

USCIS  
Attn: I-914  
P.O. Box 20200  
Phoenix, AZ 85036-0200

**RE: Form I-914, Application for T Nonimmigrant Status**  
**T-1 Applicant: Roberta Souza Dias;**  
**T-2 Derivative: Luís Carlos Alves de Souza.**

***Fee exempt under 8 CFR 106.3(b)(2)***

Dear Officer,

I represent Roberta Souza Dias (Mrs. Souza Dias). I am writing to submit Mrs. Souza Dias's application for T nonimmigrant status. Mrs. Souza Dias, a native and citizen of Brazil, is a victim of a severe form of trafficking in persons, as defined by the Trafficking Victims Protection Act (TVPA), 22 U.S.C § 7102 (11)(B). I also respectfully request T derivative status for Mrs. Souza Dias's spouse, Mr. Luís Carlos Alves de Souza.

As set forth in below and supported by the accompanying evidence, Ms. Souza Dias was subjected to trafficking through force, fraud, and coercion, resulting in involuntary servitude, sexual abuse, and ongoing exploitation. The trafficker exploited Mrs. Souza Dias undocumented immigration status, lack of knowledge of U.S. law, lack of English proficiency, social isolation, family vulnerability in Brazil, and economic control to maintain control over her and compel her to provide labor and submit to ongoing abuse.

### **I. Legal Standard**

An applicant is eligible for T nonimmigrant status where the applicant: (1) is or has been a victim of a severe form of trafficking in persons; (2) is physically present in the United States on account of such trafficking; (3) has complied with any reasonable request for assistance in the investigation or prosecution of acts of trafficking, or qualifies for an exception; and (4) would suffer extreme hardship involving unusual and severe harm upon removal. Following the Final Rule, Classification for Victims of Severe Forms of Trafficking in Persons; Eligibility for "T" Nonimmigrant Status, 89 Fed. Reg. 34,864 (Apr. 30, 2024) (effective Aug. 28, 2024), and the updated definitions and regulations governing T nonimmigrant status, Mrs. Souza Dias's case clearly qualifies under the scope of sex trafficking and labor trafficking, including trafficking accomplished through psychological coercion, abuse of immigration-related, vulnerability, and involuntary servitude, pursuant to 8 C.F.R. § 214.206 (a)(1).

## **II. Applicant is a Victim of a Severe Form of Trafficking**

Mrs. Roberta Souza Dias entered the United States on a B-2 visitor visa on September 14, 2018. Shortly before her arrival, she was recruited by an individual who promised her a better life in the United States, including financial stability, safe housing, and legitimate work opportunities. Her travel expenses were paid by the trafficker, creating an immediate sense of debt and obligation. However, upon her arrival, these promises proved to be false. Instead, Ms. Souza Dias became trapped in a situation characterized by control, violence, and exploitation.

Once in the United States, Ms. Souza Dias was held in an environment of isolation and control, where she was subjected to daily sexual exploitation by her trafficker. She was physically assaulted and intimidated. The trafficker exercised complete control over her movements, finances, and communication, preventing her from contacting anyone outside and leaving her entirely dependent.

In addition to the sexual exploitation, Ms. Souza Dias was forced to work and surrender all of her earnings to the trafficker, leaving her without any financial means to escape. She was deprived of basic necessities, being allowed to eat only minimal food, such as rice and eggs, and was routinely denied medical care despite suffering repeated physical abuse. The trafficker maintained control through a combination of physical violence, psychological coercion, and exploitation of her vulnerable immigration status.

As a result of the continuous abuse, threats, and isolation, Ms. Souza Dias was unable to leave her situation. The trafficker's actions created an environment of fear and dependency that compelled her to remain and continue being exploited against her will. Her experience constitutes severe forms of trafficking in persons, including sex trafficking through force, fraud, and coercion, as defined under applicable U.S. law.

### **II - Mrs. Souza Dias's Case Meets the Definition of a "Severe Form of Trafficking in Persons"**

The definition of a "severe form of trafficking in persons" requires that the trafficker engaged in a prohibited action by means of force, fraud, or coercion for the purpose of commercial sex or forced labor (See 22 U.S.C. § 7102(8); USCIS Policy Manual, vol. 3, pt. B, ch. 2). The table below breaks down this definition into three essential elements: action, purpose, and means. As demonstrated below, Ms. Souza Dias' experience clearly satisfies each of these elements based on the totality of the circumstances.

| Type of Trafficking                   | Action  | Purpose  | Means   |
|---------------------------------------|---|--|---|
| Sex Trafficking and Labor Trafficking | <ul style="list-style-type: none"> <li>● Recruiting;</li> <li>● Harboring;</li> <li>● Transporting;</li> <li>● Provision;</li> <li>● Obtaining (of a person)</li> </ul> | For the purpose of subjecting the victim to: <ul style="list-style-type: none"> <li>● Involuntary Servitude;</li> <li>● Peonage;</li> <li>● Debt Bondage;</li> <li>● Slavery.</li> </ul> | Through use of: <ul style="list-style-type: none"> <li>● Force;</li> <li>● Fraud;</li> <li>● Coercion.</li> </ul> |

- **Type of Trafficking:**

- Sex Trafficking: Ms. Souza Dias was subjected to sex trafficking, as she was recruited, transported, and harbored for the purpose of exploitation through force, fraud, and coercion.
- Labor Trafficking: Ms. Souza Dias was subjected to labor trafficking, as she was recruited, transported, and harbored for the purpose of exploitation through force, fraud, and coercion. She was compelled to perform labor and her earnings were controlled by the trafficker, who derived financial and personal benefit from her work.

- **Action:**

- Recruitment: Ms. Souza Dias was recruited in Brazil by an individual who made false promises of a better life in the United States, including safe housing, financial stability, and legitimate work opportunities. Her travel expenses were paid by the trafficker, creating a debt-based dependency and reinforcing her obligation to comply. These misrepresentations induced her to travel to the United States under false pretenses.
- Transportation: The trafficker facilitated and financed Ms. Souza Dias' travel to the United States, exercising control over the process and ensuring her arrival in a situation where she would be isolated, vulnerable, and entirely dependent upon him.
- Harboring: Upon arrival, Ms. Souza Dias was harbored in an environment of strict control and isolation. Although not necessarily confined by physical restraints at all times, her freedom of movement and autonomy were severely restricted. She was prevented from contacting the outside world, denied access to independent resources, and kept under constant surveillance and control. The trafficker's domination over her daily life, including her ability to eat, move, and communicate, satisfies the regulatory understanding of harboring in the trafficking context.
- Obtaining: The trafficker obtained Ms. Souza Dias' labor and services by forcing her to engage in repeated sex acts and to work under coercive conditions. She was required to surrender all earnings to the trafficker, leaving her without financial means to escape. Her exploitation was continuous and systematic, with no meaningful ability to refuse or withdraw.

- **Purpose:**

- Labor Exploitation: The trafficker exploited Ms. Souza Dias for labor and personal benefit, including financial gain through control of her work and earnings. She was compelled to perform labor under conditions of coercion and abuse, and was required to turn over her income to the trafficker. This exploitation was maintained through force, fraud, and coercion, consistent with the definition of human trafficking under U.S. law.

- **Means:**

- Fraud: Ms. Souza Dias was subjected to fraud through false promises that induced her to travel to the United States. The trafficker misrepresented the nature of the opportunities awaiting her, including assurances of lawful employment, safety, and improved living conditions. In reality, these promises were never intended to be fulfilled and were used solely as a mechanism to exploit her vulnerability and secure her compliance.
- Force: Ms. Souza Dias was subjected to repeated physical violence, including daily beatings and sexual assaults. The trafficker used physical harm as a means of punishment, control, and intimidation, ensuring her continued submission and preventing resistance or escape. She was also denied medical care despite injuries resulting from ongoing abuse, exacerbating her physical and psychological suffering.
- Coercion: Ms. Souza Dias was subjected to coercion through a combination of psychological manipulation, isolation, economic control, and threats. She was deprived of basic necessities, including adequate food and medical attention, and was allowed to eat only minimal sustenance. She was cut off from any external support system and had no access to financial resources, as all earnings were taken by the trafficker. The trafficker's conduct created a pervasive environment of fear and dependency, in which Ms. Souza Dias reasonably believed that any attempt to resist or escape would result in further violence and harm. Considering Ms. Souza Dias' vulnerabilities, including her immigration status, isolation in a foreign country, lack of financial resources, language barriers, and complete dependence on her trafficker, a reasonable person in her circumstances would have felt compelled to remain in the situation and comply with the trafficker's demands. The trafficker's actions constituted a clear scheme, pattern, and plan designed to maintain control over Ms. Souza Dias.

### **III. Physical Presence On Account Of Trafficking**

Ms. Dias satisfies the physical presence requirement under 8 C.F.R. § 214.207(a)(4). Her entry into the U.S. was the direct result of the trafficker's fraudulent recruitment. Her continued presence is inextricably linked to her recovery from the trauma and her fear of the trafficker's reach in Brazil. She escaped in September 2024 and remains in the U.S. to seek legal protection and cooperate with justice.

#### **IV. Compliance With Reasonable Requests For Assistance and Exception Due to Trauma.**

Ms. Souza Dias satisfies the requirements of 8 C.F.R. § 214.208. Although she did not initiate a formal police report during the period of her victimization, she is exempt from the requirement to comply with requests for assistance pursuant to 8 C.F.R. § 214.208(e)(1).

##### **A. Exemption Based on Physical and Psychological Trauma (8 C.F.R. § 214.208(e)(1)):**

Under the governing regulations, an applicant may be exempt from the law enforcement cooperation requirement if their past silence was a direct result of trauma and fear. Ms. Souza Dias's previous inability to report the abuse was not a lack of will, but a direct manifestation of the terror and "total incapacitation" imposed by her trafficker. As detailed in her personal statement (8 C.F.R. § 214.208(e)(1)(i)), the trafficker utilized a calculated regime of extreme violence, including breaking her ribs, choking, and repeated physical assaults, to ensure her absolute submission.

Beyond physical force, the trafficker weaponized Ms. Souza Dias's love for her family by issuing constant, credible threats to murder her son and mother in Brazil. On the specific occasions when law enforcement responded to her residence due to visible injuries or disturbances, Ms. Souza Dias remained silent solely out of a well-founded fear for her life and the lives of her kin. In these moments, the trafficker was often either present or had issued life-threatening warnings just seconds before the authorities arrived, effectively ensuring her silence through acute trauma.

It is imperative to understand that this "wall of silence" was not a refusal to comply with the law, but a survival mechanism and a core instrument of the trafficking scheme itself. Under current regulations, a victim is not required to have previously reported the trafficking when they were rendered unable to do so by trauma or coercion. Ms. Souza Dias's circumstances fall squarely within this framework. By submitting this detailed and honest account, Ms. Souza Dias is now bravely breaking that silence. Pursuant to 8 C.F.R. § 214.208(a), she unequivocally satisfies the requirement for a good-faith effort to report, finally overcoming years of terror-enforced silence to cooperate with the authorities.

#### **V. Extreme Hardship Involving Unusual And Severe Harm Upon Removal**

Ms. Dias faces a level of hardship that transcends the standard "extreme hardship" found in other immigration contexts. Her removal would not merely result in economic or social difficulty; it would be a direct death sentence administered by the hand of her trafficker and his criminal network.

##### **A. Transnational Threats and the "Shadow Power" in Governador Valadares**

The risk to Ms. Dias's life upon removal is absolute and quantifiable. The trafficker originates from Governador Valadares, Minas Gerais, a region historically recognized for high rates of emigration.

1. **Concentrated Regional Influence:** The trafficker's entire nuclear and extended family remains entrenched in Governador Valadares. He has openly boasted about his family's influence and their ties to local criminal elements that exercise "territorial control" over specific neighborhoods. In such environments, the presence of the trafficker's family acts as a decentralized surveillance network.
2. **Explicit Threats of Familial Annihilation:** The trafficker did not only threaten Ms. Dias; he weaponized her love for her family. He issued chillingly specific threats to murder her mother and her son, who remain in Brazil. He explicitly stated that his "contacts" in the region are constantly monitoring their movements.
3. **Inefficiency of State Protection:** Brazilian authorities, particularly in regional hubs like Governador Valadares, are often unable to provide 24-hour protection to victims of transnational crimes. The trafficker's ability to coordinate a "hit" or an act of retribution from the United States via his associates in Brazil is a documented reality of the criminal landscape in Minas Gerais. For Ms. Dias returning to Brazil is not a "return home" it is a return to a geographic cage where her captor holds the keys.

#### **B. Severe Psychological Trauma, PTSD, and the "Environment of Retraumatization"**

The psychological damage inflicted upon Ms. Dias is not a transient state of distress; it is a permanent alteration of her nervous system caused by years of systematic torture and sexual subjection.

1. **Clinical Manifestation of PTSD:** Ms. Dias suffers from severe Post-Traumatic Stress Disorder (PTSD) characterized by "omnipresent hyper-vigilance." As detailed in her statement, the simple sound of a vehicle approaching triggers a physiological "fight or flight" response, causing tachycardia and respiratory distress.
2. **The "Shower Trigger" and Daily Functioning:** The brutality she endured, specifically being attacked while vulnerable, has translated into a debilitating inability to perform basic daily activities, such as showering, without the physical presence of a protector. This level of psychological paralysis demonstrates that she is currently incapable of the self-sufficiency required to survive in a hostile environment like the one she fled.
3. **Psychological Collapse upon Removal:** Removal to Brazil would place Ms. Dias in an environment of constant, paralyzing fear, returning her to a location where she remains easily accessible to her exploiter. Her return would not merely be a relocation, but a return to the direct sphere of influence of her trafficker, where the threat of retaliation is both immediate and credible. This proximity creates a state of perpetual hyper-vigilance, as she would be forced to live in hiding to avoid the violence she has already narrowly escaped.
4. **Permanent Fear of the "Invisible Captor":** Even with physical distance, the trafficker continues to haunt Ms. Dias through digital means, using fake profiles to track her. If he can reach her in the United States, his reach in Brazil where he possesses "home court advantage" would be lethal.

Accordingly, Ms. Souza Dias meets the extreme hardship requirement under the T nonimmigrant classification. Her removal would expose her to a serious risk of harm from her trafficker and result in significant psychological consequences tied directly to her past victimization.

Please find enclosed the following forms and documents:

- Signed Forms G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Signed Form I-914, Application for T Nonimmigrant Status;
- Signed Form I-914, Supplement A, Application for Derivate of T Nonimmigrant Status;
- Signed Forms I-192, Application for Advance Permission to Enter as a Nonimmigrant;
- Signed Forms I-765, Application for Employment Authorization.

And the documents:

**Roberta Souza Dias's Identification Documents:**

- Roberta Souza Dias's Birth Certificate with English Translation;
- Roberta Souza Dias's Passport;
- Roberta Souza Dias's Form I-94, Arrival/Departure Record.

**Luis Carlos Alves de Souza's Identification Documents**

- Luis Carlos Alves de Souza's Birth Certificate with English Translation;
- Luis Carlos Alves de Souza's Passport;
- Luis Carlos Alves de Souza's I-94.

**Roberta de Souza Dias and Luis Carlos Alves de Souza's Marriage Certificate**

- Roberta de Souza Dias and Luis Carlos Alves de Souza's Marriage Certificate.

**Evidence of Dissolution of Prior Marriage**

- Roberta de Souza Dias and Claudio Gomes da Silva's Divorce Certificate with English Translation;
- Luis Carlos Alves de Souza and Viviane de Oliveira Donde's Divorce Certificate with English Translation.

**Declaration of Roberta de Souza Dias with English Translation**

- Declaration of Roberta de Souza Dias with English Translation

**Exhibit 6: Evidence of Trauma and Severe Form of Trafficking - Roberta de Souza Dias' Psychological Evaluation by Gustavo Benejam, Psy.D., Licensed Psychologist (Lic. No. PY7387)**

- Evidence of Trauma and Severe Form of Trafficking - Roberta de Souza Dias's Psychological Evaluation by Gustavo Benejam, Psy.D., Licensed Psychologist (Lic. No. PY7387);
- Evidence of Trauma and Severe Form of Trafficking - Roberta de Souza Dias's Financial Transfers to Roberto Martins de Castro (Trafficker);
- Evidence of Trauma and Severe Form of Trafficking - Medical Evidence Demonstrating Health Complications Suffered by Roberta Souza Dias Due to Lack of Medical Assistance During the Trafficking Period.

**Exhibit 7 - Eligibility Requirement: Evidence of Severe Form of Trafficking / Physical Presence / Community Ties / Good Moral Character: Letters of Support.**

- Letter of Support Provided by Eliana Francisca de Souza Dias with English Translation;
- Letter of Support Provided by Guilherme Souza Froes with English Translation;
- Letter of Support Provided by Luis Carlos Alves de Souza with English Translation;
- Letter of Support Provided by Elisa Gabriele Barreto de Freitas with English Translation;
- Letter of Support Provided by Leana Carla de Souza with English Translation.

**Country Conditions: Brazil**

- U.S Department of State 2025 Trafficking in Person Report: Brazil;
- Brazil 2024 Human Rights Report.

Thank you very much for your attention and consideration.

Sincerely,



04/30/2026

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

# Roberta de Souza Dias's Signed Forms



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**  
2.b. Given Name (First Name) **Otavio**  
2.c. Middle Name **N/A**

### Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**  
3.b.  Apt.  Ste.  Flr. **N/A**  
3.c. City or Town **San Diego**  
3.d. State **CA** 3.e. ZIP Code **92169**  
3.f. Province **N/A**  
3.g. Postal Code **N/A**  
3.h. Country **USA**

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**  
5. Mobile Telephone Number (if any) **5102419336**  
6. Email Address (if any) **otavio@legalhs.com**  
7. Fax Number (if any) **N/A**

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

**California**

1.b. Bar Number (if applicable)

**343486**

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

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

**HS Law Corp**

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

2.b. Name of Recognized Organization

**N/A**

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

**N/A**

3.  I am associated with

**N/A**,

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

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

4.b. Name of Law Student or Law Graduate

**N/A**



**Part 3. Notice of Appearance as Attorney or Accredited Representative**

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

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

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

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

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

**Client's Contact Information**

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

**Mailing Address of Client**

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

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

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

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



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

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

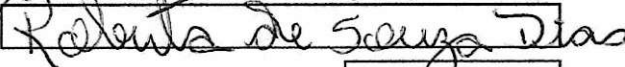
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

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

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


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

**Signature of Client or Authorized Signatory for an Entity**

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

**Part 5. Signature of Attorney or Accredited Representative**

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

- 1. a. Signature of Attorney or Accredited Representative  

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



**Part 6. Additional Information**

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

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# Application for T Nonimmigrant Status

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

USCIS  
Form I-914  
OMB No. 1615-0099  
Expires 08/31/2026

START HERE - Type or print in ink.

## Part 1. Purpose for Filing This Application

Select all applicable boxes.

1. A.  I am filing for T-1 nonimmigrant status and have not previously filed for such status.
- B.  I am filing for T-1 nonimmigrant status and have previously filed for such status. (Provide receipt number below.)

(1) Receipt Number EAC

## Part 2. General Information About You (Person filing this application as a victim)

### 1. Your Full Legal Name

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| DE SOUZA DIAS           | Roberta                 | N/A                  |

### 2. Other Names Used

Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| DE SOUZA DIAS GOMES     | Roberta                 | N/A                  |
| N/A                     | N/A                     | N/A                  |

### 3. Physical Address

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

|                        |                                     |                          |                          |        |
|------------------------|-------------------------------------|--------------------------|--------------------------|--------|
| Street Number and Name | Apt.                                | Ste.                     | Flr.                     | Number |
| 8301 W Flamingo Rd     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1014   |
| City or Town           | State                               | ZIP Code                 |                          |        |
| Las Vegas              | NV                                  | 89147                    |                          |        |

### 4. Safe Mailing Address

If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.

In Care Of Name

|                        |                          |                          |                          |        |
|------------------------|--------------------------|--------------------------|--------------------------|--------|
| Street Number and Name | Apt.                     | Ste.                     | Flr.                     | Number |
| PO Box 90487           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A    |
| City or Town           | State                    | ZIP Code                 |                          |        |
| San Diego              | CA                       | 92169                    |                          |        |

| For USCIS Use Only  |                       |
|---|-----------------------|
| <b>Returned</b>   | <b>Receipt</b>        |
| Date  |                       |
| Date  | <b>Resubmitted</b>    |
| Date  |                       |
| Date  | <b>Reloc Sent</b>     |
| Date  |                       |
| Date  | <b>Reloc Rec'd</b>    |
| Date  |                       |
| Date  | <b>Validity Dates</b> |
| Date  |                       |
| From: _____   |                       |
| To: _____   |                       |
| <b>Remarks</b>  |                       |
| <b>Waitlisted</b>   |                       |
| Stamp #   | Date                  |
| <b>Action Block</b>   |                       |
| <b>To be fully completed by an attorney or accredited representative, if any.</b> |                       |
| <input checked="" type="checkbox"/> Select this box if Form G-28 is attached.     |                       |
| <b>Attorney State License Bar Number</b>  |                       |
| <input type="text" value="343486"/>   |                       |
| <b>Attorney or Accredited Representative USCIS Online Account Number</b>          |                       |
| <input type="text" value="007492625438"/>   |                       |



**Part 2. General Information About You** (Person filing this application as a victim) (continued)

5. Alien Registration Number (A-Number) (if any) ▶ A-  /

6. USCIS Online Account Number (if any) ▶  /

7. U.S. Social Security Number (SSN) (if any) ▶  /

8. Sex  Male  Female

9. Marital Status  Single/Never Married  Married  Divorced  Widowed

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

11. Place of Birth  
City or Town  State or Province   
Country

12. Country of Citizenship or Nationality

13. Passport or Travel Document Number (if any)

14. Country That Issued Your Passport or Travel Document (if any)

15. Issue Date for Passport or Travel Document (if any) (mm/dd/yyyy)

16. Expiration Date for Passport or Travel Document (if any) (mm/dd/yyyy)

17. Place of Your Last Entry Into the United States  
City or Town  State

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

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

20. Your Current Nonimmigrant Status

**Part 3. Additional Information About Your Application**

Answers to the following questions about your claim require explanation and supporting documentation. You should attach documents in support of your claim that you are a victim of a severe form of trafficking in persons and the specific facts on which you are relying to support your claim. If you answer "Yes" to **Item Numbers 1. - 4.**, attach evidence and documents to support your claim. **You must** attach a signed personal narrative statement addressing the eligibility requirements for T nonimmigrant status as listed in the regulations, including a description of the trafficking you experienced. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information.**

1. I am or have been a victim of a severe form of trafficking in persons.  Yes  No

2. A. I have cooperated with reasonable requests for assistance from law enforcement.  Yes  No

B. Due to my age or the trauma I have suffered, I am exempt from the requirement to cooperate with reasonable requests for assistance from law enforcement.  Yes  No



**Part 3. Additional Information About Your Application** (continued)

- 3. I am physically present in the United States, American Samoa, or the Commonwealth of the Northern Mariana Islands, or at a port of entry, on account of trafficking, or have been allowed entry into the United States to participate in investigative or judicial processes associated with an act or perpetrator of trafficking.  Yes  No
- 4. I fear that I will suffer extreme hardship involving unusual and severe harm upon removal.  Yes  No
- 5. I have reported the trafficking crime of which I am claiming to be a victim. (If you selected "Yes," indicate to which law enforcement agency and office you have made the report, the address and phone number of that office, and the case number assigned, if any. If you selected "No," explain the circumstances below.)  Yes  No

Law Enforcement Agency and Office

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Daytime Telephone Number

Case Number

Circumstances

I did not report the trafficking crime because I was under constant threats of violence and death by my trafficker. I was repeatedly physically abused and threatened with harm if I attempted to contact law enforcement. I was also threatened regarding my immigration status, which caused extreme fear and prevented me from seeking help. Due to the ongoing control, intimidation, and fear for my life, I was unable to safely report the crime.

- 6. I was under 18 years of age at the time at least one of the acts of trafficking occurred.  Yes  No
- 7. I have complied with reasonable requests from Federal, State, Tribal, or local law enforcement authorities for assistance in the investigation or prosecution of acts of trafficking, or am unable to cooperate with such requests due to physical or psychological trauma. (If you selected "No," and were over 18 years of age at the time one of the acts of trafficking occurred, explain the circumstances.)  Yes  No
- 8. This is the first time I have entered the United States. (If you selected "No," list each date, place of entry, and under which status you entered the United States for the past five years, and explain the circumstances of your most recent arrival.) If you need extra space, use the space provided in **Part 9. Additional Information**.  Yes  No

(1) Date of Entry (mm/dd/yyyy)

(2) Place of Entry

City or Town

State

(3) Status

- 9. My most recent entry was on account of the trafficking that forms the basis for my claim. (*Explain the circumstances of your most recent arrival.*)  Yes  No
- 10. I am requesting an Employment Authorization Document (EAD) when I am granted T nonimmigrant status.  Yes  No
- 11. I am now applying for one or more eligible family members. (If you selected "Yes," complete and include a Form I-914, Supplement A, Application for Derivative T Nonimmigrant Status, for each family member for whom you are now applying. You may also apply to bring eligible family members to the United States at a later date.)  Yes  No



**Part 4. Processing Information**

Answer the following questions about yourself. Responses are intended to cover any activity you have committed under your legal name or any aliases. For purposes of this application, you must answer "Yes" to the following questions, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. (If your answer is "Yes" to any one of these questions, explain in the space provided in **Part 9. Additional Information**. Additionally, explain if any of the acts or circumstances below are related to you having been a victim of a severe form of trafficking. Answering "Yes" does not necessarily mean that you will be denied T nonimmigrant status or are not entitled to adjust your status or register for permanent residence.)

**1. Have you EVER:**

- A. Committed a crime or offense for which you have not been arrested?  Yes  No
- B. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason?  Yes  No
- C. Been charged with committing any crime or offense?  Yes  No
- D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?  Yes  No
- E. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- F. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- G. Been in jail or prison?  Yes  No
- H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

If you answered "Yes" to any of the above questions, complete the following table. If you need extra space, use the space provided in **Part 9. Additional Information**.

| Why were you arrested, cited, detained, or charged? | Date of arrest, citation, detention, charge (mm/dd/yyyy) | Where were you arrested, cited, detained, or charged? (City or Town, State, Country) | Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, etc.) |
|---|--|--|--|
| N/A   | N/A  | N/A  | N/A  |
| N/A   | N/A  | N/A  | N/A  |

**2. Have you:**

- A. Engaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or procurement of prostitution?  Yes  No
- B. **EVER** engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?  Yes  No
- C. **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- D. **EVER** illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No



**Part 4. Processing Information** (continued)

3. Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- A. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
  - B. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
  - C. Assassination?  Yes  No
  - D. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
  - E. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
4. Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- A. Designated as a terrorist organization under the Immigration and Nationality Act section 219?  Yes  No
  - B. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
    - (1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
    - (2) Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
    - (3) Assassination?  Yes  No
    - (4) The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
    - (5) Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No
    - (6) The use of any biological agent; chemical agent; or nuclear weapon or device; explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
5. Do you intend to engage in the United States in:
- A. Espionage?  Yes  No
  - B. Any unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow of the government of the United States?  Yes  No
  - C. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
6. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No
7. Have you, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?  Yes  No



**Part 4. Processing Information** (continued)

8. Have you **EVER** been present or nearby when any person was:
- A. Intentionally killed, tortured, beaten, or injured?  Yes  No
  - B. Displaced or moved from their residence by force, compulsion, or duress?  Yes  No
  - C. In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No
9. A. Are removal, exclusion, rescission, or deportation proceedings pending against you?  Yes  No
- B. Have removal, exclusion, rescission, or deportation proceedings **EVER** been initiated against you?  Yes  No
  - C. Have you **EVER** been removed, excluded, or deported from the United States?  Yes  No
  - D. Have you **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No
  - E. Have you **EVER** been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 9. Additional Information.**)  Yes  No
  - F. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No
10. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide?  Yes  No
  - B. Killing any person?  Yes  No
  - C. Intentionally and severely injuring any person?  Yes  No
  - D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?  Yes  No
  - E. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
11. Have you **EVER**:
- A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?  Yes  No
  - B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
12. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?  Yes  No
13. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?  Yes  No
14. Have you **EVER** received any type of military, paramilitary, or weapons training?  Yes  No
15. Are you under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?  Yes  No
16. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No
17. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces?  Yes  No
18. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?  Yes  No
19. Do you plan to practice polygamy in the United States?  Yes  No
20. Have you entered the United States as a stowaway?  Yes  No



**Part 4. Processing Information** (continued)

21. A. Do you have a communicable disease of public health significance?  Yes  No
- B. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?  Yes  No
- C. Are you now or have you been a drug abuser or drug addict?  Yes  No

**Part 5. Information About Your Family Members**

Provide the following information about your spouse and all of your children, if applicable. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.

1. Information About your Spouse

A. Family Name (Last Name)  Given Name (First Name)  Middle Name (if any)

B. Date of Birth (mm/dd/yyyy)  C. Country of Birth

D. Current Location

City or Town of Residence  Country of Residence

2. Information About Your Children

A. Child 1

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

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

Current Location

City or Town  State  Country

B. Child 2

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

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

Current Location

City or Town  State  Country



**Part 5. Information About Your Family Members (continued)**

**C. Child 3**

|                            |                         |                      |
|----------------------------|-------------------------|----------------------|
| Family Name (Last Name)    | Given Name (First Name) | Middle Name (if any) |
| N/A                        | N/A                     | N/A                  |
| Date of Birth (mm/dd/yyyy) | Country of Birth        |                      |
| N/A                        | N/A                     |                      |
| Current Location           |                         |                      |
| City or Town               | State                   | Country              |
| N/A                        |                         | N/A                  |

**Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-914 Instructions before completing this section.

***Applicant'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.**

- Applicant's Statement Regarding the Interpreter
  - I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
  - The interpreter named in **Part 7.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
- Applicant's Statement Regarding the Preparer
  - At my request, the preparer named in **Part 8.**, , prepared this application for me based only upon information I provided or authorized.

