

**HS Law Corp.**  
**Otavio Haverroth Silva, SBN#343486**  
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**San Diego, CA 92169**  
**(510) 241-9336**

**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE**  
**EXECUTIVE OFFICE FOR IMMIGRATION REVIEW**  
**IMMIGRATION COURT**  
880 Front Street, Suite 4240  
San Diego, CA 92101

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<b>In the Matter of</b>	)	
	)	
<b>Christian Chacao</b>	)	<b>File No. A 234-678-751</b>
<b>Carla de Oliveira</b>	)	<b>File No. A 234-678-753</b>
<b>Henrique de Oliveira Chacao</b>	)	<b>File No. A 234-678-752</b>
	)	
<b>In Removal Proceedings</b>	)	

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Immigration Judge: Simpson, Scott

Next Hearing Date: April 1, 2026 at 1:00 PM.

**RESPONDENT'S AMENDMENT OF FORM I-589**



# Application for Asylum and for Withholding of Removal

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

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

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

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

<b>Part A.I. Information About You</b>			
<b>1. Alien Registration Number(s) (A-Number) (if any)</b> 234678751	<b>2. U.S. Social Security Number (if any)</b> 774162404	<b>3. USCIS Online Account Number (if any)</b> N/A	
<b>4. Complete Last Name</b> CHACÃO	<b>5. First Name</b> Christian	<b>6. Middle Name</b> N/A	
<b>7. What other names have you used (include maiden name and aliases)?</b> N/A			
<b>8. Residence in the U.S. (where you physically reside)</b>			
Street Number and Name 600 Front Street			Apt. Number 143
City San Diego	State CA	Zip Code 92101	Telephone Number ( 619 ) 3625567
<b>(NOTE: You must be residing in the United States to submit this form.)</b>			
<b>9. Mailing Address in the U.S. (if different than the address in Item Number 8)</b>			
In Care Of (if applicable): Otavio Haverroth Silva			Telephone Number ( 510 ) 2419336
Street Number and Name PO Box 90487			Apt. Number N/A
City San Diego	State CA	Zip Code 92169	
<b>10. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<b>11. Marital Status:</b> <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
<b>12. Date of Birth (mm/dd/yyyy)</b> 09/19/1989	<b>13. City and Country of Birth</b> Rio Negro, Brazil		
<b>14. Present Nationality (Citizenship)</b> Brazilian	<b>15. Nationality at Birth</b> Brazilian	<b>16. Race, Ethnic, or Tribal Group</b> Latino	<b>17. Religion</b> Catholic
<b>18. Check the box, a through c, that applies:</b> a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am <b>not</b> now in Immigration Court proceedings, but I have been in the past.			
<b>19. Complete 19 a through c.</b>			
a. When did you last leave your country? (mm/dd/yyyy) <u>03/05/2024</u> b. What is your current I-94 Number, if any? <u>795729303A3</u>			
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date <u>03/05/2024</u>	Place <u>Orlando, FL</u>	Status <u>B2</u>	Date Status Expires <u>09/04/2024</u>
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
Date <u>N/A</u>	Place <u>N/A</u>	Status <u>N/A</u>	
<b>20. What country issued your last passport or travel document?</b> Brazil	<b>21. Passport Number</b> <u>GB935197</u>		<b>22. Expiration Date (mm/dd/yyyy)</b> <u>10/01/2030</u>
	Travel Document Number <u>N/A</u>		
<b>23. What is your native language (include dialect, if applicable)?</b> Portuguese	<b>24. Are you fluent in English?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>25. What other languages do you speak fluently?</b> N/A	

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

<b>For EOIR use only.</b>	<b>For USCIS use only.</b>	<b>Action:</b> Interview Date: _____ Asylum Officer ID No.: _____	<b>Decision:</b> Approval Date: _____ Denial Date: _____ Referral Date: _____
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**Your spouse**  I am not married. (Skip to **Your Children** below.)

