrimedina10@icloud.com

Demographic Information >

View demographic information such as marital status, healthcare programs, race/ethnicity, pronouns, date of birth, correspondence language, tobacco use, highest education level, military status and military classification.

Emergency Contacts >

- Andrey Cabral (spouse) Primary
(856) 495-1707

Additional Information: Personal >

Direct Deposit Payment Option



Hellerman Branch
 6420 Frankford Avenue
 Philadelphia, PA 19135

wellsfargo.com

February 5, 2026

Sabrina Carneiro and Andrey Cabral De Lima
 3225 Unruh Avenue
 Philadelphia, PA 19149

Dear Sabrina M. Carneiro and Andrey Cabral De Lima:

This letter indicates that the Customer named above has requested a verification of the following deposit accounts with Wells Fargo Bank, N.A.

Row	Account Number (Last 4-digits)	Account Name	Date Opened	Current Balance (see Note 1 below)	Average Balance Last 12 Months (see Note 2 below)
1	9444	Checking	08/30/2023	\$816.73	\$678.55
2					
3					
4					
5					

Note 1: The Current Balance is the opening available balance as of the date of this letter, but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof.

Note 2: The Average Balance Last 12 months is the average amount of money you had in your account over the past year, calculated by adding up the closing balance of each day within that 12-month period and dividing by the number of days in that time frame.

Important Disclosures

The recipient of this information hereby acknowledges that Wells Fargo (“we”, “us”) does not represent or warrant that the information provided herein is complete or accurate, and any errors or omissions in the information shall not be a basis for a claim against us. This information may not disclose the entire relationship the Customer maintains with us.

This information is subject to change at any time without notice. We are not obligated to notify the recipient of any change in this information, or if any deposit account relationship referenced herein is, or is in the process of being, modified, terminated, or cancelled, unless we are required to do so by law or under the terms of the applicable deposit account agreement.

This letter does not constitute a guaranty of future balances or credit support of any nature, nor do we accept any duty, responsibility, liability or obligation that may arise from providing this letter, including any reliance upon the information or for any loss or damage that may result.

If you have any questions about the information provided or need additional information, please contact the bank’s customer as the bank has not been authorized to provide you with any additional information.

Thank you. We appreciate your business.

Wells Fargo Bank, N.A.



26th Floor Condo AMAZING Beach Front Views + Pool

Check-in
3:00 PM
Fri, Aug 22

Checkout
10:00 AM
Sun, Aug 24

Who's coming
1 guest
Sabrina and Andrey

Confirmation code
HMR3HRSHKY

Hosted by Nick

Payment details
Total cost: \$730.56



Kalahari Resorts Pocono Mtns.

Your Itinerary #26690B22309761

Your itinerary number is 26690B22309761

Room 1 Confirmation #: CI5N8WI6

Confirmed

Share

Add to calendar

Reservation Details

Kalahari Resorts Pocono Mtns.

250 Kalahari Blvd

Pocono Manor, Pennsylvania 18349

Book Online and Save

ressupervisor@kalahariresorts.com

www.KalahariResorts.com

2 Queen Beds: Double Queen Sofa

\$939.98

Plan Ahead & Save! **2 Nights stay** ✓

Wed, Dec 31, 2025 - Fri, Jan 2, 2026 • 2 Nights stay


5 Adults

[Edit](#) • [Cancel](#)

Guest details

Sabrina Carneiro
sabrinedina10@icloud.com
6103339286

Payment details

 Card ending in 2978

[Edit](#)

Confirmation number: CI5N8WI6

Price Details

2 Queen Beds, Double Queen Sofa **\$939.98**

Plan Ahead & Save!

[2 Nights stay](#)

[Taxes and fees](#) **\$182.68**

Wed, Dec 31, 2025 - Fri, Jan 2, 2026

5 Adults

Confirm # CI5N8WI6

Total **\$1,122.66**

Including taxes and fees

Waterparks included with your stay!

- Stay Connected with Complimentary WiFi
- Take the Guilt out of Vacation with access to Kalahari Fitness & Training

Policies

Check-in
after 4:00 pm

Check-out
before 11:00 am

ROOM 1 2 QUEEN BEDS, DOUBLE QUEEN SOFA

Guarantee Policy

A deposit equal to the entire stay's lodging plus applicable taxes and fees are charged at the time of reservation and are non-refundable.

Cancellation Policy

This rate does not allow for any cancellations, refunds, transfers or exchanges. All deposits are retained.



Reservations: [877-525-2427](tel:877-525-2427)



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andreycabralz



Não vejo a hora de...



