



**ORIGINAL SUBMISSION, APPLICATION TO REGISTER
PERMANENT RESIDENCE OR ADJUST STATUS
(G-1145, G-28, I-485, I-131, I-765, I-693)**

Applicant: DOS SANTOS CAMARTE, Leonardo

**HS Law Corp
P.O Box 90487
San Diego - CA - United States**

February 12th, 2026

USCIS Dallas Lockbox

U.S. Postal Service (USPS):

USCIS

Attn: NFB

P.O. Box 660867

Dallas, TX 75266-0867

RE: Concurrent Filing of Adjustment of Status (Form I-485), Application for Employment Authorization (Form I-765), and Application for Advance Parole (Form I-131), Filed Concurrently with Form I-140 under the EB-1 Extraordinary Ability Classification

Principal Applicant: Leonardo Camarte dos Santos

Derivate: Bianca da Silva Camarte

Dear Sir or Madam,

Dear Sir or Madam,

Please accept the enclosed applications submitted on behalf of **Leonardo Camarte dos Santos**, the principal applicant, and Bianca da Silva Camarte, the derivate, in connection with her **concurrent filing** of **Form I-485 (Application to Register Permanent Residence or Adjust Status)**, **Form I-765 (Application for Employment Authorization)**, and **Form I-131 (Application for Advance Parole)**.

These applications are being **filed concurrently with Form I-140**, Immigrant Petition for Alien Worker, under the **EB-1 Extraordinary Ability classification (INA §203(b)(1)(A))**, which is being submitted **simultaneously under separate cover**, in accordance with USCIS concurrent filing procedures.

The principal applicant and the derivative beneficiary are concurrently filing the following forms as part of this adjustment of status package:

- Form I-485, Application to Register Permanent Residence or Adjust Status;
- Form I-765, Application for Employment Authorization;

February 12th, 2026

- Form I-131, Application for Advance Parole.

Also enclosed with this submission are:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form G-1145, E-Notification of Application/Petition Acceptance;
- Copy of the applicant's government-issued identity and immigration documents;
- **Form I-693, Report of Immigration Medical Examination and Vaccination Record, submitted in a sealed envelope**, as required by USCIS.

Mr. **Leonardo Camarte dos Santos** is the principal applicant in this adjustment of status filing, and Ms. **Bianca da Silva Camarte** is included as the derivative beneficiary. Both applicants are submitting their respective applications concurrently in this package.

We respectfully request that USCIS accept and process the enclosed applications in conjunction with the concurrently filed Form I-140 petition. Should additional information or documentation be required, please do not hesitate to contact our office.

Thank you for your time and consideration.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Otavio Haverroth Silva".

Otavio Haverroth Silva
California Bar #343486



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name DOS SANTOS CAMARTE	Applicant/Petitioner Full First Name Leonardo	Applicant/Petitioner Full Middle Name N/A
Email Address N/A		Mobile Phone Number (Text Message) +1 (650) 431-5780





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

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

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
 - 1.b. List the form numbers or specific matter in which appearance is entered.

I-140, I-485, I-131, 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)

DOS SANTOS CAMARTE
- 6.b. Given Name (First Name)

Leonardo
- 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

+1 (650) 431-5780
- 11. Mobile Telephone Number (if any)

+1 (650) 431-5780
- 12. Email Address (if any)

biancacamarte@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.

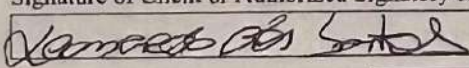
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

- 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)





Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(j)	<input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____

To be completed by an Attorney or Accredited Representative (if any).

<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) N/A	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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▶ **START HERE - Type or print in black ink.** A-Number ▶ A- N/A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

Part 1. Information About You (Person applying for lawful permanent residence)

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

Family Name (Last Name) DOS SANTOS CAMARTE	Given Name (First Name) Leonardo	Middle Name (if applicable) N/A
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2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name) DOS SANTOS	Given Name (First Name) Leonardo	Middle Name (if applicable) N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 01/25/1978

Have you ever used any other date of birth? Yes No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A



A-Number ▶ A-

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? Yes No

If you answered "Yes," provide your A-Number.

A-Number (if any) ▶ A-

5. Have you ever used, or been assigned, any other A-Number? Yes No

If you answered "Yes," provide the A-Numbers.

6. Sex Male Female

7. Place of Birth

City or Town of Birth Country of Birth

8. Country of Citizenship or Nationality

9. USCIS Online Account Number (if any) ▶

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival

Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

Country that Issued this Passport or Travel Document

Nonimmigrant Visa Number Used During Most Recent Arrival (if any)

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy)

Place and Date of Last Arrival into the United States

City or Town State Date of Last Arrival (mm/dd/yyyy)

11. When I last arrived in the United States:

I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

I came into the United States without admission or parole.

Other:



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name)	Given Name (First Name)
DOS SANTOS CAMARTE	Leonardo

Form I-94 Arrival/Departure Record Number ▶

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)

13. Was your last arrival the first time you were physically present in the United States? Yes No

14. What is your current immigration status (if it has changed since your last arrival)?

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

16. Have you ever been issued an "alien crewman" visa? Yes No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? Yes No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
5822 Charlotte Drive	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1119

City or Town	State	ZIP Code
San Jose	CA	95123

Date You First Resided at This Address (mm/dd/yyyy)

Is this your current mailing address? Yes No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

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"/>	N/A

City or Town	State	ZIP Code
San Diego	CA	92169



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? Yes No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Bianca Da Silva Camarte

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

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

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

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

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? Yes No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes No



Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while Yes No in removal, exclusion, rescission, or deportation proceedings?

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any) (mm/dd/yyyy)

I am filing this Form I-485 as a (select **only one** box):

- Principal Applicant
- Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

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

Principal Applicant's A-Number (if any) ▶ A- <input type="text" value="N/A"/>	Principal Applicant's Date of Birth (mm/dd/yyyy) <input type="text" value="N/A"/>
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I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

- Spouse of a U.S. Citizen.
- Unmarried child under 21 years of age of a U.S. citizen.
- Parent of a U.S. citizen (if the citizen is at least 21 years of age).
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).
- Widow or widower of a U.S. citizen.
- Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

- Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.
- Married son or daughter of a U.S. citizen.
- Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- Spouse of a lawful permanent resident.
- Unmarried child under 21 years of age of a lawful permanent resident.
- Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).



Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

- Alien of Extraordinary Ability
- Outstanding Professor or Researcher
- Multinational Executive or Manager
- Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)
- A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
- A Skilled Worker (requiring at least 2 years of specialized training or experience)
- Any Other Worker (requiring less than 2 years of training or experience)
- An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

- N/A (I am adjusting on the basis of a Form I-140 self-petition)
- No
- Yes

If you answered "Yes," is this relative your (select **only one** box):

- Father Mother Child Adult Son Adult Daughter Brother Sister
- None of These

Is the relative above a:

- U.S. Citizen U.S. National Lawful Permanent Resident None of These

3.c. Special Immigrant

- Special Immigrant Juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain International Broadcaster, Form I-360
- Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360
- Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360
- Panama Canal Zone Employees, Form I-360
- Certain Physicians, Form I-360
- Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

- Minister of Religion
- Other Religious Worker



Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

The Cuban Adjustment Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

Lautenberg Parolees

Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

Individual Born in the United States Under Diplomatic Status

S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? Yes No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? Yes No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.



Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

- 1.a. I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. I am applying as a VAWA self-petitioner.
- 1.e. None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

- 2. Location of U.S. Embassy or U.S. Consulate

City or Town	Country
N/A	N/A
- 3. Decision (for example, approved, refused, denied, withdrawn)
- 4. Date of Decision (mm/dd/yyyy)
- 5. Have you previously applied for permanent residence while in the United States? Yes No
- 6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? Yes No

Employment and Educational History

- 7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information.**

Employer or School (current or most recent)	Name of Employer, Company, or School
Employer	2 Amados Servicios de fotografia Ltda
Your Occupation (if unemployed or retired, so state)	
Business Owner	



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name

1360 Alfredo Baltazar Avenue

Apt. Ste. Flr. Number

302

City or Town

Rio de Janeiro

State

N/A

ZIP Code

N/A

Province

Rio de Janeiro

Postal Code

22790710

Country

Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy)

01/24/2016

To (mm/dd/yyyy)

Current

If unemployed or retired, source of financial support:

N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School

Rede Record de Televisao

Your Occupation (if unemployed or retired, so state)

Grafer/Director of Photography

Address of Employer, Company, or School

Street Number and Name

23505 Estrada dos Bandeirantes

Apt. Ste. Flr. Number

N/A

City or Town

Rio de Janeiro

State

N/A

ZIP Code

N/A

Province

Rio de Janeiro

Postal Code

22785091

Country

Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy)

10/2008

To (mm/dd/yyyy)

06/2018

If unemployed or retired, source of financial support:

N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name)

DOS SANTOS

Given Name (First Name)

Jorge

Middle Name (if applicable)

N/A

2. Parent 1's Name at Birth (if different than above)

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

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

06/26/1949



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? N/A Yes No
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

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

4. Current Spouse's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

5. Current Spouse's A-Number (if any) ▶ A-
 6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country



Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town	State or Province
Rio de Janeiro	Rio de Janeiro
Country	
Brazil	
Date of Marriage to Current Spouse (mm/dd/yyyy)	06/28/2016

10. Is your current spouse applying with you? Yes No

Information About Prior Marriages (if any)

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

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

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth **14. Prior Spouse's Country of Citizenship or Nationality**

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town	State or Province
N/A	N/A
Country	
N/A	

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town	State or Province
N/A	N/A
Country	
N/A	

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

18. How Marriage Ended with Prior Spouse (select one):

Annulled Divorced Spouse Deceased Other (Explain):



Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information.**

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
SANTOS DE MORAES CAMARTE	Alicia	N/A

A-Number (if any) ▶ A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No

3. Child 2

Current Legal Name

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

A-Number (if any) ▶ A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No



Part 8. Biographic Information

1. Ethnicity (Select **only one** box)
 - Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 - American Indian or Alaska Native Asian Black or African American
 - Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 - Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 - Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (**or if you answer "No," but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
3. City or Town State or Province
Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

- 10. Have you **EVER** been denied admission to the United States? Yes No
- 11. Have you **EVER** been denied a visa to the United States? Yes No
- 12. Have you **EVER** worked in the United States without authorization? Yes No
- 13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
- 14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? Yes No
- 15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No
- 16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
- 17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
- 18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No
- 20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? Yes No
- 21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

- 22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? Yes No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? Yes No
- 24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

- 25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
- 26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
- 27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? Yes No
- 29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? Yes No
- 30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? Yes No
- 32. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 35.a. Have you **EVER** served as a foreign government official? Yes No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? Yes No
- 36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? Yes No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

- 37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? Yes No
- 40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? Yes No
- 41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

Do you intend to:

- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
- 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 42.d. Engage in any other unlawful activity? Yes No

Have you **EVER**:

- 43.a. Received any weapons training, paramilitary training, or other military-type training? Yes No
- 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
- 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
- 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
- 45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? Yes No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No

49. Have you **EVER** been a member of, assisted, 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

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? Yes No

53.b. Genocide? Yes No

53.c. Killing, or trying to kill, any person? Yes No

53.d. Intentionally and severely injuring or trying to injure any person? Yes No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- VAWA Self-Petitioner (Form I-360)
- Special Immigrant Juvenile (Form I-360)
- Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- Asylee (Form I-589 or Form I-730)
- Refugee (Form I-590 or Form I-730)
- Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- Cuban Adjustment Act
- Cuban Adjustment Act for Battered Spouses and Children
- Dependent Status under the Haitian Refugee Immigrant Fairness Act
- Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- A Lautenberg Parolee
- National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Amerasian Homecoming Act
- Polish or Hungarian Parolee
- Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.
 \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.
 \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

61. What is the highest degree or grade of school you have completed?
 Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

 High school diploma, GED, or alternative credential 1 or more years of college credit, no degree
 Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)
 Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Photography - Director of Photography/Grafer

- 63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? Yes No
- 64. Have you ever received long-term institutionalization at government expense? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63**, is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64**, is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No

NOTE: If your answer to **Item Number 67**, is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? Yes No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



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Part 10. Applicant's 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 | 2. Applicant's Mobile Telephone Number (if any) |
| <input type="text" value="6502458564"/> | <input type="text" value="6502458564"/> |
| 3. Applicant's Email Address (if any) | |
| <input type="text" value="biancacamarte@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 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are 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) |
| <input type="text" value="Alejandro dos Santos"/> | <input type="text" value="03/24/2026"/> |

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- | | |
|--|---------------------------------------|
| 1. Interpreter's Family Name (Last Name) | Interpreter's Given Name (First Name) |
| <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |
| 2. Interpreter's Business or Organization Name | |
| <input type="text" value="N/A"/> | |

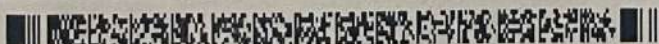
Interpreter's Contact Information

- | | |
|---|---|
| 3. Interpreter's Daytime Telephone Number | 4. Interpreter's Mobile Telephone Number (if any) |
| <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |
| 5. Interpreter's Email Address (if any) | |
| <input type="text" value="N/A"/> | |

Interpreter's Certification and Signature

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) |
| <input type="text" value="N/A"/> | <input type="text" value="N/A"/> |



Part 12. Contact Information, Certification, 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 and Signature

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 are 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)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** **through** , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct. Subscribed to and sworn to (affirmed) before me

- USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
- Applicant's Signature (sign in ink) USCIS Officer's Signature (sign in ink)



Part 14. 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. Page Number Part Number Item Number

N/A

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A





Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____ / ____ / ____ Document Issued <input type="checkbox"/> Re-entry Permit (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Refugee Travel Document (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole (<i>Valid Until: ____ / ____ / ____</i>) <input type="checkbox"/> TPS Travel Authorization Documentation (<i>Valid Until: ____ / ____ / ____</i>)		

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

Part 1. Application Type

Select the application type below.

