



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) Rosana	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA ARAUJO	
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	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 \$ 250 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



USCIS
Attn: AOS
P.O. Box 20500
Phoenix, AZ 85036-0500

RE: Form I-360, Petition for Amerasian, Widow(er), or Special Immigrant
Petitioner: Rosana da Silva Araujo
DOB: 03/15/2008.

Dear Sir or Madam,

Please find enclosed the supporting documents for the Special Immigrant Juvenile Status petition of Rosana da Silva Araujo.

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28: Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-360: Petition for Amerasian, Widow(er), or Special Immigrant;
- Rosana da Silva Araujo's Identification Documents
 - Rosana da Silva Araujo's Passport;
 - Rosana da Silva Araujo's Birth Certificate with English Translation;
 - Rosana da Silva Araujo's Copy of I-94;
- Order Regarding Special Immigrant Juvenile Findings;

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

Sincerely,



03/06/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 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.





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

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

USCIS
Form I-360
OMB No. 1615-0020
Expires 03/31/2027

For USCIS Use Only		Fee Stamp		Action Block	
Returned					
Resubmitted					
Relocated	Received				
	Sent				
Remarks:		<input type="checkbox"/> Petitioner/Applicant Interviewed <input type="checkbox"/> Interviewed Beneficiary Interviewed <input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	Classification		Priority Date
		Consulate			
To be completed by an Attorney or Accredited Representative (if any).		<input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	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.**

Part 1. Information About Person or Organization Filing This Petition

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

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



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

7. Alternate and/or Safe Mailing Address

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

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

Part 2. Classification Requested

Select **only one** box.

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

Provide the name of the classification below.



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

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

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

2. Mailing Address
In Care Of Name (if any)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Other Information

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

5. U.S. Social Security Number (if any) 6. A-Number (if any)

7. Marital Status Single Married Divorced Widowed

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

8. Date of Last Arrival (mm/dd/yyyy) 9. Form I-94 Number or I-95 Crewman's Landing Permit

10. Passport Number 11. Travel Document Number

12. Country of Issuance for Passport or Travel Document 13. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

14. Current Nonimmigrant Status 15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)

Part 4. Processing Information

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

U.S. Consulate

A. City or Town

B. Country



Part 4. Processing Information (continued)

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

A. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name
DA SILVA ARAUJO	Rosana	N/A

B. Mailing Address

Street Number and Name	Apt.	Ste.	Flr.	Number
N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town				
Brasilia				
Province	Postal Code	Country		
Federal District	N/A	Brazil		

3. Sex of the beneficiary: Male Female

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

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

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

5. Is the beneficiary in removal proceedings? Yes No

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

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

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

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

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

2. Person 1

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

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

Relationship Spouse Child A-Number (if any)

A-	N	/	A						
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Part 5. Information About the Spouse and Children of the Beneficiary (continued)

3. Person 2

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

4. Person 3

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

5. Person 4

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

6. Person 5

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

7. Person 6

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



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

8. Person 7

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

9. Person 8

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

10. Person 9

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

Part 6. Complete Only If Filing for an Amerasian

Information About the Mother of the Amerasian

1. Mother's Full Name

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

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

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

In Care Of Name (if any)

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



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

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

Information About the Father of the Amerasian

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

3. Father's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

5. Country of Birth

6. A. Is the father still alive?

Unknown Yes No

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

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

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

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

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

Army Air Force Navy Marine Corps Coast Guard

B. Provide the father's service number:

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

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

1. Full Name of U.S. Citizen Spouse Who Died

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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



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

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

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

(1) Provide A-Number (if any) ▶ A-

D. Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

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

B. Where did you and your spouse get married?

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

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

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

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

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

Information About the Juvenile

1. List any other names used:

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

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

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

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

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

Fourth District Juvenile Court for Utah County, State of Utah

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



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

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

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

Prospective Employer Attestation

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

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

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



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

3. Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

Period of Stay

From (mm/dd/yyyy)

To (mm/dd/yyyy)

