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Non-Detained

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

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

Immigration Judge: Simpson, Scott

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

**RESPONDENT'S APPLICATION FOR ASYLUM AND WITHHOLDING OF
REMOVAL – FORM I-589**



Application for Asylum and for Withholding of Removal

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

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

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

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

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) 234678753	2. U.S. Social Security Number (if any) 817862720	3. USCIS Online Account Number (if any) N/A	
4. Complete Last Name DE OLIVEIRA		5. First Name Carla	6. Middle Name N/A
7. What other names have you used (include maiden name and aliases)? N/A			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name 600 Front Street		Apt. Number 143	
City San Diego	State CA	Zip Code 92101	Telephone Number (619) 362-5567
<i>(NOTE: You must be residing in the United States to submit this form.)</i>			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): Otavio Haverroth Silva		Telephone Number (510) 2419336	
Street Number and Name PO Box 90487		Apt. Number N/A	
City San Diego	State CA	Zip Code 92169	
10. Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy) 31/12/1990	13. City and Country of Birth Blumenau, Brazil		
14. Present Nationality (Citizenship) Brazilian	15. Nationality at Birth Brazilian	16. Race, Ethnic, or Tribal Group Latina	17. Religion Catholic
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy) 06/03/2024		b. What is your current I-94 Number, if any? 000011065A4	
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date 06/04/2024	Place Los Angeles, CA	Status B2	Date Status Expires 12/03/2024
Date 03/05/2024	Place Orlando, FL	Status B2	
Date N/A	Place N/A	Status N/A	
20. What country issued your last passport or travel document? Brazil	21. Passport Number GB935195	22. Expiration Date (mm/dd/yyyy) 10/01/2030	
	Travel Document Number N/A		
23. What is your native language (include dialect, if applicable)? Portuguese	24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? N/A	

Part A.II. Information About Your Spouse and Children

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

1. Alien Registration Number (A-Number) (if any) 234678751	2. Passport/ID Card Number (if any) GB935197	3. Date of Birth (mm/dd/yyyy) 09/19/1989	4. U.S. Social Security Number (if any) 774162404
5. Complete Last Name CHACÃO	6. First Name Christian	7. Middle Name N/A	8. Other names used (include maiden name and aliases) N/A
9. Date of Marriage (mm/dd/yyyy) 07/09/2024	10. Place of Marriage San Diego, CA	11. City and Country of Birth Rio Negro, Brazil	
12. Nationality (Citizenship) Brazilian		13. Race, Ethnic, or Tribal Group Latino	14. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location): _____			
16. Place of last entry into the U.S. Orlando, FL	17. Date of last entry into the U.S. (mm/dd/yyyy) 03/05/2024	18. I-94 Number (if any) 795729303A3	19. Status when last admitted (Visa type, if any) B2
20. What is your spouse's current status? No status	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) 09/04/2024	22. Is your spouse in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy) N/A
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

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

I have children. Total number of children: 1

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

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

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

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

Part A.III. Information About Your Background

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

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
612 Rua Manoel Marques Junior	Sao Jose	Santa Catarina	Brazil	03/2024	06/2024
N/A	N/A	N/A	N/A	N/A	N/A

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

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

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

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Uniasselvi	Graduate School	262 Avenida Aniceto Zacchi, Palhoca, Brazil	01/2022	12/2022
Uniasselvi	University	262 Avenida Aniceto Zacchi, Palhoca, Brazil	01/2009	12/2014
Escola Frei Godofredo	High School	330 Rua Manoel Bittencourt, Gaspar, Brazil	01/2005	12/2007
Escola Ivo D'Aquino	Elementary School	259 Jose Honorato Muller, Gaspar, Brazil	01/2003	12/2006

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

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Galpao Gaucho Eight LLC, 789 West Harbor Drive, Suite C-18, San Diego, CA	Food Service Worker	06/2025	PRESENT
Transporcred, 225, Rua Jose Candido da Silva, Florianopolis, Brazil	Administrative Analyst	04/2022	07/2024
Unigranrio, 251 Rua Roberto Sell, Palhoca, Brazil	Administrative Analyst	05/2019	04/2022

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

Full Name	City/Town and Country of Birth	Current Location
Mother Alice Dircksen de Oliveira	Sao Martinho, Brazil	<input type="checkbox"/> Deceased Palhoca, Brazil
Father Osni José de Oliveira	Gaspar, Brazil	<input type="checkbox"/> Deceased Palhoca, Brazil
Sibling Marcos Aurelio de Oliveira	Gaspar, Brazil	<input type="checkbox"/> Deceased Palhoca, Brazil
Sibling Thiago Dircksen de Oliveira	Gaspar, Brazil	<input type="checkbox"/> Deceased Palhoca, Brazil
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A
Sibling N/A	N/A	<input type="checkbox"/> Deceased N/A

Part B. Information About Your Application

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

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

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

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

I am seeking asylum or withholding of removal based on:

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

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

- No Yes

If "Yes," explain in detail:

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

I and my family were persecuted and directly threatened by the Primeiro Grupo Catarinense (PGC), a criminal faction allied with Comando Vermelho (CV), because of my family ties to both my brother and my husband and our political stance against the faction's activities. They severely beat and threatened my husband over 20 times over the course of four years, from 2020 to 2024, and repeatedly threatened to kidnap and rape me and to harm our son. The origin of this persecution lies in my brother, Thiago Dircksen de Oliveira, who was involved with the organization and left behind a debt to the PGC. The faction forced Christian to bear that burden solely because of his relationship with me. The PGC explicitly told my husband, Christian Chacão, that he was a target because he was married to me and because he was the father of my son, Henrique de Oliveira Chacão, making clear that my family connection was the very reason for the persecution. Even after the debt was settled in early 2024, the PGC escalated their demands, insisting that Christian actively participate in their criminal operations. He openly refused, and I fully supported his decision; neither of us was willing to have any involvement with organized crime. The PGC interpreted this refusal as opposition to their authority. Shortly after, in March 2024, a faction leader was arrested and falsely identified Christian as a police informant, leading to a death sentence issued by the PGC's internal "crime tribunal." We remain targets because of our shared stance against the organization and because of the family bonds that connect us. And since Christian was sentenced to death by the faction, I am inevitably a target as long as I am married to him. I will provide a detailed declaration before my Individual Hearing.

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

- No Yes

If "Yes," explain in detail:

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

I fear being kidnapped, raped, tortured, threatened or killed by the PGC if I return to Brazil. I also fear that my husband, Christian Chacão, and my son, Henrique de Oliveira Chacão, would suffer the same fate. Our family has been marked as enemies and traitors of the faction, a designation that follows us permanently. The PGC directly threatened to kidnap and rape me and to harm my child, and in March 2024 the PGC's internal court issued a death sentence against Christian after falsely branding him a police informant. I am targeted both because I am Christian's wife and the sister of Thiago Dircksen de Oliveira, whose involvement with the faction originated this persecution, and because of our refusal to cooperate with organized crime. As a family, Christian and I could not accept any involvement with the PGC's criminal activities, and we stood united in that decision. The faction views our refusal as a direct challenge to their authority. These ties and this stance cannot be changed: I cannot undo my bond to my husband or my brother, and I will not abandon my opposition to criminal activity. For these reasons, I would remain a permanent target if returned. The Brazilian state is unable to protect us because criminal factions have deeply penetrated law enforcement institutions, organized crime thrives under systemic impunity, and those who seek help from the authorities are met with danger instead of protection. I will provide a detailed declaration before my Individual Hearing.

Part B. Information About Your Application (continued)

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

No Yes

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

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

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

No Yes

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

Yes. My brother, Thiago Dircksen de Oliveira, was involved with organized crime in the region where I lived in Palhoça, Santa Catarina, Brazil. I believe he was a member of the Primeiro Grupo Catarinense (PGC), one of the largest and most influential factions in the state of Santa Catarina. I do not know the level or length of participation, nor his position within the group. Neither I nor any other family member included in this application has ever belonged to or been associated with any such organization.

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

No Yes

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

I do not have any information regarding Thiago Dirksen de Oliveira's current involvement in the criminal organization.

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

No Yes

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

I am afraid of being subjected to torture by the Primeiro Grupo Catarinense (PGC) if returned to Brazil. The PGC has already inflicted severe psychological harm on me through explicit threats of kidnapping and rape, as well as death threats directed at me, my husband, and my son. For years, these threats were used to keep us afraid, to control us, and to punish my family for refusing to give in to their demands. Criminal factions in Brazil, including the PGC and its allies, are widely documented as employing brutal methods of violence against those they consider enemies or traitors. These methods include severe beatings, mutilation, sexual violence, prolonged captivity, and executions carried out through cruel means such as dismemberment and burning, often recorded and shared as a warning to others. The PGC operates its own internal system of justice, including so-called "crime tribunals" that impose penalties ranging from physical punishment to death sentences, which they refer to as "strict exclusion." In March 2024, this system condemned my husband to death after falsely accusing him of being a police informant. I would be subjected to torture as the wife of a man sentenced to death by the faction and the sister of Thiago Dircksen de Oliveira, whose involvement with organized crime originated this persecution, and because of my open opposition to the PGC's criminal activities. Organized crime in Brazil operates under conditions of systemic impunity, and the state has consistently demonstrated its inability to dismantle these organizations or shield those targeted by them. I will provide a detailed declaration before my Individual Hearing.

Part C. Additional Information About Your Application

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

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

No Yes

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

My husband, Christian Chacão (A-Number 234-678-751), filed an affirmative asylum application with USCIS on July 16, 2024, which included me and our son, Henrique de Oliveira Chacão (A-Number 234-678-752), as derivatives. On March 25, 2025, USCIS referred his application to the Immigration Court and it is currently pending adjudication. Our son, Henrique de Oliveira Chacão, is also separately applying for asylum and withholding of removal before the Immigration Court, and his application is also currently pending.