***Applicant's Contact Information***

- Applicant's Daytime Telephone Number
- Applicant's Safe Daytime Telephone Number
- Applicant's Email Address (if any)



**Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)**

***Applicant'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 that I seek.

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 U.S.C. 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. Any disclosure will be in accordance with the confidentiality provisions at 8 U.S.C. section 1367 and 8 CFR 214.216.

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

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

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

***Applicant's Signature***

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

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

**Part 7. Interpreter's Contact Information, Certification, and Signature (if any)**

Provide the following information about the interpreter.

***Interpreter's Full Name***

|   |   |
|---|---|
| 1. Interpreter's Family Name (Last Name)                | Interpreter's Given Name (First Name)       |
| <input type="text" value="INACIO PENNA MELLO"/>         | <input type="text" value="Andre Vinicius"/> |
| 2. Interpreter's Business or Organization Name (if any) |   |
| <input type="text" value="HS Law Corp"/>                |   |



**Part 7. Interpreter's Contact Information, Certification, and Signature (if any) (continued)**

**Interpreter's Mailing Address**

3. Street Number and Name Apt. Ste. Fl. 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 6., Item B.** in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and their answer to every question. The applicant informed me that he or she understood every instruction, question, and answer on the application, including the **Applicant's Declaration and Certification**, and has verified the accuracy of every answer.

**Interpreter's Signature**

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

**Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)  Preparer's Given Name (First Name)

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



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

**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 Telephone Number (if any)

6. Preparer's Email Address (if any)

**Preparer's Statement**


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

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

**Preparer's Certification**

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

**Preparer's Signature**

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



**Part 9. Additional Information**

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

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

2. A-Number ▶ A-

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

D. I was persuaded to come to the U.S. under false promises of a stable life and housing, with the aggressor paying for my travel to create a debt. Upon arrival, I was subjected to confinement, severe physical abuse, and forced labor, where he confiscated all my earnings. I was kept isolated and threatened with death until my escape in September 2024

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

D. N/A

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

D. N/A

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

D. N/A





# Application for Advance Permission to Enter as a Nonimmigrant

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

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

| For DHS Use Only |                     |           |
|------------------|---------------------|-----------|
| Received         | Returned Trans. Out | Fee Stamp |
| Trans. In        | Completed           |           |

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

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

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

## Part 1. Application Type

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

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

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

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



**Part 2. Information About You**

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

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| DE SOUZA DIAS           | Roberta                 | N/A                         |

2. Other Names Used (if any)

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

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| DE SOUZA DIAS GOMES     | Roberta                 | N/A                         |
| N/A                     | N/A                     | N/A                         |

**Other Information**

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

▶ A-

4. USCIS Online Account Number (if any)

▶

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

6. Place of Birth

|                      |                   |
|----------------------|-------------------|
| City or Town         | State or Province |
| Governador Valadares | Minas Gerais      |
| Country              |                   |
| Brazil               |                   |

7. Country of Citizenship or Nationality

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

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

In Care Of Name (if any)

|                        |  |                      |
|------------------------|--|----------------------|
| Street Number and Name | Apt. Ste. Flr.   | Number               |
| Po Box 90487           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="text"/> |
| City or Town           | State  | ZIP Code             |
| San Diego              | CA <input type="text" value=""/>   | 92169                |
| Province               | Postal Code  | Country              |
| N/A                    | N/A  | USA                  |



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

**Address History**

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

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

|                        |             |                                     |                          |                          |        |
|------------------------|-------------|-------------------------------------|--------------------------|--------------------------|--------|
| Street Number and Name |             | Apt.                                | Ste.                     | Flr.                     | Number |
| 8301 W Flamingo Rd     |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1014   |
| City or Town           |             | State                               |                          | ZIP Code                 |        |
| Las Vegas              |             | NV                                  |                          | 89147                    |        |
| Province               | Postal Code | Country                             |                          |                          |        |
| N/A                    | N/A         | USA                                 |                          |                          |        |
| Dates of Residence     |             |                                     |                          |                          |        |
| From (mm/dd/yyyy)      |             | To (mm/dd/yyyy)                     |                          |                          |        |
| 10/01/2024             |             | PRESENT                             |                          |                          |        |

**11. Physical Address 2**

|                        |             |                          |                          |                          |        |
|------------------------|-------------|--------------------------|--------------------------|--------------------------|--------|
| Street Number and Name |             | Apt.                     | Ste.                     | Flr.                     | Number |
| 5133 NE 14th Ave       |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| City or Town           |             | State                    |                          | ZIP Code                 |        |
| Coconut Creek          |             | FL                       |                          | 33064                    |        |
| Province               | Postal Code | Country                  |                          |                          |        |
| N/A                    | N/A         | USA                      |                          |                          |        |
| Dates of Residence     |             |                          |                          |                          |        |
| From (mm/dd/yyyy)      |             | To (mm/dd/yyyy)          |                          |                          |        |
| 03/18/2022             |             | 09/30/2024               |                          |                          |        |

**Information About Your Marital History**

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

Single, Never Married    Married    Divorced    Widowed    Legally Separated    Marriage Annulled

Other  

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

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

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

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

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

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

|   |   |   |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|
| N | / | A |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|



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

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

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

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

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

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

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

23. Place of Marriage

City or Town

State or Province

Country

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

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

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

Since I entered the United States on September 14,2018 I have remained in the country without lawful status and worked without authorization due to financial necessity. Under INA § 212 (a) (9) (B) (i) (II)



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

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

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

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

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

|                                    |                                  |
|------------------------------------|----------------------------------|
| USCIS Office or U.S. Port-of-Entry | City or Town                     |
| <input type="text" value="N/A"/>   | <input type="text" value="N/A"/> |

|                                  |                                  |
|----------------------------------|----------------------------------|
| State or Province                | Country                          |
| <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |

Receipt Number (if available) ▶

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

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

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

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

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

32. Type of application or petition filed

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

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

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

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

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

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



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

**Travel Information**

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

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

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

**Employment History**

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

44. Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name

Apt. Ste. Flr.      Number

City or Town

State      ZIP Code

Province      Postal Code      Country

Your Occupation

Dates of Employment

From (mm/dd/yyyy)      To (mm/dd/yyyy)



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

**45. Employer 2**

Name of Employer or Company

N/A

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr.

Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

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

***Applicant's Contact Information***

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

1. Applicant's Daytime Telephone Number

6573522549

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

6573522549

3. Applicant's Email Address (if any)

rrroberta.dias40@gmail.com

***Applicant's Certification and Signature***

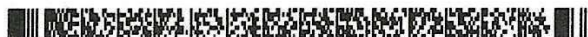
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in Part 4., understood, all of the responses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

4. Applicant's Signature

Roberta de Souza Dias

Date of Signature (mm/dd/yyyy)

01/20/2026



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

**Interpreter's Full Name**

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

**Interpreter's Contact Information**

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

**Interpreter's Certification**

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

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

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

**Preparer's Full Name**

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

**Preparer's Contact Information**

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

**Preparer's Certification**

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

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



**Part 6. Additional Information**

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

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

2. A-Number (if any) ▶ A-

3. Page Number                      Part Number                      Item Number  
                                           

**Other Addresses:**

(3) 4304 NW 9th Ave, Pompano Beach FL 33064 (From: 06/24/2019 To: 03/17/2022)

(4) 79 E Main St, Unit 1, Milford MA 01757 (From: 09/14/2018 To: 06/22/2019)

4. Page Number                      Part Number                      Item Number  
                                           

I entered the United States on September 14, 2018, with B2 Visa and have remained in the country since.

5. Page Number                      Part Number                      Item Number  
                                           

N/A

6. Page Number                      Part Number                      Item Number  
                                           

N/A





# Application For Employment Authorization

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

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

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

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

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

## Part 1. Reason for Applying

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

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

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

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

## Part 2. Information About You

### Your Full Legal Name

- 1.a. Family Name (Last Name) **DE SOUZA DIAS**
- 1.b. Given Name (First Name) **Roberta**
- 1.c. Middle Name

### Other Names Used

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

#### Additional Information.

- 2.a. Family Name (Last Name) **DE SOUZA DIAS GOMES**
- 2.b. Given Name (First Name) **Roberta**
- 2.c. Middle Name **N/A**
- 
- 3.a. Family Name (Last Name) **N/A**
- 3.b. Given Name (First Name) **N/A**
- 3.c. Middle Name **N/A**
- 
- 4.a. Family Name (Last Name) **N/A**
- 4.b. Given Name (First Name) **N/A**
- 4.c. Middle Name **N/A**



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
Otavio HAVERROTH SILVA
- 5.b. Street Number and Name PO Box 90487
- 5.c.  Apt.  Ste.  Flr. N/A
- 5.d. City or Town San Diego
- 5.e. State CA 5.f. ZIP Code 92169
6. Is your current mailing address the same as your physical address?  
 Yes  No

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

**U.S. Physical Address**

- 7.a. Street Number and Name 8301 W Flamingo RD
- 7.b.  Apt.  Ste.  Flr. 1014
- 7.c. City or Town Las Vegas
- 7.d. State NV 7.e. ZIP Code 89147

**Other Information**

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

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

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

- 14.a. Country  
Brazil
- 14.b. Country  
N/A



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

**Place of Birth**

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

- 15.a. City/Town/Village of Birth
- 15.b. State/Province of Birth
- 15.c. Country of Birth
- 16. Date of Birth (mm/dd/yyyy)

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

- 17. Form I-94 Arrival-Departure Record Number (if any)  
▶
- 18. Passport Number of Your Most Recently Issued Passport
- 19. Travel Document Number (if any)
- 20. Country That Issued Your Passport or Travel Document
- 21. Expiration Date for Passport or Travel Document (mm/dd/yyyy)
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy)
- 23. Place of Your Last Arrival Into the United States
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
- 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
- 26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  
▶ N-

**Information About Your Eligibility Category**

- 27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).  
  - 28.a. Degree
  - 28.b. Employer's Name as Listed in E-Verify
  - 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.  
▶
30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?  
 Yes  No  
**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.
- 31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.  
▶
- 31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?  
 Yes  No  
**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



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

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

**Applicant's Statement**

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

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

**Applicant's Contact Information**

3. Applicant's Daytime Telephone Number 6573522549
4. Applicant's Mobile Telephone Number (if any) 6573522549
5. Applicant's Email Address (if any) rroberta.dias40@gmail.com
6.  Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

**Applicant's Certification**

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

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

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

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

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

**Applicant's Signature**

- 7.a. Applicant's Signature Roberta de Souza Dias
- 7.b. Date of Signature (mm/dd/yyyy) 01/20/2026

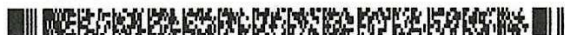
**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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



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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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

***Preparer's Statement***


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

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

***Preparer's Certification***

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

***Preparer's Signature***

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)



**Part 6. Additional Information**

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. 

|     |
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| N/A |
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4.a. Page Number  4.b. Part Number  4.c. Item Number

4.d. 

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| N/A |
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5.a. Page Number  5.b. Part Number  5.c. Item Number

5.d. 

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| N/A |
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6.a. Page Number  6.b. Part Number  6.c. Item Number

6.d. 

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| N/A |
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7.a. Page Number  7.b. Part Number  7.c. Item Number

7.d. 

|     |
|-----|
| N/A |
|-----|



# Luiz Carlos Alves de Souza's Signed Forms



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)  
▶ 0 0 7 4 9 2 6 2 5 4 3 8

### Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**  
2.b. Given Name (First Name) **Otavio**  
2.c. Middle Name **N/A**

### Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**  
3.b.  Apt.  Ste.  Flr. **N/A**  
3.c. City or Town **San Diego**  
3.d. State **CA** 3.e. ZIP Code **92169**  
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.

I-914A, I-192, I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

N / A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

- Applicant  Petitioner  Requestor  Beneficiary/Derivative  Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) ALVES DE SOUZA

6.b. Given Name (First Name) Luis Carlos

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

N / A

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

A- N / A

**Client's Contact Information**

10. Daytime Telephone Number

9787605558

11. Mobile Telephone Number (if any)

9787605558

12. Email Address (if any)

luis.flexa@hotmail.com

**Mailing Address of Client**

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

13.a. Street Number and Name PO Box 90487

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

13.c. City or Town San Diego

13.d. State CA 13.e. ZIP Code 92169

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

**Part 4. Client's Consent to Representation and Signature**

**Consent to Representation and Release of Information**

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



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

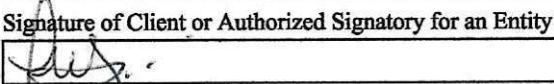
**Options Regarding Receipt of USCIS Notices and Documents**

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

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

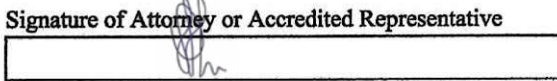
- 1.a.  I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b.  I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c.  I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

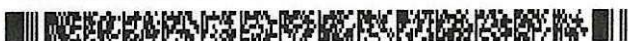
**Signature of Client or Authorized Signatory for an Entity**

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

**Part 5. Signature of Attorney or Accredited Representative**

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

1. a. Signature of Attorney or Accredited Representative  

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



**Part 6. Additional Information**

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

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

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

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N/A





# Supplement A to Form I-914, Application for Derivative T Nonimmigrant Status

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

USCIS  
Form I-914  
OMB No. 1615-0099  
Expires 08/31/2026

**START HERE - Type or print in ink. See Instructions for information about eligibility and how to complete and file this application.** The recipient of the T nonimmigrant classification is referred to as the principal applicant. Their family member(s) is referred to as a derivative applicant. **Form I-914, Supplement A, is to be completed by the principal applicant.**

### PART 1. Family Member For Whom You are Filing

- The family member that I am filing for is my (select **only one** box):
  - Spouse
  - Child
  - Parent
  - Unmarried Sibling Under 18 Years of Age
- The family member I am filing for is the adult or minor child of one of the family members listed in **Item Number 1**, who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement and is the adult or minor (select **only one** box.)
  - Child of my spouse
  - Child of my child (my grandchild)
  - Child of my parent (my sibling over 18 years of age)
  - Child of my unmarried sibling under 18 years of age (my niece or nephew)

### PART 2. General Information About You (the principal)

- Your Full Legal Name
 

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| DE SOUZA DIAS           | Roberta                 | N/A                  |
- Date of Birth (mm/dd/yyyy) 3. Alien Registration Number (A-Number)  

|            |            |
|------------|------------|
| 07/30/1977 | ▶ A- N / A |
|------------|------------|
- Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)
  - Filing this Form I-914, Supplement A, together
  - Pending
  - Approved

### PART 3. Information About Your Family Member (the derivative)

- Your Full Legal Name
 

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
| ALVES DE SOUZA          | Luis Carlos             | N/A                  |

| For USCIS Use Only |         |
|--------------------|---------|
| Returned           | Receipt |
| Date               |         |
| Date               |         |
| <b>Resubmitted</b> |         |
| Date               |         |
| Date               |         |
| <b>Reloc Sent</b>  |         |
| Date               |         |
| Date               |         |
| <b>Reloc Rec'd</b> |         |
| Date               |         |
| Date               |         |

| Validity Dates |  |
|----------------|--|
| From           |  |
| To             |  |

**Remarks**

| Waitlisted |      |
|------------|------|
| Stamp #    | Date |

**Action Block**

| To be fully completed by an attorney or accredited representative, if any.        |
|---|
| <input checked="" type="checkbox"/> Select this box if Form G-28 is attached.     |
| Attorney State License Bar Number<br>343486                                       |
| Attorney or Accredited Representative USCIS Online Account Number<br>007492625438 |



**PART 3. Information About Your Family Member (the derivative) (continued)**

**2. Other Names Used**

Provide any other names your family member has used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if any) |
|-------------------------|-------------------------|----------------------|
| N/A                     | N/A                     | N/A                  |
| N/A                     | N/A                     | N/A                  |

**3. U.S. Physical Address or Intended Physical Address**

|   |  |                          |
|---|--|--------------------------|
| Street Number and Name<br><b>8301 W Flamingo Rd</b> | Apt. <input checked="" type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="checkbox"/> | Number<br><b>1014</b>    |
| City or Town<br><b>Las Vegas</b>                    | State<br><b>NV</b>   | ZIP Code<br><b>89147</b> |

**4. Safe U.S. Mailing Address**

If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.

In Care Of Name  
**Otavio Haverroth Silva**

|   |   |                          |
|---|---|--------------------------|
| Street Number and Name<br><b>PO Box 90487</b> | Apt. <input type="checkbox"/> Ste. <input type="checkbox"/> Flr. <input type="checkbox"/> | Number                   |
| City or Town<br><b>San Diego</b>              | State<br><b>CA</b>  | ZIP Code<br><b>92169</b> |

**5. Alien Registration Number (A-Number) (if any)**

▶ A- **N / A**

**6. USCIS Online Account Number**

▶ **N / A**

**7. U.S. Social Security Number (SSN) (if any)**

▶ **N / A**

**8. Sex**

Male  Female

**9. Marital Status**

Single/Never Married  Married  Divorced  Widowed  Annulled

**10. If your family member was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information**.**

**A. Name of Former Spouse**

| Family Name (Last Name)  | Given Name (First Name) | Middle Name |
|--------------------------|-------------------------|-------------|
| <b>DE OLIVEIRA DONDE</b> | <b>Viviane</b>          | <b>N/A</b>  |

**B. Date Marriage Ended (mm/dd/yyyy)**

**02/22/2016**

**PART 3. Information About Your Family Member (the derivative) (continued)**

**C. Where Marriage Ended**

City or Town **Governador Valadares** State or Province **Minas Gerais** Country **Brazil**

**D. How Marriage Ended**

Annulled  Divorced  Separated  Widowed

**11. Date of Birth (mm/dd/yyyy)**

**03/20/1974**

**12. Place of Birth**

City or Town **Governador Valadares** State or Province **Minas Gerais** Country **Brazil**

**13. Country of Citizenship or Nationality**

**Brazil**

**14. Passport or Travel Document Number**

**FT492005**

**15. Country That Issued Passport or Travel Document**

**Brazil**

**16. Issued Date for Passport or Travel Document**

(mm/dd/yyyy) **06/26/2017**

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

**06/25/2027**

**18. Current Immigration Status**

**No Legal Status (B1/B2 Visa Overstay)**

**19. Is your family member currently living in the United States?**

Yes  No

**20. If you answered "Yes" to Item Number 19., give the following information about your family member if he or she is currently in the United States.**

**A. Place of Last Entry**

City or Town **Miami** State **FL**

**B. Date of Last Entry (mm/dd/yyyy)**

**08/25/2017**

**C. Form I-94 Arrival-Departure Record Number**

▶ **5 7 4 5 3 2 3 2 0 8 5**

**21. If your family member is outside the United States, indicate the U.S. Consulate or inspection facility you want notified if this application is approved.**

**A. Type of Office (Select one):**

Consulate  Pre-flight Inspection Facility  Port of Entry

**B. City or Town**

**N/A**

**C. U.S. State or Foreign Country**

**N/A**



**PART 3. Information About Your Family Member (the derivative) (continued)**

**D. Foreign Address Where You Want Notification Sent**

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

22. Give the following information about your family member if he or she has previously traveled to the United States.

**A. Place of Entry**

|              |       |
|--------------|-------|
| City or Town | State |
| Miami        | FL    |

**B. Date of Entry (mm/dd/yyyy)**

08/25/2017

**C. Date Authorized Stay Expired**

(mm/dd/yyyy) 02/24/2018

**D. Immigration Status**

B2 - Temporary Visitor for Pleasure

23. Has your family member ever been in immigration court proceedings?

Yes  No

24. If you answered "Yes" to **Item Number 23.**, what type of proceedings? (Select **all** that apply)

|   |     |
|---|-----|
| <b>A.</b> <input type="checkbox"/> Removal Date (mm/dd/yyyy)      | N/A |
| <b>B.</b> <input type="checkbox"/> Exclusion Date (mm/dd/yyyy)    | N/A |
| <b>C.</b> <input type="checkbox"/> Deportation Date (mm/dd/yyyy)  | N/A |
| <b>D.</b> <input type="checkbox"/> Recission Date (mm/dd/yyyy)    | N/A |
| <b>E.</b> <input type="checkbox"/> Next Hearing Date (mm/dd/yyyy) | N/A |

25. Is your family member requesting an Employment Authorization Document?

Yes  No

If you answered "Yes" to **Item Number 25.**, submit Form I-765, Application for Employment Authorization Document, with Form I-914, Supplement A, or separately.

**NOTE:** If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file Form I-765 for a family member living outside the United States.



**PART 4. Processing Information**

Answer the following questions about your family member for whom you are filing. You must answer “Yes” to the following questions even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney told you that your family member no longer has a record. (If your answer is “Yes” to any one of these questions, use the space provided in **Part 8. Additional Information** to explain your answer. Answering “Yes” does not necessarily mean that your family member will be denied T nonimmigrant status.)

**1. Has the family member for whom you are filing EVER:**

- A. Committed a crime or offense for which they have not been arrested?  Yes  No
- B. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason?  Yes  No
- C. Been charged with committing any crime or offense?  Yes  No
- D. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?  Yes  No
- E. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)?  Yes  No
- F. Received a suspended sentence, been placed on probation, or been paroled?  Yes  No
- G. Been in jail or prison?  Yes  No
- H. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action?  Yes  No
- I. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States?  Yes  No

If you answered “Yes” to any part of **Item Number 1.**, complete the following table. If you need extra space to complete this section, use the space provided in **Part 8. Additional Information** to explain your answer.

| Why was the family member for whom you are filing arrested, cited, detained, or charged? | Date of arrest, citation, detention, charge (mm/dd/yyyy) | Where was the family member for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country) | Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, etc.) |
|--|--|---|--|
| N/A  | N/A  | N/A   | N/A  |
| N/A  | N/A  | N/A   | N/A  |
| N/A  | N/A  | N/A   | N/A  |
| N/A  | N/A  | N/A   | N/A  |
| N/A  | N/A  | N/A   | N/A  |

**2. Has the family member for whom you are filing:**

- A. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution?  Yes  No
- B. **EVER** engaged in any unlawful commercialized vice, including but not limited to illegal gambling?  Yes  No
- C. **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally?  Yes  No
- D. **EVER** illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?  Yes  No



**PART 4. Processing Information (continued)**

3. Has the family member for whom you are filing **EVER** committed, planned or prepared, participated in, threatened to, attempted to, or conspired to commit, gathered information for, or solicited funds for any of the following:
- A. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
  - B. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
  - C. Assassination?  Yes  No
  - D. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?  Yes  No
  - E. The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
4. Has the family member for whom you are filing **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- A. Designated as a terrorist organization under the Immigration and Nationality Act section 219?  Yes  No
  - B. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:
    - (1) Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?  Yes  No
    - (2) Seizing or detaining, and threatening to kill, injure, or continue to detain another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?  Yes  No
    - (3) Assassination?  Yes  No
    - (4) The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?  Yes  No
    - (5) Soliciting money or members or otherwise providing material support to a terrorist organization?  Yes  No
    - (6) The use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?  Yes  No
5. Does the family member for whom you are filing intend to engage in the United States in:
- A. Espionage?  Yes  No
  - B. Any unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of the Government of the United States?  Yes  No
  - C. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?  Yes  No
6. Has the family member for whom you are filing **EVER** been or do they continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?  Yes  No
7. Has the family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion?  Yes  No



**PART 4. Processing Information (continued)**

8. Has the family member for whom you are filing **EVER** been present or nearby when any person was:
- A. Intentionally killed, tortured, beaten, or injured?  Yes  No
  - B. Displaced or moved from their residence by force, compulsion, or duress?  Yes  No
  - C. In any way compelled or forced to engage in any kind of sexual contact or relations?  Yes  No
9. A. Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing?  Yes  No
- B. Have removal, exclusion, rescission, or deportation proceedings **EVER** been initiated against the family member for whom you are filing?  Yes  No
- C. Has the family member for whom you are filing **EVER** been removed, excluded, or deported from the United States?  Yes  No
- D. Has the family member for whom you are filing **EVER** been ordered to be removed, excluded, or deported from the United States?  Yes  No
- E. Has the family member for whom you are filing **EVER** been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in **Part 8. Additional Information** to explain your answer.)  Yes  No
- F. Has the family member for whom you are filing **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?  Yes  No
10. Has the family member for whom you are filing (or has any member of their family) **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- A. Acts involving torture or genocide?  Yes  No
  - B. Killing any person?  Yes  No
  - C. Intentionally and severely injuring any person?  Yes  No
  - D. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?  Yes  No
  - E. Limiting or denying any person's ability to exercise religious beliefs?  Yes  No
11. Has the family member for whom you are filing **EVER**:
- A. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?  Yes  No
  - B. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?  Yes  No
12. Has the family member for whom you are filing **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which they or any other persons used any type of weapon against any person or threatened to do so?  Yes  No
13. Has the family member for whom you are filing **EVER** assisted or participated in selling or providing weapons to any person who to their knowledge used them against another person, or in transporting weapons to any person who to their knowledge used them against another person?  Yes  No
14. Has the family member for whom you are filing **EVER** received any type of military, paramilitary, or weapons training?  Yes  No
15. Is the family member for whom you are filing under a final order or civil penalty for violating INA section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?  Yes  No
16. Has the family member for whom you are filing **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?  Yes  No



**PART 4. Processing Information (continued)**

17. Has the family member for whom you are filing **EVER** left the United States to avoid being drafted into the U.S. Armed Forces?  Yes  No
18. Has the family member for whom you are filing **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted custody?  Yes  No
19. Does the family member for whom you are filing plan to practice polygamy in the United States?  Yes  No
20. Did the family member for whom you are filing enter the United States as a stowaway?  Yes  No
21. **A.** Does the family member for whom you are filing have a communicable disease of public health significance?  Yes  No
- B.** Does the family member for whom you are filing have or have they had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of themselves or others?  Yes  No
- C.** Is the family member for whom you are filing now or have they been a drug abuser or drug addict?  Yes  No

**PART 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**

**NOTE:** Read the **Penalties** section of the Form I-914 Instructions before completing this part.

***Applicant'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. Applicant's Statement Regarding the Interpreter
- A.**  I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- B.**  The interpreter named in **Part 6.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. Applicant's Statement Regarding the Preparer
- At my request, the preparer named in **Part 7.**, , prepared this application for me based only upon information I provided or authorized.

***Applicant's Contact Information***

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



**PART 5. Applicant's Statement, Contact Information, Declaration, Certification, and Signature**  
(continued)

***Applicant's Declaration and Certification***

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

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 U.S.C. 1641(c).

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law. Any disclosure shall be in accordance with the confidentiality provisions at 8 U.S.C. section 1367 and 8 CFR 214.216.

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

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) 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 application 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 application and that all of this information is complete, true, and correct.

**NOTE:** If your family member is in the United States, he or she must verify the accuracy of the information recorded on this supplement and must also complete this section of the supplement.

***Applicant's Signature***

6. Applicant's Signature Date of Signature (mm/dd/yyyy)  
→    
Applicant's Phone Number (if any)  Applicant's Safe Phone Number (if any)

7. Signature of Family Member (the family member for whom you are filing if he or she is physically present in the United States) Date of Signature (mm/dd/yyyy)

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

**PART 6. 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)



**PART 6. Interpreter's Contact Information, Certification, and Signature (continued)**

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

**Interpreter's Signature**

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

**PART 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant**

Provide the following information about the preparer.

**Preparer's Full Name**

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



**PART 7. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant (continued)**

**Preparer's Mailing Address**

3. Street Number and Name Apt. Ste. Flr. Number  
PO Box 90487      
City or Town State ZIP Code  
San Diego CA  92169  
Province Postal Code Country  
N/A N/A USA

**Preparer's Contact Information**

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

**Preparer's Statement**


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

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

**Preparer's Certification**

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

**Preparer's Signature**

8. Preparer's Signature  Date of Signature (mm/dd/yyyy)  
 01/20/2026



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**Part 8. Additional Information**

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number 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  ▶ A-

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

D. **N/A**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. **N/A**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. **N/A**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

D. **N/A**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# Application for Advance Permission to Enter as a Nonimmigrant

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

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

| For DHS Use Only |                     |           |
|------------------|---------------------|-----------|
| Received         | Returned Trans. Out | Fee Stamp |
| Trans. In        | Completed           |           |

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

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

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

## Part 1. Application Type

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

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

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

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



**Part 2. Information About You**

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

|                         |                         |                             |
|-------------------------|-------------------------|-----------------------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
| ALVES DE SOUZA          | Luis Carlos             | N/A                         |

2. Other Names Used (if any)

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

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

**Other Information**

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

▶ A- 

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| N | / | A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

4. USCIS Online Account Number (if any)

▶ 

|   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| N | / | A |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

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

03/20/1974

6. Place of Birth

|                      |                   |
|----------------------|-------------------|
| City or Town         | State or Province |
| Governador Valadares | Minas Gerais      |
| Country              |                   |
| Brazil               |                   |

7. Country of Citizenship or Nationality

Brazil

8. Sex

Male  Female

9. Mailing Address (Safe address, if applicable)

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

In Care Of Name (if any)

Otavio Haverroth Silva

|                        |  |          |
|------------------------|--|----------|
| Street Number and Name | Apt. Ste. Flr.   | Number   |
| PO Box 90487           | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |          |
| City or Town           | State  | ZIP Code |
| San Diego              | CA <input type="button" value="v"/>  | 92169    |
| Province               | Postal Code  | Country  |
| N/A                    | N/A  | USA      |



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

**Address History**

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

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

|                        |             |                                     |                          |                          |        |
|------------------------|-------------|-------------------------------------|--------------------------|--------------------------|--------|
| Street Number and Name |             | Apt.                                | Ste.                     | Flr.                     | Number |
| 8301 W Flamingo Rd     |             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1014   |
| City or Town           |             | State                               |                          | ZIP Code                 |        |
| Las Vegas              |             | NV                                  |                          | 89147                    |        |
| Province               | Postal Code | Country                             |                          |                          |        |
| N/A                    | N/A         | USA                                 |                          |                          |        |
| Dates of Residence     |             |                                     |                          |                          |        |
| From (mm/dd/yyyy)      |             | To (mm/dd/yyyy)                     |                          |                          |        |
| 10/2020                |             | PRESENT                             |                          |                          |        |

**11. Physical Address 2**

|                        |             |                          |                          |                          |        |
|------------------------|-------------|--------------------------|--------------------------|--------------------------|--------|
| Street Number and Name |             | Apt.                     | Ste.                     | Flr.                     | Number |
| 272 Pond St            |             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
| City or Town           |             | State                    |                          | ZIP Code                 |        |
| Ashland                |             | MA                       |                          | 01721                    |        |
| Province               | Postal Code | Country                  |                          |                          |        |
| N/A                    | N/A         | USA                      |                          |                          |        |
| Dates of Residence     |             |                          |                          |                          |        |
| From (mm/dd/yyyy)      |             | To (mm/dd/yyyy)          |                          |                          |        |
| 07/2019                |             | 10/2020                  |                          |                          |        |

**Information About Your Marital History**

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

Single, Never Married    Married    Divorced    Widowed    Legally Separated    Marriage Annulled  
 Other   N/A

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

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

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

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

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

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

N / A



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

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

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

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

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

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

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

23. Place of Marriage

City or Town

State or Province

Country

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

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

**Immigration and Criminal History**

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

Since I entered the United States on August 25, 2017 I have remained in the country without lawful status and worked without authorization due to financial necessity.