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

Position

Summary of the Type of Responsibilities for That Position

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

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

A. Title of position offered

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

As a minister

In a religious vocation

In a religious occupation

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

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

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

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

Company Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country



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

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

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

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

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

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

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

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



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

Printed Name and Title of Signatory for Prospective Employer

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

16. Title of the Signatory

Mailing Address

17. Employer/Organization Name

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Contact Information

18. Daytime Telephone Number

19. Fax Number (if any)

20. Email Address (if any)

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

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

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

Printed Name and Title of the Signatory of the Religious Denomination

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

23. Title of the Signatory



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

Information About the Attesting Religious Organization Within the Religious Denomination

24. Name of Attesting Religious Organization Within the Religious Denomination

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

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

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

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

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

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

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

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

6. How many times have you been married? ▶

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



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

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

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

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

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

Petitioner's Statement

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

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



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

Petitioner's Contact Information

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

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

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

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

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

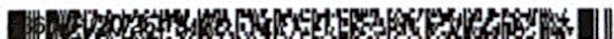
IMPORTANT: Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature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

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

Petitioner's or Authorized Signatory's Statement

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

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



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

2. Petitioner's Statement Regarding the Preparer

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

Authorized Signatory's Contact Information

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

Petitioner's or Authorized Signatory's Declaration and Certification


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

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

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

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

Petitioner's or Authorized Signatory's Signature

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

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



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

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

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

Interpreter's Contact Information

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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



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

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

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

Preparer's Contact Information

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

Preparer's Statement

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

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

Preparer's Certification

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

Preparer's Signature

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



Part 15. Additional Information

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

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

2. A-Number (if any) ▶ A- /

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

D. **N/A**
N/A
N/A
N/A

4. A. Page Number B. Part Number C. Item Number

D. **N/A**
N/A
N/A
N/A

5. A. Page Number B. Part Number C. Item Number

D. **N/A**
N/A
N/A
N/A

6. A. Page Number B. Part Number C. Item Number

D. **N/A**
N/A
N/A
N/A



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Rosana da Silva Araujo's Identification Documents

Rosana da Silva Araujo's Passport 1-4

Rosana da Silva Araujo's Birth Certificate with English Translation 5-7

Rosana da Silva Araujo's I-94 8-9

Exhibit 2 - Order Regarding Special Immigrant Juvenile Findings

Order Regarding Special Immigrant Juvenile Findings 10-11

**Exhibit 1 - Rosana da
Silva Araujo's
Identification
Documents**

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.

BRA

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.

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

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

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

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

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

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

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

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





FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS



BIRTH CERTIFICATE
NAME
ROSANA DA SILVA ARAUJO

CPF

083.284.241-93

REGISTRATION

021006 01 55 2008 1 00179 078 0086478 59

DATE OF BIRTH IN FULL

DAY

MONTH

YEAR

MARCH FIFTEENTH, TWO THOUSAND EIGHT

15

03

2008

TIME OF BIRTH

CITY OF BIRTH

11:15 PM

Brasília/ Federal District

CITY OF REGISTRATION AND FEDERATION UNIT

PLACE, CITY OF BIRTH AND STATE

SEX

Sobradinho- Federal District

REGIONAL HOSPITAL OF SOBRADINHO - Brasília, Federal District

female

FILIATION

RONALDO ARAUJO MARTINS, born in Brasília/ Federal District, residing and domiciled in Sobradinho/Federal District
RAQUEL APARECIDA DA SILVA, born in Patos de Minas/MG, residing and domiciled in Sobradinho/ Federal District

GRANDPARENTS

Jonas Martins Filho and Francisca Elvira Araujo Martins;
Júlio Eduardo da Silva and Gertrudes Peres da Silva.