Reentry Permit

1. I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.
3. I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

- A. A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

I-485



Part 1. Application Type (continued)

- B. A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:
- C. A pending initial Form I-821, Application for Temporary Protected Status, receipt number:
- D. Deferred Enforced Departure.
- E. Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:
- F. An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:
- G. An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:
- H. Being a current parolee under INA section 212(d)(5), under class of admission:
- I. An approved Form I-817, Application for Family Unity Benefits, receipt number:
- J. A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:
- K. An approved V Nonimmigrant Status, receipt number:
- L. CNMI long-term residence, receipt number:
- M. Other (provide explanation):

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:
- A. Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:



Part 1. Application Type (continued)

- B. Immigrant Military Members and Veterans Initiative (IMMVI)
- (1) A current or former service member.
 - (2) A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
 - (3) Current legal guardian or surrogate of a current or former service member.

- C. Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

U.S. Federal Government Agency Representative Official Email Address:

- D. Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- E. Other: (List specific parole program or process)

7. I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process.**

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

- A. Military Parole in Place (PIP), only on my own behalf, and I am a:

- (1) A current or former service member.
- (2) A spouse, parent, son, or daughter of a current or former service member.

- B. Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- C. Other: (List specific program or process)

9. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.



Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:
- A. Family Reunification Parole Process
 - B. Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)
 - C. Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)
 - D. Filipino World War II Veterans Parole (FWVP) Program
 - E. Immigrant Military Members and Veterans Initiative (IMMVI)
 - (1) A current or former service member.
 - (2) A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
 - (3) Current legal guardian or surrogate of a current or former service member.
 - F. Central American Minors (CAM) Program
 - G. Family Reunification Task Force (FRTF) Process
 - H. Military Parole in Place (Military PIP)
 - (1) A current or former service member.
 - (2) A spouse, parent, son, or daughter of a current or former service member.
 - I. Other Program or Process (List specific program or process):
11. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.
12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy)

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? Yes No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)

DOS SANTOS CAMARTE

Given Name (First Name)

Leonardo

Middle Name (if applicable)

N/A



Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DOS SANTOS	Leonardo	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable) [\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
 N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)
N/A

Street Number and Name
5822 Charlotte Drive

Apt. Ste. Flr. Number
 N/A

City or Town
San Jose

State
CA

ZIP Code
95123

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Alien Registration Number (A-Number) (if any) **6.** Country of Birth
▶ A- N/A Brazil

7. Country of Citizenship or Nationality **8.** Sex
Brazil Male Female

9. Date of Birth (mm/dd/yyyy) **10.** U.S. Social Security Number (if any)
01/25/1978 ▶ N/A

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

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, **(Part 1., Item Numbers 4., 5., 8., 9., 10., or 11.)** complete the following:

12. Class of Admission (COA) (if any) **13.** Most Recent Form I-94 Arrival/Departure Record Number (if any)
F2 73152257956



Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) **D/S**

15. eMedical U.S. Parolee ID (USPID) (if any) **N/A**

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

16. Family Name (Last Name) **N/A** Given Name (First Name) **N/A** Middle Name (if applicable) **N/A**

17. Their Other Names Used (if applicable)
Family Name (Last Name) **N/A** Given Name (First Name) **N/A** Middle Name (if applicable) **N/A**

18. Date of Birth (mm/dd/yyyy) **N/A** 19. Country of Birth **N/A**

20. Country of Citizenship or Nationality **N/A** 21. Daytime Phone Number **N/A**

22. Email Address (if any) **N/A** 23. Alien Registration Number (A-Number) (if any) **A- N/A**

24. Their Current Mailing Address
In Care Of Name (if any) **N/A**

Street Number and Name **N/A** Apt. Ste. Flr. Number **N/A**

City or Town **N/A** State **N/A** ZIP Code **N/A**

Province **N/A** Postal Code **N/A** Country **N/A**

25. Their Current Physical Address
In Care Of Name (if any) **N/A**

Street Number and Name **N/A** Apt. Ste. Flr. Number **N/A**

City or Town **N/A** State **N/A** ZIP Code **N/A**

Province **N/A** Postal Code **N/A** Country **N/A**



Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any) 27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

1. Ethnicity (Select **only one** box)
 Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 Bald (No Hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? Yes No
- 2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) Yes No
- 2.b. Date Issued (mm/dd/yyyy) 2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):
- 3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) Yes No
- 3.b. Date Issued (mm/dd/yyyy) 3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):
- If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**
4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? Yes No



Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- My document was issued, but I did not receive it.
- I received my document, but then it was lost, stolen, or damaged.
- I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- Name
- A-Number
- Country of Birth/Citizenship
- Terms and Conditions
- Date of Birth
- Sex
- Validity Date
- Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

- 7.a. To the U.S. address shown in **Part 2., Item Number 3.** of this application.
- 7.b. To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town Country



Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

- 8.a. To the address shown in **Part 2., Item Number 3.** of this application.
- 8.b. To the address shown below in **Part 4., Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

9.b. Daytime Phone Number

9.c. Email Address

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?
- Less Than 6 Months
 - 6 Months to 1 Year
 - 1 to 2 Years
 - 2 to 3 Years
 - 3 to 4 Years
 - More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? Yes No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? Yes No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? Yes No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? Yes No



Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)
(continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above in **Item Number 1.**? Yes No
- 4.b. Acquired a new nationality? Yes No
- 4.c. Been granted refugee or asylee status in any other country? Yes No
- 5. Are you filing for a Refugee Travel Document before departing the United States? Yes No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

- 6.a. Are you currently outside the United States? Yes No

- 6.b. If you answered "Yes," what is your current location (City or Town and Country)?

- 6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

- 1. Date of Intended Departure (mm/dd/yyyy)
- 2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)
To visit my family.

- 3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)
Brazil.

- 4. How many trips do you intend to use this document?
 One Trip More than one trip
- 5. Expected Length of Trip (in days)



Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13, Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

2. Expected Length of Stay in the United States

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town

Country

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10. or 11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

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

+1 (650) 431-5780

2. Applicant Mobile Telephone Number (if any)

+1 (650) 431-5780

3. Applicant's Email Address (if any)

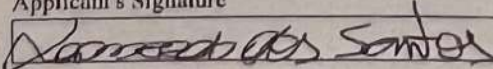
biancacamarate@hotmail.com

Applicant's Certification and Signature

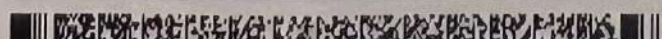
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are 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)

→ 

03/24/2026



Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

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

Interpreter's 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 and Signature

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 12. Contact Information, Certification, 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 and Signature

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 the responses and information contained in and submitted with the application are 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 13. 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, 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 the answer refers; and sign and date each sheet.