Under INA § 212 (a) (9) (B) (i) (II)



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

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

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

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

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

|                                    |                                  |
|------------------------------------|----------------------------------|
| USCIS Office or U.S. Port-of-Entry | City or Town                     |
| <input type="text" value="N/A"/>   | <input type="text" value="N/A"/> |

|                                  |                                  |
|----------------------------------|----------------------------------|
| State or Province                | Country                          |
| <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |

Receipt Number (if available) ▶

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

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

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

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

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

32. Type of application or petition filed

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

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

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

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

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

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



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

**Travel Information**

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

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

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

**Employment History**

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

44. Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State ZIP Code

Province Postal Code Country

Your Occupation

Dates of Employment

From (mm/dd/yyyy) To (mm/dd/yyyy)



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

**45. Employer 2**

Name of Employer or Company

N/A

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr. Number

N/A

City or Town

N/A

State ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

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

***Applicant's Contact Information***

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

1. Applicant's Daytime Telephone Number

9787605558

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

9787605558

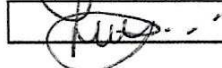
3. Applicant's Email Address (if any)

luis.flexa@hotmail.com

***Applicant's Certification and Signature***

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

4. Applicant's Signature



Date of Signature (mm/dd/yyyy)

01/20/2026



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

**Interpreter's Full Name**

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

**Interpreter's Contact Information**

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

**Interpreter's Certification**

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

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

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

**Preparer's Full Name**

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

**Preparer's Contact Information**

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

**Preparer's Certification**

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

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



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**Part 6. Additional Information**

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

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

I entered the United States on August 25,2017 with B2 Visa and have remained in the country since.

---

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4. Page Number Part Number Item Number

N/A

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5. Page Number Part Number Item Number

N/A

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6. Page Number Part Number Item Number

N/A

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# Application For Employment Authorization

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

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

|                           |   |                  |                     |
|---------------------------|---|------------------|---------------------|
| <b>For USCIS Use Only</b> | <input type="checkbox"/> Authorization/Extension Valid From _____       | <b>Fee Stamp</b> | <b>Action Block</b> |
|                           | <input type="checkbox"/> Authorization/Extension Valid Through _____    |                  |                     |
|                           | Alien Registration Number A- <input style="width: 100px;" type="text"/> |                  |                     |
|                           | Remarks   |                  |                     |

|   |   |  |   |
|---|---|--|---|
| To be completed by an Attorney or Accredited Representative (if any). | <input checked="" type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable)<br><input style="width: 100px;" type="text" value="343486"/> | Attorney or Accredited Representative USCIS Online Account Number (if any)<br><input style="width: 100px;" type="text" value="007492625438"/> |
|---|---|--|---|

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

## Part 1. Reason for Applying

I am applying for (select only one box):

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

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

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

## Part 2. Information About You

### Your Full Legal Name

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

### Other Names Used

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

#### Additional Information.

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



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

**Your U.S. Mailing Address**

- 5.a. In Care Of Name (if any)  
**Otavio HAVERROTH SILVA**
- 5.b. Street Number and Name  
**PO Box 90487**
- 5.c.  Apt.  Ste.  Flr. **N/A**
- 5.d. City or Town  
**San Diego**
- 5.e. State **CA** 5.f. ZIP Code **92169**
6. Is your current mailing address the same as your physical address?  
 Yes  No

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

**U.S. Physical Address**

- 7.a. Street Number and Name  
**8301 W Flamingo RD**
- 7.b.  Apt.  Ste.  Flr. **1014**
- 7.c. City or Town  
**Las Vegas**
- 7.d. State **NV** 7.e. ZIP Code **89147**

**Other Information**

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

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

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

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



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

**Place of Birth**

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

- 15.a. City/Town/Village of Birth  
**Governador Valadares**
- 15.b. State/Province of Birth  
**Minas Gerais**
- 15.c. Country of Birth  
**Brazil**
- 16. Date of Birth (mm/dd/yyyy) **03/20/1974**

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

- 17. Form I-94 Arrival-Departure Record Number (if any)  
▶ **5 7 4 5 3 2 3 2 0 8 5**
- 18. Passport Number of Your Most Recently Issued Passport  
**FT492005**
- 19. Travel Document Number (if any)  
**N/A**
- 20. Country That Issued Your Passport or Travel Document  
**Brazil**
- 21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) **06/25/2027**
- 22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) **08/25/2017**
- 23. Place of Your Last Arrival Into the United States  
**Miami**
- 24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)  
**B-2 Visitor**
- 25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)  
**Deferred Action**
- 26. Student and Exchange Visitor Information System (SEVIS) Number (if any)  
▶ N- **N/A**

**Information About Your Eligibility Category**

- 27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).  
**( C ) ( 40 ) ( )**
- 28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**
  - 28.a. Degree **N/A**
  - 28.b. Employer's Name as Listed in E-Verify  
**N/A**
  - 28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number  
**N/A**
- 29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.  
▶ **N / A**
- 30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?  
 Yes  No  
**NOTE:** If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.
- 31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.  
▶ **N / A**
- 31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?  
 Yes  No  
**NOTE:** If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.



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

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

**Applicant's Statement**

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

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

**Applicant's Contact Information**

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

**Applicant's Certification**

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

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

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

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

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

**Applicant's Signature**

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

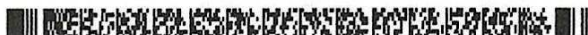
**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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



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

**Interpreter's Mailing Address**

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

**Interpreter's Contact Information**

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

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

**Preparer's Mailing Address**

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

**Preparer's Contact Information**

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



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

**Preparer's Statement**


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

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

**Preparer's Certification**

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

**Preparer's Signature**

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)



**Part 6. Additional Information**

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

1.a. Family Name (Last Name) ALVES DE SOUZA

1.b. Given Name (First Name) Luis Carlos

1.c. Middle Name N/A

2. A-Number (if any) ▶ A- N/A

3.a. Page Number N/A 3.b. Part Number N/A 3.c. Item Number N/A

3.d. [Large empty box for answer with 'N/A' in the center]

4.a. Page Number N/A 4.b. Part Number N/A 4.c. Item Number N/A

4.d. [Large empty box for answer with 'N/A' in the center]

5.a. Page Number N/A 5.b. Part Number N/A 5.c. Item Number N/A

5.d. [Large empty box for answer with 'N/A' in the center]

6.a. Page Number N/A 6.b. Part Number N/A 6.c. Item Number N/A

6.d. [Large empty box for answer with 'N/A' in the center]

7.a. Page Number N/A 7.b. Part Number N/A 7.c. Item Number N/A

7.d. [Large empty box for answer with 'N/A' in the center]



# Exhibit list

Exhibits: Pages:

## **Exhibit 1 - Roberta Souza Dias's Identification Documents**

|  |       |
|--|-------|
| Roberta Souza Dias's Birth Certificate with English Translation; | 1-3   |
| Roberta Souza Dias's Passport;                                   | 4-20  |
| Roberta Souza Dias's I-94;                                       | 21-22 |

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## **Exhibit 2 - Luis Carlos Alves de Souza's Identification Documents**

|  |       |
|--|-------|
| Luis Carlos Alves de Souza's Birth Certificate with English Translation; | 23-25 |
| Luis Carlos Alves de Souza's Passport;                                   | 26-42 |
| Luis Carlos Alves de Souza's I-94;                                       | 43-44 |

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## **Exhibit 3 - Roberta de Souza Dias and Luis Carlos Alves de Souza's Marriage Certificate**

|   |    |
|---|----|
| Roberta de Souza Dias and Luis Carlos Alves de Souza's Marriage Certificate | 45 |
|---|----|

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## **Exhibit 4 - Evidence of Dissolution of Prior Marriage**

|  |       |
|--|-------|
| Roberta de Souza Dias and Claudio Gomes da Silva's Divorce Certificate with English Translation;         | 46-48 |
| Luis Carlos Alves de Souza and Viviane de Oliveira Donde's Divorce Certificate with English Translation. | 49-51 |

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## **Exhibit 5 - Declaration of Roberta de Souza Dias with English Translation**

|   |       |
|---|-------|
| Declaration of Roberta de Souza Dias with English Translation | 52-60 |
|---|-------|

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**Exhibit 6: Evidence of Trauma and Severe Form of Trafficking - Roberta de Souza Dias' Psychological Evaluation by Gustavo Benejam, Psy.D., Licensed Psychologist (Lic. No. PY7387)**

Evidence of Trauma and Severe Form of Trafficking - 61-70  
Roberta de Souza Dias's Psychological Evaluation by  
Gustavo Benejam, Psy.D., Licensed Psychologist (Lic.  
No. PY7387)

Evidence of Trauma and Severe Form of Trafficking - 71  
Roberta de Souza Dias's Financial Transfers to  
Roberto Martins de Castro (Trafficker)

Evidence of Trauma and Severe Form of Trafficking - 72-76  
Medical Evidence Demonstrating Health  
Complications Suffered by Roberta Souza Dias Due  
to Lack of Medical Assistance During the Trafficking  
Period

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**Exhibit 7 - Eligibility Requirement: Evidence of Severe Form of Trafficking / Physical Presence / Community Ties / Good Moral Character: Letters of Support.**

Letter of Support Provided by Eliana Francisca de Souza Dias with English Translation; 77-83

Letter of Support Provided by Guilherme Souza Froes with English Translation; 84-89

Letter of Support Provided by Luis Carlos Alves de Souza with English Translation; 90-94

Letter of Support Provided by Elisa Gabriele Barreto de Freitas with English Translation; 95-97

Letter of Support Provided by Leana Carla de Souza with English Translation. 98-101

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**Exhibit 8 - Country Conditions: Brazil**

U.S Department of State 2025 Trafficking in Person Report: Brazil 102-114

Brazil 2024 Human Rights Report 115-128

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**Exhibit 1 - Roberta  
Souza Dias's  
Identification  
Documents**

**CLAUDIONOR REGISTRY OFFICE**  
1<sup>st</sup> Civil Registry Office of Natural Persons  
**Bachelor André de Oliveira Nunes Leite**  
Civil Registry Registrar  
Rua Benjamin Constant, 456 – Centro  
Phone: (33) 3221-2622 – ZIP Code 35010-060  
Governador Valadares - MG



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

**BIRTH CERTIFICATE**

Name

**ROBERTA DE SOUZA DIAS**

CPF Number

**032.705.506-50**

Registration

**0478780155 1977 1 00120 164 0005343 92**

Date of birth

**July thirty, one thousand nine hundred seventy-nine**

Day

**30**

Month

**07**

Year

**1977**

Time of birth

**10:20 PM**

Municipality of birth

**Governador Valadares**

Place of birth

**Santa Terezinha Maternity**

Municipality of birth

**Governador Valadares**

State

**MG**

Sex

**Female**

Name of the Parent

**ELIANA FRANCISCA DE SOUZA DIAS**

Municipality of birth

**Conselheiro Pena**

State

**MG**

Respective grandparents

**OLÍVIA BITENCOURT; FRANCISCO DE SOUSA SALES**

Name of the Parent

**CARLOS ROBERTO DIAS**

Municipality of birth

**Galiléia**

State

**MG**

Respective grandparents

**MARIA DIAS DE SOUZA; ELEZIÁRIO FERREIRA FILHO**

Twin

**NO RECORD**

Date of registration

**August second, one thousand nine hundred seventy-nine**

DNV (Live Registration Number)

**NO RECORD**

Notes/Annotations

**ANNOTATION 1 – No. 8114: noted the MARRIAGE of ROBERTA DE SOUZA DIAS, performed on 09/16/1995, with CLÁUDIO GOMES DA SILVA, and she began signing as: ROBERTA DE SOUZA DIAS GOMES, as per Entry: 8234, Pages: 284, Book: 14 BAUX, of the Civil Registry Office 2<sup>nd</sup> Subdistrict of this City.//**  
**ANNOTATION 2 - On 08/30/2017, the DIVORCE of the couple CLÁUDIO GOMES DA SILVA and ROBERTA DE SOUZA DIAS GOMES was noted, decreed by Judgment of 02/21/2000, by the Honorable Judge of Law, Dr. Aquiles da Mota Jardim Neto, of the 5th Civil Court of this Jurisdiction, registered in this Office under Entry: 10.317, Book: Eaux-11, Pages: 44. The female party resumes the use of her birth name: ROBERTA DE SOUZA DIAS. The male party continues to use his birth name: CLÁUDIO GOMES DA SILVA. Filed: 001/24368**  
**NOTE 1 - On 04/30/2028, pursuant to Provision 149/2023 of the CNJ, the CPF number of the registered individual ROBERTA DE SOUZA DIAS is hereby noted: 032.705.506-50. (Fees: Exempt) Filed: 028/3099. Nothing further.//**

Voluntary Registration Annotations

**NO RECORD**

CNS No. 047878

Civil Registry Office of the 1<sup>st</sup> Subdistrict Governador Valadares-MG

André de Oliveira Nunes Leite

Registrar of the Civil Registry Office

Rua Benjamin Constant, 456, Centro neighborhood – dist. 1<sup>st</sup> Subdistrict

ZIP Code: 35010-060 – Governador Valadares – MG.

The Content of this Certificate is true. I certify.

Governador Valadares-MG, April 30, 2026.

---//signature//---

Signature of the Registrar / Deputy / Clerk

**JUDICIARY - TJMG**  
**JUDICIAL ADMINISTRATIVE DEPARTMENT**  
**Civil Registry Office of the 1<sup>st</sup> Subdistrict of Governador Valadares – MG - MG**

Inspection Seal: KAN66385 – Security Code:  
3698.2739.1482.4002 Code and Number of Act(s)  
Performed: 003 – 1 (7402), 1 (7802), 1 (7901), Act(s) Performed by  
Rayna Beatriz – Assistant Clerk - Fees: R\$63,46 –  
Judicial Fee: R\$12,04 – Total: R\$75,50 – ISS: R\$2,95  
Check the validity at: <https://selos.tjmg.jus.br>  
**Total: R\$78.45**



**Claudionor Nunes Leite Civil Registry**  
**Office of Natural Persons**  
**Andréa Rodrigues do Carmo**  
**Deputy Clerk**

IA017227214

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



**Date: April 30, 2026.**

**CARTÓRIO CLAUDIONIRY**  
 1º REGISTRO CIVIL DAS PESSOAS NATURAIS  
*Bel. André de Oliveira Nunes Leite*  
 Oficial do Registro Civil  
 Rua Benjamin Constant, 456 - Centro  
 Tel.: (33) 3221-2622 - CEP 35010-060  
 Governador Valadares-MG



REPÚBLICA FEDERATIVA DO BRASIL  
 REGISTRO CIVIL DAS PESSOAS NATURAIS

**CERTIDÃO DE NASCIMENTO**

Nome

**ROBERTA DE SOUZA DIAS**

Número de CPF

**032.705.506-50**

Matrícula

**0478780155 1977 1 00120 164 0005343 92**

Data de nascimento

**Trinta de julho de mil novecentos e setenta e sete**

|           |           |             |
|-----------|-----------|-------------|
| Dia       | Mês       | Ano         |
| <b>30</b> | <b>07</b> | <b>1977</b> |

Horário de nascimento Município de naturalidade

**22:20 horas Governador Valadares**

UF

**MG**

Local de nascimento

**Maternidade Santa Terezinha**

Município de nascimento

**Governador Valadares**

UF

**MG**

Sexo

**Feminino**

Nome do(a) Genitor(a)

**ELIANA FRANCISCA DE SOUZA DIAS**

Município de nascimento

**Conselheiro Pena**

UF

**MG**

Avô(s) respectivo(s)

**OLÍVIA BITENCOURT; FRANCISCO DE SOUSA SALES**

Nome do(a) Genitor(a)

**CARLOS ROBERTO DIAS**

Município de nascimento

**Galiléia**

UF

**MG**

Avô(s) respectivo(s)

**MARIA DIAS DE SOUZA; ELEZIÁRIO FERREIRA FILHO**

Gêmeo

**NÃO CONSTA**

Data de registro

**Dois de agosto de mil novecentos e setenta e sete**

DNV

**NÃO CONSTA**

Anotações/Averbações

**AN. 1 - Nº 8114, foi anotado o CASAMENTO de ROBERTA DE SOUZA DIAS, realizado aos 16/09/1995, com CLÁUDIO GOMES DA SILVA, e passou a assinar: ROBERTA DE SOUZA DIAS GOMES, conforme Termo: 8234, Folhas: 284, do Livro: 14 BAUX, do Cartório de Registro Civil 2º Subdistrito desta Cidade.//**

**AN. 2 - Aos 30/08/2017, foi anotado o DIVÓRCIO, do casal: CLÁUDIO GOMES DA SILVA e ROBERTA DE SOUZA DIAS GOMES, decretado por Sentença de 21/02/2000, do Meritíssimo Juiz de Direito, Dr. Aquiles da Mota Jardim Neto, da 5ª Vara Cível desta Comarca, registrada nesta Serventia, sob o Termo: 10.317, Livro: EauX-11, Folhas: 44. A contraente volta a usar o nome de solteira: ROBERTA DE SOUZA DIAS. O contraente continua a usar o nome de solteiro: CLÁUDIO GOMES DA SILVA. Arquivado: 001/24368.//**

**AV. 1 - Aos 30/04/2026, conforme Provimento 149/2023, do CNJ, fica averbado o número do CPF da registrada ROBERTA DE SOUZA DIAS: 032.705.506-50. (Emolumentos: isentos) Arquivado: 026/3099. Nada mais.//**

Anotações voluntárias de cadastro

**NÃO CONSTA**

CNS nº 047878  
 Cartório de Registro Civil 1º Subdistrito Governador Valadares-MG

André de Oliveira Nunes Leite  
 Oficial de Registro Civil

Rua Benjamin Constant, 456, bairro Centro - dist. 2º Subdistrito -  
 Cep: 35010-060 - Governador Valadares-MG

O conteúdo da certidão é verdadeiro. Dou fé.  
 Governador Valadares-MG, 30 de abril de 2026.

*Andréa Rodrigues do Carmo*  
 Assinatura do Oficial / Substituto / Escrevente

**PODER JUDICIÁRIO - TJMG**  
**CORREGEDORIA - GERAL DE JUSTIÇA**  
 Cartório de Registro Civil 1º Subdistrito Governador Valadares-MG - MG

Selo Consulta: KAN66385 - Cod. Seg :  
 3698.2739.1482.4002 - Cod. e Quantidade do(s) ato(s)  
 Praticado(s): 003 - 1 (7402), 1 (7802), 1 (7901) Ato(s)  
 Praticado(s) por: Rayna Beatriz - auxiliar - Emol.: R\$ 63,46 -  
 Tx.Judic.: R\$ 12,04 - Total: R\$ 75,50 - ISS: R\$ 2,95  
 Consulte a validade no site: <https://selos.tjmg.jus.br>  
 Total: R\$ 78,45



**Cartório RCPN Claudionir Nunes Leite**  
*Andréa Rodrigues do Carmo*  
 Escrevente Substituta

IA017227214

**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.*



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**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE**  
**PASSEPORT**  
**PASSPORT**  
**PASAPORTE**





RESERVA

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

### INFORMAÇÕES PARA O TITULAR

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

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, 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.

Atenas 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 comunicá-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O 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.

O 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.

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

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









FRANCESCO

VISTOS VISAS

FRANCESCO

VISTOS VISAS





4093897

VISTOS 15 VISAS

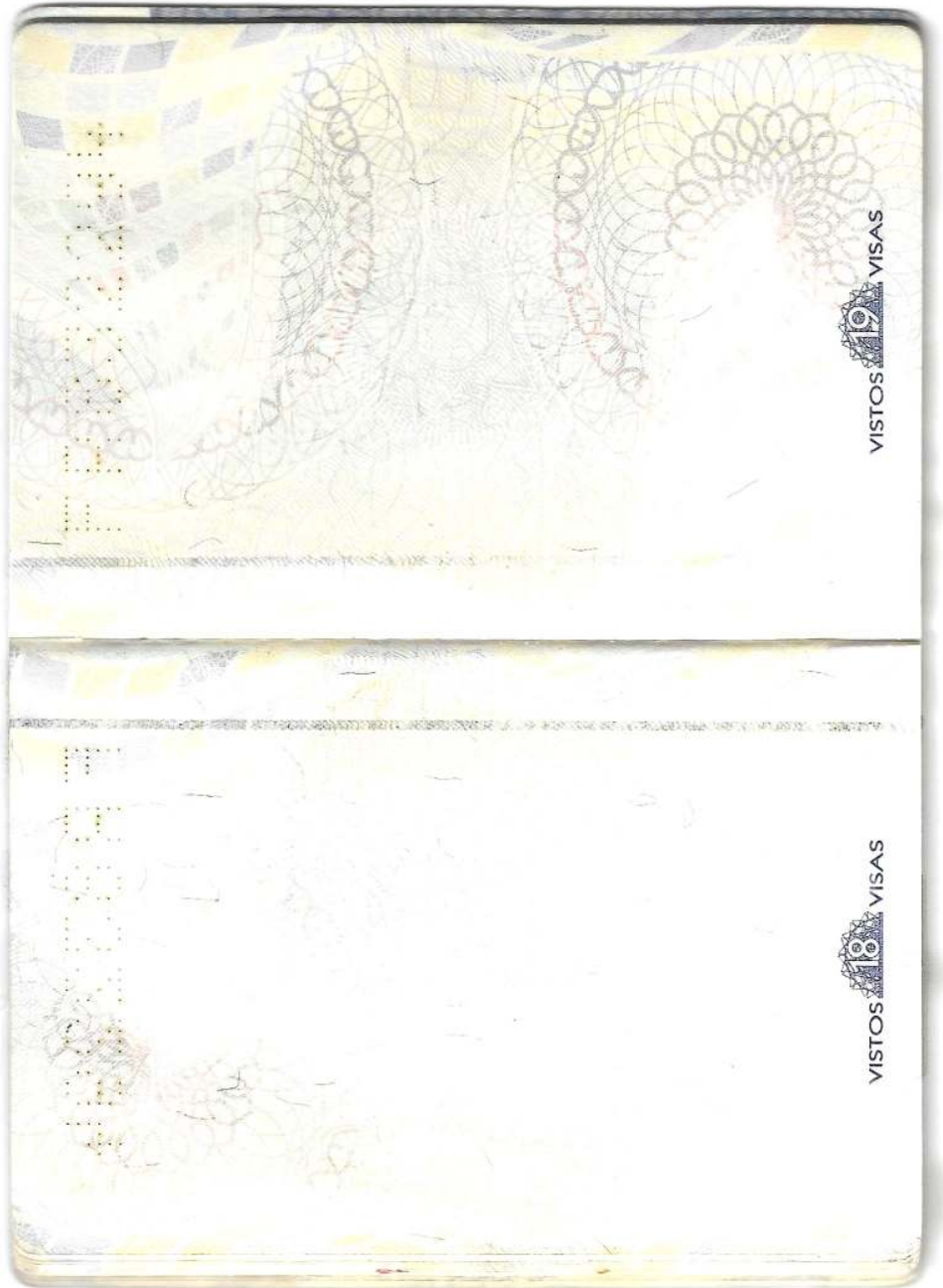
4093897

VISTOS 14 VISAS



VISTOS 17 VISAS

VISTOS 16 VISAS











VISTOS  VISAS

VISTOS  VISAS





Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

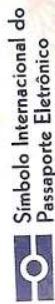
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua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

**NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA**

**DO NOT STAPLE OR TAMPONNER CETTE PAGE**

**DO NOT STAPLE OR STAMP THIS PAGE**

**NÃO GRAPAR NI SELLAR ESTA PAGINA**



**Simbolo Internacional do Passaporte Eletrônico**



**CASA DA MOEDA DO BRASIL**

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

**ENDERECO DO TITULAR / ADRESSE DU TITULAIRE**  
**BEARERS ADDRESS / DIRECCION DEL TITULAR**

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

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

**En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:**

**In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:**

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

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



 For: **ROBERTA DE SOUZA DIAS**



## 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:** 47759416056

**Arrival/Issued Date:** 2018 September 14

**Class of Admission:** B2

**Admit Until Date:** 2019 March 13

**Details provided on the I-94 Information form:**

**Last/Surname:** DE SOUZA DIAS

**First (Given) Name:** ROBERTA

**Birth Date:** 1977 July 30

**Document Number:** FR832294

**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: 01/31/2026

# View Travel History

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

## Travel History Results

Document Number: **FR832294**

Document Country of Issuance: **Brazil**

| Row | DATE       | TYPE    | LOCATION |
|-----|------------|---------|----------|
| 1   | 2018-09-14 | Arrival | WAS      |

OMB No. 1651-0111 Expiration Date: 01/31/2026

**Exhibit 2 - Luis Carlos  
Alves de Souza's  
Identification  
Documents**



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

**BIRTH CERTIFICATE**

Name

**LUIS CARLOS ALVES DE SOUZA**

CPF Number

**030.934.046-22**

Registration

**0478780155 1974 1 00110 200 0116427 52**

Date of birth

**March third, one thousand nine hundred seventy-four**

Day

**20**

Month

**03**

Year

**1974**

Time of birth

**3:00 PM**

Municipality of birth

**Governador Valadares**

Place of birth

**Home**

Municipality of birth

**Governador Valadares**

State

**MG**

Sex

**Male**

Name of the Parent

**LUIZA MIGUEL DE SOUZA**

Municipality of birth

**Manhuaçu**

State

**MG**

Respective grandparents

**MARIA CANDIDA SIMÃO; SEBASTIÃO MIGUEL SIMÃO**

Name of the Parent

**PEDRO ALVES DE SOUZA**

Municipality of birth

**Mutum**

State

**MG**

Respective grandparents

**MARIA DE JESUS; MANOEL ALVES DE SOUZA**

Twin

**NO RECORD**

Date of registration

**March thirty, one thousand nine hundred seventy-four**

DNV (Live Registration Number)

**NO RECORD**

Notes/Annotations

**ANNOTATION 1 – On 12/04/2009, the MARRIAGE of LUÍS CARLOS ALVES DE SOUZA, performed on 12/04/2009, with VIVIANE DE OLIVEIRA DONDE, was noted, and they began signing as: LUÍS CARLOS ALVES DE SOUZA and VIVIANE DE OLIVEIRA DONDE, as per Book: 061 B, Pages: 453, Entry: 7361, of this Registry Office.//**  
**ANNOTATION 2 - On 07/21/2016, the DIVORCE of LUÍS CARLOS ALVES DE SOUZA and VIVIANE DE OLIVEIRA DONDE was noted; decreed by judgment of 02/22/2016, already final and unappealable, by the Honorable Judge of Law, Dr. Roberto Apolinário de Castro, of the Conciliation Center of this Jurisdiction, registered in this Office under Entry 0016895, Pages 025-V, Book E-00019. There was no change of name by the parties at the time of marriage. Filed: 001/19943//**  
**NOTE 1 - On 04/30/2028, pursuant to Provision 149/2023 of the CNJ, the CPF number of the registered individual LUIS CARLOS ALVES DE SOUZA is hereby noted: 030.934.046-22. Filed: 026/3117.**  
**Nothing further.//**

Voluntary Registration Annotations

**NO RECORD**

CNS No. 047878

Civil Registry Office of the 1<sup>st</sup> Subdistrict Governador Valadares-MG

André de Oliveira Nunes Leite

Registrar of the Civil Registry Office

Rua Benjamin Constant, 456, Centro neighborhood – dist. 1<sup>st</sup> Subdistrict

ZIP Code: 35010-060 – Governador Valadares – MG.

The Content of this Certificate is true. I certify.

Governador Valadares-MG, April 30, 2026.