Andrey Cabral

3 posts

93 seguidores

59 seguindo



Adicionar instituição de ensino

Editar

Compartilhar perfil



3



Novo



46





sabrina cabral

26 posts

324 seguidores

282 seguindo

br | eua | uy



Seguido(a) por daily_sabs_, aarlete_cabral e outras 8 pessoas

Seguindo

Mensagem



places



s



love



Photos Sabrina and Andrey

March 29, 2026- Philly Zoo outing



July 4, 2025- celebrating the 4th of July holiday at the beach in Long Branch.



June 20, 2025- Watching the Club World Cup at Lincoln Financial Field in Philadelphia.



November 30, 2025- Stroll at the Christmas event in downtown Philadelphia.



December 20, 2025- Celebrating our wedding at Charkoal Steak House restaurant.



December 25, 2025- Spending Christmas with family.



January 1, 2026- Spending New Years Eve at Kalahari Resorts in Poconos.



February 14, 2026- Valentine's Day celebration dinner at La Casa de Femme.



March 8, 2026- celebrating Sabrina's birthday at Picanhas Brazilian Steakhouse restaurant.





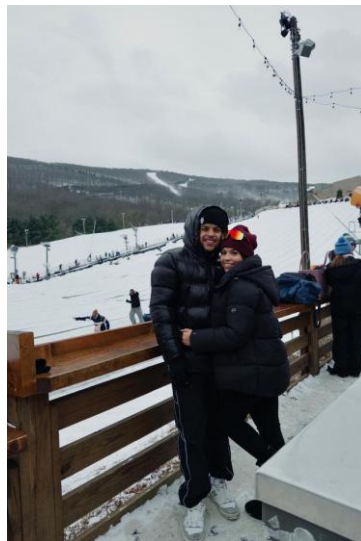
Our wedding photoshoot.



November 27, 2025- Family dinner in celebration of Thanksgiving.



January 2, 2026- snow tubing trip in Poconos



August 22, 2026- weekend at the beach in Atlantic City



September 28, 2025- stroll at the Philadelphia Museum of Art.



September 29, 2025- buying Sabrina's car at the Honda dealership in New Jersey.



February 15, 2026- trip to New York.



November 22, 2025- Andrey's birthday celebration at our home with family and friends.



November 10, 2025- getting our marriage license at Philadelphia City Hall.



I, André Vinícius Inacio Penna Mello, 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.

André Vinícius Inacio Penna Mello

Date: April 6, 2026.

Fotos Sabrina e Andrey

29 de março 2026- Passeio ao zoológico de Philly



4 de julho 2025- celebrando o feriado 4 de julho na praia em Long Branch.



20 de junho de 2025- Assistindo o mundial de clubes no estádio Lincoln Field em Philadelphia.



30 de novembro de 2025- Passeio no evento de Natal no centro da Philadelphia.



20 de dezembro de 2025- Celebrando nosso casamento no restaurante Charkoal Steak House.



25 de dezembro 2025- Passando o Natal em família.



1 de janeiro 2026- Passando a virada do ano no Kalahari Resorts em Poconos.



14 de fevereiro de 2026- Jantar no Lá Casa de Femme de celebração do Valentines Day.



8 de Março de 2026- comemorando o aniversário da Sabrina no restaurante Picanhas Brazilian Steakhouse





Nosso ensaio de casamento.



27 de novembro 2025- Jantar em família em comemoração ao ThanksGiving.



2 de janeiro 2026- passeio de tube em poconos



22 de agosto 2026- final de semana na praia em Atlantic City



28 de setembro 2025- passeio no museu de artes de Philadelphia.



29 de setembro 2025- comprando o carro da Sabrina na loja Honda em New Jersey.



15 de fevereiro 2026- passeio em New York.



22 de novembro 2025- celebração do aniversário do Andrey na nossa casa com família e amigos.



10 de novembro 2025- buscando nossa permissão para casamento no City Hall em Philadelphia.



PHOTOS WITH FAMILY AND FRIENDS









MARRIAGE PHOTOS

















Exhibit 6 - Letters of Support

Letter of support for Sabrina Medina and Andrey Cabral

My name is Liz Mare Velez, I am a US citizen, born in Puerto Rico, I live at 201 S Matlack St, West Chester, and I have known Sabrina Medina Carneiro since the beginning of 2025. We are close friends and also work together at the company Metro by T-Mobile.

I decided to write this letter to talk about Sabrina's relationship and marriage to her husband, Andrey Cabral de Lima, because I have followed this story from the beginning and very closely. I remember well the day Sabrina arrived at work and told me how she had met Andrey through a mutual friend. She was happy, but also a little afraid, because she had come from a past relationship that had hurt her a lot. As a friend, I always told her not to let the past prevent her from meeting someone good and experiencing something new.