<b>1. Alien Registration Number (A-Number) (if any)</b> 234678753	<b>2. Passport/ID Card Number (if any)</b> GB935195	<b>3. Date of Birth (mm/dd/yyyy)</b> 12/31/1990	<b>4. U.S. Social Security Number (if any)</b> 817862720
<b>5. Complete Last Name</b> DE OLIVEIRA	<b>6. First Name</b> Carla	<b>7. Middle Name</b> N/A	<b>8. Other names used (include maiden name and aliases)</b> N/A
<b>9. Date of Marriage (mm/dd/yyyy)</b> 07/09/2024	<b>10. Place of Marriage</b> San Diego, CA		<b>11. City and Country of Birth</b> Blumenau, Brazil
<b>12. Nationality (Citizenship)</b> Brazilian		<b>13. Race, Ethnic, or Tribal Group</b> Latina	<b>14. Sex</b> <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
<b>15. Is this person in the U.S.?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
<b>16. Place of last entry into the U.S.</b> Los Angeles, CA	<b>17. Date of last entry into the U.S. (mm/dd/yyyy)</b> 06/04/2024	<b>18. I-94 Number (if any)</b> 000011065A4	<b>19. Status when last admitted (Visa type, if any)</b> B2
<b>20. What is your spouse's current status?</b> No status	<b>21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> 12/03/2024	<b>22. Is your spouse in Immigration Court proceedings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)</b> 03/05/2024
<b>24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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

I have children. Total number of children: 1

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

<b>1. Alien Registration Number (A-Number) (if any)</b> 234678752	<b>2. Passport/ID Card Number (if any)</b> YF267229	<b>3. Marital Status (Married, Single, Divorced, Widowed)</b> Single	<b>4. U.S. Social Security Number (if any)</b> 755588596
<b>5. Complete Last Name</b> DE OLIVEIRA CHACÃO	<b>6. First Name</b> Henrique	<b>7. Middle Name</b> N/A	<b>8. Date of Birth (mm/dd/yyyy)</b> 05/31/2015
<b>9. City and Country of Birth</b> Florianopolis, Brazil	<b>10. Nationality (Citizenship)</b> Brazilian	<b>11. Race, Ethnic, or Tribal Group</b> Latino	<b>12. Sex</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
<b>13. Is this child in the U.S.?</b> <input checked="" type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
<b>14. Place of last entry into the U.S.</b> Los Angeles, CA	<b>15. Date of last entry into the U.S. (mm/dd/yyyy)</b> 06/04/2024	<b>16. I-94 Number (If any)</b> 000011175A4	<b>17. Status when last admitted (Visa type, if any)</b> B2
<b>18. What is your child's current status?</b> No status	<b>19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)</b> 12/03/2024	<b>20. Is your child in Immigration Court proceedings?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>21. If in the U.S., is this child to be included in this application? (Check the appropriate box.)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	<b>2.</b> Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	<b>4.</b> U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
<b>5.</b> Complete Last Name <b>N/A</b>	<b>6.</b> First Name <b>N/A</b>	<b>7.</b> Middle Name <b>N/A</b>	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i> <b>N/A</b>
<b>9.</b> City and Country of Birth <b>N/A</b>	<b>10.</b> Nationality ( <i>Citizenship</i> ) <b>N/A</b>	<b>11.</b> Race, Ethnic, or Tribal Group <b>N/A</b>	<b>12.</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

**13.** Is this child in the U.S. ?  Yes *(Complete Blocks 14 to 21.)*  No *(Specify location):* **N/A**

<b>14.</b> Place of last entry into the U.S. <b>N/A</b>	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>16.</b> I-94 Number <i>(If any)</i> <b>N/A</b>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i> <b>N/A</b>
<b>18.</b> What is your child's current status? <b>N/A</b>	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	<b>2.</b> Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	<b>4.</b> U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
<b>5.</b> Complete Last Name <b>N/A</b>	<b>6.</b> First Name <b>N/A</b>	<b>7.</b> Middle Name <b>N/A</b>	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i> <b>N/A</b>
<b>9.</b> City and Country of Birth <b>N/A</b>	<b>10.</b> Nationality ( <i>Citizenship</i> ) <b>N/A</b>	<b>11.</b> Race, Ethnic, or Tribal Group <b>N/A</b>	<b>12.</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

**13.** Is this child in the U.S. ?  Yes *(Complete Blocks 14 to 21.)*  No *(Specify location):* **N/A**

<b>14.</b> Place of last entry into the U.S. <b>N/A</b>	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>16.</b> I-94 Number <i>(If any)</i> <b>N/A</b>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i> <b>N/A</b>
<b>18.</b> What is your child's current status? <b>N/A</b>	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