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

Signature of the Registrar / Deputy / Clerk

**Bachelor André de Oliveira Nunes Leite**

**- REGISTRAR –**

Civil Registry Office – 1<sup>st</sup> Subdistrict

CPF: 490.204.476-53 – ID: MG-1.282.468 SSP/MG

**CLAUDIONOR REGISTRY OFFICE**  
1<sup>st</sup> Civil Registry Office of Natural Persons

**Bachelor André de Oliveira Nunes Leite**

Civil Registry Registrar

Rua Benjamin Constant, 456 – Centro

Phone: (33) 3221-2622 – ZIP Code 35010-060

Governador Valadares - MG

**JUDICIARY - TJMG**  
**JUDICIAL ADMINISTRATIVE DEPARTMENT**  
**Civil Registry Office of the 1<sup>st</sup> Subdistrict of Governador**  
**Valadares – MG - MG**  
 Inspection Seal: KAN66561 – Security Code:  
 4975.3129.0923.3664 Code and Number of Act(s)  
 Performed: 003 – 1 (7802), 1 (7901), 1 (7402), Act(s) Performed by  
 Vitória – Assistant Clerk - Fees: R\$63,46 –  
 Judicial Fee: R\$12,04 – Total: R\$75,50 – ISS: R\$2,95  
 Check the validity at: <https://selos.tjmg.jus.br>  
**Total: R\$78.45**

Civil  
Registry  
Stamp

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



**Date: April 30, 2026.**



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS



**CERTIDÃO DE NASCIMENTO**

Nome  
**LUIS CARLOS ALVES DE SOUZA**

Número de CPF  
**030.934.046-22**

Matrícula  
**0478780155 1974 1 00110 200 0116427 52**

Data de nascimento  
**Vinte de março de mil novecentos e setenta e quatro** Dia **20** Mês **03** Ano **1974**

Horário de nascimento **15:00 horas** Município de naturalidade **Governador Valadares** UF **MG**

Local de nascimento **Domicílio** Município de nascimento **Governador Valadares** UF **MG** Sexo **Masculino**

Nome do(a) Genitor(a) **LUIZA MIGUEL DE SOUZA** Município de nascimento **Manhuaçu** UF **MG**

Avô(s) respectivo(s) **MARIA CANDIDA SIMÃO; SEBASTIÃO MIGUEL SIMÃO**

Nome do(a) Genitor(a) **PEDRO ALVES DE SOUZA** Município de nascimento **Mutum** UF **MG**

Avô(s) respectivo(s) **MARIA DE JESUS; MANOEL ALVES DE SOUZA**

Gêmeo **NÃO CONSTA.**

Data de registro **Trinta de março de mil novecentos e setenta e quatro** DNV **NÃO CONSTA.**

Anotações/Averbações  
**AN. 1 - Aos 04/12/2009, foi anotado o CASAMENTO de LUIS CARLOS ALVES DE SOUZA, realizado no dia: 04/12/2009, com VIVIANE DE OLIVEIRA DONDE, que passaram a assinar: LUÍS CARLOS ALVES DE SOUZA e VIVIANE DE OLIVEIRA DONDE, conforme Livro: 061 B, Folhas: 453, Termo: 7361, deste Serviço Registral.//**  
**AN. 2 - Aos 21/07/2016, foi anotado o DIVÓRCIO, de LUIS CARLOS ALVES DE SOUZA e VIVIANE DE OLIVEIRA DONDE; decretado por Sentença de 22/02/2016, já transitada em julgado, do MM. Juiz de Direito, Dr. Roberto Apolinário de Castro, da Central de Conciliação desta Comarca, registrada nesta Serventia, sob o termo 0016895, as folhas 025-V, do livro E-00019. Não houve alteração de nome das partes quando do casamento. Arquivado: 001/19943.//**  
**AV. 1 - Aos 30/04/2026, conforme Provimento 149/2023, do CNJ, fica averbado o número do CPF do registrado LUIS CARLOS ALVES DE SOUZA: 030.934.046-22. Arquivado: 026/3117.//**  
**Nada mais.//**

Anotações voluntárias de cadastro **NÃO CONSTA.**

CNS nº 047878  
Cartório de Registro Civil 1º Subdistrito Governador Valadares-MG  
André de Oliveira Nunes Leite  
Oficial de Registro Civil  
Rua Benjamin Constant, 456 , bairro Centro - dist. 1º Subdistrito -  
Cep: 35010-060 - Governador Valadares-MG.

O conteúdo da certidão é verdadeiro. Dou fé.  
Governador Valadares-MG, 30 de abril de 2026.

*(Assinatura manuscrita)*  
Assinatura do Oficial / Substituto / Escrevente

**PODER JUDICIÁRIO - TJMG**  
**CORREGEDORIA - GERAL DE JUSTIÇA**  
Cartório de Registro Civil 1º Subdistrito Governador Valadares-MG - MG  
Selo Consulta: KAN66561 - Cod. Seg :  
4975.3129.0923.3664 - Cod. e Quantidade do(s) ato(s)  
Praticado(s): 003 - 1 (7802), 1 (7901), 1 (7402) Ato(s)  
Praticado(s) por: Vitória - auxiliar - Emol.: R\$ 63,46 -  
Tx. Jusp.: R\$ 12,04 - Total: R\$ 75,50 - ISS: R\$ 2,95  
Consulte a validade no site: <https://selos.tjmg.jus.br>  
Total: R\$ 78,45



*Bel. André de Oliveira Nunes Leite*  
- OFICIAL TITULAR -  
Cartório de Registro Civil - 1º Sub Distrito  
CPF: 490.204.476-53 - Ct: MG-1.282.468 SSP/MG

**CARTÓRIO CLAUDIONOR**  
1º REGISTRO CIVIL DAS PESSOAS NATURAIS  
*Bel. André de Oliveira Nunes Leite*  
Oficial do Registro Civil  
Rua Benjamin Constant, 456 - Centro  
Tel.: (33) 3221-2622 - CEP 35010-060  
Governador Valadares-MG

IA017227235

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

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

Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.  
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Se busca a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

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

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**REPÚBLICA FEDERATIVA DO BRASIL**

**PASSAPORTE**  
**PASSEPORT**  
**PASSPORT**  
**PASAPORTE**





COSETE

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

COSETE

### INFORMAÇÕES PARA O TITULAR

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Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessação 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 comunicá-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O 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.

O 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.

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

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





























VISTOS  VISAS

VISTOS  VISAS

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

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

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

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

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

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



Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

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

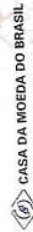
NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAPER OU TAMPONNER CETTE PAGE

DO NOT STAMP OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

 Simbolo Internacional do Passaporte Eletrônico



 For: **LUIS ALVES DE SOUZA**



**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:** 57453232085

**Arrival/Issued Date:** 2017 August 25

**Class of Admission:** B2

**Admit Until Date:** 2018 February 24

### Details provided on the I-94 Information form:

**Last/Surname:** ALVES DE SOUZA

**First (Given) Name:** LUIS

**Birth Date:** 1974 March 20

**Document Number:** FT492005

**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: 01/31/2026

# View Travel History

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

## Travel History Results

Document Number: **FT492005**

Document Country of Issuance: **Brazil**

| Row | DATE       | TYPE    | LOCATION |
|-----|------------|---------|----------|
| 1   | 2017-08-25 | Arrival | MIA      |

OMB No. 1651-0111 Expiration Date: 01/31/2026

**Exhibit 3 - Roberta de  
Souza Dias and Luis  
Carlos Alves de  
Souza's Marriage  
Certificate**



MC  
#: 202505294029325  
Fees: \$0.00  
05/29/2025 02:53:28 PM  
Receipt #: 2176180  
Filed By: MUNGUIAA  
LYNN MARIE GOYA  
COUNTY CLERK

STATE OF NEVADA  
MARRIAGE CERTIFICATE

No: 202505210027636



STATE OF NEVADA }  
COUNTY OF CLARK } SS:

This is to certify that the undersigned, Cecilia Vostok min.  
(print name of official performing marriage)  
did on the 24 day of the month of May of the year 20 25,  
at Poupa Tempo in Vegas, 2000 S Jones Blvd Suit 110,  
(name and address of location where marriage performed)  
Las Vegas, Nv 89145, Nevada, with their mutual consent and witnessed in the  
presence of JULIANA RODRIGUES NOGUEIRA Antonella, join in lawful wedlock:  
(print name of witness or witnesses)

LUIS CARLOS ALVES DE SOUZA of LAS VEGAS, NEVADA born 03/20/1974, and  
ROBERTA DE SOUZA DIAS of LAS VEGAS, NEVADA born 07/30/1977.



*Lynn Marie Goya*

Lynn Marie Goya, County Clerk

*Cecilia Vostok*  
Signature of Official Performing Marriage (Black Ink Only)  
Cecilia Vostok min.  
Print Name and Title of Official  
6324 Greyhawk Ave  
Address of Official Performing Marriage  
Las Vegas NV 89108  
City, State and Zip Code  
201509092026760  
Nevada Certificate of Permission Officiant ID Number

Couple's Mailing Address: 8301 W FLAMINGO RD, 1014, LAS VEGAS, NEVADA 89147

This Certificate must be typewritten or printed in black ink and delivered  
within ten (10) calendar days by the Marriage Officiant to the  
Clark County Clerk's Office, 500 S. Grand Central Parkway,  
1st Floor, Las Vegas, Nevada 89155

Patent #5,636,874

2536438  
CERTIFIED COPY  
DOCUMENT ATTACHED IS A  
TRUE AND CORRECT COPY OF  
THE DOCUMENT OR DATA ON FILE  
MINUS ANY REDACTED PORTIONS

This copy is not valid unless prepared on SafeImage™  
paper, impressed with the raised seal of Clark County.

May 29 2025

*Lynn Marie Goya*  
CLERK

C3204019

TouchSafe®

KEEP DOCUMENT IN A SAFE PLACE  
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

# **Exhibit 4 - Evidence of Dissolution of Prior Marriage**



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

NAMES

CPF

|                             |                |
|-----------------------------|----------------|
| CLÁUDIO GOMES DA SILVA      | 000.409.846-30 |
| ROBERTA DE SOUZA DIAS GOMES | 032.705.506-50 |

REGISTRATION:

**0417490155 1995 3 00014 284 0008234 38**

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

**CLÁUDIO GOMES DA SILVA**, born on 06/02/1973, city of Governador Valadares - Minas Gerais, born in Governador Valadares - Minas Gerais, Brazilian, son of JOSÉ GOMES DA SILVA and MARIA BARBOSA DA SILVA.  
**ROBERTA DE SOUZA DIAS**, born on 07/30/1977, city of Governador Valadares - Minas Gerais, born in Governador Valadares - Minas Gerais, Brazilian, daughter of CARLOS ROBERTO DIAS and ELIANA FRANCISCA DE SOUZA DIAS.

DATE OF MARRIAGE REGISTRATION (IN FULL)

DAY MONTH YEAR

|                                     |            |
|-------------------------------------|------------|
| October fifth, nineteen ninety-five | 05/10/1995 |
|-------------------------------------|------------|

MARITAL PROPERTY REGIME

Partial Community Property Regime

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

**CLÁUDIO GOMES DA SILVA and ROBERTA DE SOUZA DIAS GOMES**

NOTES / ANNOTATIONS TO BE INCLUDED

**Date of Marriage: 09/16/1995**

Note 1 - On 07/29/2004, was recorded the divorce of the couple CLÁUDIO GOMES DA SILVA and ROBERTA DE SOUZA DIAS GOMES, as decreed by judgment dated 02/21/2000 by the Honorable Judge Dr. AQUILES DA MOTA JARDIM NETO, of the 5th Civil Court of the Judicial District of Governador Valadares - Minas Gerais, registered at the Registry Office of the 1st Subdistrict of Governador Valadares - Minas Gerais, under entry 10317, auxiliary book E-Aux. 11, page 044. The contracting party resumed the use of her maiden name ROBERTA DE SOUZA DIAS. (105990132018) Register/Entry: 081/6932.

Annotation 1 - The contracting party CLÁUDIO GOMES DA SILVA passed away on 09/14/2008 in Delray Beach, Palm Beach County, Florida, United States of America, as recorded under entry 8825, book E-011, page 106, of the Registry Office of the 1st Subdistrict of Governador Valadares - Minas Gerais. Register/Entry: 103/15890.

Annotation 2 - On 07/09/2018, the CPF number 000.409.846-30 was added to the marriage record of CLÁUDIO GOMES DA SILVA, and CPF number 032.705.506-50 was added for ROBERTA DE SOUZA DIAS. Entered by: Smaylle. Register/Entry: 6/1857. Typed by Smaylle.

REGISTRATION NOTES

|            |            |
|------------|------------|
| No record. | No record. |
|------------|------------|

HÉLIO REGISTRY OFFICE

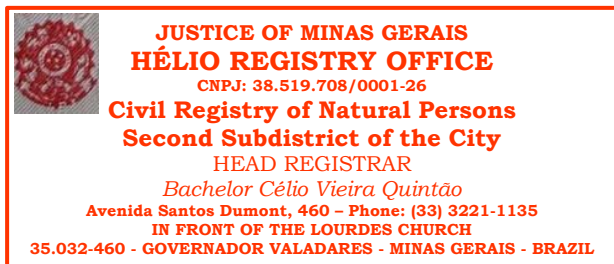
Registrar: Célio Vieira Quintão  
Avenida Santos Dumont, 460 Lourdes  
Governador Valadares - Minas Gerais  
Phone: (33) 3221-1135 / (33) 9 8401-0875  
Email: cartoriодоhelio2011@gmail.com  
cartoriодоhelio@gmail.com

The content of this certificate is true. I certify.  
Governador Valadares - Minas Gerais, July 9, 2018.

**José Dionísio de Carvalho Netto**  
**AUTHORIZED CLERK**

---//signature//---

Signature of the Registrar/Deputy



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: August 18, 2025.

PODER JUDICIÁRIO - TJMG  
CORREGEDORIA - GERAL DE JUSTIÇA  
CARTÓRIO DO HÉLIO - Governador Valadares - MG  
Selo Digital: CDL22691 - Cód. Seg.: 9208.9500.4042.3839  
Cód. e Quantidade do(s) ato(s) Praticado(s): 3  
(7802-7901-1\*8101)  
Emol.: R\$ 41,37 - Tx.Judic.: R\$ 8,56 - Total: R\$ 49,93  
Consulte a validade no site: <https://selos.tjmg.jus.br>



REPÚBLICA FEDERATIVA DO BRASIL  
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

| NOMES                       | CPF            |
|-----------------------------|----------------|
| CLÁUDIO GOMES DA SILVA      | 000.409.846-30 |
| ROBERTA DE SOUZA DIAS GOMES | 032.705.506-50 |

MATRICULA:

0417490155 1995 3 00014 284 0008234 38

NOMES COMPLETOS DE SOLTEIROS, DATAS DE NASCIMENTO, NATURAL, NATURALIDADE, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES

CLÁUDIO GOMES DA SILVA, nascido aos 02/06/1973, município de Governador Valadares - MG, naturalidade de Governador Valadares - MG, nacionalidade brasileira, filho de JOSÉ GOMES DA SILVA e MARIA BARBOSA DA SILVA.  
ROBERTA DE SOUZA DIAS, nascida aos 30/07/1977, município de Governador Valadares - MG, naturalidade de Governador Valadares - MG, nacionalidade brasileira, filha de CARLOS ROBERTO DIAS e ELIANA FRANCISCA DE SOUZA DIAS.

DATA DE REGISTRO DO CASAMENTO (POR EXTENSO)

cinco de outubro de um mil e novecentos e noventa e cinco

DIA MÊS ANO

05/10/1995

REGIME DE BENS DO CASAMENTO

Comunhão Parcial de Bens

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)

CLÁUDIO GOMES DA SILVA e ROBERTA DE SOUZA DIAS GOMES

AVERBAÇÕES/ANOTAÇÕES À ACRESCEER

Data do Casamento: 16/09/1995

Av. 1- Aos 29/07/2004, foi averbado o Divórcio do casal CLÁUDIO GOMES DA SILVA e ROBERTA DE SOUZA DIAS GOMES, decretado por sentença de 21/02/2000 do MM. Juiz de Direito, Dr. AQUILES DA MOTA JARDIM NETO, da 5ª Vara Cível da Comarca de Governador Valadares - MG, registrada no Cartório do 1º Subdistrito de Governador Valadares - MG, sob o termo 10317, livro E-Aux. 11, folha 044. A contraente volta a usar o nome de solteira ROBERTA DE SOUZA DIAS. (105990132018) Caixa/Termo: 081/6932.

An. 1- O contraente CLÁUDIO GOMES DA SILVA, faleceu aos 14/09/2008 em Delray Beach, Condado de Palm Beach, Flórida, Estados Unidos da América, conforme termo 8825, livro E-011, folha 106, do cartório do 1º Subdistrito de Governador Valadares - MG. Caixa/Termo: 103/15890.

Av. 2- Aos 09/07/2018 averbo no termo de casamento de CLÁUDIO GOMES DA SILVA o CPF nº 000.409.846-30 e ROBERTA DE SOUZA DIAS o CPF nº 032.705.506-50. Averbado por: Smaylle. Caixa/Termo: 6/1857. Digitado por Smaylle.

ANOTAÇÕES DE CADASTRO

Sem informação.

Sem informação.

CARTÓRIO DO HÉLIO  
Oficial: Célio Vieira Quintão  
Av. Santos Dumont, 460 Lourdes  
Governador Valadares - MG  
Telefone: (33) 3221 1135 - (33) 9 8401 0875  
E-mail: [cartoriодоhelio2011@gmail.com](mailto:cartoriодоhelio2011@gmail.com)  
[cartoriодоhelio@gmail.com](mailto:cartoriодоhelio@gmail.com)

O conteúdo da certidão é verdadeiro. Dou fé.  
Governador Valadares - MG, 09 de julho de 2018.

José Dionísio de Carvalho Netto  
ESCREVENTE AUTORIZADO

Assinatura do Oficial/Substituto



RECIVIL AA 004859443 MG-P



FEDERATIVE REPUBLIC OF BRAZIL  
CIVIL REGISTRY OF NATURAL PERSONS

1ST SUBDISTRICT OF GOVERNADOR VALADARES – STATE OF MINAS GERAIS  
JUDICIAL DISTRICT OF GOVERNADOR VALADARES – STATE OF MINAS GERAIS  
RUA ISRAEL PINHEIRO, No. 3164, CENTRO, GOVERNADOR VALADARES – MG, ZIP CODE: 35010-130  
CHIEF REGISTRAR: ANDRÉ DE OLIVEIRA NUNES LEITE  
TELEPHONE: +55 (33) 3221-2622 EMAIL: CARTORIOCLAUDIONOR@GMAIL.COM

**MARRIAGE CERTIFICATE**

NAMES:

**LUÍS CARLOS ALVES DE SOUZA**  
**VIVIANE DE OLIVEIRA DONDE**

REGISTRATION No.:

**0478780155 2009 2 00061 453 0007361 79**

**FULL BIRTH NAMES, DATES AND PLACES OF BIRTH, NATIONALITY, AND PARENTS' NAMES OF THE SPOUSES**

VIVIANE DE OLIVEIRA DONDE, Brazilian, born in Governador Valadares-MG, on August 19, 1988, daughter of JORGE LUIZ DONDE and MARIA DO SOCORRO DE OLIVEIRA.//

LUÍS CARLOS ALVES DE SOUZA, Brazilian, born in Governador Valadares-MG, on March 20, 1974, son of PEDRO ALVES DE SOUZA and LUIZA MIGUEL DE SOUZA.//

**MARRIAGE REGISTRATION DATE (IN FULL)**

DAY MONTH YEAR

December fourth, two thousand nine

04/ 12/ 2009

**MARRIAGE PROPERTY SYSTEM**

Partial Community of Property

**NAME THAT EACH OF THE SPOUSES HAS BEEN USING (WHEN THERE IS A CHANGE)**

No change. //

**ANNOTATIONS / NOTES TO BE ADDED**

Annotation No. 1 – On 07/19/2016, the DIVORCE of LUÍS CARLOS ALVES DE SOUZA and VIVIANE DE OLIVEIRA DONDE was recorded; granted by Judgment on 02/22/2016, which has become final and unappealable, issued by the Honorable Judge of Law, Dr. Roberto Apolinário de Castro, of the Conciliation Center of this Judicial District, registered in this Office under entry No. 0016895, page 025-V, Book E-00019. There was no name change of the parties at the time of the marriage. (The agreement regarding the division of assets was approved by the Honorable Judge.) Filed under: 001/19909.//

Nothing further.//

Certificate issued by IDELMA – 3:41:50 PM.

Civil Registry Office of Natural Persons of the 1st Subdistrict

Registrar: André de Oliveira Nunes Leite

Rua Israel Pinheiro, No. 3164 – Centro

Governador Valadares – MG

ZIP Code: 35016-130 Telephone: +55 (33) 3221-2622



The content of the certificate is true. I hereby certify Governador Valadares-MG, June 22, 2017.

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

Signature of the Registrar

*Civil Registry Office of Claudionor Nunes Leite*

*Rua Israel Pinheiro, 3164 - Centro*

*Bachelor André de Oliveira Nunes Leite*

*Chief Registrar*

**JUDICIARY OF THE STATE OF MINAS GERAIS**

**JUDICIAL ADMINISTRATIVE DEPARTMENT**

Civil Registry Office of Natural Persons of the 1st Subdistrict - MG

Digital Seal: BMA34425 Security Code:

3802.7389.7613.0706 - Number of Acts

Performed: 002 - Fees: R\$ 35.63 -

Judicial Fee: R\$ 6.76 - Total: R\$ 42.39

Verify authenticity at: <https://selos.tjmg.jus.br>

**CIVIL REGISTRY OFFICE**  
**"CLAUDIONOR NUNES LEITE"**

BEL. ANDRÉ DE OLIVEIRA NUNES LEITE

Civil Registrar

Rua Israel Pinheiro, 3164 - Centro

= Phone: (33) 3221-2622 =

ZIP: 35010-130 - GOVERNADOR VALADARES-MG

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

*Marina Viana*

---

Date: April, 14 2026



REPÚBLICA FEDERATIVA DO BRASIL  
**REGISTRO CIVIL DAS PESSOAS NATURAIS**  
 PRIMEIRO SUBDISTRITO DE GOVERNADOR VALADARES - ESTADO DE MINAS GERAIS  
 COMARCA GOVERNADOR VALADARES - ESTADO DE MINAS GERAIS  
 RUA ISRAEL PINHEIRO, 3164, CENTRO, GOVERNADOR VALADARES-MG CEP: 35010-130  
 OFICIAL TITULAR: ANDRÉ DE OLIVEIRA NUNES LEITE  
 TELEFONE: (33) 3221-2622 EMAIL: cartorioclaudionor@gmail.com

**CERTIDÃO DE CASAMENTO**

NOMES:  
**LUÍS CARLOS ALVES DE SOUZA**  
**VIVIANE DE OLIVEIRA DONDE**

MATRICULA:  
**0478780155 2009 2 00061 453 0007361 79**

**NOMES COMPLETOS DE SOLTEIROS, DATAS E LOCALS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES**

VIVIANE DE OLIVEIRA DONDE, brasileira, nascida em: Governador Valadares-MG, no dia: 19 de agosto de 1988, filha de JORGE LUIZ DONDE e MARIA DO SOCORRO DE OLIVEIRA.//  
 LUÍS CARLOS ALVES DE SOUZA, brasileiro, nascido em: Governador Valadares-MG, no dia: 20 de março de 1974, filho de PEDRO ALVES DE SOUZA e LUIZA MIGUEL DE SOUZA.//

DATA DE REGISTRO DO CASAMENTO (POR EXTENSO) DIA MÊS ANO  
 quatro de dezembro de dois mil e nove 04/12/2009

REGIME DE BENS DO CASAMENTO  
 Regime de Comunhão Parcial de Bens

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)  
 Não houve alteração. //

OBSERVAÇÕES AVERBAÇÕES  
 AV. 1 - Aos 19/07/2016, foi averbado o DIVÓRCIO de LUÍS CARLOS ALVES DE SOUZA e VIVIANE DE OLIVEIRA DONDE; decretado por Sentença de 22/02/2016, já transitada em julgado, do MM. Juiz de Direito, Dr. Roberto Apolinário de Castro, da Central de Conciliação desta Comarca, registrada nesta Serventia, sob o termo 0016895, as folhas 025-V, do livro E-00019. Não houve alteração de nome das partes quando do casamento. (homologado pelo Meritíssimo Juiz de Direito, o acordo feito relativamente a partilha de bens) Arquivado: 001/19909.//

Certidão emitida por IDELMA-15:41:50. //  
 Cartório de Registro Civil das Pessoas Naturais do 1º Subdistrito  
 Oficial: André de Oliveira Nunes Leite  
 Rua Israel Pinheiro, 3164, Centro  
 Governador Valadares-MG  
 CEP: 35010-130 Telefone: (33) 3221-2622  
 Fone: 3221-2622  
 NUNES LEITE  
 SERVIÇO DE REGISTRO CIVIL  
 PODER JUDICIÁRIO - TJMG  
 CORREGEDORIA GERAL DE JUSTIÇA  
 Cartório de Registro Civil das Pessoas Naturais do 1º Subdistrito - MG

O conteúdo da certidão é verdadeiro. Dou fé.  
 Governador Valadares-MG, 22 de junho de 2017.

*André de Oliveira Nunes Leite*  
 Assinatura do Oficial

Cartório de RCPN Claudionor Nunes Leite  
 Rua Israel Pinheiro, 3164 - Centro  
 Bel. André de Oliveira Nunes Leite  
 Oficial Titular

Selo Digital: BMA34425 - Cod. Seg : 3802.7389.7613.0706 - Quantidade de Ato(s) Praticado(s): 002 - Emol.: R\$ 35,63 - Tx.Judic.: R\$ 6,76 - Total: R\$ 42,39  
 Consulte a validade no site: <https://selos.tjmg.jus.br>

**CARTÓRIO DE REGISTRO CIVIL**  
**" CLAUDIONOR NUNES LEITE "**  
 BEL. ANDRÉ DE OLIVEIRA NUNES LEITE  
 Oficial do Registro Civil  
 Rua Israel Pinheiro, 3164 - Centro  
 = Fone: (33) 3221-2622 =  
 CEP: 35010-130 - GOVERNADOR VALADARES-MG

**Exhibit 5 -  
Declaration of  
Roberta de Souza  
Dias with English  
Translation**

## **Statement - Roberta Souza Dias**

My name is Roberta Dias. I hereby declare, through this statement, to report in detail my entire history, from the beginning of my relationship with my ex-partner up to my escape and my current situation.

I was born and raised in Governador Valadares, Minas Gerais. My childhood was peaceful, despite my parents' separation when I was very young. Both were always present in my upbringing, but my mother was the one who raised me. I have always worked since I was 15 years old, by my own choice, seeking financial independence. My father wanted me to only study, but I insisted on working and studying at the same time.

I met my ex-partner during childhood, as we studied together at school for about four years. For a long time, we lost contact until he found me on Facebook in 2017, and we started talking again. From then on, we began a long-distance relationship that lasted about seven months.

He had already been living in the United States for 20 years, and he spoke daily about what life was like there and how he wanted me to be there with him. Little by little, he convinced me to go, promising a better life, saying that we would have a house, a car, and all the necessary structure to live together. He paid all my travel expenses, from the visa to the plane ticket. I went to the United States believing in his promises and in our relationship.

Upon arrival, I went to Massachusetts, where I stayed with him for one year in a rented apartment. He was recovering from surgery to remove a brain tumor, and I provided the support he needed.

At the beginning of our life together, he was affectionate and attentive, but he soon began to show more aggressive behavior, starting arguments that quickly escalated into physical assaults. On one such occasion, he had been drinking and started an argument and assaulted me. He justified the assault by the use of alcohol and apologized. I was in shock and confused about what I was experiencing. The use of alcohol and the assaults became increasingly frequent and severe, there were no longer apologies, and I soon discovered that he was also using other substances, such as cocaine.

After a while, he said we were going to Florida, where we were supposedly going to have the house and car he had promised. When we got there, I found out that none of that existed. We moved into a rented room, and he started preventing me from leaving the house unless he allowed it. He began threatening me, saying he would kill me if I left, he beat me frequently and kept me under constant surveillance, no longer allowing me to talk to anyone - unless he checked my phone.

I did not speak English and felt that I was trapped with him in that situation. He only allowed me to leave the house to work with him at a construction site, carrying construction materials. There, he insulted me in front of other people, and I felt ashamed and humiliated, increasingly

frightened and with less strength to react to all of it.

When there was no construction work, I cleaned houses with his permission, but he also took all my earnings, leaving only five dollars in the account so it would not be closed. I was eventually fired from a cleaning job because I would frequently show up with black eyes and other bruises.

He incurred debts in my name, purchasing a car, cell phones, and other goods. He pretended that I was signing documents that would be for my benefit. Since I did not speak English, I did not understand what I was signing, and when I questioned the content of the documents, I was assaulted. Later, I understood what it was about, as bills began to arrive and collection agencies started calling me. At these times, he stayed by my side, forcing me to repeat over the phone what he said. I understood that he used my name because his was already in bad credit standing.

He said that I owed him for food expenses, personal expenses, as well as the costs of my travel and visa. I was not allowed to buy anything I needed. In addition, he also controlled and restricted my food, telling me what I would eat - only rice with eggs - and that I would only eat the minimum because that was what I deserved, while he ate abundantly next to me.

The abuse got worse and worse and happened under any circumstances, even when he wasn't under the influence of substances, but when he was, I already knew it would be worse and I would fall into despair. He dragged me by my hair more than once, kicked me, punched me in the face, he even broke my tooth, bit me, choked me, stepped on my throat, threatened me with a knife, and said he was going to kill me.

In one instance, he came home angry, claiming that the reason was that I hadn't cooked his dinner. He threw me to the floor and started stomping on my ribs until he broke them. I screamed in pain and couldn't fight back, the pain was so intense, and the force he used against me was so overwhelming. With every kick, he said I was good for nothing, not even for prostitution, and that I deserved to be beaten. He said my pain was just drama and dragged me along when I couldn't walk. He threw me into the bedroom and said that if I screamed, he would kill me. He ran a knife across my face and said he would cut me and that I would remember him forever.