TWINS

NAME AND REGISTRATION OF THE TWIN(S)

NO

DATE OF REGISTRATION IN FULL

NUMBER OF LIVE BIRTH CERTIFICATE

MARCH SEVENTEENTH, TWO THOUSAND EIGHT

39117971

ANNOTATIONS/NOTES TO BE ADDED

Note No. 01: In accordance with CNJ Provision No. 63/2017, Article 6, I proceed with the annotation of the CPF of the registered person No. 083.284.241-93

REGISTRATION NOTES

Zip Code	No record	Blood Type	No record
----------	-----------	------------	-----------

The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.

2nd Notary Office, Civil Registry, Deeds and Documents, Protest of Titles and Legal Entities of the Federal District

Sobradinho Registry Office

Registrar: Geraldo Felipe de Souto Silva

City: Sobradinho/DF

Email: contato@cartoriosobradinho.com.br

Seal: TJDFT20230180081805VHBV

ZIP Code: 73010-720 Phone: (61) 3298-3300 To consult, visit: www.tjdft.jus.br

Address: QUADRA CENTRAL - BLOCK 07 - STORE 05 - SYLVIA BUILDING

The content of this certificate is true. I certify,
Sobradinho / Federal District, March 08, 2023

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

Priscilla Oliveira Boaventura Silva
Authorized Clerk

Certificate: R\$ 10.00 – Annotation: R\$ 0.00 – Search: R\$ 0.00 – Mail: R\$ 0.00 – Correction: R\$ 0.00 – ISSQN: R\$ 0.50 — Total: R\$ 10.50



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: June 16, 2025.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME

ROSANA DA SILVA ARAUJO

CPF

083.284.241-93

MATRÍCULA

021006 01 55 2008 1 00179 078 0086478 59

DATA DE NASCIMENTO POR EXTENSO

QUINZE DE MARÇO DE DOIS MIL E OITO

Dia

15

Mês

03

Ano

2008

HORA DE NASCIMENTO

23:15

NATURALIDADE

Brasília/DF

MUNICÍPIO DE REGISTRO E UNIDADE DE FEDERAÇÃO

Sobradinho- DF

LOCAL, MUNICÍPIO DE NASCIMENTO E UF

HOSPITAL REGIONAL DE SOBRADINHO - Brasília/DF

SEXO

feminino

FILIAÇÃO

RONALDO ARAUJO MARTINS, natural de Brasília/DF, residente e domiciliado em , Sobradinho/DF

RAQUEL APARECIDA DA SILVA, natural de Patos de Minas/MG, residente e domiciliada em , Sobradinho/DF

AVÓS

**Jonas Martins Filho e Francisca Elvira Araujo Martins;
Júlio Eduardo da Silva e Gertrudes Peres da Silva.**

GÊMEOS

NÃO

NOME E MATRÍCULA DOS GÊMEOS

DATA DO REGISTRO DE NASCIMENTO (POR EXTENSO)

DEZESSETE DE MARÇO DE DOIS MIL E OITO

Nº DA DNV/DECLARAÇÃO DE NASCIDO VIVO

39117971

AVERBAÇÕES/ANOTAÇÕES A ACRESER

Anotação nº 01: Conforme provimento do CNJ nº 63/2017 no art. 6º, procedo a averbação do CPF do(a) registrado(a) nº 083.284.241-93

ANOTAÇÕES DE CADASTRO

CEP Residencial

Não informado

Grupo Sanguineo

Não Informado

As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

2º Ofício de Notas, Registro Civil, Títulos e Documentos, Protesto de Títulos e Pessoas Jurídicas do Distrito Federal

Cartório de Sobradinho

Oficial Registrador: Geraldo Felipe de Souto Silva

Município: Sobradinho/DF

Email: contato@cartoriosobradinho.com.br Selo: TJDFT20230180081805VHEV

Cep: 73010-720 Fone: (61) 3298-3300 Para consultar acesse :www.tjdft.jus.br

End.: QUADRA CENTRAL - BLOCO 07 - LOJA 05 - ED. SYLVIA

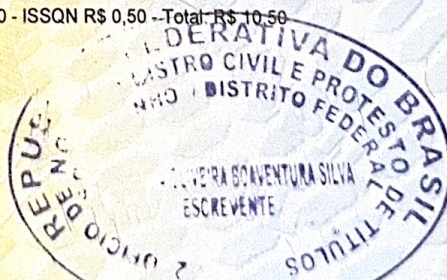
O conteúdo da certidão é verdadeiro. Dou Fé.