<b>1.</b> Alien Registration Number (A-Number) <i>(if any)</i> <b>N/A</b>	<b>2.</b> Passport/ID Card Number <i>(if any)</i> <b>N/A</b>	<b>3.</b> Marital Status ( <i>Married, Single, Divorced, Widowed</i> ) <b>N/A</b>	<b>4.</b> U.S. Social Security Number <i>(if any)</i> <b>N/A</b>
<b>5.</b> Complete Last Name <b>N/A</b>	<b>6.</b> First Name <b>N/A</b>	<b>7.</b> Middle Name <b>N/A</b>	<b>8.</b> Date of Birth <i>(mm/dd/yyyy)</i> <b>N/A</b>
<b>9.</b> City and Country of Birth <b>N/A</b>	<b>10.</b> Nationality ( <i>Citizenship</i> ) <b>N/A</b>	<b>11.</b> Race, Ethnic, or Tribal Group <b>N/A</b>	<b>12.</b> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

**13.** Is this child in the U.S. ?  Yes *(Complete Blocks 14 to 21.)*  No *(Specify location):* **N/A**

<b>14.</b> Place of last entry into the U.S. <b>N/A</b>	<b>15.</b> Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>16.</b> I-94 Number <i>(If any)</i> <b>N/A</b>	<b>17.</b> Status when last admitted <i>(Visa type, if any)</i> <b>N/A</b>
<b>18.</b> What is your child's current status? <b>N/A</b>	<b>19.</b> What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> <b>N/A</b>	<b>20.</b> Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**21.** If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

### Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province, or State and Country.)  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
81 Rua Nicolau Jose de Farias	Palhoca	Santa Catarina	Brazil	12/2011	03/2024
N/A	N/A	N/A	N/A	N/A	N/A

2. Provide the following information about your residences during the past 5 years. List your present address first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
600 Front Street, apt 143	San Diego	California	United States	02/2026	PRESENT
600 Front Street, apt 134	San Diego	California	United States	06/2025	02/2026
1281 9th Avenue	San Diego	California	United States	03/2024	06/2025
81 Rua Nicolau Jose de Farias	Palhoca	Santa Catarina	Brazil	12/2012	03/2024
N/A	N/A	N/A	N/A	N/A	N/A

3. Provide the following information about your education, beginning with the most recent school that you attended.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Unigranrio Palhoca	University	1081 Avenida Vida Procopio Lohn, Palhoca, Brazil	02/2019	12/2021
Escola Barao de Antonina	High School	484 Mal. Deodoro, Mafra, Brazil	02/2004	12/2006
Escola Estadual Monteiro Lobato	Elementary School	315 Rua Escoteiro Souza Neto, Mafra, Brazil	02/1996	12/2003
N/A	N/A	N/A	N/A	N/A

4. Provide the following information about your employment during the past 5 years. List your present employment first.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Galpao Gaucho Eight LLC, 789 West Harbor Drive, Suite C-18, San Diego CA,	Food Service Worker	01/2025	PRESENT
Requinte Art Moveis Planejados, 750 Rua Inez Wandering, Palhoca, Brazil	CEO and Founder	05/2014	05/2024
N/A	N/A	N/A	N/A

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.  
(NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location	
Mother Marlene Chacão	Mafra, Brazil	<input type="checkbox"/> Deceased	Mafra, Brazil
Father Pedro Luir Chacão	Mafra, Brazil	<input type="checkbox"/> Deceased	Mafra, Brazil
Sibling Edevaldo Chacão	Rio Negro, Brazil	<input type="checkbox"/> Deceased	Mafra, Brazil
Sibling Alisson Chacão	Rio Negro, Brazil	<input type="checkbox"/> Deceased	Mafra, Brazil
Sibling N/A	N/A	<input type="checkbox"/> Deceased	N/A
Sibling N/A	N/A	<input type="checkbox"/> Deceased	N/A

## Part B. Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.

I am seeking asylum or withholding of removal based on:

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Race        | <input checked="" type="checkbox"/> Political opinion                       |
| <input type="checkbox"/> Religion    | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention                      |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No  Yes

If "Yes," explain in detail:

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

I was repeatedly beaten, threatened, and targeted by the Primeiro Grupo Catarinense (PGC), a criminal faction connected to Comando Vermelho (CV), for refusing to cooperate with their criminal activities. In early 2020, armed PGC members invaded my business in Palhoça, Santa Catarina, Brazil, and demanded I assume responsibility for a debt owed by my brother-in-law, Thiago Dirksen de Oliveira, who was involved with organized crime and drug trafficking. They threatened to kill me, kidnap and rape my wife, and harm my son. I was physically assaulted with punches, kicks, and shoves. From 2020 until early 2024, I was physically assaulted over 20 times, suffering chronic leg pain. I did not seek law enforcement protection because in Brazil, law enforcement agencies are widely infiltrated by criminal factions, and organized crime operates with systemic impunity. When I sought help from the Military Police in 2020, a sergeant advised me not to file a report, warning that the PGC had infiltrated the police and that reporting would put my life at greater risk without any guarantee of protection. In January 2024, after I made the final payment on the debt, the PGC demanded that I become permanently involved in their criminal organization, using my vehicles, business structure, and registration for their operations starting June 2024. I refused to cooperate with their criminal demands. In March 2024, while in the United States, I learned that a PGC leader named Sérgio had been arrested and accused me of being a police informant. The PGC's "crime tribunal" then sentenced me to death. Further details are included in my declaration.