In another incident, he dragged me to the toilet, holding me by the back of my neck, and there he dunked my face in the water several times, insulting me. Often, after the attacks, I would lock myself in the bathroom to clean my wounds, but he would force his way in and assault me even more, pressing my face against the wall and hitting me. I became his punching bag, whether he was drunk or not. With every attack and every day, I thought I was going to die.

No matter how badly I was hurt, he wouldn't let me seek medical help, because if I went to the hospital, they would find out I'd been assaulted, which would expose the situation. On top of that, he said that if I reported him, he'd have my mother and my son killed in Brazil, and he'd kill me too.

Due to the pain and bruises, I was forced to remain isolated at home. I stayed for periods ranging from twenty days to two months locked inside the room, taking painkillers until I had some healing and was able to appear in public again. I could hardly walk, many times. He was afraid that people would see my condition and, therefore, kept me locked inside.

Because of my cries of pain, my cries for help, and the fact that I had so many bruises, some neighbors called the police, but when the officers arrived, I denied everything out of fear of the threats.

His abuse and control over me, along with the feeling that he would never face any consequences for his actions, only grew worse. In addition to abusing me at home, he began to abuse me in front of others, without caring who was nearby watching the scene. He would yell and humiliate me, and many people would ask him to stop, but he ignored them, knowing that I would stay silent.

Although I feared for my own life, I feared far more for the lives of my son and my mother. I knew they were also in danger, since, in Brazil, his family knows my family, and there he has even greater power and control over everyone than he does in the U.S.

He also forced me to have sex against my will, often while he was under the influence of drugs and watching pornographic videos. When I refused, he would assault me even more. I lived in constant fear, with no freedom, unable to talk to my family, because he would break my cell phones and monitor all my conversations.

He kept me completely isolated, I was not allowed to have friends, talk to coworkers, or even maintain contact with my family without his supervision. He checked my phone messages every day, monitored my location, and if he suspected anything, he would make me leave my job.

It's important to mention that, on one occasion, I looked at his phone while he was asleep and saw messages from other women in Brazil, containing promises just like the ones he made to me. That's when I realized that many other women were being lured into the same situation, and I couldn't contact them because if he found out, I would certainly be killed.

For years, I tried to run away, but I was always afraid of being caught and killed. I did tell my son and my mother, who were in Brazil, a little about what I was going through, but I avoided telling them everything out of fear. They asked me to report it to the police, but I didn't because I was afraid.

However, on one occasion, I gathered the courage and sent a message over the internet to an ex-boyfriend named Luiz, who lived in Las Vegas. I told him about my situation and quickly deleted the messages, afraid of being discovered. Luiz began exchanging messages with me at scheduled times. He tried to help me by buying tickets for me to escape, but I could not leave the house without my ex-partner noticing, and the escape plans failed.

Finally, after five years in this relationship in this way, in September 2024, I managed to escape when he left for work. I said I was going to clean a woman's house and that I needed the money to send to my family in Brazil. I went to the airport and there I called Luiz, who bought my ticket. I spent five hours waiting at the airport, terrified, until I was able to board a flight to Las Vegas. I knew that if the plan failed, I would be dead and probably my family as well.

As the hours passed, noticing my absence, my ex-partner sent me messages saying that he would find me wherever I was and would kill me. I blocked his number and Luiz rescued me in Las Vegas. Today I live in Las Vegas, married to Luiz, who helped me start over and feel safe and loved. My son receives the protection of his father in Brazil.

Because he is from the same city as I am in Brazil, my ex-partner and I have mutual contacts, and he has used this to try to find me there more than once. He spoke about how easy it would be to have me killed as soon as I arrived in Brazil, since he has many relatives and contacts there involved in crime who have a strong hold over the region. He has also tried to track me down using fake social media profiles. I've cut off contact with everyone connected to him.

He left me with many emotional aftereffects. To this day, I am afraid of being found. When cars pass near me, my heart races. I have anxiety and panic attacks. I feel afraid when I am alone or taking a shower, as I remember the assaults and it feels as if I still see him. Many times I have crying episodes and start walking quickly, thinking I saw him when I pass someone who looks similar, and in many moments, my husband needs to stay close to me when I shower to reassure me that everything is okay and nothing will happen to me anymore. Today, even though I am far away, I still live in fear, but I know that returning to Brazil could be even more dangerous for me and my family.

Currently, what I want most is to rebuild my life from scratch, overcome my traumas, regularize my situation in the country where I am, and cooperate with the justice system.

I have not yet been able to properly complete my documentation, as my ex-partner never allowed me to obtain an ITIN number. However, I am available to provide further information or clarify any necessary points, and to share this story so that justice may be served and I may regain the safety, dignity, and freedom that I was deprived of for so many years.

//Roberta's Signature//

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: April 15, 2026.

## **Declaração - Roberta Souza Dias**

Meu nome é Roberta Dias. Venho, por meio desta declaração, relatar de forma detalhada toda a minha história, desde o início do meu relacionamento com meu ex-companheiro até minha fuga e a situação atual.

Nasci e cresci em Governador Valadares, Minas Gerais. Minha infância foi tranquila, apesar da separação dos meus pais quando eu era muito nova. Ambos sempre estiveram presentes na minha criação, mas foi minha mãe quem me criou. Sempre trabalhei desde os 15 anos, por vontade própria, buscando minha independência financeira. Meu pai queria que eu apenas estudasse, mas eu insisti em trabalhar e estudar ao mesmo tempo.

Conheci meu ex-companheiro ainda na infância, pois estudamos juntos na escola por cerca de quatro anos. Durante um bom tempo, perdemos contato, até que ele me encontrou pelo Facebook, em 2017, e voltamos a conversar. A partir de então, iniciamos um namoro à distância que durou cerca de sete meses.

Ele já morava nos Estados Unidos há 20 anos, falava diariamente sobre como era a vida lá e como queria que eu estivesse lá com ele. Pouco a pouco me convenceu a ir, prometendo uma vida melhor, dizendo que teríamos casa, carro e toda a estrutura necessária para vivermos juntos. Ele pagou todas as despesas da minha viagem, desde o visto até a passagem. Fui para os Estados Unidos acreditando nas suas promessas e na nossa relação.

Ao chegar, fui para Massachusetts, onde fiquei com ele por um ano em um apartamento alugado. Ele estava se recuperando de uma cirurgia para retirada de um tumor na cabeça e eu dei o apoio que ele precisava.

No início do nosso convívio, ele era carinhoso e atencioso, mas logo apresentou um comportamento mais agressivo, iniciando brigas, que logo evoluíram para agressões físicas. Em uma ocasião dessas, ele havia bebido e começou uma discussão e me agrediu. Ele justificou a agressão no uso do álcool e pediu desculpas. Eu fiquei em choque e confusa com o que estava vivendo. O uso de álcool e as agressões se tornaram cada vez mais frequentes e graves, não mais havia pedidos de desculpas e logo descobri que ele fazia uso de outras substâncias, como cocaína.

Depois de um tempo, ele disse que iríamos para a Flórida, onde supostamente teríamos a casa e o carro que ele havia prometido. Chegando lá, descobri que nada disso existia. Fomos morar em um quarto alugado e ele começou a me impedir de sair de casa, a não ser que ele permitisse. Ele começou a me ameaçar, caso eu fosse embora, dizendo que me mataria, me batia com frequência e me mantinha sob vigilância constante, não me permitindo mais falar com ninguém - a não ser que ele conferisse meu telefone.

Eu não falava inglês e sentia que estava presa a ele naquela circunstância. Ele me permitia apenas sair de casa para trabalhar com ele, em um local de construção civil, carregando materiais de construção. Ali, ele me insultava na frente das pessoas e eu me sentia

envergonhada e humilhada, cada vez mais assustada e com menos força para reagir a tudo aquilo.

Quando não havia trabalho na construção, eu fazia limpeza em casas com a sua permissão, mas ele também pegava toda a minha remuneração, deixando apenas cinco dólares na conta para não ser encerrada. Cheguei a ser demitida de um trabalho de limpeza, pois eu aparecia com os olhos roxos e outros hematomas com frequência.

Ele fez dívidas no meu nome, comprando carro, celulares e outros bens. Ele fingia que tomava minha assinatura para algum documento que seria em meu benefício. Como eu não falava inglês, eu não entendia o que estava assinando e quando eu questionava o teor do documento, era agredida. Depois entendi do que se tratava, pois começaram a vir cobranças e ligavam das instituições de cobrança para falarem comigo. Nesses momentos, ele ficava ao meu lado me forçando a repetir no telefone o que ele dizia. Entendi que ele utilizava meu nome porque o dele já estava negativado.

Ele dizia que eu o devia pelas despesas de alimentação, gastos pessoais, além dos custos da minha viagem e visto. Eu não podia comprar nada do que eu precisava. Além disso, ele também controlava e restringia a minha alimentação, dizendo o que eu comeria - apenas arroz com ovo - e que eu só comeria o mínimo porque era o que eu merecia, enquanto ele comia com fartura do meu lado.

As agressões ficaram cada vez piores e aconteciam em qualquer condição, ainda que sem o uso de substâncias, mas quando fazia uso delas, eu já sabia que seriam piores e eu entrava em desespero. Ele me arrastou pelos cabelos mais de uma vez, me chutava, me dava socos no rosto e chegou a quebrar meu dente, me mordida, me enforcava, pisava na minha garganta, ameaçava com faca e dizia que iria me matar.

Em um episódio, chegou em casa com raiva, dizia ele que a causa era a de que eu não havia cozinhado o seu jantar. Ele me derrubou no chão e começou a pisar em minhas costelas, até quebrá-las. Eu gritava de dor e não conseguia reagir, tamanha dor que sentia e tamanha força que ele usava contra mim. A cada chute, ele dizia que eu não servia para nada, nem para me prostituir, e que eu merecia apanhar. Dizia que a minha dor era drama e me arrastava quando eu não conseguia caminhar. Ele me jogava no quarto e dizia que se eu gritasse iria me matar. Passava a faca em meu rosto e dizia que ia me cortar e que eu lembraria dele para sempre.

Em outro episódio, ele me arrastou até o vaso sanitário, me segurando pela nuca, e ali afogou meu rosto várias vezes, me insultando. Muitas vezes, após as agressões, eu me fechava no banheiro para limpar as feridas, mas ele conseguia entrar à força e me agredia ainda mais, prensando meu rosto contra a parede e me batendo. Eu passei a ser seu saco de pancada, ele bêbado ou não. A cada agressão e a cada dia, eu achava que morreria.

Por mais machucada que eu estivesse, ele não me deixava procurar ajuda médica, pois caso eu fosse ao hospital saberiam que eu tinha sido violentada, o que denunciaria a situação. Além disso, ele dizia que caso eu o denunciasse mandaria matar minha mãe e meu filho no Brasil, além de me matar.

Por conta das dores e hematomas eu era obrigada a permanecer em casa reclusa. Ficava por períodos de vinte dias até dois meses trancada dentro do quarto, tomando analgésicos até apresentar alguma cicatrização e voltar a poder aparecer em público. Eu mal conseguia andar, muitas vezes. Ele tinha medo de que vissem meu estado e, assim, me mantinha trancada.

Em razão dos meus gritos de dor, meus gritos pedindo socorro e por aparecer com muitos hematomas, alguns vizinhos chamavam a polícia, mas quando os policiais chegavam, eu negava tudo por medo das ameaças.

As agressões e o domínio dele sobre mim, além de um sentimento de que ele nunca sofreria consequência pelos seus atos só cresciam. Além de me agredir dentro de casa, começou a me agredir na frente das pessoas, sem se importar com quem estava perto observando a cena. Ele gritava me humilhando e muitas pessoas pediam para ele parar, mas ele ignorava e sabia que eu ficaria calada.

Apesar de temer pela minha vida, eu temia muito mais pela vida do meu filho e da minha mãe. Eu sabia que eles também corriam risco, já que, no Brasil, a família dele conhece a minha família e ali ele tem o domínio e controle de todos de forma ainda mais fácil do que nos EUA.

Ele também me obrigava a ter relações sexuais contra a minha vontade, muitas vezes sob efeito de drogas e assistindo vídeos pornográficos. Quando eu recusava, era agredida ainda mais. Eu vivia em constante terror, sem liberdade, sem poder falar com minha família, pois ele quebrava meus celulares e controlava todas as minhas conversas.

Ele me mantinha totalmente isolada, não podia ter amigos, conversar com colegas de trabalho, nem mesmo manter contato com minha família sem que ele supervisionasse. Ele via minhas mensagens de telefone todos os dias, monitorava minha localização e se desconfiasse de algo, me fazia sair do trabalho.

Importante dizer que, certa vez, acessei meu celular enquanto ele dormia e vi que havia mensagens com outras mulheres do Brasil, com promessas tais quais as que ele me fazia. Ali vi que muitas outras mulheres estavam sendo atraídas para a mesma situação e eu não podia me comunicar com elas porque se ele soubesse, eu certamente seria morta.

Durante anos, tentei fugir, mas sempre tinha medo de ser pega e morta. Cheguei a contar um pouco do que vivia ao meu filho e minha mãe que estavam no Brasil, mas eu evitava contar tudo por medo. Eles me pediam para denunciar à polícia, mas eu não denunciava por medo.

No entanto, em uma ocasião, criei coragem e mandei mensagem pela internet para um ex-namorado, chamado Luiz, que morava em Las Vegas. Contei a minha situação e logo apaguei as mensagens, com medo de ser descoberta. Luiz começou a trocar mensagens comigo em horários marcados. Ele tentou me ajudar, comprando passagens para eu fugir, mas eu não conseguia sair de casa sem que meu ex-companheiro percebesse e os planos de fuga davam errado.

Finalmente, após cinco anos de relação dessa forma, em setembro de 2024, eu consegui fugir quando ele saiu para trabalhar. Eu disse que iria fazer limpeza na casa de uma senhora e que precisava do dinheiro para mandar para minha família no Brasil. Fui para o aeroporto e lá liguei para o Luiz, que comprou minha passagem. Fiquei cinco horas esperando no aeroporto, aterrorizada, até conseguir embarcar para Las Vegas. Eu sabia que se o plano desse errado, eu estaria morta e provavelmente também a minha família.

Com o passar das horas, já notando minha ausência, meu ex-companheiro me mandou mensagens dizendo que me encontraria onde quer que eu estivesse e iria me matar. Bloqueei seu número e Luiz me resgatou em Las Vegas. Hoje moro em Las Vegas, casada com Luiz, que me ajudou a recomeçar, a me sentir segura e amada. Meu filho recebe a proteção do pai dele no Brasil.

Por ser da mesma cidade que eu no Brasil, eu e o meu ex-companheiro temos contatos em comum e ele utilizou disso para me procurar por lá mais de uma vez. Ele relatava sobre a facilidade de mandar me matar assim que eu chegasse no Brasil, já que lá ele tem muitos familiares e contatos envolvidos com crime, com maior domínio sobre a região. Ele também já tentou me localizar por meio de perfis falsos em rede social. Cortei contato com todas as pessoas ligadas a ele.

Ele me deixou com muitas sequelas emocionais. Até hoje tenho medo de ser encontrada. Quando passam carros perto de mim, meu coração dispara. Tenho crises de ansiedade e pânico. Eu tenho medo quando estou sozinha ou tomando banho, pois lembro das agressões e parece que ainda o vejo. Muitas vezes tenho crises de choro e começo a andar rápido achando que o vi quando passo por alguém parecido e em muitos momentos, meu marido precisa ficar perto de mim quando tomo banho para me tranquilizar de que tudo está bem e nada mais vai me acontecer. Hoje, mesmo longe, ainda vivo com medo, mas sei que voltar para o Brasil poderia ser ainda mais arriscado para mim e minha família.

Atualmente, o que mais quero é reconstruir minha vida do zero, superar meus traumas, regularizar minha situação no país que estou e cooperar com a justiça.

Não consegui adequar minha documentação ainda, pois meu ex-companheiro nunca permitiu que eu tirasse o ITIN number. No entanto, estou à disposição para fornecer mais informações ou esclarecer qualquer ponto necessário e poder compartilhar essa história para que a justiça seja feita e eu volte a ter segurança, dignidade e liberdade, que há tantos anos fui privada.

Roberta de Souza Dias 04/29/26

**Exhibit 6: Evidence of  
Trauma and Severe  
Form of Trafficking -  
Roberta de Souza  
Dias' Psychological  
Evaluation by  
Gustavo Benejam,  
Psy.D., Licensed  
Psychologist (Lic. No.  
PY7387)**



***Gustavo R. Benejam, Psy.D.***  
***Licensed Clinical Psychologist***

**PSYCHOLOGICAL EVALUATION - CONFIDENTIAL**

November 17, 2025

Name: **Roberta de Souza Dias**  
Dates of Evaluation: November 10, 2025  
Examiner: Gustavo Benejam, Psy.D.

**REASON FOR REFERRAL**

Mrs. Roberta de Souza Dias is a 48-year-old female from Brazil, living in the USA, who was referred by her attorney, Otavio Haverroth Silva, for a psychological evaluation. The purpose of the evaluation was to assess the psychological and emotional functioning and establish diagnostic impressions. More specifically, this evaluation aims to assess the extent to which having been the victim of exploitation and abuse in her previous relationship in the U.S. has affected Mrs. de Souza Dias emotionally and psychologically.

Before beginning, she was informed of the purpose of the evaluation, process, rights, and limits of confidentiality.

**EXAMINER'S QUALIFICATIONS**

I, Gustavo Benejam, Ph.D., confirm the following:  
I am a licensed psychologist in the state of Florida (PY 7387) since 2006.

I earned the following graduate academic degrees from an APA-approved Program:  
M.A. in Psychology (2003) Carlos Albizu University, Miami, FL  
Ph.D. in Clinical Psychology (2005) Carlos Albizu University, Miami, FL

I completed a one-year Doctoral Internship (2004-2005) with the Goodman

Psychological Center in Miami, Florida. I completed a one-year post-doctoral placement at University of Miami – Jackson Memorial Hospital in Miami, Florida.

I have conducted numerous psychological evaluations assessing different psychological conditions and diagnoses. I am a member of the American Psychological Association (APA) and of the Society of Clinical Psychology – Division 12. Obtained Psychology Division Annual Award for Research & Scholarly Presentation: PTSD with U. of Miami. I have significant training in diagnoses and treatment of PTSD (CBT, Hypnosis, and EMDR). Also, I have testified in Court.

Mrs. de Souza Dias was assessed through a psychological evaluation. The visits and time employed in this evaluation entail a **thoroughly established professional relationship** according to the standards of psychological practice. Also, this is an **objective assessment**, and the outcome of this evaluation has no impact or relationship to my fees. Based on this, Mrs. de Souza Dias is deemed that she received an **objective assessment**. Treatment has been suggested but not offered to further ensure objectivity and the lack of conflict of interest.

*The purpose of this evaluation is to assess the person's mental status and establish diagnostic impressions. There is no evidence of malingering in the form of fabrication or exaggeration of symptoms.*

### **PSYCHOLOGICAL EVALUATION**

Mrs. de Souza Dias was born in Brazil on July 30, 1977 (currently 48 years old). Mrs. de Souza Dias was primarily raised by her mother after her parents separated when she was young. Although her mother was her main caregiver, her father remained involved and provided financial support. Her parents separated because her father wished to be with another woman. She has three siblings from her parents together and three additional siblings from her father's side. Her father passed away two years ago from complications related to an aneurysm that had been diagnosed 25 years earlier. Mrs. de Souza Dias maintains close communication with her family; she speaks with her mother and siblings every day, and she also talks to her son daily. She reports having had a stable childhood and adolescence without abuse or traumatic experiences.

Mrs. de Souza Dias completed high school in Brazil. She is currently married and has been living with her husband since they were married in the United States on May 24, 2025. She has one son from a previous relationship, Guilherme, born on April 8, 2003 (currently 22 years old), who lives independently in Brazil while working and attending school. Mrs. de Souza Dias immigrated to the United States in September 2018 and is currently employed in house cleaning.

Mrs. de Souza Dias met her previous relationship partner, Roberto, when she was an adolescent in school, and they remained close friends for many years, even though there were long periods when they lost contact. Eventually, they reconnected, grew close again, and began a long-distance relationship. Roberto frequently attempted to convince her to move to the United States, insisting that her life would be much better there and that she would be able to help her family and her son. After obtaining her visa through Roberto,

she traveled to the U.S. alone and went to Massachusetts, where Roberto was living. Roberto paid for all associated costs, including travel expenses, in order for the visa interview to take place. Upon arrival, she quickly realized that the car, home, and other things he had promised her did not exist. Although she felt uneasy, she loved him deeply and chose to ignore these early warning signs. Roberto drank heavily, and the first time he became intoxicated, he slapped her across the face, leaving her terrified. He apologized afterward, but this behavior soon became a regular occurrence, and over time, he grew increasingly aggressive. He would lock her out of the home, refuse to let her go to work, and demand that she does everything with him. A neighbor once left a note on her door threatening to call the police after frequently hearing her screams; shortly afterward, Roberto moved them to a different apartment, and the abuse escalated even further.

Roberto threatened to have her son killed if she reported him to the police. He isolated her completely, forbidding her from having any friends, leaving her feeling profoundly alone in a country where she knew no one. After a year, they moved to Florida, and although she still hoped for the life he had promised her, he rented a nearly empty home, and the abuse continued. She eventually begged him to let her work so they could live more normally, promising not to disclose anything about the violence. Once she began working, the physical assaults continued, and he left her with bruises and black eyes, which she hid by making excuses out of fear.

Roberto took all her earnings and insisted she only worked to give him money. Her employer eventually confronted her, stating that no one deserved such treatment. Eventually, her employer threatened to call the police after repeatedly seeing her covered in bruises. Mrs. de Souza Dias pleaded with her not to, terrified of Roberto's threats to kill her and harm her son in Brazil. That same day, when she returned home, Roberto violently attacked her, pushing her to the ground, kicking her, and breaking one of her ribs. He put her on the bed while her face and lip bled heavily. When she begged for medical help, he told her to be quiet, dragged a knife from her neck to her stomach, and threatened to cut her in half if she continued screaming. She spent two months bedridden without help. Roberto drank constantly, used cocaine, blasted music all night, and frequently assaulted her without warning. He once burnt her face with a vape and refused to let her seek medical care. He always monitored her location and forced her to work alongside him in construction, making her carry heavy demolition debris and materials. He hit her in the houses where they worked and regularly insulted her, calling her degrading names. He forced her to cook even when she was exhausted, criticized her food, and once beat her so severely in the shower that she fainted, leaving her to wake up alone, bleeding, and disoriented. He then demanded that she fix the food while still wrapped only in a towel, despite her pain and nausea.

During a child's birthday gathering hosted by his cousin, a woman approached Mrs. de Souza Dias to talk. Roberto immediately pulled Mrs. de Souza Dias out of the party, accused her of disrespect, and began punching her in the face in front of everyone. He dragged her by the hair to the car and punched her repeatedly while driving. At home, he continued the attack, pulling her by the hair across the floor, hitting her violently, and leaving her bleeding. Throughout this time, she had no access to money because he took

all of it, and her mother had to pay for her son's rent in Brazil. She worked long hours, sometimes overnight, believing that her labor would help her son, while Roberto insisted, she had only come to the U.S. to serve him. He controlled her food, allowing her only rice and one egg per day, monitoring everything she ate. His sexual abuse was severe and ongoing; when intoxicated, he would force her to remain beside him as he watched pornography while using illegal substances. He tore her clothes, forced her to stay naked, mandated sexual acts, and physically assaulted her when she refused. She tried hiding from him, but he would break down doors and drag her back to the bedroom. She attempted to change her behavior in hopes of reducing the violence, even pleading with him emotionally, but he insisted she obey him because she was "his wife," leaving her feeling enslaved.

The only person she was allowed limited contact with was a woman named Leticia, from whom she secretly obtained a phone number. Leticia called the police several times, but out of fear, Mrs. de Souza Dias denied the abuse each time. She later reached out to an ex-boyfriend, Luiz, whom she had dated 18 years earlier. Upon learning what she was experiencing, Luiz immediately tried to help her escape and purchased a plane ticket. She attempted to flee multiple times, but fear and Roberto's unpredictability stopped her. She deleted conversations and changed contact names to avoid being caught. On her third attempt, when Roberto finally left for work, she grabbed a backpack, called an Uber, and fled using the ticket Luiz had bought her. After her escape, Roberto created fake accounts to threaten her and her son, but she blocked all of them. Due to the lasting physical injuries from the abuse, she still cannot lift heavy objects or work for long periods.

Even after escaping, Mrs. de Souza Dias continues to experience intense fear and hypervigilance. When alone, especially in the shower, she feels as if Roberto is present and panics. She often believes cars are following her and sometimes sees his face in her mind. She wakes up crying, begging him to stop, and frequently dreams of being attacked again. She eventually confided in her mother and later her son, though she withheld many details to protect her son's mental health. Her husband (Luiz) has been her primary source of emotional stability and support, helping her through her sadness, panic attacks, and ongoing fear. She was with Roberto for six years and finally escaped in October 2024. At her lowest points, she experienced suicidal thoughts, but her mother, her son, and her faith helped her remain hopeful enough to survive and ultimately leave the toxic relationship she was in.

During the evaluation, Mrs. de Souza Dias described enduring years of severe physical, emotional, sexual, and psychological abuse at the hands of her former partner, including repeated beatings, threats to her life and her son's life, extreme isolation, financial control, forced labor, and ongoing sexual coercion. As she recounted these events, she uncontrollably sobbed throughout the session, frequently pausing to regain her composure and taking sips of water in an effort to calm her nerves. The emotional intensity of her reactions made clear the profound trauma she continues to carry from the extensive abuse she suffered.

Mrs. de Souza Dias reported no previous history of working with psychologists or therapists but expressed a strong interest in beginning treatment, recognizing her current emotional needs. Medically, she underwent surgery two months ago for a potential

cancer, during which her uterus and fallopian tubes were removed. She is currently taking the following medication:

- Estradiol 1 MG (hormone)

She acknowledged experiencing occasional suicidal ideation in the past, but explained that thoughts of her husband, mother, and son help redirect her during those moments. She denied any plan or intent to harm herself. She also reported no history of legal involvement.

## **CURRENT PRESENTATION**

### **Cognitive Functioning**

Regarding her cognitive and emotional functioning, Mrs. de Souza Dias reported significant difficulties that emerged as a direct result of the prolonged physical, emotional, and sexual abuse she endured in her former relationship. She described ongoing problems with concentration, frequently losing track of her thoughts and struggling to remain focused, particularly when reminded of past traumatic events. She endorsed pronounced emotional exhaustion, diminished motivation, and a loss of interest in activities she once enjoyed. Mrs. de Souza Dias reported persistent anxiety, episodes of panic, and a continuous state of hypervigilance, explaining that she often feels watched or followed and sometimes sees Roberto's face in her mind. She experiences a deep sense of detachment at times and noted that her self-esteem was severely impacted by years of belittlement, degradation, and threats. Even now, certain triggers, such as being alone in the shower, seeing the same model of his car, or hearing noises outside, provoke intense fear responses, reflecting the enduring psychological effects of the abuse.

### **Behavioral Observations**

Mrs. de Souza Dias reported experiencing increasing isolation and a diminished interest in activities she once enjoyed, noting that these changes began during her prolonged exposure to severe domestic violence. She described persistent fatigue and explained that she actively avoids places, situations, or sensory triggers, such as being alone in the shower, that remind her of the traumatic experiences she endured with her former partner. Despite these emotional challenges, she emphasized her determination to rebuild her life and not allow the abuse to define her, expressing motivation to heal and move forward.

During the clinical interview, Mrs. de Souza Dias was appropriately dressed and groomed. Her thought processes were coherent and logical, and her psychomotor functioning appeared within normal limits. However, when discussing the years of physical, emotional, and sexual abuse she endured, she became visibly tearful and emotionally overwhelmed. She endorsed frequent feelings of sadness, nervousness, and heightened stress, which were evident throughout the evaluation. Although no objective memory deficits were observed, she demonstrated noticeable difficulty with concentration and presented with symptoms consistent with trauma-related anxiety and depression when recounting her experiences. She remained fully oriented to time, place, person, and situation.

Her affect was notably constricted, and she exhibited clear signs of anxiety and emotional distress throughout the interview. Despite this, her insight and judgment were intact, and she demonstrated the ability to reflect meaningfully on her experiences and current emotional state. She explicitly denied current suicidal or homicidal ideation. Mrs. de Souza Dias was actively engaged in the assessment process, and her effort was consistent, supporting the validity and reliability of the information obtained during this evaluation.