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A

7. 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

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text" value=""/>		
	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) <input type="text" value="343486"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input 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 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**
(USPS ZIP Code Lookup)
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 **5822 Charlotte Drive**
- 7.b. Apt. Ste. Flr. **N/A**
- 7.c. City or Town **San Jose**
- 7.d. State **CA** 7.e. ZIP Code **95123**

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
[Empty box]



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

Rio de Janeiro

15.b. State/Province of Birth

Rio de Janeiro

15.c. Country of Birth

Brazil

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

01/25/1978

Information About Your Last Arrival in the United States

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

▶ 7 3 1 5 2 2 5 7 9 5 6

18. Passport Number of Your Most Recently Issued Passport

FN281399

19. Travel Document Number (if any)

FN281399

20. Country That Issued Your Passport or Travel Document

Brazil

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

05/22/2020

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

02/13/2019

23. Place of Your Last Arrival Into the United States

San Francisco

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-2

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) (9) (N/A)

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 , which is the same language specified in **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)

03/24/2026



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.

N/A

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

4.d.

N/A

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

5.d.

N/A

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

6.d.

N/A

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d.

N/A





**ORIGINAL SUBMISSION, APPLICATION TO REGISTER
PERMANENT RESIDENCE OR ADJUST STATUS
(G-28, I-485, I-131, I-765, I-693)**

Derivate: DA SILVA CAMARTE, Bianca.

**HS Law Corp
P.O Box 90487
San Diego - CA - United States**



e-Notification of Application/Petition Acceptance

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

USCIS
Form G-1145

What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

USCIS Privacy Act Statement

AUTHORITIES: The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

PURPOSE: The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

DISCLOSURE: The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

ROUTINE USES: The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**], which can be found at www.dhs.gov/privacy. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

Complete this form and clip it on top of the first page of your immigration form(s).

Applicant/Petitioner Full Last Name DA SILVA CAMARTE	Applicant/Petitioner Full First Name Bianca	Applicant/Petitioner Full Middle Name N/A
Email Address N/A	Mobile Phone Number (Text Message) +1 (650) 431-5780	





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) **DA SILVA CAMARTE**
2.b. Given Name (First Name) **Bianca**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

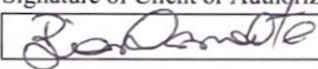
Options Regarding Receipt of USCIS Notices and Documents

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

Part 5. Signature of Attorney or Accredited Representative

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

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



Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

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

2.d. _____

_____ **N/A** _____

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

3.d. _____

_____ **N/A** _____

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

4.d. _____

_____ **N/A** _____

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

5.d. _____

_____ **N/A** _____

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

6.d. _____

_____ **N/A** _____





Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(j)	<input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____

To be completed by an Attorney or Accredited Representative (if any).

<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) N/A	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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▶ **START HERE - Type or print in black ink.** A-Number ▶ A- N/A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

Part 1. Information About You (Person applying for lawful permanent residence)

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

Family Name (Last Name) DA SILVA CAMARTE	Given Name (First Name) Bianca	Middle Name (if applicable) N/A
---	-----------------------------------	------------------------------------

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name) CAMARTE DOS SANTOS	Given Name (First Name) Bianca	Middle Name (if applicable) N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 07/10/1982

Have you ever used any other date of birth? Yes No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

A-Number ▶ A-

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? Yes No

If you answered "Yes," provide your A-Number.

A-Number (if any) ▶ A-

5. Have you ever used, or been assigned, any other A-Number? Yes No

If you answered "Yes," provide the A-Numbers.

6. Sex Male Female

7. Place of Birth

City or Town of Birth Country of Birth

8. Country of Citizenship or Nationality

9. USCIS Online Account Number (if any) ▶

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival

Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

Country that Issued this Passport or Travel Document

Nonimmigrant Visa Number Used During Most Recent Arrival (if any)

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy)

Place and Date of Last Arrival into the United States

City or Town State Date of Last Arrival (mm/dd/yyyy)

11. When I last arrived in the United States:

I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student):

I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

I came into the United States without admission or parole.

Other:



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name)	Given Name (First Name)
CAMARTE DOS SANTOS	Bianca

Form I-94 Arrival/Departure Record Number ▶

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled)

13. Was your last arrival the first time you were physically present in the United States? Yes No

14. What is your current immigration status (if it has changed since your last arrival)?

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status

16. Have you ever been issued an "alien crewman" visa? Yes No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? Yes No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)

Street Number and Name	Apt. Ste. Flr.	Number
5822 Charlotte Drive	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1119

City or Town	State	ZIP Code
San Jose	CA	95123

Date You First Resided at This Address (mm/dd/yyyy)

Is this your current mailing address? Yes No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

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"/>	N/A

City or Town	State	ZIP Code
San Diego	CA	92169



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? Yes No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

Bianca da Silva Camarte

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

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

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

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

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? Yes No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ▶

Do you want the SSA to issue you a Social Security card? Yes No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. Yes No



Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while Yes No in removal, exclusion, rescission, or deportation proceedings?

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any) (mm/dd/yyyy)

I am filing this Form I-485 as a (select **only one** box):

- Principal Applicant
- Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DOS SANTOS CAMARTE	Leonardo	N/A

Principal Applicant's A-Number (if any) ▶ A- <input type="text" value="N/A"/>	Principal Applicant's Date of Birth (mm/dd/yyyy) <input type="text" value="01/25/1978"/>
--	--

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

- Spouse of a U.S. Citizen.
- Unmarried child under 21 years of age of a U.S. citizen.
- Parent of a U.S. citizen (if the citizen is at least 21 years of age).
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).
- Widow or widower of a U.S. citizen.
- Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

- Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.
- Married son or daughter of a U.S. citizen.
- Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

- Spouse of a lawful permanent resident.
- Unmarried child under 21 years of age of a lawful permanent resident.
- Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

- VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.
- VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).



Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

- Alien of Extraordinary Ability
- Outstanding Professor or Researcher
- Multinational Executive or Manager
- Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)
- A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)
- A Skilled Worker (requiring at least 2 years of specialized training or experience)
- Any Other Worker (requiring less than 2 years of training or experience)
- An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

- N/A (I am adjusting on the basis of a Form I-140 self-petition)
- No
- Yes

If you answered "Yes," is this relative your (select **only one** box):

- Father Mother Child Adult Son Adult Daughter Brother Sister
- None of These

Is the relative above a:

- U.S. Citizen U.S. National Lawful Permanent Resident None of These

3.c. Special Immigrant

- Special Immigrant Juvenile, Form I-360
- Certain Afghan or Iraqi National, Form I-360 or Form DS-157
- Certain International Broadcaster, Form I-360
- Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360
- Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360
- Panama Canal Zone Employees, Form I-360
- Certain Physicians, Form I-360
- Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

- Minister of Religion
- Other Religious Worker



Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

The Cuban Adjustment Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

Lautenberg Parolees

Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

Individual Born in the United States Under Diplomatic Status

S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? Yes No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? Yes No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.



Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

- 1.a. I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. I am applying as a VAWA self-petitioner.
- 1.e. None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

- 1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

- 2. Location of U.S. Embassy or U.S. Consulate

City or Town	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>
- 3. Decision (for example, approved, refused, denied, withdrawn)
- 4. Date of Decision (mm/dd/yyyy)
- 5. Have you previously applied for permanent residence while in the United States? Yes No
- 6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? Yes No

Employment and Educational History

- 7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information.**

Employer or School (current or most recent)	Name of Employer, Company, or School
<input type="text" value="University"/>	<input type="text" value="Oikos University"/>
Your Occupation (if unemployed or retired, so state)	
<input type="text" value="Student"/>	



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name		Apt. Ste. Flr.		Number
7901 Oakport St		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		N/A
City or Town		State	ZIP Code	
Oakland		CA	94621	
Province	Postal Code	Country		
N/A	N/A	USA		

Dates of Employment, Unemployment, Retirement, or School Attendance

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

If unemployed or retired, source of financial support:

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School	Your Occupation (if unemployed or retired, so state)
Graber Seguranca - RJ	Team Leader

Address of Employer, Company, or School

Street Number and Name		Apt. Ste. Flr.		Number
77 Sa Freire St		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		N/A
City or Town		State	ZIP Code	
Rio de Janeiro		N/A	N/A	
Province	Postal Code	Country		
Rio de Janeiro	20930430	Brazil		

Dates of Employment, Unemployment, Retirement, or School Attendance

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

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
MUNIZ CAMARTE	Rui	N/A

2. Parent 1's Name at Birth (if different than above)

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

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



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? N/A Yes No
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

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

4. Current Spouse's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

5. Current Spouse's A-Number (if any) ▶ A- 6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country



Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town	State or Province
Rio de Janeiro	Rio de Janeiro
Country	
Brazil	
Date of Marriage to Current Spouse (mm/dd/yyyy)	06/28/2016

10. Is your current spouse applying with you? Yes No

Information About Prior Marriages (if any)

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

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

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth **14. Prior Spouse's Country of Citizenship or Nationality**

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town	State or Province
N/A	N/A
Country	
N/A	

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town	State or Province
N/A	N/A
Country	
N/A	
Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)	N/A

18. How Marriage Ended with Prior Spouse (select one):
 Annulled Divorced Spouse Deceased Other (Explain):



Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information.**

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
SANTOS DE MORAES CAMARTE	Alicia	N/A

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

Is this child also applying now on a separate Form I-485? Yes No



Part 8. Biographic Information

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

Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)

American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)

Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)

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

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9**. If you answer "Yes" to any questions (**or if you answer "No," but are unsure of your answer**), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization
3. City or Town State or Province
Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

- 10. Have you **EVER** been denied admission to the United States? Yes No
- 11. Have you **EVER** been denied a visa to the United States? Yes No
- 12. Have you **EVER** worked in the United States without authorization? Yes No
- 13. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
- 14. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? Yes No
- 15. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No
- 16. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
- 17. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
- 18. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 19. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No
- 20. If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? Yes No
- 21. If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

- 22. Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? Yes No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? Yes No
- 24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

- 25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
- 26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
- 27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? Yes No
- 29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? Yes No
- 30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? Yes No
- 32. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 35.a. Have you **EVER** served as a foreign government official? Yes No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? Yes No
- 36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? Yes No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

- 37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? Yes No
- 40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? Yes No
- 41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

Do you intend to:

- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
- 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 42.d. Engage in any other unlawful activity? Yes No

Have you **EVER**:

- 43.a. Received any weapons training, paramilitary training, or other military-type training? Yes No
- 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
- 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
- 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
- 45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? Yes No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information.**

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No

49. Have you **EVER** been a member of, assisted, 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

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? Yes No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? Yes No

53.b. Genocide? Yes No

53.c. Killing, or trying to kill, any person? Yes No

53.d. Intentionally and severely injuring or trying to injure any person? Yes No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, Public Charge** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- VAWA Self-Petitioner (Form I-360)
- Special Immigrant Juvenile (Form I-360)
- Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- Asylee (Form I-589 or Form I-730)
- Refugee (Form I-590 or Form I-730)
- Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- Cuban Adjustment Act
- Cuban Adjustment Act for Battered Spouses and Children
- Dependent Status under the Haitian Refugee Immigrant Fairness Act
- Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- A Lautenberg Parolee
- National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Amerasian Homecoming Act
- Polish or Hungarian Parolee
- Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

58. Indicate your annual household income.
 \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.
 \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

61. What is the highest degree or grade of school you have completed?
 Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

 High school diploma, GED, or alternative credential 1 or more years of college credit, no degree
 Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)
 Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Psychoanalyst
Doctorate in Psychoanalyst

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? Yes No

64. Have you ever received long-term institutionalization at government expense? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63**, is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64**, is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? Yes No

NOTE: If your answer to **Item Number 67**, is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? Yes No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? Yes No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? Yes No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? Yes No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



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Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. Yes No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? Yes No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. Yes No

- 78.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No
80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? Yes No
81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? Yes No
82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No
83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

- 84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? Yes No
- 84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No
- 84.c. Been convicted of desertion from the U.S. armed forces? Yes No
85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No
86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

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Part 10. Applicant's 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
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

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 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are 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)

Part 11. 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

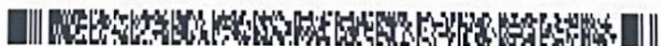
Interpreter's Contact Information

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

Interpreter's Certification and Signature

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 12. Contact Information, Certification, 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 and Signature

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 are 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)

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** **through** , are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** **through** are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

- USCIS Officer's Printed Name or Stamp Date of Signature (mm/dd/yyyy)
- Applicant's Signature (sign in ink) USCIS Officer's Signature (sign in ink)



Part 14. 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. Page Number Part Number Item Number

N/A

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A





Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS
Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an Attorney/ Representative, if any. <input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.
	<input type="checkbox"/> Document Hand Delivered By: _____ Date: ____/____/____ Document Issued <input type="checkbox"/> Re-entry Permit (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Refugee Travel Document (<i>Update "Mail To" Section</i>) <input type="checkbox"/> Single Advance Parole <input type="checkbox"/> Multiple Advance Parole (<i>Valid Until: ____/____/____</i>) <input type="checkbox"/> TPS Travel Authorization Documentation (<i>Valid Until: ____/____/____/____</i>)		

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

Part 1. Application Type

Select the application type below.

Reentry Permit

1. I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.
3. I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:
- A. A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

I-485



Part 1. Application Type (continued)

- B. A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:
- C. A pending initial Form I-821, Application for Temporary Protected Status, receipt number:
- D. Deferred Enforced Departure.
- E. Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:
- F. An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:
- G. An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:
- H. Being a current parolee under INA section 212(d)(5), under class of admission:
- I. An approved Form I-817, Application for Family Unity Benefits, receipt number:
- J. A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:
- K. An approved V Nonimmigrant Status, receipt number:
- L. CNMI long-term residence, receipt number:
- M. Other (provide explanation):

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:
- A. Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:



Part 1. Application Type (continued)

- B.** Immigrant Military Members and Veterans Initiative (IMMVI)
- (1) A current or former service member.
 - (2) A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
 - (3) Current legal guardian or surrogate of a current or former service member.