Still in that same week, Sabrina and Andrey went out together for the first time and, since then, they have never been apart. Over time, it was possible to clearly see how much Sabrina changed. She became more confident, happier, and much more emotionally secure. From the beginning, Andrey's care, respect, and consistency with her have always been very clear.

I met Andrey in person several times, including at our workplace. Since the beginning of the relationship, he used to show up at the store during working hours just to spend time with Sabrina, which always showed the affection, involvement, and partnership between them. Even with the language difference (he speaks Portuguese and I speak Spanish), these moments were always calm and even funny, because we would have Sabrina translate everything, and she would end up mixing the languages, and it was quite funny.

When Sabrina was proposed to, I was truly moved. On the day she arrived at work wearing that beautiful ring, I was very happy. I had already seen the proposal on Instagram, but seeing her joy in person was something very special. At no point did I have any doubt that this relationship was built with true love and, above all, a lot of respect.

Should you need any further information, I remain at your disposal.

Email: lizvelez286gmail.com

Telephone: 484-753-4187

----//signature//----

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: March 24, 2026.

Carta de apoyo para Sabrina Medina y Andrey Cabral

Mi nombre es Liz Marie Velez, soy ciudadana estadounidense, originaria de Puerto Rico, vivo en 201 S Matlack St, West Chester, y conozco a Sabrina Medina Carneiro desde el inicio de 2025. Somos amigas cercanas y también trabajamos juntas en la empresa Metro by T-Mobile.

Decidí escribir esta carta para hablar sobre la relación y el matrimonio de Sabrina con su esposo, Andrey Cabral de Lima, porque he acompañado esta historia desde el comienzo y muy de cerca. Recuerdo muy bien el día en que Sabrina llegó al trabajo y me contó cómo había conocido a Andrey, por medio de una amiga en común. Ella estaba feliz, pero también un poco asustada, porque venía de una relación pasada que la había lastimado mucho. Como amiga, siempre le dije que no dejara que el pasado le impidiera conocer a alguien bueno y vivir algo nuevo.

Esa misma semana, Sabrina y Andrey salieron juntos por primera vez y desde entonces nunca más se separaron. Con el tiempo, pude ver claramente cuánto cambió Sabrina. Se volvió más confiada, más feliz y mucho más segura emocionalmente. Desde el principio, el cuidado, el respeto y la constancia de Andrey hacia ella siempre fueron muy evidentes.

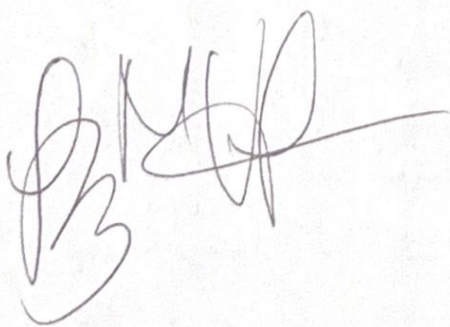
Conocí a Andrey personalmente varias veces, incluso en nuestro lugar de trabajo. Desde el inicio de la relación, él solía aparecer en la tienda durante su descanso o después del trabajo solo para pasar tiempo con Sabrina, lo que siempre mostró el cariño, la dedicación y la conexión entre ellos. Incluso con la diferencia de idioma (él habla portugués y yo hablo español), esos momentos siempre fueron tranquilos y hasta divertidos, porque poníamos a Sabrina para traducir todo, y ella terminaba mezclando los idiomas, lo cual era muy gracioso.

Cuando Sabrina fue pedida en matrimonio, me emocioné de verdad. El día que llegó al trabajo usando ese hermoso anillo, me sentí muy feliz. Yo ya había visto la propuesta en Instagram, pero ver su alegría en persona fue algo muy especial. En ningún momento tuve dudas de que esta relación fue construida con amor verdadero y, principalmente, con mucho respeto.

Si necesitan más información, quedo a su disposición.

E-mail: lizvelez386@gmail.com

Teléfono: 484-753-4187



GOBIERNO DE
GOVERNMENT OF **PUERTO RICO** USA
Identificación / Identification



IDENTIFICATION

NUM **6029534**
LIZ MARIE
VELEZ FERNANDEZ
VILLA CAROLINA
C/ 401 APT II 135 C
CAROLINA, PR 00985

IDENTIFICACION

SEX/SEXO **F ♀** EYES/OJOS **BRO**



DOB/NAC **12JAN1990**
ISS/EMI **10JAN2025**
EXP **12JAN2032**



Liz M. Velez

5518 / 12465 / 14652 / 7

Letter of support for Sabrina Medina and Andrey Cabral

My name is Fernanda Sany Mota Marinho, I am 18 years old, and I currently live at 3329 Lansing St Philadelphia PA.