### **ASSESSMENT MEASURES ADMINISTERED**

Clinical Interview  
 Mental Status  
 Brief Mental Health Screen  
 Beck Symptom Inventory (BSI)  
 Patient Health Questionnaire (PHQ-9) (Depression Scale)  
 Generalized Anxiety Disorder 7-item (GAD-7)  
 Miller Forensic Assessment of Symptoms Test (M-FAST)  
 PTSD Checklist- Version 5 (PCL-5)

### **PSYCHOLOGICAL TESTING RESULTS**

#### Mental Status:

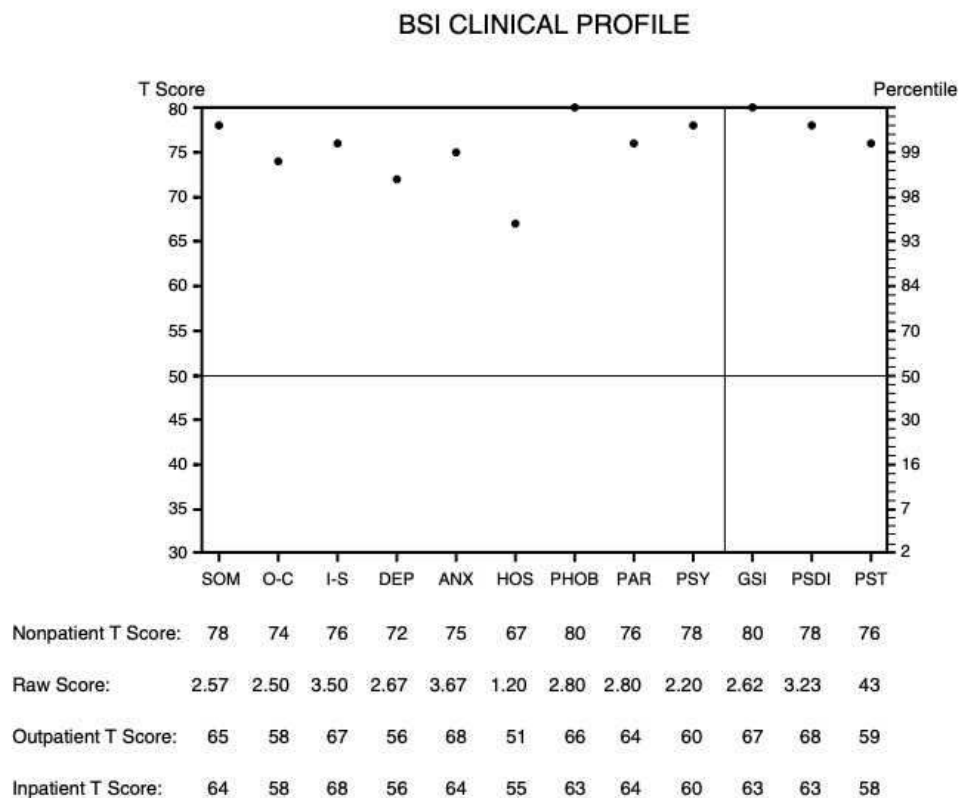
Mrs. de Souza Dias demonstrated proper orientation with respect to time, place, and person. She was able to spell a word presented to her backwards without difficulty. In addition, she exhibited strong reasoning skills when responding to hypothetical and symbolic scenarios, reflecting well-developed abstract thinking abilities. Her responses consistently reflected sound judgment when presented with various situations, indicating logical and reasonable thought processes. Overall, these findings suggest that Mrs. de Souza Dias's cognitive abilities are within the normal range and confirm that she was capable of actively and meaningfully participating in the assessment.

The **brief mental health screen** includes symptoms listed in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) endorse the presence of the most common mental health disorders found in the population. The results of this screen support the presence of abuse, PTSD, depression, and anxiety in Mrs. de Souza Dias. As part of this screen, Mrs. de Souza Dias mentioned being fearful and worried about past events.

The **Beck Symptom Inventory** instrument provides patient-reported data to support clinical decision-making at intake and during treatment in multiple settings. The BSI helps assess patients and objectively support care management decisions.

Mrs. de Souza Dias's BSI symptom profile reveals a pattern and magnitude to be considered in the clinical range and qualifies as a positive clinical case. The symptomatic

distress levels are clearly defined as being in the clinical range, which suggests that a more intensive and detailed evaluation of mental status is called for.



The overall intensity of distress is somewhat elevated and has endorsed many clinical symptoms. Mrs. de Souza Dias reveals scores on multiple primary symptom dimensions that are elevated and in the clinical range. For example, the General Severity Index **T-Score of 80 (> 99th percentile) is severely elevated.**

The *Patient Health Questionnaire (PHQ-9)* resulted in a score of 22 and is in the *Severe* range of depression. Importantly, she reported minimal suicidal ideation. When asked about this, she reported that she sometimes experiences negative thoughts but is reminded of her family, which helps motivate and ground her. She denied any form of suicidal plan or intent.

The **Generalized Anxiety Disorder 7-item (GAD-7)**'s score of 16 is in the *Severe* range of anxiety.

Mrs. de Souza Dias's PTSD Check List- (PCL-5) scored 60 out of 80. Mrs. de Souza Dias's score indicates that she meets the DSM-V diagnostic criteria for Post-Traumatic Stress Disorder (PTSD), (between 31-33 is indicative of probable PTSD). The PCL-5 is a 20-item self-report measure that assesses the 20 DSM-5 symptoms of PTSD. The PCL-5

is a psychometrically sound measure of DSM-5 PTSD. It is valid and reliable, useful in quantifying PTSD symptom severity.

Lastly, Mrs. de Souza Dias was administered the Miller Forensic Assessment of Symptoms Test (MFAST), a measure of effort testing specifically designed to identify attempts to malingering and/or exaggerate symptoms. Mrs. de Souza Dias's score is representative of **an individual who is not malingering.**

## **DIAGNOSES**

### *Posttraumatic Stress Disorder*

The following symptoms are present:

1. Exposure to actual or threatened death, serious injury, or sexual violence by directly experiencing the traumatic event, witnessing in others, or by repeated or extreme exposure to aversive details of the event.
2. The presence of intrusion symptoms associated with the traumatic event such as: intrusive memories about the event, recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event, and/or dissociative reactions (e.g., flashbacks) in which the individual acts as if the traumatic event were occurring.
3. Persistent avoidance of stimuli associated with the traumatic event such as avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic events. Avoidance of or efforts to avoid external reminders that arouse distressing memories, thoughts or feelings about or closely associated with the traumatic event.
4. Negative alterations in cognitions and mood associated with the traumatic event, beginning or worsening after the traumatic event occurred. These alterations in cognition or mood may include the inability to remember important aspects of the trauma. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world. Persistent or distorted cognitions about the cause or consequences of the traumatic event which lead to self-blame. Persistent negative emotional state. Diminished interest or participation in significant activities. Feelings of detachment or estrangement from others. Inability to experience positive emotions.
5. Marked alterations in arousal and reactivity associated with the traumatic event such as irritable behavior and angry outbursts. Reckless or self-destructive behavior. Hyper-vigilance. Exaggerated startle response. Problems with concentration. Sleep disturbance.

### *Persistent Depressive Disorder - DSM-5 Criteria*

- A. Depressed mood for most of the day, for more days than not, as indicated by subjective account or observation by others, for at least 2 years.
- B. Presence while depressed of two or more of the following:  
Poor appetite or overeating

Insomnia or hypersomnia  
Low energy or fatigue  
Low self-esteem  
Poor concentration or difficulty making decisions  
Feelings of hopelessness

- C. During the 2-year period of the disturbance, the person has never been without symptoms from the above two criteria for more than 2 months at a time.
- D. Criteria for MDD may be continuously present for 2 years, in which case patients should be given comorbid diagnoses of persistent depressive disorder and MDD.
- E. This has never been a manic episode, a mixed episode, or a hypomanic episode and the criteria for cyclothymia have never been met.
- F. The symptoms are not better explained by a psychotic disorder.
- G. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse or a medication) or a general medical condition.
- H. The symptoms cause clinically significant distress or impairment in important areas of functioning.

Code Descriptor

F41.12 Post-Traumatic Stress Disorder (PTSD), Chronic

F34.1 Persistent Depressive Disorder, Severe, with Anxious Distress

**SUMMARY**

The conclusions shown below are based on the clinical interview and on the results of objective psychological assessments.

In my professional opinion, Mrs. de Souza Dias meets the diagnostic criteria for Post-Traumatic Stress Disorder (PTSD) and Persistent Depressive Disorder, Severe, with Anxious Distress, stemming from the abuse she endured during her romantic relationship with Robert in the United States. Mrs. de Souza Dias's clinical presentation reflects a severe and pervasive trauma-related symptom profile that has profoundly impaired her emotional well-being and day-to-day functioning. These symptoms are directly linked to the prolonged physical, emotional, psychological, and sexual abuse she endured over the course of six years. She experiences persistent anxiety, hypervigilance, fear of being followed, and frequent intrusive memories of the assaults. She also reported chronic fatigue, irritability, disrupted sleep, diminished interest in previously enjoyed activities, avoidance of triggers associated with the abuse, and difficulties with concentration. Her trauma symptoms remain intense and destabilizing, despite her strong motivation to heal.

Clinically, Mrs. de Souza Dias has developed long-standing psychological difficulties rooted in the extreme coercion, threats, physical assaults, forced sexual acts, financial control, and isolation imposed by her former partner. Years of being belittled, threatened with death, restricted from eating or socializing, and forced into labor under constant surveillance severely damaged her self-esteem and sense of personal safety. She reported past suicidal thoughts during the relationship, though she denied any intent or plan, and

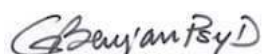
she continues to struggle with the lasting emotional and physical consequences of the abuse. Even now, she becomes panicked when alone in the shower, feels watched when outside, sees flashes of Roberto's face, and awakens crying from nightmares in which she relives the violence. These symptoms are consistent with significant trauma-related distress.

The conditions that contributed to her psychological injury included: repeated physical beatings resulting in visible bruises, black eyes, and a fractured rib; sexual coercion and forced sexual acts while Roberto was intoxicated and using drugs; prolonged periods of captivity inside the home; starvation and controlled food intake; forced manual labor under threats; constant monitoring of her location; death threats directed at both her and her son; and extreme isolation from all social supports. She endured these abuses without access to medical care, financial autonomy, or the ability to seek help safely due to Roberto's surveillance and threats of retaliation.

Given the severity and chronicity of her symptoms, ongoing trauma-focused psychotherapy with a licensed clinician is strongly recommended. While she has demonstrated notable resilience, her prognosis remains guarded due to the depth of her psychological injuries, the intensity of her current symptoms, and the retraumatizing nature of recalling episodes of severe violence.

Remaining in the United States represents the safest and most stable environment for Mrs. de Souza Dias's continued recovery. Here, she has access to consistent medical care, psychological treatment, physical safety, and a supportive husband, resources that she reports were unavailable to her in Brazil. She expressed significant fear that returning to Brazil would expose her to emotional destabilization, reduced access to adequate care, and increased vulnerability, given the country's limited protections and her lack of safety there. Returning would also represent a profound emotional setback, as she has worked tirelessly to escape her abuser and rebuild her life.

Overall, a stable, supportive, and violence-free environment within the United States offers Mrs. de Souza Dias the best chance for psychological healing, improved functioning, and the opportunity to continue rebuilding her life with dignity, safety, and hope for the future.



Gustavo Benejam, Psy.D.  
Licensed Clinical Psychologist  
Lic. PY7387



**TRANSFER HISTORY REPORT for Received Money Transfers\***

| MTCN       | RECEIVER'S NAME       | SEND DATE | SENDER'S NAME             | PAID DATE | PAID AMOUNT AND CURRENCY | ORIGINATING COUNTRY | DESTINATION COUNTRY |
|------------|-----------------------|-----------|---------------------------|-----------|--------------------------|---------------------|---------------------|
| 2337203030 | ROBERTA DE SOUZA DIAS | 9/9/2018  | ROBERTO MARTINS DE CASTRO | 9/10/2018 | BRL 546.89               | UNITED STATES       | BRAZIL              |
| 9399175082 | ROBERTA DE SOUZA DIAS | 9/2/2018  | ROBERTO MARTINS DE CASTRO | 9/3/2018  | BRL 408.09               | UNITED STATES       | BRAZIL              |
| 9643082072 | ROBERTA DE SOUZA DIAS | 9/1/2018  | ROBERTO MARTINS DE CASTRO | 9/3/2018  | BRL 1,632.58             | UNITED STATES       | BRAZIL              |
| 6836432782 | ROBERTA DE SOUZA DIAS | 8/7/2018  | ROBERTO MARTINS DE CASTRO | 8/8/2018  | BRL 445.19               | UNITED STATES       | BRAZIL              |
| 2808700093 | ROBERTA DE SOUZA DIAS | 8/4/2018  | ROBERTO MARTINS DE CASTRO | 8/6/2018  | BRL 1,474.57             | UNITED STATES       | BRAZIL              |
| 1608697013 | ROBERTA DE SOUZA DIAS | 7/27/2018 | JOAO VIEIRA DE SOUSA      | 8/3/2018  | BRL 406.12               | PORTUGAL            | BRAZIL              |
| 7714231619 | ROBERTA DE SOUZA DIAS | 7/22/2018 | ROBERTO MARTINS DE CASTRO | 7/23/2018 | BRL 972.48               | UNITED STATES       | BRAZIL              |
| 7484330462 | ROBERTA DE SOUZA DIAS | 7/5/2018  | ROBERTO CASTRO            | 7/6/2018  | BRL 1,054.94             | UNITED STATES       | BRAZIL              |
| 8827406127 | ROBERTA DE SOUZA DIAS | 6/25/2018 | JOAO VIEIRA SOUSA         | 6/26/2018 | BRL 526.44               | PORTUGAL            | BRAZIL              |
| 7910503948 | ROBERTA DE SOUZA DIAS | 6/25/2018 | ROBERTO CASTRO            | 6/26/2018 | BRL 1,120.41             | UNITED STATES       | BRAZIL              |
| 3099788837 | ROBERTA DE SOUZA DIAS | 6/4/2018  | JOAO VIEIRA SOUSA         | 6/5/2018  | BRL 629.16               | PORTUGAL            | BRAZIL              |

\* If you requested information regarding money transfers sent over 5 years ago, this list may not be complete due to system limitations.

If you find errors, send us an email at [customeraccess.request@westernunion.com](mailto:customeraccess.request@westernunion.com) so we can correct incomplete or inaccurate information.



**Robert J. Futoran M.D.**  
**Gynecologic Oncology**

**Mailing address**  
**9811 W Charleston Blvd Ste 2-691**  
**Las Vegas, Nevada 89117**

**Phone 702-410-5822**  
**Text: 702-323-5347**  
**Fax: 702-483-5507**

**NOTE**

**Date:** 04/28/2026

**Patient Name:** DESOUZADIAS,Roberta  
**D.O.B:** 07/30/1977

**Diagnosis:** Ovarian cancer Stage I

To whom it may concern:

Roberta has been my patient since her emergent hospital admission in July 25,2025, patient has shared her life with me and has asked that I provide my professional opinion on her circumstances, and I believe that if Roberta would have been able to get her yearly female exams and been able to tell a provider her symptoms the diagnosis could've been detected sooner than when it did. Any further questions contact my office.

Thank you

**Robert J Futoran, MD**

**Clinic service address:**  
**Coronado Bay Business Park**  
**7908 W Sahara Ave Las Vegas NV 89117**

**Tissue Pathology**

Order: 122171407

Status: Final result Dx: Ovarian mass, right

Test Result Released: No (inaccessible in MyChart)

Component 10 d ago

**CLINICAL** SEE COMMENT**INFORMATION**

Comment: TISSUE PATHOLOGY

Lab: AXR

CLINICAL INFORMATION: Patient ID: 1001271079

**DIAGNOSIS:****A) OMENTUM****(EXCISION):**

- MATURE ADIPOSE TISSUE; NO MALIGNANCY IDENTIFIED.

**B) RIGHT OVARY AND RIGHT FALLOPIAN TUBE****(SALPINGO-OOPHORECTOMY ENDOMETRIOID):**

- OVARIAN MUCINOUS CARCINOMA, CONFLUENT/EXPANSILE PATTERN (SEE COMMENT).
- BENIGN FALLOPIAN TUBE.

**COMMENT:****SPECIMEN**

- Procedure: Total hysterectomy and bilateral salpingo-oophorectomy
- Specimen Integrity:
- Right Ovary Integrity: Capsule intact
- Left Ovary Integrity: Capsule intact
- Right Fallopian Tube Integrity: Serosa intact
- Left Fallopian Tube Integrity: Serosa intact

**TUMOR**

- Tumor Site: Right ovary
- Tumor Size: Greatest Dimension (Centimeters): 19 cm
- Histologic Type: Mucinous carcinoma, low-grade
- Histologic Grade: Silverberg Grade 1 (scores 3-5)
- Ovarian Surface Involvement: Not applicable
- Fallopian Tube Surface Involvement: Not applicable
- Implants: Not applicable
- Other Tissue / Organ Involvement: Not identified
- Peritoneal / Ascitic Fluid Involvement: Negative for malignant cells
- Chemotherapy Response Score (CRS): No known

healthcare professional.

PATHOLOGIST:

Stacy Kim, M.D., Board Certified Pathologist (electronic signature) Associated Pathologists, Chartered  
Pathologist Release Date/Time: 08/01/2025 12:01PM

For questions contact Anatomic Pathology Client Services  
at 702-733-3785

---

GROSS DESCRIPTION:

Lab: QAW

- A) Received in 10% neutral buffered formalin, verified as to the patient's name, second identifier, and omentum is a 28.0 x 8.0 x 2.0 cm elongated portion of lobulated adipose tissue consistent with omentum. Sectioning reveals homogeneous yellow cut surfaces with no evidence of hemorrhage or necrosis. Neither lesions nor firm areas are grossly identified. Representative sections are submitted. Number of cassettes: 5 (TXH)
- B) Received in 10% neutral buffered formalin, verified as to the patient's name, second identifier, and right ovary and right fallopian tube is a 1423 g, 19.0 x 18.0 x 10.0 cm intact, enlarged, tan-brown cystic ovary. Embedded within the cystic ovary is an 11.5 x 0.7 x 0.5 cm distended fimbriated fallopian tube. The specimen is inked blue. Sectioning through the ovary reveals a multiloculated cysts filled with a large amount of gray-tan to light brown thick mucus material. A 9.0 x 6.0 x 5.0 cm gray to pink-brown lobulated friable lesion is identified within the cystic ovary. The lesion abuts the inner lining of the cystic ovary but does not appear to infiltrate through. No obvious normal ovarian parenchyma is grossly identified. After draining the contents, the cystic ovary weighs 390 g. Sectioning through the fallopian tube reveals a pinpoint lumen. Representative sections are submitted in cassettes labeled B1-B15 (B15 contains fallopian tube with entire fimbria). Number of cassettes: 15 (TXH)
- C) Received in 10% neutral buffered formalin, verified as to the patient's name, second identifier, and uterus, cervix, left fallopian tube and left ovary is a 64.0 g, 8.2 cm from cervix to fundus, 4.5 cm from cornu to cornu and 3.5 cm from anterior to posterior 74 uterus with

attached left ovary and left fallopian tube without fimbria only. The right adnexa is not present. The serosal surface is pink-brown, glistening and smooth.

The cervix is 3.6 x 3.0 x 3.0 cm. The ectocervix is 3.0 x 2.7 cm and is focally punctated. The ovoid os is 0.5 x 0.2 cm and is probe patent.

The endocervical canal is approximately 3.5 cm long and displays a 0.7 x 0.6 cm in maximum dimension indentation noted at the anterior lower uterine segment consistent with C-section scar.

The endometrial cavity is approximately 3.5 cm in length, 0.8 cm from cornu to cornu and is lined by tan-pink endometrium measuring 0.1 cm in thickness. The myometrium is up to 1.7 cm in thickness and is focally trabeculated. No obvious nodules are grossly identified. The intact left ovary weighs 2.0 grams and measures 2.6 x 1.7 x 1.1 cm and the corresponding fallopian tube without fimbria is 3.5 x 1.0 x 0.5 cm. Sectioning through the left ovary reveals a 1.3 x 0.7 x 0.5 cm intact cyst filled with tan clear serous fluid. The inner lining of the cyst is pink-brown and smooth with no obvious papillary excrescences or solid areas.

Sectioning through the left fallopian tube reveals a pinpoint lumen. The anterior aspect of the uterus is inked blue for orientation purposes.

Representative sections are submitted as follows:

- C1-anterior cervix;
- C2-posterior cervix;
- C3-anterior lower uterine segment with indentation;
- C4-C5-anterior endomyometrium;
- C6-posterior endomyometrium; and
- C7-C9-left adnexa with entire ovary.

Number of cassettes: 9 (TXH)

- D) Received fresh labeled "DESOUZADIAS, ROBERTA, 7/30/1977, PELVIC WASHING". 17ML, HAZY, CLOTS PRESENT, RED and processed for 1 Cell Block and 1 ThinPrep. (MXE)

CT Screening Location: Quest Diagnostics Las Vegas 4230 Burnham Avenue, Las Vegas, NV 89119

PERFORMING SITE:

AXR

ASSOCIATED PATHOLOGISTS, CHARTERED - NORTH VISTA  
1409 EAST LAKE MEAD BLVD

LAS VEGAS, NV 89030-7120

Laboratory Director: STACY J KIM, MD, CLIA: 29D0932906

QAW

QUEST DIAGNOSTICS LAS VEGAS

4230 BURNHAM AVENUE

LAS VEGAS, NV 89119-5408

Laboratory Director: CHRISTINE RUEMLER-GAMBLE, MD, CLIA: 29D0652720

Resulting Agency BEAKER QUEST

Specimen Collected: 07/27/25 11:19

Last Resulted: 08/01/25 12:38

[Order Details](#) [View Encounter](#) [Lab and Collection Details](#) [Routing](#) [Result History](#)

### Result Care Coordination

[Patient Communication](#)

Released

Not seen

### Lab Component SmartPhrase Guide

Tissue Pathology (Order #122171407) on 7/27/25

### Other Results from 7/24/2025

|   |           |
|---|-----------|
| <b>Renal function panel</b> Final result                  | 7/28/2025 |
| <b>Magnesium</b> Final result                             | 7/28/2025 |
| <b>CBC with auto differential</b> Final result            | 7/28/2025 |
| <b>Renal function panel</b> Final result                  | 7/27/2025 |
| <b>Magnesium</b> Final result                             | 7/27/2025 |
| <b>CBC with auto differential</b> Final result            | 7/27/2025 |
| <b>Protime-INR</b> Final result                           | 7/26/2025 |
| <b>Activated Partial Thromboplastin Time</b> Final result | 7/26/2025 |
| <b>Renal function panel</b> Final result                  | 7/26/2025 |
| <b>Magnesium</b> Final result                             | 7/26/2025 |
| <b>CBC with auto differential</b> Final result            | 7/26/2025 |
| <b>Comprehensive metabolic panel</b> Final result         | 7/24/2025 |
| <b>hCG, serum, qualitative</b> Final result               | 7/24/2025 |
| <b>CBC with auto differential</b> Final result            | 7/24/2025 |
| <b>Urinalysis with Reflex to Microscopic</b> Final result | 7/24/2025 |

**Exhibit 7 - Eligibility  
Requirement:  
Evidence of Severe  
Form of Trafficking /  
Physical Presence /  
Community Ties /  
Good Moral  
Character: Letters of  
Support.**

*I, Eliana Francisca de Souza Dias, hereby report the years of torment and suffering my daughter went through while she was with Roberto Martins. They have known each other since childhood. After some years, this man appeared with miraculous promises for my daughter to go to the United States. He promised her a life of comfort and many privileges. I was suspicious, but he convinced her in such a way that she believed only what he said was right. We are humble people, but we have enough to live. It didn't take long for me to find out that he was beating her. She worked with him in construction, but she didn't have a single penny. She lived in a small room, her clothes stored in a black*

*trash bag, living a terrible life. I was constantly on edge because she would call me, and I could hear him hitting her. A broken tooth, a face disfigured from so many blows. For me, it was unbearable suffering, and there was nothing I could do. I almost didn't eat because I had good food to eat while my daughter survived on just rice and eggs. Her clothes were donations because she couldn't afford to buy them. I lived through years of suffering because of what she endured with him. That was only when Luiz found out and decided to help. She had to escape in order to get out of that suffering. Today I am at peace because Luiz is a good person, and with him, it's a new life.*

*Eliana*

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF MINAS GERAIS  
CIVIL POLICE OF THE STATE OF MINAS GERAIS  
INSTITUTE OF IDENTIFICATION

PII-2178-4



RIGHT THUMB



79

*Diana Francisca de Souza Dias*

SIGNATURE OF THE HOLDER

IDENTITY CARD

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



\_\_\_\_\_ Date: February 18, 2026.

Eu Eliana Francisca de Souza  
Dias, venho por meio deste  
relatar os anos de tormento e  
sorrimentos que minha vida  
passou na companhia do  
Roberto Martins. Eram conheci-  
dos de infância. Passados anos  
este homem aparece com propostas  
mergulhantes para minha vida  
ir para os Estados Unidos. Prometer  
uma vida de conforto e muitas  
regalias. Eu desconfiava mas,  
de a conhecerei de maneira tal  
que só o que ele falava é que  
estava certo. Somos pessoas hu-  
mildes mas temos o necessário  
para viver. Não demorou  
muito para eu saber que ele  
estava enganando de, trabalhava  
com ele na construção civil mas  
ela não tinha um centavo. Morava  
em um quarto as roupas guardadas  
em um saco de lixo preto vivendo

uma vida terrível. Eu tinha  
em sobressalto pois ela me  
dizava e eu ouvia ele batendo  
na da. Dente quebrado, rosto  
disfigurado de tanta pancada  
para mim era muito sofrimento  
e eu não podia fazer nada. Eu  
quase não comia pois eu tinha  
fundo de fome para comer e  
minha filha comendo arroz  
e ovo. As roupas dela eram de  
doação pois não podia comprar  
Níli anos de sofrimento por  
causa dela com ele. Foi aí  
que o Luiz foi eu sabendo e  
resolvi ajudar. Ela teve que  
fugir para poder sair daquela  
sofrimento. Hoje estou em  
sua pais o Luiz é uma  
pessoa de bem e com  
de é vida nova.

Ediana

SECRETARIA DE SEGURANÇA PÚBLICA DO BRASIL

PII-2178-4

ESTADO DE MINAS GERAIS  
POLÍCIA CIVIL DO ESTADO DE MINAS GERAIS  
INSTITUTO DE IDENTIFICAÇÃO



POLEGAR DIREITO

*Cláudia Francisca de Souza Dias*

ASSINATURA DO TITULAR

CARTEIRA DE IDENTIDADE

Guilherme Souza Froes, son of Roberta de Souza Dias

My mother has always been a strong woman. From a very young age, she was hardworking and dedicated. She raised me and educated me on her own, caring and loving. My mother met Roberto on social media, where they began exchanging messages. Over time, they started dating. He seemed to be a good man. As the months went by, he began inviting her to go to the United States, where he said he would marry her and give her a peaceful life. He sent photos of a car, saying he had bought it for her, and showed her a beautiful house, saying it was his. She was very happy and told me that she was leaving to marry him and that in America she would have the opportunity to give me a better life. She got her visa and left.

She worked, raised money, and left. Upon arriving in the United States, everything he had promised and claimed to have was a lie. As the months went by, I noticed that my mother was losing her joy, and sadness was taking over. I have always been her best friend, and she told me everything about her life. She told me Roberto had changed, he had become aggressive, fighting, and assaulting her. He was everything she had in America, she had nobody else to talk to, nowhere else to go. He manipulated her psychologically, saying things that left her feeling terrible, such as: "no one will want you, you are worthless, no one will ever accept you". He made my mother give him her entire paycheck for a long time to pay for the cost of her trip to America. My mother became increasingly distressed, and I, unable to help, felt deeply anguished.

As the years went by, he began beating her severely. Her face became covered with marks, and my mother's eyes turned purple from all the punches he struck her with. He broke her tooth and her rib without allowing her to go to the hospital because he was afraid of being arrested for assault. She had to endure the pain alone at home. He said that if he were ever arrested, he would kill her. The neighbors heard the assaults and called the police, but my mother could not do anything because he was threatening her. It is very painful for me to see my mother in that situation and be unable to do anything. He made my mother work in construction so that he would not have to hire someone else and treated her like a slave. When he allowed her to work as a house cleaner, he made her go to the bank and withdraw all the money for him. He said the money had to stay with him.

She was totally desperate. She sent me photos and videos of herself crying, saying that she wanted to leave, but he said that if she left the house, he would kill her. My mother said that she was afraid, and I also became desperate, not knowing what to do. She told me that she had already tried to escape twice, but he always found her. One day, he took her cell phone and broke it, saying that she no longer needed to speak with me. I went more than a week without hearing from her. Then she managed to call me crying, asking for help, saying that she could not take it anymore. She said that if anything happened, it would be his fault. I begged her to leave that place, but she said there was no way because he controlled everything.

My mother cried all the time, saying that she no longer saw a way out and that she just wanted to return to Brazil. I tried in every possible way to get help, but it was difficult because she was in another country and he would not allow her to communicate with anyone.

I suffered alongside my mother; we cried together, especially when he injured her face, treated her like a slave, and we could do nothing. I even began to think that I would never see my mother again, that at any moment he could come home high and kill her. My mother decided to confide in an ex-boyfriend of hers who lived in Las Vegas, and she decided to tell him everything that was happening. He began helping her escape from Roberto. This ex-boyfriend's name is Luis. He even paid for the ticket so that my mother could flee, but on that day Roberto did not go to work, and my mother became afraid that he would kill her. She called me crying, and I begged her to call the police and leave that house, but he had threatened her so much that she was terrified of him. The next day Roberto went to work, and then my mother called Luis, who immediately bought her another ticket, and finally my mother escaped from that monster. Luis was an angel sent by God to rescue my mother. She married Luis, who treats her with great affection and cares for her psychological well-being. Every day, we do everything we can to help her feel completely well again, but the trauma and the scars that remain do not allow her to be at peace.

10/18/2025

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Guilherme Souza Froes, Filho de Roberta de Souza Dias.