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

No Yes

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

No Yes

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

N/A

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

No Yes

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

N/A

Part C. Additional Information About Your Application (continued)

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

No Yes

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

In March 2024, I returned to Brazil with my son, Henrique de Oliveira Chacão, for approximately two months. My mother-in-law had suffered a heart attack and required urgent care, and there were no other family members available to assist her. This was a humanitarian emergency that compelled me to travel despite the danger. During my stay, I took extreme security precautions: I did not return to our home or to Palhoça, Santa Catarina; I limited my movements to essential activities; I avoided public places and any contact with individuals or locations associated with the PGC; and I did not disclose my presence in Brazil to anyone outside my immediate family. My husband remained in the United States because the PGC had already sentenced him to death through their "crime tribunal" in March 2024, making it impossible for him to return. Despite all precautions taken, I lived in constant fear during my entire stay in Brazil. The PGC operates across multiple states, maintains connections within law enforcement, and has the capacity to locate individuals throughout the country. I knew that at any moment my presence could be discovered, putting both my life and my son's life at immediate risk. This overwhelming sense of insecurity is what ultimately drove me to return to the United States as soon as I could. I departed Brazil and re-entered the United States with my son on June 4, 2024, on tourist visas, and have remained in the country since. I will provide a detailed declaration before my Individual Hearing.

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

No Yes

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

This application is being submitted beyond the one-year filing period because I was originally listed as a derivative in the asylum application of my husband, Christian Chacao (Alien-Number 234-678-751), which he timely filed with USCIS on July 16, 2024, well within one year of his arrival in the United States. As a derivative spouse, I relied on his principal application for protection and did not have a separate obligation to file independently at that time. The necessity to present my own individual claim arose only after USCIS referred my husband's case to the Immigration Court on March 25, 2025, at which point it became essential for me to establish my independent eligibility for withholding of removal and protection under the Convention Against Torture. The dangers that prompted our family to seek protection remain unchanged, and the threats against us in Brazil persist to this day. I respectfully ask the Court to recognize these circumstances as justification for an exception to the one-year deadline, given that I was covered under a timely filed principal application and that the conditions giving rise to our fear of persecution have not diminished. I will provide a detailed declaration before my Individual Hearing.

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

No Yes

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

I entered the United States on June 4, 2024, at Los Angeles, California, together with my son, on a valid B-2 tourist visa. I was authorized to remain in the country until December 3, 2024. Before that period expired, my husband, Christian Chacao (Alien-Number 234-678-751), submitted an affirmative asylum application to USCIS on July 16, 2024, in which my son and I were included as derivative applicants. On March 25, 2025, after the concluding interview with an asylum officer, the case was referred to the Immigration Court. As a result, I was placed in removal proceedings and charged under Section 237(a)(1)(B) of the Immigration and Nationality Act for remaining in the United States beyond my authorized period of stay. My husband, Christian Chacao (Alien-Number 234-678-751), and my son, Henrique de Oliveira Chacao (Ali- Numb 234-678-752), received the same charge under the same legal provision. No member of my family, including myself, has been involved in any other criminal activity in the United States. We remained in this country beyond our authorized stay solely because of the persecution we endured in Brazil and our urgent need for safety. I will provide a detailed declaration before my Individual Hearing.

Part D. Your Signature

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

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

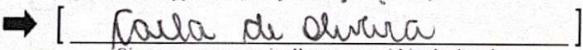
Print your complete name. Carla de Oliveira	Write your name in your native alphabet. N/A
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Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

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

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

Signature of Applicant (The person in Part A.1.)
 02/20/2026
 Sign your name so it all appears within the brackets Date (mm/dd/yyyy)

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

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

Signature of Preparer 		Print Complete Name of Preparer Otavio Haverroth Silva	
Daytime Telephone Number (510) 2419336		Address of Preparer: Street Number and Name PO Box 90487	
Apt. Number N/A	City San Diego	State CA	Zip Code 92169
To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8



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

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

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

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

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

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

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

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

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

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge



Application for Asylum and for Withholding of Removal Supplement A

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

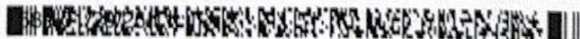
USCIS
Form I-589
OMB No. 1615-0069
Expires 09/30/2027

A-Number (If available) 234678753	Date 02/20/2024
Applicant's Name Carla de Oliveira	Applicant's Signature <i>Carla de Oliveira</i>

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

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

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





Application for Asylum and for
Withholding of Removal Supplement B

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

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

Additional Information About Your Claim to Asylum

A-Number (if available) 234678753	Date 02/20/2026
Applicant's Name Carla de Oliveira	Applicant's Signature <i>Carla de Oliveira</i>

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

Part A. III

Question 3

Name of School: Escola Honorio Miranda
Type of School: Elementary School
Location (Address): 158 Rua Sao Pedro, Gaspar, Brazil
Attended From 01/1999 to 12/2002



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

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

PROOF OF SERVICE

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

**RESPONDENT’S APPLICATION FOR ASYLUM AND WITHHOLDING OF
REMOVAL – FORM I-589**

To the following:

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

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



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