I've known Sabrina Medina Carneiro since 2024. She is my mother's client and over time she became a person very close to me and my family, and today we consider her almost like part of our family. We all like her very much.

I have also known Andrey Cabral de Lima for about a year, he is a friend of my ex-boyfriend and I met him when I was still dating.

I was the one who introduced the two of them. One day Sabrina was at my house and we were talking about relationships. During the conversation I remembered a friend of mine who I believed could be a great match for her. So I mentioned him and suggested that she follow him on Instagram.

She did, and soon after I asked him to accept her request. They started talking on Instagram and, shortly after, arranged to meet in person. From what I could tell, it was love at first sight.

I was very happy to have introduced two friends who are such special people. I had the opportunity to attend their wedding and see with my own eyes how happy they are together. It is very clear how much they care for and support each other.

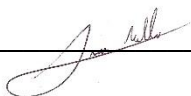
I am very happy for the union of the two of them and I sincerely support their marriage.

Email: Sanyfernanda881@gmail.com

Telephone: (267) 992-3955

----//signature//----

I, André Vinícius Inacio Penna Mello, 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: March 24, 2026.

Carta de suporte para Sabrina e Andrey

Meu nome é Fernanda Sany Mota Marinho, tenho 18 anos e atualmente moro em 3329 Lansing St Philadelphia PA.

Conheço Sabrina Medina Carneiro desde 2024. Ela é cliente de cílios da minha mãe e com o tempo ela se tornou uma pessoa muito próxima de mim e da minha família, e hoje a consideramos quase como parte da nossa família. Todos nós gostamos muito dela.

Também conheço Andrey Cabral de Lima há cerca de um ano, ele é amigo do meu ex namorado e conheci ele ainda quando namorava.

Fui eu quem apresentou os dois. Um dia a Sabrina estava na minha casa e estávamos conversando sobre relacionamentos. Durante a conversa lembrei de um amigo meu que eu acreditava que poderia combinar muito com ela. Então comentei sobre ele e sugeri que ela o seguisse no Instagram.

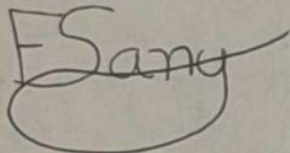
Ela seguiu, e logo depois pedi para ele aceitar a solicitação dela. Eles começaram a conversar pelo Instagram e, pouco tempo depois, marcaram de se encontrar pessoalmente. Pelo que pude perceber, foi amor à primeira vista.

Fiquei muito feliz por ter apresentado dois amigos que são pessoas tão especiais. Tive a oportunidade de ir ao casamento deles e ver com meus próprios olhos o quanto eles são felizes juntos. É muito claro o quanto eles se cuidam e se apoiam.

Sou muito feliz pela união dos dois e apoio sinceramente o casamento deles.

E-mail: Sanyfernanda881@gmail.com

Telefone: (267) 992-3955

A handwritten signature in black ink, appearing to read 'FSany', with a large, sweeping underline that loops back under the 'y'.

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION

MOTA MARINHO FERNANDA SANY 16 MAY 2007

16 MAY 2007



Surname

MOTA MARINHO

Given Name

FERNANDA SANY

USCIS#

201-835-906

Category Card#

C14

IOE0926403504

Terms and Conditions

None

Date of Birth

16 MAY 2007

Sex

F

Country of Birth

Brazil

Valid From:

07/17/24

Card Expires:

05/20/28

NOT VALID FOR REENTRY TO U.S.

Letter of Support to Andrey Cabral de Lima

I, Victoria Aigo Soares de Almeida, a DACA recipient, born in Brazil, residing at 87 Hunt Club dr, Collegeville, declare, for all due purposes, that I have known Sabrina Medina Carneiro since May of the year 2024, being her close friend and co-worker at the company Metro By T-Mobile.

I am writing this letter to declare, with complete sincerity, my knowledge of the relationship and marriage between Sabrina Medina Carneiro and her husband, Andrey Cabral de Lima.

I first met Sabrina when I was Manager at Metro By T-Mobile and we were looking to hire someone who spoke Spanish and/or Portuguese. Sabrina was perfect. We hit it off during the zoom interview and I knew she'd fit right in. She must've felt it too because she moved from Scranton to Phoenixville before she even got the job!