Minha mãe sempre foi guerreira, Desde muito nova esforçada e trabalhadora. Me criou e me educou sozinha, carinhosa, amorosa. Minha mãe encontrou o Roberto nas rede social, onde começaram a trocar mensagens. Com o tempo, começaram a namorar. Ele parecia ser uma homem de bem. Com o passar dos meses, começou a convidar ela para ir para o Estados Unidos onde ele ia casar com ela, dar uma vida tranquila. Mandava foto de carro falando que comprou para ela, mostrava uma casa linda falando que era dele. Ela estava muito feliz e me falou que ia embora para casar com ele e que na América ia ter oportunidade de me dar uma vida melhor. Ela tirou o visto e foi embora

Ela trabalhava, juntou dinheiro e foi embora. Chegando nos Estados Unidos, tudo que ele prometeu e falava que tinha era tudo mentira. Com o passar dos meses, notei que minha mãe estava perdendo a alegria e a tristeza tomava conta. Eu sempre fui o melhor amigo dela, me contava tudo da vida dela. Ela me relatava que o Roberto tinha mudado, se tornara muito agressivo, com brigas e agressões. Ela só tinha ele na América, não tinha com quem conversar, não tinha para onde ir. Ele mexia com o psicológico dela, dizendo palavras que a deixavam mal, como: "Ninguém vai te querer, você é um lixo, nenhuma pessoa vai te aceitar." Ele fez minha mãe dar o salário todo dela por um bom tempo para ele, para pagar os custos da passagem dela para a América. Minha mãe foi ficando mais abalada e eu, sem poder ajudar, ficava muito angustiada.

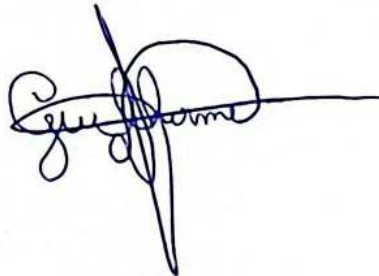
Com o passar dos anos, ele passou a bater muito nela. O rosto dela ficou cheio de marcas, os olhos da minha mãe ficaram roxos de tanto soco que ele dava no rosto dela. Ele quebrou o dente e a costela dela sem deixar que ela fosse no hospital com medo de ser preso por agressão, ela teve que aguentar a dor sozinha em casa, ele disse que se acontecesse de ele ser preso, que a mataria. Os vizinhos escutavam as agressões, e chamavam a polícia, mas minha mãe não podia fazer nada porque estava sendo ameaçada por ele. Para mim é muito triste ver minha mãe nessa situação e não poder fazer nada. Ele fazia minha mãe trabalhar na construção para que ele não precisasse contratar outra pessoa e fazia ela de escrava, quando ele deixava ela trabalhar como faxineira, fazia ela ir no banco e retirar todo o dinheiro para ele, ele dizia que o dinheiro tinha que ficar com ele.

Ela ficava totalmente desesperada. Ela me mandava fotos e vídeos chorando, dizendo que queria ir embora, mas ele dizia que se ela salsse de casa, ele ia matá-la. Minha mãe dizia que tinha medo, e eu também ficava desesperado, sem saber o que fazer. Ela me contou que já tinha tentado fugir duas vezes, mas ele sempre a encontrava. Um dia, ele pegou o celular dela e quebrou, dizendo que ela não precisava mais falar comigo. Eu fiquei mais de uma semana sem notícia dela. Foi quando ela conseguiu me ligar chorando, pedindo ajuda, dizendo que não aguentava mais. Ela falava que se algo acontecesse, era culpa dele. Eu implorei para ela sair de lá, mas ela dizia que não tinha como, porque ele controlava tudo.

Minha mãe chorava o tempo todo, dizendo que não via mais saída, que só queria voltar pro Brasil. Tentei de todas as formas buscar ajuda, mas era difícil, porque ela estava em outro país e ele não deixava ela se comunicar com ninguém.

Eu sofri junto com minha mãe, chorávamos juntos, principalmente quando ele machucava o rosto dela, fazia ela de escrava e não podíamos fazer nada. Cheguei a pensar que não ia ver minha mãe mais, que a qualquer momento ele podia chegar drogado e matar ela. Minha mãe resolveu desabafar com um ex namorado dela que morava em Las Vegas, ela resolveu contar tudo que estava acontecendo para ele. Ele começou a ajudar ela a fugir do Roberto. Esse ex namorado dela se chama Luís, ele chegou a pagar a passagem para que minha mãe fugisse, mas no dia o Roberto não foi trabalhar, e minha mãe ficou com medo dele matar ela. Ela me ligou chorando e eu pedi para que ela chamasse a polícia e fosse embora daquela casa, mas ele a ameaçou tanto que ela estava com muito medo dele. No outro dia o Roberto foi trabalhar, aí minha mãe ligou para o Luís que imediatamente comprou outra passagem para ela, e finalmente minha mãe escapou daquele monstro. O Luís foi um anjo que Deus mandou para resgatar minha mãe, ela casou com o Luís que a trata com muito carinho, cuida do psicológico dela, todos os dias nos fazemos de tudo para que ela consiga se sentir bem 100% novamente, mas os traumas e as marcas que ficaram não deixam ela ficar em paz.

10/18/2025





I, Luis Carlos Alves de Souza, hereby provide this statement to report that in 2007 I was in a relationship with Roberta for a period of six months in Governador Valadares, Brazil.

After a long time, I came to the United States and she got my phone number from a friend, and we started talking. Over time, she began to tell me that she had been experiencing years of terror with Roberto, that he beat her a lot. He had taken her out of Brazil and promised her a peaceful life, that they would get married, and that by his side she would be very happy.

She trusted in his words and came to the United States. Upon arriving here, the reality was different. He began to beat her severely and kept her in captivity. He threatened her and said that if she told anyone, he would kill her. He kept her in forced labor, making her hand over all the money to him, using the money to buy drugs and alcoholic beverages, and he also said that she would have to work for the rest of her life to pay what he had spent to bring her to the United States. He wouldn't allow her to have food, and most of the time would feed her rice and egg, saying that it was all she deserved.

She was heavily humiliated, as he used to say that she would only be free when he was dead.

He threatened her and her son if she told anyone.

She used to secretly send me pictures by WhatsApp showing him watching pornographic movies on TV and always deleted them out of fear of him finding out. She always reported that he used to rape her. I always told her to call the police, but she was afraid to. She always reported to me that she was in a lot of pain every time he raped her

I tried to contact a friend who might be able to help her in Florida, but she used to ask me not to tell anyone, as she was at great risk of dying if he discovered it.

I strongly urged her to leave everything behind and flee from there to my house, and to leave that monster behind.

I met a friend of hers named Leticia, who helped me encourage her to leave and come to Las Vegas, NV.

There were two attempts, and she was unable to leave because she was terrified.

The third time, she managed to gather the courage, and Leticia took her to the airport, leaving clothes behind, as well as many things she had brought from Brazil, such as her jewelry.

After she arrived here, we started dating again, and I saw a completely different woman, psychologically deeply shaken, but very excited to start her life over.

We got married, and today I take very good care of her. I give her complete freedom, something she did not have. A lot of affection as well.

She still has nightmares and panic attacks. Many times she wakes up crying at night. Sometimes she is home alone, or in the bedroom or in the shower,

and hears any noise and becomes terrified, afraid that it is him who has come here to kill her.

We are trying psychological treatment so that she can recover. We will fight very hard for Roberto to be arrested, because this kind of monster could be doing the same thing to some other woman.

I will fight very hard so that she recovers soon and can be very happy. She deserves to be that cheerful person with a bright smile again!

Luis Carlos Alves de Souza  
Nov. 18, 2025

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



**Date: April 14, 2026.**

LUIS CARLOS ALVES DE SOUZA, VENHO ATRAVES DESTÉ DEPOIMENTO RELATAR QUE EM 2007 TIVE UM RELACIONAMENTO COM A ROBERTA POR UM PERÍODO DE SEIS MESES EM GOVERNADOR VALADAS, BRASIL.

DEPOIS DE MUITO TEMPO VIM PARA OS ESTADOS UNIDOS E ELA CONSEGUIU MEU NÚMERO DE TELEFONE COM UM AMIGO E COMEÇAMOS A CONVERSAR. COM O TEMPO ELA COMEÇOU A ME RELATAR QUE ELA VINHA TENDO ANOS DE TERROR COM O ROBERTO, QUE ELE BATIA MUITO NELA. TERIA TIRADO ELA DO BRASIL, TERIA PROMETIDO UMA VIDA TRANQUILA, QUE ELAS IRIAM SE CASAR E QUE AO LADO DELE ELA SERIA MUITO FELIZ.

ELA CONFIOU NO QUE ELE HAVIA DITO E VEIO EMBORA PARA OS ESTADOS UNIDOS. CHEGANDO AQUI, A REALIDADE FOI OUTRA. ELE PASSOU A BATER MUITO NELA, E A MANTINHA EM CÁRCERE PRIVADO. ELE A AMEAÇAVA E DIZIA QUE SE ELA CONTASSE PARA ALGUÉM ELE A MATARIA. A MANTINHA EM TRABALHO ESCRAVO, A OBRIGANDO A ENTREGAR TODO DINHEIRO PARA ELE, USANDO O DINHEIRO PARA COMPRAR DROGAS E BEBIDAS ALCOOLICAS, E AINDA DIZIA QUE ELA TERIA QUE TRABALHAR O RESTO DA VIDA PARA PAGAR O QUE ELE HAVIA GASTO PARA TRAZER ELA PARA OS ESTADOS UNIDOS. NÃO DEIXAVA ELA TER ACESSO A COMIDA, A MAIORIA DAS VEZES DAVA COM AMOR, DIZENDO QUE ELA MEREÇA AQUILO. ELA ERA MUITO HUMILHADA, DIZENDO TAMBÉM QUE SERIA LIVRE SOMENTE QUANDO ELA MORRESSE.

AMEAÇAVA MATAR ELA E O FILHO SE ELA CONTASSE  
PRA ALGUÉM.

ELA ME MANDAVA FOTOS ESCONDIDAS PELO WHATSAPP  
MOSTRANDO ELE ASSISTINDO FILMES PORNOGRÁFICOS NA TV  
E SEMPRE APAGAVA POR MEDO DELE SABER. SEMPRE  
ME RELATAVA QUE ELE A ESTURPAVA. SEMPRE FAZET PRA  
QUE ELA CHAMASSE A POLÍCIA, MAS ELA TINHA MEDO.  
SEMPRE ME RELATOU MUITAS DORES A CADA VEZ QUE  
ELE A ESTURPAVA.

EU TENHEI ALGUM AMIGO QUE PUDESSE AJUDAR NA  
FLÓRIDA, MAS ELA DIZIA PRA EU NÃO LONTAR POIS ELA  
CORRIA MUITO RISCO DE MORRER CASO ELE FICASSE SABENDO.

ENTÃO DEPOIS DE MUITO INSISTIR QUE ELA LARGASSE  
TUDO E SAISSE FUGIDA DE LAÍ PRA MINHA CASA,  
E QUE ELA LARGASSE ESSE MONSTRO.

CONHECI UMA AMIGA DELA QUE SE CHAMA LETÍCIA,  
QUE ME AJUDOU A ENCORAJA-LA A SAIR DE LAÍ E  
VIR PRA LAS VEGAS, NV.

FORAM DUAS TENTATIVAS, E ELA NÃO CONSEGUIU  
EMBARCAR POIS TINHA MUITO MEDO.

NA TERCEIRA VEZ, ELA CONSEGUIU TOMAR CORAGEM  
E A LETÍCIA COLOCOU ELA NO AEROPORTO, DEIXANDO  
ROUPAS PRA TUAZ, ALÉM DE MUITA COISA QUE  
TROUXE DO BRASIL, COMO SUAS JOIAS.

DEPOIS QUE ELA CHEGOU AQUI COMEÇAMOS A NAMORAR NOVAMENTE, E VI UMA MULHER TOTALMENTE DIFERENTE, COM O PSICOLÓGICO MUITO ABALADO, MAS MUITO ANIMADA DE RECOMEÇAR A VIDA.

CASAMOS E HOJE CUIDO MUITO DELA. DOU A ELA TODA LIBERDADE, ALGO QUE ELA NÃO TINHA. MUITO CARINHO TAMBEM.

ELA AINDA TEM PESADELOS E CRISES DE PANICO. POR MUITOS MOMENTOS ACORDA CHORANDO A NOITE. AS VEZES ELA ESTA EM CASA SOZINHA, OU NO QUARTO OU NO BANHO E ESCUTA QUALQUER BARULHO E FICA APOVADA, COM MEDO DE SER ELE QUE CHEGOU AQUI PARA MATA-LA.

ESTAMOS TENTANDO UM TRATAMENTO PSICOLÓGICO PARA QUE ELA SE RECUPERE. VAMOS LUTAR MUITO PARA QUE O ROBERTO SEJA PRESO. POIS ESSE TIPO DE MONSTRO PODERIA ESTAR FAZENDO O MESMO COM ALGUMA OUTRA MULHER.

VOU LUTAR MUITO PARA QUE ELA SE RECUPERE LOGO E QUE SEJA MUITO FELIZ. ELA MERECE VOUCAR A SER AQUELA PESSOA ALEGRE E DE SORRISO ALTO!

Paulo Roberto A. Souza

NOV. 18/2025



I, Elisa de Freitas, hereby state that I was Roberta's neighbor, and I helped her get a job working with me at the same cleaning company. There were days when she would arrive crying a lot, trying to hide it, with bruises on her face and arms, and looking very distressed, so I asked her what had happened, and out of fear, she would always say that she had hit her face on a door, she would put on a lot of makeup to try to hide the bruises, but even so, it was clear that she was badly bruised. It was evident that she was being physically abused regularly. Since I lived next door to her, I could hear Roberto beating her. Neighbors would call the police, but nothing would happen to him. One day, she decided to open up to me and told me that he would take all of her money; she was only allowed to work with him in construction, where he would order her to do tasks, and if she made a mistake, he would beat her. She had to give him all of her earnings, and he would spend it on drugs, alcohol, and partying. He would go out and leave her locked inside the house so she could not leave. I personally went to her house and saw her locked in a room through the window. He threatened her with a knife and choked her, saying that if she reported him to the police, he would have her son in Brazil killed and would also have her killed; he was very cowardly, narcissistic, and cold. One day, I invited her to lunch at my house, since it was next door, and he allowed her to go to my house and return afterward. We were in the backyard when he arrived, holding a drink, threw vodka in her face, and dragged her away by her hair; I shouted at him to stop hitting her and said I would call the police, that was when he let her go, and they went back inside the house. He treated her very badly in front of others; she could no longer endure the situation she had been living in for years. One day, she told me that she had managed to get the phone number of her ex-boyfriend, who lived in Las Vegas. She would talk to him and delete the messages so Roberto would not see them. Luis was deeply affected by the level of abuse she was enduring. One day, she told me she was going to escape and that Luis would pay for her ticket and welcome her in Las Vegas. Roberto left to prepare a construction estimate, and that was when she called me, and I managed to open the door, which was locked. She called an Uber, we said goodbye, and she left. Today, I claim justice for everything this man did to a suffering woman, humiliated, held in captivity, and subjected to forced labor.



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12/15/2025

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

Marina Viana

Date: April, 15 2026

Eu Elisa de Freitas venho por meio desta relatar que eu era vizinha da Roberta, eu arrumei pra ela trabalhar comigo na mesma companinha de limpeza. Tinha dias que ela chegava chorando muito escondida, hematomas no rosto, braços e muito abatida, eu perguntei pra ela o que tinha acontecido e ela com medo sempre falava que tinha sentado o rosto na porta, ela passava muita base no rosto pra tentar esconder os hematomas mas mesmo assim dava pra ver que ela estava toda roxa. Dava pra ver que ela apanhava sempre. Como eu morava do lado da casa dela eu escutava o Roberto batendo nela, os vizinhos chamava a policia mas nao acontecia nada com ele, um dia ela resolveu desabafar e me relatou que ele pegava todo o dinheiro dela, que ela so podia trabalhar com ele na construcao onde ele mandava ela fazer as coisas e se ela errasse ainda apanhando. Ela tinha que dar todo o dinheiro pra ele e ele gastava com drogas, bebidas e noitadas, ele saia e deixava ela trancada dentro de casa pra ela nao sair. Eu ja fui na porta dela e via ela trancada no quarto pela janela. Ele amecava ela com faca, enforcava ela falando que se ela entregasse ele pra policia ele ia mandar matar o filho dela no Brasil e ia mandar matar ela, ele era muito corvarde, narcisista, muito frio, um dia convidei ela pra almoçar na minha casa, como era do lado ele deixou ela ir na minha casa almoçar e voltar pra casa, nos estavamos no quintal quando ele chegou com um copo de bebida, jogou vodka no rosto dela e saiu puxando ela pelo cabelo, eu gritava com ele pra nao bater nela que eu ia chamar a policia pra ele foi quando ele solto ela e entraram pra casa. Ele tratava ela muito mau na frente das pessoas, ela nao estava mais aguentando a situacao que estava vivendo durante a anos. Um dia ela relatou que tinha conseguido o numero ex namorado que movava em Las Vegas, Ela conversada com ele e apagava pro Roberto nao ver. O Luis ficou muito sensibilizado com o tamanha corvadia que ela vivia. Um dia ela me falou que ia fugir e que o Luis pagar a passagem ia receber ela em Las Vegas, o Roberto saiu pra fazer um orcamento de uma casa e foi quando ela me chamou e eu consegui abrir a porta porque estava trancada, ela chamou um uber, nos dispidimos e ela foi embora. Hoje peço justica por tudo que esse homem fez com uma mulher sofrida, humilhada, presa em cascere privado, trabalho escravo por uma mulher.



*g. de Freitas*


12/15/2025

I, Leana Carla de Souza, hereby provide my testimony about Roberta. I met Roberta through Roberto, it was my birthday, and I invited her to go with him. He brought her, and we were celebrating when he started asking everyone at the party to lend him money. She told us not to give him any money because it was to buy drugs. He heard her telling us not to give him any money, and he took her into the living room. When I looked into the living room, he was on top of her on the couch, punching her in the face, slapping her, and punching her in the head. When I looked from the balcony where I was celebrating my birthday, I could see everything, so we ran into the living room to pull him off her. He was choking her and saying horrible things. We told him that we were going to call the police on him. She begged, for the love of God, not to call. I could see the fear in her eyes. She was crying a lot and pleading with us not to call the police because he had threatened her. There were marks from his fingers on her neck, and her face was completely red from so many punches and slaps. We managed to get him off her. I took her to my bedroom and told her that I had a home and that I was going to get her out of that suffering and find her decent work. I truly wished I could have done all of that for her. She did not deserve to go through everything she went through, but he took her out of the bedroom and took her away. I was very saddened by that situation. I had never seen a woman be beaten so badly. After that, I only saw her one more time because she did not leave the house, but we spoke on WhatsApp, where she confided that she could no longer endure being beaten for years, working and having to hand over all her money to him. He deceived her by promising her a wonderful life here in America. He took her from Brazil to be his slave. She worked in construction like a man, and he humiliated her in front of everyone, just as he did in my house. A strong woman, she endured everything until an angel appeared, who is now her husband, and took her away. I talk with her nowadays and see the joy in her eyes. Her husband does everything for her. She is receiving psychological treatment and was given a new life. Now I am happy to see that she is in good hands, and each day she tries to overcome everything in order to rebuild her life.

12/18/2025

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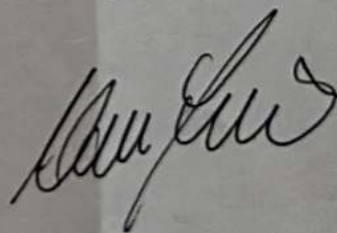
**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the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



**Date: April 15, 2026.**

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Eu Leana Carla de Souza, venho dar meu testemunho sobre a Roberta. Eu conheci a Roberta através do Roberto foi meu aniversário eu convidei ela pra ir com ele. Ele levou ela e estávamos comemorando quando ele começou a pedir dinheiro emprestado pra todo mundo na festa, ela falou com a gente pra não dar dinheiro pra ele porque era pra comprar droga, ele esculto ela falando pra não dar dinheiro pra ele e ele levou ela pra sala. quando eu olhei pra sala ele estava em cima dela no sofá dando soco no rosto dela, tapa na cara, soco na cabeça dela, quando eu olhei da varanda onde estava tendo meu aniversário dava pra ver tudo então corremos pra sala pra tirar ele de cima dela enforcando ela e falando palavras horríveis. Falamos que ia chamar a polícia pra ele, ela pediu pelo amor de deus pra não chamar, eu via o medo nos olhos dela, estava chorando muito e implorando pra não chamar polícia porque ele a ameaçava. No pescoço dela estava as marcas dos dedos dele, o rosto todo vermelho de tanto soco e tapas, conseguimos tirar ele de cima dela, levei ela para meu quarto e falei que eu tinha casa e eu ia tirar ela daquele sofrimento, ia arrumar um trabalho digno pra ela, eu queria muito ter feito isso tudo por ela, ela não merecia passar por tudo que passou, mas ele tirou ela do quarto e levou ela embora. Eu fiquei muito triste com aquela situação, eu nunca tinha visto uma mulher apanhar tanto, depois só vi ela mais uma vez porque ela não saía de casa, mas conversávamos pelo whatsapp onde ela desabafava que não aguentava mais apanhar a anos, trabalhar e ter que entregar o dinheiro todo pra ele, ele enganou ela prometendo uma vida maravilhosa aqui na América, tirou ela o Brasil pra ser escrava dele, trabalhava na construção como homem, humilhava ela na frente de todo mundo como ele fez na minha casa. Uma mulher guerreira, aguentou tudo até aparecer um anjo que hoje é seu esposo e levou ela embora, hoje converso com ela e vejo a alegria no olhar dela, o marido dela faz de tudo pra ela, ela faz tratamento psicológico, deu uma nova vida, hoje estou feliz de ver que ela está em boas mãos e cada dia tenta passar por cima de tudo pra refazer sua vida.

12/18/2025



NEVADA<sup>USA</sup>

DRIVER LICENSE



4d DL NO. 1606102565  
3 DOB 09/18/1972  
1 DE SOUZA  
2 LEANA CARLA  
8 2157 CRESTLINE FALLS PL  
LAS VEGAS, NV 89134-6605

9 CLASS C  
12 REST NONE  
9a END NONE

4a ISS 04/01/2025  
4b EXP 09/18/2033

15 SEX F  
16 HGT 5'-05"  
17 WGT 125 lbs  
18 EYES BRO  
19 HAIR BLN

09/18/72



*Leana De Souza*

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# UNITED STATES OF AMERICA

## ★ PASSPORT CARD ★

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Issued On  
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UNITED STATES DEPARTMENT OF STATE

# **Exhibit 8 - Country Conditions: Brazil**

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# 2025 Trafficking in Persons Report: Brazil

## IN THIS SECTION / BRAZIL (TIER 2 WATCH LIST)

### BRAZIL (Tier 2 Watch List)

The Government of Brazil does not fully meet the minimum standards for the elimination of trafficking. Despite making significant efforts to do so, it did not demonstrate overall increasing efforts compared with the previous reporting period. Therefore, Brazil was downgraded to Tier 2 Watch List. Significant efforts included adopting a new NAP to combat trafficking, initially convicting a labor trafficker under the anti-trafficking statute, establishing an anti-trafficking prosecutorial unit, and continuing to issue regular updates to the public registry of slave labor offenders (the “dirty list”). However, anti-trafficking law enforcement efforts remained inadequate. Officials continued to litigate cases against many labor traffickers in civil courts, due to insufficient evidence collection and a flawed understanding of both the trafficking crime and Brazil’s anti-trafficking statute, which resulted in administrative penalties instead of prison and weakened deterrence. Federal and state courts reported fewer initial convictions, and the government has never reported a final conviction under its 2016 anti-trafficking statute, despite prevalence estimates indicating traffickers exploit tens of thousands of victims in Brazil. The government also initiated fewer investigations and prosecutions and assisted fewer victims. On average, courts took more than 10 years to adjudicate trafficking cases. The government’s efforts to combat sex trafficking were limited, and there was insufficient coordination between federal and state authorities, and between service providers and civil society.

## PRIORITIZED RECOMMENDATIONS:

Train government officials on Law 13.344 to ensure a uniform understanding of human trafficking and dispel the misconception it is only a crime of movement.

Vigorously investigate and prosecute traffickers using the anti-trafficking statute rather than offenses with lesser penalties when possible, and seek adequate penalties for convicted traffickers, which should include significant prison terms.

Resolve criminal proceedings against alleged traffickers expeditiously and without prolonged delays.

Increase efforts to proactively identify trafficking victims, especially sex trafficking victims, and refer them to services; provide victims shelter and specialized assistance.

Improve interagency coordination on anti-trafficking efforts at all levels of government, especially among victim assistance and law enforcement officials.

Improve the mobile inspection group's (GEFM's) evidence collection process and coordination with the Federal Police (PF) and the Federal Public Ministry (MPF) anti-trafficking unit.

Increase prosecution of labor traffickers in criminal courts.

Compile, and effectively communicate between federal and state authorities, comprehensive data on victim identification and assistance; and investigations, prosecutions, and convictions, disaggregated between sex and labor trafficking cases.

Increase the number of specialized anti-trafficking offices, especially in Mato Grosso do Sul, Piauí, Rondônia, Roraima, and Santa Catarina states.

Create and implement an actionable, comprehensive SOP on the identification, referral, and assistance of trafficking victims and train officials on its use.

Ensure the law criminalizing child sex trafficking does not require the elements of force, fraud, or coercion.

Increase efforts to raise awareness of all forms of trafficking.

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## PROSECUTION

The government maintained inadequate law enforcement efforts.

Brazilian law criminalized labor trafficking and sex trafficking. Article 149-A of the penal code (the anti-trafficking statute) criminalized some forms of sex trafficking and all forms of labor trafficking and prescribed penalties of four to eight years' imprisonment and a fine, which were sufficiently stringent and, with respect to sex trafficking, commensurate with those prescribed for other grave crimes, such as rape. Article 149-A required force, fraud, or coercion for child sex trafficking cases and therefore did not criminalize all forms of child sex trafficking. However, Article 244-A of the child and adolescent statute criminalized inducing a child to engage in sexual exploitation without the need to prove the use of force, fraud, or coercion and prescribed penalties of four to 10 years' imprisonment and a fine, which were sufficiently stringent and commensurate with those prescribed for other grave crimes, such as rape. Article 149 of the penal code (the anti-slave labor statute) criminalized "reducing a person to conditions analogous to slavery," and defined the crime to include degrading work conditions and exhausting work hours, a broader definition than labor trafficking, which requires a showing of force, fraud, or coercion. It prescribed penalties of two to eight years' imprisonment and a fine. The government still used the now-replaced Articles 231 and 231-A, which criminalized some forms of trafficking in persons involving movement during the reporting period when the alleged crimes occurred prior to the enactment of Article 149-A in 2016.

In practice, officials did not consider forced labor to be a form of trafficking and instead addressed alleged labor trafficking as "slave labor. While the government could pursue slave labor cases in criminal courts, it commonly tried these cases in civil courts and very few perpetrators of slave labor were held criminally accountable. The failure to prosecute and convict forced labor as a criminal act created a culture of impunity for labor traffickers. Additionally, officials prioritized transnational sex trafficking, potentially overlooking domestic cases.

Federal authorities initiated 17 human trafficking investigations in 2024, compared with initiating 10 human trafficking investigations in 2023. The government did not report the number of ongoing investigations in 2024, compared with 303 ongoing investigations in 2023 (77 for human trafficking and 226 for slave labor). The federal government reported opening 29 new prosecutions under the anti-trafficking statute (17 for sex trafficking and 12 for labor trafficking) in 2024, compared with opening 41 prosecutions (19 for sex trafficking and 22 for labor trafficking) in 2023. State courts also filed 62 new prosecutions under the anti-trafficking statute (55 for sex trafficking and seven for labor trafficking), compared with 81 state

prosecutions in 2023 (70 for sex trafficking and 11 for labor trafficking). Additionally, state and federal courts reported filing 35 new prosecutions under Articles 231 and 231-A, and 337 new slave labor prosecutions under Article 149; some of the alleged crimes in these cases may have amounted to human trafficking. The government did not report the number of ongoing prosecutions under the anti-trafficking or related statutes in state or federal courts.

In 2024, the government reported five initial trafficking convictions (one for sex trafficking and four for labor trafficking) under the anti-trafficking statute from federal first instance courts, compared with no initial convictions under the anti-trafficking statute in 2023. In addition, state first instance courts issued six initial convictions (all for sex trafficking) under the anti-trafficking statute, compared with 20 such convictions (all for sex trafficking) in 2023. State and federal courts also reported five initial convictions under statutes Articles 231 and 231-A, and 73 initial slave labor convictions under Article 149; some of the crimes committed in these cases may have amounted to human trafficking. The government did not report any final convictions under the anti-trafficking statute in federal courts in 2024 but reported six final convictions (all for sex trafficking) under this statute in state courts. This compared with a combined five final convictions (all for sex trafficking) under the anti-trafficking statute in federal and state courts in 2023. All initial convictions were subject to appeal and, generally, court-ordered sentences did not begin until appeals were exhausted, which weakened the deterrence of initial convictions. Final convictions, where the courts' decision was binding, were not subject to appeal. Traffickers' sentences, especially those involving fewer than four years' imprisonment, often involved community service, work release, and other alternatives to full-time imprisonment.

The government continued to report ongoing prosecutions under the Articles 231 and 231-A, earlier statutes which could be applied to alleged trafficking crimes committed before the 2016 adoption of Article 149-A. However, judges ultimately dismissed many of these cases. In some cases, courts dismissed trafficking charges because the statute of limitations lapsed. Brazil allowed successive appeals in all criminal cases, and convicted traffickers usually filed multiple appeals over several years before convictions became final. Lengthy case timelines and high acquittal rates contributed to a culture of impunity for traffickers, especially labor traffickers prosecuted under the slave labor statute.