- C.** Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

U.S. Federal Government Agency Representative Official Email Address:

- D.** Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- E.** Other: (List specific parole program or process)

- 7.** I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process.**

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

- 8.** I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

- A.** Military Parole in Place (PIP), only on my own behalf, and I am a:

- (1) A current or former service member.
- (2) A spouse, parent, son, or daughter of a current or former service member.

- B.** Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

- C.** Other: (List specific program or process)

- 9.** I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.



Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:
- A. Family Reunification Parole Process
 - B. Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)
 - C. Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)
 - D. Filipino World War II Veterans Parole (FWVP) Program
 - E. Immigrant Military Members and Veterans Initiative (IMMVI)
 - (1) A current or former service member.
 - (2) A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
 - (3) Current legal guardian or surrogate of a current or former service member.
 - F. Central American Minors (CAM) Program
 - G. Family Reunification Task Force (FRTF) Process
 - H. Military Parole in Place (Military PIP)
 - (1) A current or former service member.
 - (2) A spouse, parent, son, or daughter of a current or former service member.
 - I. Other Program or Process (List specific program or process):
11. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.
12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy)

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? Yes No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)

DA SILVA CAMARTE

Given Name (First Name)

Bianca

Middle Name (if applicable)

N/A



Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CAMARTE DOS SANTOS	Bianca	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable) [\(USPS ZIP Code Lookup\)](#)

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
 N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)
N/A

Street Number and Name
5822 Charlotte Drive

Apt. Ste. Flr. Number
 N/A

City or Town
San Jose

State
CA

ZIP Code
95123

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Alien Registration Number (A-Number) (if any) **6.** Country of Birth
▶ A- N/A Brazil

7. Country of Citizenship or Nationality **8.** Sex
Brazil Male Female

9. Date of Birth **10.** U.S. Social Security Number (if any)
(mm/dd/yyyy) 07/10/1982 ▶ 6 8 2 6 7 2 0 3 6

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

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, **(Part 1., Item Numbers 4., 5., 8., 9., 10., or 11.)** complete the following:

12. Class of Admission (COA) (if any) **13.** Most Recent Form I-94 Arrival/Departure Record Number (if any)
F1 73152232156



Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) 15. eMedical U.S. Parolee ID (USPID) (if any)

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

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

17. Their Other Names Used (if applicable)
Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

18. Date of Birth (mm/dd/yyyy) 19. Country of Birth

20. Country of Citizenship or Nationality 21. Daytime Phone Number

22. Email Address (if any) 23. Alien Registration Number (A-Number) (if any)

24. Their Current Mailing Address
In Care Of Name (if any)
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country

25. Their Current Physical Address
In Care Of Name (if any)
Street Number and Name Apt. Ste. Flr. Number
City or Town State ZIP Code
Province Postal Code Country



Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any) 27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

1. Ethnicity (Select **only one** box)
 Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 Bald (No Hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? Yes No
- 2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) Yes No
- 2.b. Date Issued (mm/dd/yyyy) 2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):
- 3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) Yes No
- 3.b. Date Issued (mm/dd/yyyy) 3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? Yes No



Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- My document was issued, but I did not receive it.
- I received my document, but then it was lost, stolen, or damaged.
- I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- Name
- A-Number
- Country of Birth/Citizenship
- Terms and Conditions
- Date of Birth
- Sex
- Validity Date
- Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

- 7.a. To the U.S. address shown in **Part 2., Item Number 3.** of this application.
- 7.b. To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town

Country



Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

- 8.a. To the address shown in **Part 2., Item Number 3.** of this application.
- 8.b. To the address shown below in **Part 4., Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Province

Postal Code

Country

9.b. Daytime Phone Number

9.c. Email Address

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?
- Less Than 6 Months
 - 6 Months to 1 Year
 - 1 to 2 Years
 - 2 to 3 Years
 - 3 to 4 Years
 - More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? Yes No
- Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:
- 3.a. Returned to the country named above in **Item Number 1.**? Yes No
- 3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? Yes No
- 3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? Yes No



Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)
(continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

- 4.a. Reacquired the nationality of the country named above in **Item Number 1.**? Yes No
- 4.b. Acquired a new nationality? Yes No
- 4.c. Been granted refugee or asylee status in any other country? Yes No
- 5. Are you filing for a Refugee Travel Document before departing the United States? Yes No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

- 6.a. Are you currently outside the United States? Yes No

- 6.b. If you answered "Yes," what is your current location (City or Town and Country)?

- 6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

- 1. Date of Intended Departure (mm/dd/yyyy)
- 2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)
To visit my family.

- 3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**)
Brazil.

- 4. How many trips do you intend to use this document?
 One Trip More than one trip
- 5. Expected Length of Trip (in days)



Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information.**) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

2. Expected Length of Stay in the United States

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy)

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town

Country

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10. or 11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

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

+1 (650) 431-5780

2. Applicant Mobile Telephone Number (if any)

+1 (650) 431-5780

3. Applicant's Email Address (if any)

biancacamarte@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 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are 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



Bianca Camarte

Date of Signature (mm/dd/yyyy)

03/24/2026



Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

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

Interpreter's 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 and Signature

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 12. Contact Information, Certification, 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 and Signature

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 the responses and information contained in and submitted with the application are 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 13. 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, 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 the answer refers; and sign and date each sheet.

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A

7. Page Number Part Number Item Number

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**
(USPS ZIP Code Lookup)
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 **5822 Charlotte Drive**
- 7.b. Apt. Ste. Flr. **N/A**
- 7.c. City or Town **San Jose**
- 7.d. State **CA** 7.e. ZIP Code **95123**

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).
▶ **6 8 2 6 7 2 0 3 6**

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



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

Rio de Janeiro

15.b. State/Province of Birth

Rio de Janeiro

15.c. Country of Birth

Brazil

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

07/10/1982

Information About Your Last Arrival in the United States

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

▶ 7 3 1 5 2 2 3 2 1 5 6

18. Passport Number of Your Most Recently Issued Passport

FN281302

19. Travel Document Number (if any)

FN281302

20. Country That Issued Your Passport or Travel Document

Brazil

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

05/22/2020

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

02/13/2019

23. Place of Your Last Arrival Into the United States

San Francisco

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

F-1

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

F-1

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) (9) (N/A)

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 , which is the same language specified in **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)

03/04/2026



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) **DA SILVA CAMARTE**

1.b. Given Name (First Name) **Bianda**

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. **N/A**

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

4.d. **N/A**

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

5.d. **N/A**

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

6.d. **N/A**

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

7.d. **N/A**



Exhibit list

Exhibits:

Pages:

Principal Appicante - Leonardo dos Santos Camarte

Passport - Leonardo	1-2
Visa - Leonardo	3
F-2 - Leonardo	4-8
Birth certificate - Leonardo	9-11
Marriage Certificate	12-14

Derivate Applicant - Bianca da Silva Camarte

Passport - Bianca	15
Visa - Bianca	16
F-1 - Bianca	17-19
Birth certificate - Bianca	20-22
Marriage Certificate	23-25

**Principal Applicable -
Leonardo dos Santos
Camarte**

SEVIS ID: N0029714174

SURNAME/PRIMARY NAME Dos Santos	GIVEN NAME Leonardo	Class of Admission <h1 style="font-size: 2em;">F-2</h1> DEPENDENT
PREFERRED NAME Leonardo	PASSPORT NAME	
COUNTRY OF BIRTH BRAZIL	COUNTRY OF CITIZENSHIP BRAZIL	
CITY OF BIRTH	DATE OF BIRTH 25 JANUARY 1978	
RELATIONSHIP TO STUDENT SPOUSE	ADMISSION NUMBER 73152257956	

STUDENT'S INFORMATION

STUDENT'S SURNAME/PRIMARY NAME Da Silva Camarte	STUDENT'S GIVEN NAME Bianca
STUDENT'S COUNTRY OF BIRTH BRAZIL	STUDENT'S DATE OF BIRTH 10 JULY 1982
STUDENT'S COUNTRY OF CITIZENSHIP BRAZIL	STUDENT'S ADMISSION NUMBER
STUDENT'S SEVIS ID: N0029714140	

STUDENT'S SCHOOL INFORMATION

SCHOOL NAME Oikos University Oikos University	SCHOOL CODE AND APPROVAL DATE SFR214F01944000 26 OCTOBER 2004
--	--

STUDENT'S PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Business Administration and Management, General 52.0201	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 30 JANUARY 2024	PROGRAM START/END DATE 29 JANUARY 2024 - 20 DECEMBER 2026	

STUDENT'S FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 9,000	Personal Funds	\$ 31,853
Living Expenses	\$ 12,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 4,000	Funds From Another Source	\$
Books	\$ 300	On-Campus Employment	\$
TOTAL	\$ 25,300	TOTAL	\$ 31,853

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Suls Meewon **DATE ISSUED** 05 August 2025 **PLACE ISSUED** OAKLAND, CA
SIGNATURE OF: Meewon Sul, Administrator

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

X Bianca Da Silva Camarte **SIGNATURE OF:** Bianca Da Silva Camarte **DATE**

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0029714174 (F-2)

NAME: Leonardo Dos Santos

REMARKS FOR STUDENT

STUDENT'S EMPLOYMENT AUTHORIZATIONS

TYPE	FULL/PART-TIME	STATUS	START DATE	END DATE
CPT	PART TIME	APPROVED	02 SEPTEMBER 2025	12 DECEMBER 2025

STUDENT'S EMPLOYER INFORMATION

TYPE	AUTHORIZATION DATES			
CPT	02 SEPTEMBER 2025 - 12 DECEMBER 2025			
EMPLOYER NAME	START DATE	END DATE	CITY & STATE	
Beyou LLC	02 SEPTEMBER 2025	12 DECEMBER 2025	ANTIOCH, CA	

CHANGE OF STATUS/CAP-GAP EXTENSION

STUDENT'S CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
28 JANUARY 2025	23 MAY 2025

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the dependent after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Meewon Sul	DSO	X Sul, Meewon	8/5/2025	Oakland, CA
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

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FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

FULL COPY

NAME
LEONARDO DOS SANTOS

REGISTRATION:
088567 50 55 1978 1 00370 090 0007424 19

Judiciary Power - TJERJ
*Court of Justice of the State of Rio de Janeiro
Judicial Administrative Department
Electronic Inspection Seal
EDYL-88109 LFN
Check the validity of the seal at:
<https://www3.tjrj.jus.br/sitepublico>



I certify that, upon reviewing birth registry book **A-00370**, on page 90, under entry number **7424**, the following record is found: On the thirtieth (30th) day of the month of January in the year one thousand nine hundred seventy-eight (1978), in this city of Rio de Janeiro and at the Registry Office, appeared **Jorge dos Santos**, born in Rio de Janeiro- Rio de Janeiro, Electrical Welder, 28 years old, ID: 2410460 IFP, residing at Avenida Maquinista José Santana 86, Alcântara - Rio de Janeiro, who declared the birth of **LEONARDO DOS SANTOS**, which occurred on the twenty-fifth (25th) day of January in the year one thousand nine hundred seventy-eight (1978), at 07:35 a.m., at Carmela Dutra Maternity Hospital - Rio de Janeiro - Rio de Janeiro - RJ, male, **son of the declarant and of Sonia Maria dos Santos**, born in Rio de Janeiro- Rio de Janeiro, 27 years old, occupation: Housewife, residing at Avenida Maquinista José Santana 86, Alcântara - Rio de Janeiro. Paternal grandparents: Pedro Salustiano dos Santos and Maria Jacinta dos Santos. Maternal grandparents: Antonio Claudino dos Santos and Irene Jordelino de Souza. Witnesses: Edson de Paiva Ferreira da Silva. ID: NO RECORD, married. Occupation: Factory Worker. Residence: Avenida dos Democráticos, 203 and José Lincoln Marques. ID: NO RECORD, married. Occupation: Toolmaker. Residence: Rua da Ciranda, block 50 apartment 505. Notes: Place of birth of the registered: Rio de Janeiro - Rio de Janeiro. The record was originally made in book A1E-370 and renamed to A-00370 in accordance with Provision 88/2009 and Notice 43/2010 of the Judicial Administrative Department - Rio de Janeiro. This is what is contained in the referred record, herein well and faithfully transcribed from the original, to which I refer and certify. *- *- * - *-

*Simone Monteiro dos Santos
Clerk
11th Civil Registry Office / RJ
Employment Record Book No. 43964 Series 067-RJ*

11th Civil Registry Office of Natural Persons of the Capital District
Maria Andriara Lima da Costa
Rio de Janeiro - Rio de Janeiro
Rua Sidônio Paes 38 Store A - Cascadura
(21) 2289-6179

11crcpn-tab_sucursalcascadura@hotmail.com.br

Fees: Table 16.4 = 11.63 + Table 18.10b (9x) = 45.27 + Table 18.10 = 50.73 + ISS (Service Tax) = 5.66 + 20% TJ + 5% FUNIPERJ + 5% FUNPERJ + 4% FUNARPEN - Total: R\$ 149,87

The content of this certificate is true. I certify.
Rio de Janeiro, November 17, 2021

---//Signature//---

Simone Monteiro dos Santos

Arpen rj - AA 011034198-P
(Association of Civil Registry Officers of the State of Rio de Janeiro)

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 25, 2025.