- B. Do you fear harm or mistreatment if you return to your home country?

- No  Yes

If "Yes," explain in detail:

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated.

I fear being beaten, threatened, or even killed by the Primeiro Grupo Catarinense (PGC) if I return to Brazil. The PGC's "crime tribunal" sentenced me to death in March 2024 after falsely accusing me of being a police informant. I am marked as an enemy and traitor of the faction, a label that cannot be undone. The PGC also made it clear that my debt to the organization is eternal, meaning I will remain a target indefinitely. The PGC has already demonstrated its willingness to carry out its threats: over four years, I was physically assaulted over 20 times, and they repeatedly threatened to kidnap and rape my wife and harm our son. I have no reason to believe these threats would not be fulfilled. The PGC operates in connection with Comando Vermelho (CV), and together these factions have widespread influence and operational capacity throughout Brazil, making internal relocation ineffective. The Brazilian state is unable to protect me because law enforcement agencies are widely infiltrated by criminal factions, and police officers are known to collaborate with organized crime. Seeking protection from the authorities would not only be futile but could lead to retaliation and further exposure, as reporting these groups has historically resulted in greater danger for victims like me. In 2025, violent faction-related crimes continued to occur in Palhoça, in the same area where I had my business, including a faction execution. These ongoing events confirm that the threat to my life and my family's safety is real and present. If returned, I believe the faction will ultimately carry out the death sentence they imposed on me and my family. Further details are included in my declaration.

**Part B. Information About Your Application (continued)**

2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States (including for an immigration law violation)?

No  Yes

If "Yes," explain the circumstances and reasons for the action.

My brother-in-law, Thiago Dircksen de Oliveira, was imprisoned for five years due to his involvement with drugs and organized crime, in Palhoça, Brasil. After his release, the debt he left behind was forcibly imposed on me by the PGC because of my family connection to him. Neither I nor my wife, Carla de Oliveira, have ever been accused or imprisoned for any crimes.

3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?

No  Yes

If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.

My brother-in-law, Thiago Dircksen de Oliveira, was involved with organized crime in the region where I lived in Palhoça, Santa Catarina, Brazil. I believe he was a member of the Primeiro Grupo Catarinense (PGC), one of the largest and most influential factions in the state of Santa Catarina. I do not know the level or length of participation, nor his position within the group. I was never a member of or voluntarily associated with any organization or group, and neither was my wife, Carla de Oliveira.

3.B. Do you or your family members continue to participate in any way in these organizations or groups?

No  Yes

If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No  Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

I am afraid of being subjected to torture by the Primeiro Grupo Catarinense (PGC) if I am returned to Brazil. The PGC has already tortured me in the past by repeatedly beating me with punches, kicks, and shoves over a period of four years, causing chronic leg pain, and by subjecting me and my family to constant death threats. The PGC uses extreme violence and cruel methods to punish those they consider traitors or enemies, including severe beatings, kidnappings, and violent executions. Their internal "crime tribunals" apply penalties ranging from fines to what they call "strict exclusion", the death penalty. Since the PGC's "crime tribunal" sentenced me to death in March 2024 after falsely accusing me of being a police informant, I would be subjected to these forms of torture and, ultimately, killed if returned. I would be tortured because the PGC views me as a traitor for refusing to cooperate with their criminal operations and for being perceived as someone who took a stance against their authority and control. The Brazilian authorities are unable to prevent this harm because law enforcement agencies are widely infiltrated by criminal factions. In this scenario, seeking protection would be useless because organized crime operates with systemic impunity and individuals who report these groups often face retaliation and even death. For these reasons, I am terrified of being tortured if returned to Brazil. Further details are included in my declaration.

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### Part C. Additional Information About Your Application

(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)

1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?