The PF was the primary law enforcement entity charged with responding to trafficking crimes; it maintained central units monitoring human trafficking and migrant smuggling crimes (DRTP) and slave labor crimes (NUTRAF), but assigned locally posted human rights investigators to lead human trafficking investigations. States' civil police units were responsible for

investigating trafficking crimes without international elements; the Federal Highway Police could also support investigations. Coordination between federal, state, and municipal law enforcement units varied considerably across the country. Law enforcement units at all levels had insufficient funding, expertise, and staff to investigate trafficking. Federal and state governments shared responsibility for prosecuting human trafficking crimes under Article 149-A. MPF oversaw cases with international or inter-state elements, while state prosecutors oversaw cases within a state's physical territory. MPF also had authority to prosecute slave labor crimes, including forced labor, under Article 149, although criminal prosecutions of slave labor were uncommon relative to the number of cases recorded. In July 2024, the MPF created a specialized prosecutorial unit (UNTC) responsible for prosecuting international human trafficking crimes, which comprised six prosecutors based in four cities. Non-specialized MPF prosecutors across Brazil could also oversee human trafficking and slave labor cases and could request assistance from UNTC.

Labor officials had primary authority over cases of slave labor, although they could not file criminal charges. The Ministry of Labor and Employment (MTE) had a dedicated unit, the Secretariat of Labor Inspections (SIT), which documented situations of slave labor. The Public Labor Ministry's (MPT's) labor prosecutors could apply civil penalties and collect back wages for exploited workers. Many government officials preferred civil proceedings to criminal prosecutions in cases of slave labor, noting that civil proceedings concluded more swiftly and granted victims more immediate benefits for victims in the form of back wages and compensation. Interagency coordination and data collection efforts were inadequate and impeded prosecution efforts. Federal and state agencies did not have a shared database or routine procedure for sharing data on trafficking investigations or slave labor inspections, which limited coordination. In particular, poor evidence collection hindered MPF prosecutors' efforts to build criminal cases against slave labor perpetrators; prosecutors relied on labor inspection reports, which rarely included sufficient evidence to criminally convict or build cases. Officials reported evidence collection improved markedly when MPF prosecutors participated in inspections; however, prosecutors only attended 25 percent of slave labor inspections due to staffing limitations. Prosecutors often received case files several years after slave labor inspections took place, preventing them from collecting additional evidence to support prosecution.

Many federal, state, and municipal officials demonstrated an incomplete understanding of trafficking crimes, including misconceptions of both sex and labor trafficking. Federal anti-trafficking efforts prioritized transnational sex trafficking involving female Brazilian victims exploited abroad, reducing focus on other forms of the crime. Observers reported federal and

state officials lacked an understanding of domestic sex trafficking as a crime, which plausibly inhibited efforts to identify trafficking situations and hold traffickers accountable. Although the federal government reported sub-national authorities were responsible for investigating domestic sex trafficking, there were no reported prosecutions or convictions of sex trafficking in state courts.

Officials did not recognize forced labor as a form of human trafficking, seemingly based on an outdated definitional understanding predating Law 13.344. Consequently, officials typically considered instances of forced labor as slave labor cases and criminal investigations of forced labor under the anti-trafficking statute were uncommon. According to stakeholders, judges demonstrated an incomplete understanding of human trafficking, including the irrelevance of initial consent, which contributed to low conviction rates. The government offered limited training opportunities in partnership with civil society organizations, including awareness training for state law enforcement officials. The government reportedly required new labor judges to complete a training on slave labor, but did not report how many judges participated in the course; by contrast, 76 new judges completed the training in 2019, the last year for which data was available.

The government reported coordinating with British and U.S. counterparts to investigate human trafficking and, during the reporting period, signed new cooperation agreements with Bolivia and Colombia.

The government did not report any investigations, prosecutions, or convictions of government employees complicit in human trafficking crimes. The government did not confirm whether it continued to investigate previously reported cases of officials allegedly complicit in trafficking crimes, including a 2022 investigation involving a police officer and a 2016 child sex trafficking case involving an elected official in Parana state. Similarly, there were no updates on the prosecution's appeal of an inadequate sentence given to a civil police investigator in 2016 for his involvement in a child sex trafficking ring.

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## PROTECTION

The government maintained protection efforts.

The government reported identifying 362 trafficking victims in 2024, compared with identifying 337 victims in 2023 and 588 in 2022. Among these victims, there were 207 male

victims and 155 female victims; sixty-five victims were children. The government did not report how many were victims of sex trafficking or labor trafficking. The government also reported identifying 2,004 victims of labor exploitation in 1,035 operations against “slave labor,” compared with 3,190 victims of labor exploitation in 2023; however, the government did not specify how many, if any, were trafficking victims, as opposed to victims of other forms of labor exploitation. The government did not publish its regular assessment of the number of trafficking victims within the previous year’s population of identified victims of labor exploitation. In 2022, the last year for which data was available, officials assessed as probable trafficking victims 1,970 of 2,575 victims of labor exploitation. Brazil did not have a centralized database to track victim identification and service provision, which made it difficult to analyze protection data, perform year-to-year comparisons, and draw conclusions. Several agencies at various levels of government collected victim data; however, each agency used its own methodology, limiting the ability to share information across institutions and develop effective approaches to protect victims. Officials sometimes struggled to refer victims to services due to incomplete victim records or insufficient coordination between service providers, especially when victims identified in one jurisdiction sought support in another.

The government did not have specialized services for trafficking victims and, instead, provided care to victims through the public health system and civil society; some trafficking victims received services through programs designed for slave labor victims. The government had a national SOP for assisting Brazilian trafficking victims exploited abroad, but the SOP was not comprehensive because it did not outline steps for identifying and assisting victims of trafficking exploited within Brazil. Instead, the federal government deferred to state and local governments to establish their own SOPs for this purpose. In March 2025, with support from an international organization, the government published an updated resource guide for sub-national governments working with trafficking victims exploited within Brazil. The guide outlined best practices and federal anti-trafficking stakeholders that offered assistance services. The government also had a national SOP for assisting slave labor victims, the National Flow for the Assistance of Slave Labor Victims (“National Flow”); the government did not report how many trafficking victims, if any, it referred to care through the National Flow in 2024.

Some sub-national governments maintained their own SOPs; for example, the state of Rio de Janeiro had a combined SOP, developed in 2022, which established procedures for assisting both trafficking and slave labor victims. According to observers, sub-national governments sometimes used outdated identification guidance, such as the previous federal resource guide published in 2013.

Because of this partial protection framework, authorities did not consistently implement nationwide mandates requiring the government provide trafficking victims with temporary shelter; legal, social, and health assistance; and protection against re-victimization. Efforts to identify victims and the quality of care available to them varied considerably from state to state. Authorities in most states did not proactively or consistently identify victims of sex trafficking or forced labor outside the slave labor context. MTE's Labor Inspection Secretariat (SIT) identified victims of slave labor through unannounced inspections of businesses or employers suspected of using slave labor. SIT had a mobile team (GEFM) that conducted multidisciplinary inspections of rural worksites in remote areas; it performed 1,035 inspections in 2024, a significant increase compared with 598 inspections in 2023. SIT inspectors provided slave labor victims with pamphlets outlining available resources upon identification. The Ministry of Justice and Public Security's (MJSP's) six Advanced Posts for Humanitarian Assistance to Migrants (PAAHMs) supported recently-arrived migrants at airports and bus stations; authorities at PAAHMs could screen for trafficking indicators. The government reported limited examples of training local officials to identify and refer trafficking victims during the reporting period.

Authorities operated three municipal-level and 18 state-level anti-trafficking offices (NETPs), which connected victims with service providers and coordinated assistance efforts between local, state, and federal stakeholders. NETPs were unevenly distributed across the country and 10 states lacked an NETP facility. Federal funding for NETPs was insufficient; wealthier states sometimes supplemented their NETPs' budgets, improving the quality of assistance and coordination. The government did not report whether NETPs assisted any victims in 2024, compared with 397 potential trafficking victims assisted in 2022, the last year for which data was available. NETPs could refer victims to the Ministry of Social Development's Social Assistance Service (SUAS) or to other service providers, including civil society. NETPs could also refer child trafficking victims to guardianship councils (CTs). However, CTs often lacked the expertise and resources to adequately support trafficking victims.

The government reported that SUAS was the primary federal agency providing services to trafficking victims; SUAS-CREAS assisted 362 victims in 2024, compared with 388 victims in 2023. The government did not have specialized services for trafficking victims, with the exception of seven anti-trafficking legal clinics at public universities, some of which relied on funding from international donors. Instead, trafficking victims could receive non-specialized services through federal, state, or local government programs for vulnerable individuals, such as healthcare, literacy programs, and transportation. States, local governments, and civil society organizations furnished many of the services available to victims; the availability and

quality of these services varied considerably. SUAS could support trafficking victims at its nationwide network of Specialized Social Service Centers (CREAS) for vulnerable populations, which offered psychologists and social workers.

Slave labor victims were eligible for non-specialized services offered by federal, state, and local authorities; the government had more systematic means of furnishing these services to slave labor victims than to trafficking victims. Many, but not all, slave labor victims also received three months of unemployment insurance following their identification.

SUAS could accommodate victims in its network of non-specialized shelters for vulnerable populations. In practice, very few of these shelters served trafficking victims. Officials could place trafficking victims in similar state-, city-, or civil society-operated shelters, when available. Authorities sometimes inappropriately penalized victims for offenses committed solely as a direct result of being trafficked, including foreign women forced to transport drugs. The government had measures to encourage victims to testify against traffickers and courts encouraged the use of video testimony in criminal cases. Observers continued to express concern about the under-reporting of trafficking crimes, attributing it in part to victims' lack of awareness of available protection services and fear that filing complaints would lead to further exploitation, deportation, or other harm; others suggested victims were discouraged by the long duration of trial proceedings.

The law entitled foreign victims of trafficking to a residence permit; in April 2024, the government revised the permit procedure to extend eligibility to victims regardless of their agreement to testify or otherwise support law enforcement, and to victims' family members. The government did not report issuing residence permits to slave labor or trafficking victims in 2024. The government could assist trafficking victims with repatriation; in 2024, the government reported funding the repatriation of 48 Brazilian trafficking victims from nine countries. The government did not report any victims requesting or receiving restitution in 2024; officials suggested lengthy case timelines discouraged prosecutors and victims from pursuing restitution.

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## PREVENTION

The government marginally increased efforts to prevent trafficking.

The MJSP's coordination office for anti-trafficking and anti-smuggling efforts (CGETP) oversaw the inter-ministerial group responsible for the implementation of the NAP. In July 2024, the government adopted its 2024-2028 NAP, which it developed in collaboration with an international organization. The NAP included objectives to improve coordination, build capacity, and research gaps in prosecution, protection, and prevention efforts. The MJSP also funded the seven-member anti-trafficking advisory committee (CONATRAP), which included representatives from federal government agencies and NGOs; CONATRAP met at least twice during the report period. The government continued to partner with academic and civil society institutions to produce reports and assessments of trafficking trends and certain government efforts. Where present, NETPs supported the coordination of sub-national anti-trafficking efforts. Coordination between federal and state agencies remained uneven and varied in efficacy.

Most awareness-raising efforts in Brazil focused on addressing child abuse, child labor, or slave labor more broadly; few campaigns attempted to raise awareness of human trafficking specifically. Federal, state, and municipal governments hosted workshops and performances or published online materials to raise awareness of human trafficking and related crimes, most of which were scheduled to commemorate World Day against Trafficking. The MTE continued its national campaign to raise awareness of the risk of exploitation, including trafficking for domestic workers. The government maintained two human rights hotlines that could receive trafficking-related calls. Hotline operators could refer victims to law enforcement. The government did not report receiving any trafficking-related calls to these hotlines in 2024, compared with 259 trafficking-related calls in 2023. The government did not indicate whether it initiated any investigations from calls to the hotlines. Some states operated their own human rights hotlines.

Authorities made limited efforts to reduce the demand for commercial sex acts by coordinating with a foreign government to prevent known sex offenders from entering Brazil. MTE published a "dirty list," or *lista suja*, twice annually; the dirty list made public the names of individuals and businesses found guilty of using slave labor. MTE added 176 new employers to the registry in October 2024. The October 2024 registry listed 727 employers. Offending employers were listed in the registry for two years. In July 2024, MTE created a secondary registry, allowing employers to be removed from the "dirty list" early through additional fines, enhanced monitoring from MTE, and a commitment to improve workplace conditions. MTE had not yet published a version of the secondary registry by the end of the reporting period. MTE officials reported the most-represented industries on the list in 2024 were charcoal producers, housekeeping services, cattle ranchers, and mining companies. Officials indicated

the number of labor inspectors employed by the government was insufficient to adequately perform inspections across the country; the government initiated, but did not complete, a round of hiring for 900 inspector positions during the reporting period. Labor inspectors' initial and continuing education courses included material on slave labor, but the government did not report how many inspectors utilized this programming.

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## TRAFFICKING PROFILE:

Trafficking affects all communities. This section summarizes government and civil society reporting on the nature and scope of trafficking as reported over the past five years. Human traffickers exploit domestic and foreign victims in Brazil, and traffickers exploit victims from Brazil abroad. Traffickers exploit women and children from Brazil and other South American countries – especially Bolivia, Paraguay, and Venezuela – in sex trafficking in Brazil. Child sex trafficking is common along Brazil's major highways, including BR-386, BR-116, and BR-255. Traffickers exploit Brazilians – especially Afro-Brazilian men – in situations that could amount to forced labor. Organized criminal groups are associated with the exploitation of women and girls in sex trafficking in the states of Amazonas, Minas Gerais, Rio Grande, Rio Grande do Sul, Santa Catarina, and others. Commercial child sexual exploitation and abuse by foreign visitors in Brazil remains endemic, particularly in resort and coastal areas; many perpetrators of this crime are from Europe and the United States. Forced labor in rural Brazil is associated with charcoal production, cattle ranching, salt industries, logging, mining, and the cultivation of sisal fiber, sugar, grapes, coffee, garlic, and carnauba wax. In Brazil's urban areas, forced labor occurs in factory work, including Sao Paulo's textile industry; construction; domestic work, where cases sometimes involve decades of exploitation; and the hospitality sector. Traffickers force victims, especially foreigners from Bolivia, South Africa, and Venezuela, to engage in drug trafficking and other crimes.

Many identified trafficking victims are from northeast Brazilian states, such as Maranhao. Most identified trafficking victims are people of color, and many are Afro-Brazilian or otherwise of African descent. Multiple sources reported that individuals who advocates described as transgender women are incredibly vulnerable to trafficking in Brazil and abroad, due to social ostracization, high rates of violence, and demand for commercial sex acts from this population. Reporting shows traffickers manipulate or manufacture debts to coerce victims who advocates described as transgender, charging them for room and board, protection, or medical procedures. Traffickers commonly employ deceptive recruitment and debt-based coercion to facilitate victims' exploitation. They increasingly rely on online

advertisements, social media platforms, and other digital means of recruitment. Slave labor perpetrators operated with impunity and victims of slave labor, including trafficking victims, are highly vulnerable to re-victimization.

Recent research into the prevalence of human trafficking in Brazil suggests traffickers are extremely active. One study suggested that up to 16 percent of girls (ages 14 – 17 years) in a northeastern metropolitan area were likely victims of commercial sexual exploitation. Another organization estimated traffickers are exploiting up to 4,500 victims in forced labor in artisanal gold mines. A recent estimate suggests up to 18 percent of hired agricultural workers displayed indicators of forced labor. For cattle ranching, research indicates approximately 14 percent of workers in the sector presently demonstrate indicators of forced labor.

Cuban regime-affiliated medical workers associated with Mais Medicos program, which ended in 2018, continued to pursue a class-action lawsuit against an international organization for its role in their alleged trafficking. The lawsuit alleges the Cuban regime forced the Cuban Mais Medico participants to work in a triangular arrangement facilitated by the international organization. In 2022, Brazilian authorities announced plans to restart the Mais Medicos program without an affiliation with the Cuban regime.

Traffickers exploit Brazilians in sex and labor trafficking abroad in Western Europe, Southeast Asia, the United States and other destinations, often recruiting them with fraudulent job offers. For example, traffickers offer Brazilians jobs overseas in technology or customer service, often in Thailand, and then exploit them in forced labor in online scam operations; these cases have been reported in Burma, Cambodia, and the Philippines. Brazilian martial artists, performers, and domestic workers are vulnerable to trafficking abroad.

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## TAGS

[Brazil](#)[Bureau of Western Hemisphere Affairs](#)[Human Trafficking](#)[Office to Monitor and Combat Trafficking in Persons](#)[Reports](#)

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# Brazil 2024 Human Rights Report

## Executive Summary

The human rights situation in Brazil declined during the year. The courts took broad and disproportionate action to undermine freedom of speech and internet freedom by blocking millions of users' access to information on a major social media platform in response to a case of harassment. The government undermined democratic debate by restricting access to online content deemed to "undermine democracy," disproportionately suppressing the speech of supporters of former president Jair Bolsonaro as well as journalists and elected politicians, often in secret proceedings that lacked due process guarantees. The government also suppressed politically disfavored speech on the basis that it constituted "hate speech," a vague term untethered to international human rights law.

Significant human rights issues included credible reports of: arbitrary or unlawful killings; torture or cruel, inhuman, or degrading treatment or punishment; arbitrary arrest or detention; and serious restrictions on freedom of expression and media freedom, including violence or threats of violence against journalists.

The government did not always take credible steps to identify and punish officials who committed human rights abuses.

## Section 1. Life

### a. Extrajudicial Killings

There were several reports police committed arbitrary or unlawful killings during the year. Some killings were attributed to a police operation against transnational criminal organizations in Sao Paulo State in the first half of the year and a police operation that took place from July 2023 to April in Baixada Santista, a coastal area including the port city of Santos.

In July, a São Paulo court charged two officers from a police shock battalion (ROTA) with aggravated homicide and obstructing evidence in the death of Fábio Oliveira Ferreira, who was killed in the operation in July 2023. One defendant was Captain Marcos Correa de Moraes Verardino, one of the coordinators of the operation, who allegedly fired three shots at Ferreira after he had surrendered. The other defendant, Corporal Ivan Pereira da Silva, also of ROTA, allegedly shot the victim twice in the chest while the victim was lying on the ground. In December, the two defendants were acquitted by courts in São Paulo State. The São Paulo Public Prosecutor's Office of appealed the decision, and higher courts were considering that appeal at year's end.

In April, Roraima State Civil Police reported it launched an operation to dismiss a group of officers from the military police of Roraima suspected of being part of a militia and an extermination group, according to a *Globo*

news report. More than 100 officers were investigated, and several arrests were made. The investigation examined cases in which police officers allegedly provided armed security for illegal miners, robbed and tortured competing invaders, and robbed the miner bosses themselves.

There were developments in the politically motivated 2018 killing of city councilwoman Marielle Franco and her driver Anderson Gomes, in Rio de Janeiro. In March, police arrested Chiquinho Brazão, a Federal Chamber deputy (representative), and his brother, Domingos Brazão, a member of the Rio de Janeiro State Audit Court, for their alleged role in ordering the 2018 killing of Franco. The brothers remained in custody and were charged with qualified homicide and attempted homicide. Rivaldo Barbosa, who was the chief of police of Rio de Janeiro when Franco was killed, was also arrested in March for allegedly helping plan the killing and for obstruction of justice. In November, two former police officers were sentenced for the killings. Ronnie Lessa was sentenced to 78 years and nine months for firing the shots that killed Franco and Gomes and injured one of Franco's aides. Élcio de Queiroz was sentenced to 59 years and eight months for driving the getaway car.

## **b. Coercion in Population Control**

There were no reports of coerced abortion or involuntary sterilization on the part of government authorities.

## **Section 2. Liberty**

### **a. Freedom of the Press**

The constitution and law provided for freedom of expression, including for members of the press and other media. Supreme Court (STF) rulings, however, restricted the freedom of expression for individuals it deemed to be in violation of the law prohibiting antidemocratic speech.

#### **Censorship by Governments, Military, Intelligence, or Police Forces, Criminal Groups, or Armed Extremist or Rebel Groups**

The law prohibited politically motivated judicial censorship, but there were reports of censorship. The government censored online content deemed in violation of STF orders, which instructed platforms to remove content that allegedly spread misinformation related to the electoral system or judicial institutions or to disparage judicial officials with online threats or harassment. Court records reveal that Justice Alexandre de Moraes personally ordered the suspension of more than 100 user profiles on the social media platform X (formerly Twitter), disproportionately suppressing the speech of advocates of former president Jair Bolsonaro instead of taking narrower measures to penalize content that incited imminent lawless action or harassment. The government telecommunications regulator Anatel ordered internet service providers to block X by order of the STF on August

31, after the company failed to appoint a legal representative and pay outstanding fines for failure to remove content in compliance with orders issued by the STF and the Superior Electoral Court. The STF authorized fines of 50,000 reais (\$9,000) per day to individuals or companies who accessed the platform via a virtual private network (VPN), although no fines were reportedly assessed. The STF authorized X to resume its operations in the country on October 8 after the company complied with court orders and paid outstanding fines. Other media companies were subject to similar content removal orders. This broad repression blocked Brazilians' access to information and viewpoints on a range of national and global issues. Additionally, the court's temporary prohibition on the use of a VPN, under penalty of fine, further eroded freedom of the press by removing privacy protections from individuals whose ability to blow the whistle on government corruption hinged on their capacity to do so anonymously.

Nongovernmental criminal elements at times subjected journalists to threats or violence due to the journalists' reporting on their criminal activities.

## **b. Worker Rights**

### **Freedom of Association and Collective Bargaining**

The law provided for freedom of association for all workers (except members of the military, military police, and firefighters), the right to

bargain collectively with some restrictions, and the right to strike. The law prohibited antiunion discrimination, including the dismissal of employees who were candidates for, or holders of, union leadership positions, and it required employers to reinstate workers fired for union activity.

New unions were required to register with the Ministry of Labor, which would accept the registration unless objections were filed by other unions. The law stipulated certain restrictions, such as *unicidade* (in essence, one union per occupational category per city), which limited freedom of association by prohibiting multiple, competing unions of the same professional category in a single geographical area. Unions that represented workers in the same geographical area and professional category could contest another union's registration.

The law stipulated a strike could be ruled "disruptive" by the labor court and the union could be subjected to legal penalties if the strike violated certain conditions, such as if the union failed to notify employers at least 48 hours before the beginning of a walkout or end a strike after a labor court decision. Employers were not allowed to hire substitute workers during a legal strike or fire workers for strike-related activity, provided the strike was not ruled abusive as defined in the law.

The law obliged a union to negotiate on behalf of all registered workers in the professional category and geographical area it represented, regardless of whether an employee paid voluntary membership dues. The law included

collective bargaining rights, such as the ability to negotiate a flexible hourly schedule and work remotely. The law permitted the government to reject clauses of collective bargaining agreements that conflicted with government policy.

Freedom of association and the right to collective bargaining were generally respected, according to observers. Collective bargaining was widespread in establishments in the private sector.

In the view of nongovernmental organization (NGO) experts, the government usually effectively enforced applicable laws, and penalties were commensurate with those for other laws involving denials of civil rights, such as discrimination. Penalties were regularly applied against violators.

## **Forced or Compulsory Labor**

See the Department of State's annual *Trafficking in Persons Report* at <https://www.state.gov/trafficking-in-persons-report/>.

## **Acceptable Work Conditions**

### **Wage and Hour Laws**

The law provided for a minimum wage, which was higher than the official poverty income level. The law limited the workweek to 44 hours and specified a weekly rest period of 24 consecutive hours, preferably on Sundays. The law also provided for paid annual vacation, prohibited

excessive compulsory overtime, limited overtime to two hours per workday, and stipulated any hour worked above the monthly limit had to be compensated with at least time-and-a-half pay; these provisions generally were enforced for all groups of workers in the formal sector. The constitution also provided for the right of domestic employees to work a maximum of eight hours per day and 44 hours per week, and to receive a minimum wage, a lunch break, social security, and severance pay.

### **Occupational Safety and Health**

The Ministry of Labor set occupational safety and health (OSH) standards that were consistent with internationally recognized norms, although unsafe working conditions were prevalent throughout the country, especially in construction, according to media reports. The law required employers to establish internal committees for accident prevention in workplaces. Inspectors identified unsafe conditions and responded to worker complaints, but the number of inspections conducted was lower than necessary. The law also prohibited firing employees for their committee activities. Workers could remove themselves from situations that endangered their health or safety without jeopardy to their employment, although those in forced labor situations without access to transportation were particularly vulnerable to situations that endangered their health and safety.

## **Wage, Hour, and OSH Enforcement**

The Ministry of Labor addressed problems related to minimum wage, overtime, and OSH laws. In the view of NGO experts, officials effectively enforced OSH laws. Penalties for violations included fines that varied widely depending on the nature of the violation. Penalties were in general commensurate with similar crimes such as fraud or negligence. Penalties were regularly applied against violators. The number of labor inspectors was insufficient to enforce compliance, according to the Labor Inspectors Union. Inspectors had the authority to make unannounced inspections and initiate sanctions.

According to the Brazilian Institute of Geography and Statistics, the informal sector represented almost 40 percent of the workforce.

Gig workers were not considered employees, and food delivery and ride-share companies did not consider the workers who provided services through their platforms to be employees. These workers were not protected by labor laws.

## **c. Disappearance and Abduction**

### **Disappearance**

There were no reports of enforced disappearances by or on behalf of government authorities.

In July, President Luis Inácio Lula da Silva reinstated the Special Commission on Political Deaths and Disappearances to deal with state crimes and political repression that occurred from 1961 to 1979. The commission was created in 1995 but was closed in 2022 by the government of then President Bolsonaro.

### **Prolonged Detention without Charges**

The constitution prohibited arbitrary arrest and detention and provided for the right of persons to challenge the lawfulness of their arrest or detention in court. The government generally observed these requirements; however, political figures and rights groups alleged the government held hundreds of individuals accused of participation in protests that led to the invasion of government buildings on January 8, 2023, in detention for several months without filing charges. They also alleged these protesters were denied access to legal counsel.

Lengthy pretrial detention was a problem. The length of pretrial detention frequently equaled or exceeded the maximum sentence for the alleged crime, according to the National Security Forum. As of 2023, approximately one-quarter of the prison population was awaiting court trial, according to the Brazilian Forum on Public Security.

## **d. Violations in Religious Freedom**

See the Department of State's annual *International Religious Freedom Report* at <https://www.state.gov/religiousfreedomreport/>.

## **e. Trafficking in Persons**

See the Department of State's annual *Trafficking in Persons Report* at <https://www.state.gov/trafficking-in-persons-report/>.

## **Section 3. Security of the Person**

### **a. Torture and Cruel, Inhuman, or Degrading Treatment or Punishment**

The constitution prohibited such practices, but there were credible reports government officials employed them.

Military police officers in Porto Alegre, capital of the state of Rio Grande do Sul, were accused of torturing Vladimir Abreu de Oliveira for approximately 40 minutes before attempting to hide his body by throwing him from a bridge in May. An investigation revealed Abreu de Oliveira suffered multiple severe injuries while alive, leading to his death. Five officers were indicted, with charges ranging from torture resulting in death to omission of assistance, and two were in preventive detention. Civil police were

conducting a separate investigation.

## **b. Protection of Children**

### **Child Labor**

See the Department of Labor's *Findings on the Worst Forms of Child Labor* at <https://www.dol.gov/agencies/ilab/resources/reports/child-labor/findings/>.

### **Child Marriage**

The legal minimum age of marriage was 18, or 16 with parental or legal representative consent. While child marriage declined in recent years, the practice of early marriage (marriage before age 18), especially among girls, was common, according to UNICEF. The government did not always effectively enforce the law.

In March, a report from the newspaper *Econômico Valor* noted approximately one in five women married before turning 18.

## **c. Protection to Refugees**

The government cooperated with the Office of the UN High Commissioner for Refugees and other humanitarian organizations in providing protection and assistance to refugees, returning refugees, or asylum seekers, as well as other persons of concern.

## **Provision of First Asylum**

The law provided for the granting of asylum or refugee status, and the government had a system for providing protection to refugees.

## **d. Acts of Antisemitism and Antisemitic Incitement**

According to the Brazilian Israelite Federation, there were approximately 120,000 Jewish Brazilian citizens, of whom approximately 70,000 lived in the state of São Paulo, according to 2021 data, and 34,000 in the state of Rio de Janeiro.

The law criminalized the manufacture, sale, distribution, or broadcast of symbols, emblems, ornaments, badges, or advertising that used the swastika for purposes of publicizing Nazism. The penalty was two to five years' imprisonment.

In June, the Brazilian Israelite Confederation (CONIB) and the Israelite Federation of the State of São Paulo (FISESP) reported a sharp increase in the number of cases of antisemitism after the Hamas attack on Israel in October 2023. From January to May, 886 cases of antisemitism were recorded, almost six times more than in the same period in 2023. Most of the attacks occurred in digital environments, such as social networks and messaging apps.

Following Israel's military response in Gaza to the Hamas October 2023

terrorist attacks, on February 18, President Lula da Silva stated that “what is happening in the Gaza Strip... it’s a genocide.” In the speech, he then compared what was occurring in Palestine with “when Hitler decided to kill the Jews.” On February 19, CONIB stated it “repudiated the unfounded statements by President Lula comparing the Holocaust to the State of Israel’s defense against the terrorist group Hamas,” saying the government had adopted an “extreme and unbalanced posture in relation to the tragic conflict in the Middle East.”

On October 21, the Public Ministry of Santa Catarina’s Special Task Force to Combat Organized Crime arrested four individuals, allegedly members of a neo-Nazi group, for inciting discrimination and planning violent acts in different regions of the country. The arrests were part of “Operation Overlord,” which took place in the states of Santa Catarina, São Paulo, Sergipe, Paraná, and Rio Grande do Sul. According to CNN Brasil, the operation aimed to combat antisemitism and hate speech and prevent the planning of violent acts. The individuals arrested allegedly were part of a band that performed at neo-Nazi events in several regions.

For further information on incidents in the country of antisemitism, whether or not those incidents were motivated by religion, and for reporting on the ability of Jews to exercise freedom of religion or belief, please see the Department of State’s annual *International Religious Freedom Report* at <https://www.state.gov/religiousfreedomreport/>.