Now ever since her first day on the job she's been one of my closest friends. We had a lot of time to talk while on the job. We got close very quickly and I discovered she knew and lived with one of my family members at the time. She shared her life with me as did I and bonded over many things. One being our relationships. At the time she was struggling to get out of an abusive relationship and I was just starting mine. I was rooting for her to get out of the relationship because I knew much more was waiting for her afterwards.

When she finally met Andrey I was ecstatic but skeptic due to her past relationship. Those feelings towards him soon shifted as her showed time after time that HE was what was waiting for her. Their first date was the beginning of everything. They were inseparable after that. He brought out the best in her in every way. I think Sabrina felt inspired and secure with him. They were going to the gym, meal planning together, going on dates all the time, and happy simply doing life together.

When Sabrina told me she was getting married I was so excited for her. She had called me on the phone to tell me the news and I couldn't believe it. We always talked about marriage, being a wife and having a family at work. She said that she always dreamed of being someone's wife. A wife that loved and cared for her husband. She wanted eternal love with Andre. I was so happy she was getting that because I knew she deserved it.

Andrey has been such a kind and devoted boyfriend to her and I know he will take care of her forever. The look of pure love and devotion he had of their wedding day was beautiful. You could feel how strong the love was in the room. I trust that their relationship will stand the test of time and flourish into the beautiful family Sabrina and I talked about.

Based on everything I have experienced, observed, and followed throughout their relationship, I affirm with

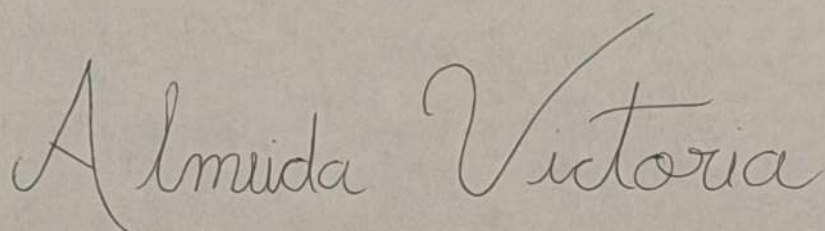
total conviction that the marriage between Sabrina Medina Carneiro and Andrey Cabral de Lima is legitimate, true, and carried out in good faith.

I declare that all the information above is true, to the best of my personal knowledge.

I am available for any further clarification, if necessary.

Email: tori.ipad@hotmail.com

Phone: 484-302-1185

A handwritten signature in cursive script that reads "Almeida Victoria". The signature is written in dark ink on a light-colored background.

Pennsylvania
visitPA.com USA

DRIVER'S LICENSE



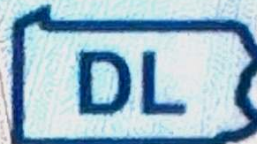
118

4d DLN: 33 006 427
3 DOB: 11/04/2001
1 SOARES DE ALMEIDA
2 VICTORIA A
8 87 HUNT CLUB DR
COLLEGEVILLE, PA 19426

DUPS: 00
LIMITED-TERM



4b EXP: 01/24/2026
4a ISS: 04/10/2024
15 SEX: F 18 EYES: BRO
16 HGT: 5'-05"
9 CLASS: C
8a END: NONE
12 RESTR: 1



Victoria Almeida

5 DD: 2410101401203
100000030180

ORGAN DONOR

**Exhibit 7 - Notice to
Appear Issued to
Beneficiary**

DEPARTMENT OF HOMELAND SECURITY
NOTICE TO APPEAR

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 371412300

FINS #: 1310352497

DOB: 11/25/2004

File No: A216 914 876

Event No: IMB2106000381

In the Matter of:

ANDREY CABRAL DE LIMA

currently residing at:

Respondent:

C/O CABRALTEIXEIRA, ARLETE 2218 BENSON STREET PHILADELPHIA, PENNSYLVANIA, 19152 +1 (267)-957-8280

(Number, street, city, state and ZIP code)

(Area code and phone number)

- You are an arriving alien.
- You are an alien present in the United States who has not been admitted or paroled.
- You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL ;
3. You arrived in the United States at or near SAN YSIDRO, CA , on or about June 21, 2021 ;
4. You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to: 8CFR 208.30 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

900 Market Street Suite 504 Philadelphia PA US 19107

(Complete Address of Immigration Court, including Room Number, if any)

on a date to be set at a time to be to show why you should not be removed from the United States based on the

charge(s) set forth above.

COLIN LANE

Acting Watch Commander

(Signature and Title of Issuing Officer) (Sign in ink)

Date: June 24, 2021

SAN DIEGO, CALIFORNIA

(City and State)