No  Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

**Yes. I filed an affirmative asylum application with USCIS on July 16, 2024, which was referred to the Immigration Court on March 25, 2025, and is currently pending adjudication. My wife, Carla de Oliveira (A-Number 234-678-753), and my son, Henrique de Oliveira Chacão (A-Number 234-678-752), are included as derivatives in this application. My wife and my son are also applying for asylum and withholding of removal separately before the Immigration Court. I am included in my wife's application. None of the aforementioned applications have received a final decision and all remain pending before the San Diego Immigration Court**

- 2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?

No  Yes

- 2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?

No  Yes

If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.

N/A

3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?

No  Yes

If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.

N/A

**Part C. Additional Information About Your Application (continued)**

4. After you left the country where you were harmed or fear harm, did you return to that country?

No  Yes

If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)

N/A

5. Are you filing this application more than 1 year after your last arrival in the United States?

No  Yes

If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.

N/A

6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States (including for an immigration law violation)?

No  Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

**Yes. I entered the United States on March 5, 2024, at Orlando, Florida, with my wife and son on valid B-2 tourist visas, with authorization to remain until September 4, 2024. Shortly after arriving and while still within my authorized period of stay, I filed an affirmative asylum application with USCIS on July 16, 2024. On March 25, 2025, at the final interview with an immigration officer, my asylum application was referred to the Immigration Court and I was charged as subject to removal from the United States pursuant to Section 237(a)(1)(B) of the Immigration and Nationality Act, for having remained in the United States for a time longer than permitted after admission as a nonimmigrant. My wife, Carla de Oliveira (Alien-Number 234-678-753), and my son, Henrique de Oliveira Chacão (Alien-Number 234-678-752), were also charged under the same provision. Neither I nor any member of my family has committed any other crime in the United States. Our overstay is directly the result of the persecution we suffered in Brazil and our desperate need for protection. Further details are included in my declaration.**

**Part D. Your Signature**

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part: Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I certify that I am physically present in the United States or seeking admission at a Port of Entry when I execute this application. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

**WARNING:** Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name Christian Chacão	Write your name in your native alphabet N/A
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Did your spouse, parent, or child(ren) assist you in completing this application?  No  Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
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Did someone other than your spouse, parent, or child(ren) prepare this application?  No  Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim?  No  Yes

Signature of Applicant (The person in Part A.I.)  
 → [ Christian Chacão ]      02/20/2026  
 Sign your name so it all appears within the brackets      Date (mm/dd/yyyy)

**Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child**

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer		Print Complete Name of Preparer Otavio Haverroth Silva	
Daytime Telephone Number ( 510 ) 2419336		Address of Preparer: Street Number and Name PO Box 90487	
Apt. Number N/A	City San Diego	State CA	Zip Code 92169
To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 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



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**Part F. To Be Completed at Asylum Interview, if Applicable**

**NOTE:** *You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Asylum Officer

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**Part G. To Be Completed at Removal Hearing, if Applicable**

**NOTE:** *You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice, Executive Office for Immigration Review (EOIR), for a hearing.*

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are  all true or  not all true to the best of my knowledge and that correction(s) numbered \_\_\_\_ to \_\_\_\_ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Write Your Name in Your Native Alphabet

\_\_\_\_\_  
Signature of Immigration Judge



# Application for Asylum and for Withholding of Removal Supplement A

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

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

A-Number (If available) <b>A-234-467-751</b>	Date 20/02/2026
Applicant's Name <b>Christian Chacão</b>	Applicant's Signature <i>Christian Chacão</i>

## List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

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





Application for Asylum and for  
Withholding of Removal Supplement B

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

USCIS  
Form I-589  
OMB No. 1615-0069  
Expires 09/30/2027

Additional Information About Your Claim to Asylum

A-Number (if available) <b>234678751</b>	Date <b>02/20/2026</b>
Applicant's Name <b>Christian Chacão</b>	Applicant's Signature <i>Christian Chacão</i>

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part N/A

Question N/A

N/A



**Christian Chacao  
Carla de Oliveira  
Henrique de Oliveira Chacao**

**File No. A 234-678-751  
File No. A 234-678-753  
File No. A 234-678-752**

**PROOF OF SERVICE**

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

**RESPONDENT’S AMENDMENT OF FORM I-589**

To the following:

<b>Office Location:</b>  Office of the Principal Legal Advisor Department of Homeland Security 880 Front Street, Suite 2246 San Diego, CA 92101	<b>Mailing Address:</b>  Office of the Principal Legal Advisor Department of Homeland Security Office of the Chief Counsel 880 Front Street, Suite 2246 San Diego, CA 92101
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by:

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



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