Sobradinho / DF, 08 de março de 2023

Priscilla Oliveira Boaventura Silva

Escrevente Autorizada

Certidão: R\$ 10,00 - Averbação: R\$ 0,00 - Busca: R\$ 0,00 - Correio: R\$ 0,00 - Retificação: R\$ 0,00 - ISSQN R\$ 0,50 - Total: R\$ 10,50



 For: **ROSANA DA SILVA ARAUJO**



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

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

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 502067107A3

Arrival/Issued Date: 2023 August 18

Class of Admission: B2

Admit Until Date: 2024 February 17

Details provided on the I-94 Information form:

Last/Surname: DA SILVA ARAUJO

First (Given) Name: ROSANA

Birth Date: 2008 March 15

Document Number: GG389025

Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 02/28/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GG389025**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2023-08-18	Arrival	FTL

OMB No. 1651-0111 Expiration Date: 02/28/2026

**Exhibit 2 - Order
Regarding Special
Immigrant Juvenile
Findings**

FOURTH DISTRICT JUVENILE COURT
FOR UTAH COUNTY, STATE OF UTAH

STATE OF UTAH, in the interest of	ORDER REGARDING SPECIAL IMMIGRANT JUVENILE FINDINGS
Da Silva Araujo, Rosana 03-15-2008	Case No. 1258731
A person under the age of 18 years	Judge Jared Anderson

This matter having come before the Court on the Petition for Predicate Findings in Support of Special Immigrant Juvenile Status filed on behalf of ROSANA DA SILVA ARAUJO, and the Court having reviewed the pleadings, affidavits, and other materials submitted, and having considered the best interests of the Minor, hereby makes the following FINDINGS OF FACT AND CONCLUSIONS OF LAW:

FINDINGS OF FACT:

1. The Minor, Rosana Da Silva Araujo, was born on March 15, 2008, in Brasilia - Federal District, Brazil.
2. The Minor currently resides at 3613 W 2740 N, Lehi, Utah 84043, within the jurisdiction of this Court.
3. The Minor has had no consistent relationship or contact with her biological mother, Raquel Aparecida Da Silva, except for limited financial support.
4. The Minor was subjected to prolonged and severe physical and psychological abuse by her biological father, Ronaldo Araujo Martins.
5. The Minor's father struggles with drug addiction and severe alcoholism that has caused serious health issues.
6. The Minor fled Brazil in fear for her life and currently resides in the United States under

the care of her cousin, Larissa Araujo Santos.

CONCLUSIONS OF LAW

1. This Court has jurisdiction under Utah Code §§ 78A-6-103 and 78A-6-117 and authority to make the findings set forth herein pursuant to 8 U.Sx.C. § 1101(a)(27)(J) and 8 C.F.R. § 204.11.
2. The Minor is dependent upon this Court and has been placed under its jurisdiction.
3. Reunification with the Minor's father is not viable due to abuse, neglect, and abandonment. Reunification with the Minor's mother is not viable due to neglect.
4. It is not in the best interest of the Minor to return to Brazil due to the credible and ongoing threats to her safety and the failure of the government there to provide adequate protection.

ORDER

IT IS HEREBY ORDERED, ADJUDGED, AND DECREED THAT:

1. The Minor is declared dependent upon this Court.
2. Reunification with one or both of the Minor's parents is not viable due to abandonment, neglect and abuse.
3. It is not in the Minor's best interest to return to her country of nationality, Brazil.
4. These findings are made to enable the Minor to petition the U.S. Citizenship and Immigration Services for classification as a Special Immigrant Juvenile pursuant to 8 U.S.C. § 1101(a)(27)(J).

SIGNED BY THE COURT

/s/ Judge Jared M Anderson

and filed on 01-26-2026 09:02 AM