REPÚBLICA FEDERATIVA DO BRASIL
 REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE NASCIMENTO
 INTEIRO TEOR

NOME
 LEONARDO DOS SANTOS

Poder Judiciário - TJERJ
 Corredoria Geral da Justiça
 Selo de Fiscalização Eletrônico
EDYL-88109 LFN
 Consulte a validade do selo em:
<https://www3.tjrj.jus.br/sitepublico>

Matrícula
 088567 50 55 1978 1 00370 090 0007424 19



Certifico que, revendo o livro **A-00370** de registro de nascimento, dele à folha **90**, sob o número de ordem **7424**, consta o registro de teor seguinte: Aos trinta (30) dias do mês de janeiro do ano de mil novecentos e setenta e oito (1978), Nesta cidade Rio de Janeiro e em Cartório, compareceu **Jorge dos Santos**, natural do Rio de Janeiro-RJ, Soldador Eletrica, com 28 anos de idade, identidade: 2410460 IFP, residente na Avenida Maquinista José Santana 86, Alcântara - RJ, tendo declarado o nascimento de **LEONARDO DOS SANTOS**, ocorrido aos vinte e cinco (25) dias do mês de janeiro do ano de mil novecentos e setenta e oito (1978), às 07:35 horas, no(a) Maternidade Carmela Dutra - Rio de Janeiro - Rio de Janeiro - RJ, do sexo masculino, **filho do declarante e de Sonia Maria dos Santos**, natural do Rio de Janeiro-RJ, com 27 anos de idade, profissão: Do Lar, residente s na Avenida Maquinista José Santana 86, Alcântara - RJ. Avós paternos: Pedro Salustiano dos Santos e Maria Jacinta dos Santos. Avós maternos: Antonio Claudino dos Santos e Irene Jordelino de Souza. Testemunhas: Edson de Paiva Ferreira da Silva. RG: NAO CONSTA, casado(a). Profissão: Industrial. Residência: Avenida dos Democraticos,203 e José Lincoln Marques. RG: NAO CONSTA, casado(a). Profissão: Ferramenteiro. Residência: Rua da Ciranda, bloco 50 apt 505. Observações: Naturalidade do registrado: Rio de Janeiro - RJ. Registro feito originalmente no livro A1E-370 e renomeado para A-00370 conforme Provimento 88/2009 e Aviso 43/2010 da CGJ-RJ. Era o que se continha no referido registro, aqui bem e fielmente transcrito do próprio original, ao qual me reporto e dou fé.*---*---

Simone Monteiro dos Santos
 Escrevente
 11º RCPN / RJ
 CTPS: Nº 43964 Série: 067 - RJ

11º Registro Civil de Pessoas Naturais da Comarca da Capital
 Maria Andriara Lima da Costa
 Rio de Janeiro - RJ
 Rua Sidônio Paes 38 Lj A - Cascadura
 (21) 2289-6179
11rcpn-tab_sucursalcascadura@hotmail.com.br

O conteúdo da certidão é verdadeiro. Dou fé.
 Rio de Janeiro, 17 de novembro de 2021

Simone Monteiro dos Santos

Emolumentos: Tab 16,4=11,63 + Tab 18,10b (9x)=45,27 + Tab 18,10=50,73 + ISS=5,66 + 20% TJ + 5% FUNDPERJ + 5% FUNPERJ + 4% FUNARPEN - Total: R\$ 149,87

Arpen rj - AA 011034198 - P



Judiciary Power - TJERJ
 *Court of Justice of the State of Rio de Janeiro
 Judicial Administrative Department
 Electronic Inspection Seal
EEUL-26051 VOD
 Check the validity of the seal at:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo



FEDERATIVE REPUBLIC OF BRAZIL
 CIVIL REGISTRY OF NATURAL PERSONS
MARRIAGE CERTIFICATE

NAMES	CPF
LEONARDO DOS SANTOS CAMARTE	076.261.917-14
BIANCA CAMARTE DOS SANTOS	054.201.117-48

**REGISTRATION:
 088625 01 55 2016 2 00162 157 0050040 42**

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

He: LEONARDO DOS SANTOS, single, born in Rio de Janeiro - Rio de Janeiro, on January 25, 1978, Brazilian, son of JORGE DOS SANTOS and SONIA MARIA DOS SANTOS. x-x-x

She: BIANCA DA SILVA CAMARTE, single, born in Rio de Janeiro - Rio de Janeiro, on July 10, 1982, Brazilian, daughter of RUI MUNIZ CAMARTE and MARIA DE FÁTIMA DA SILVA. x-x-x

DATE OF MARRIAGE REGISTRATION (IN FULL)	DAY	MONTH	YEAR
July twenty-eighth, two thousand sixteen.	28	07	2016

MARITAL PROPERTY REGIME

Partial Community Property.

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

The groom: LEONARDO DOS SANTOS CAMARTE.
 The bride: BIANCA CAMARTE DOS SANTOS.

ADDITIONS / ANNOTATIONS TO BE INCLUDED

Officiant: Justice of the Peace Dr. Fernanda de Luna Veloso. Record entered in Book B-00162, Page 157, Entry 50040. x-x-x

REGISTRATION NOTES: Groom | Bride

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	VALIDITY DATE
RG ID	112702014 124466046	05/11/2015 12/16/2008	DIC DETRAN	-- --
PIS/NIS (Social Integration Program / Social Identification Number)	-- --	-- --	-- --	-- --
Passport	-- --	-- --	-- --	-- --
National Health Card	-- --	-- --	-- --	-- --
DOCUMENT TYPE	NUMBER	DISTRICT/POLLING STATION	CITY	STATE
Voter ID	-- --	-- --	-- --	-- --
ZIP CODE	-- --		BLOOD TYPE	-- --

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

Fernando Campos Moreira
 Clerk - 14th Civil Registry Office
 CGJ Registration No. 94/14044
 *CGJ: Judicial Administrative Department

The content of this certificate is true. I certify.
 Rio de Janeiro, September 05, 2024

---//Signature//---

Fernando Campos Moreira – Reg. No. 94/14044

Fernando Campos Moreira
 Clerk - 14th Civil Registry Office
 CGJ Registration No. 94/14044

14th Civil Registry Office of Natural Persons of the Capital District
 Tadeu Baguinho Diniz
 Rio de Janeiro - Rio de Janeiro
 Rua Dagmar da Fonseca No. 118
 (21) 3795-4364
atendimento@cartoriomadureira14.com.br

Fees: Table 18, item 8a = 97.04 + ISS = 5.10 + 20% TJ + 5% FUNDPERJ + 5% FUNPERJ + 6% FUNARPEN + Seal = 2.59
 R\$ 139.65

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 25, 2025.



Poder Judiciário - TJERJ
Corregedoria Geral de Justiça
Selo de Fiscalização Eletrônico
EEUL-26051 VOD
Consulte a validade do selo em:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE CASAMENTO

NOMES	CPF
LEONARDO DOS SANTOS CAMARTE	076.261.917-14
BIANCA CAMARTE DOS SANTOS	054.201.117-48

MATRÍCULA
088625 01 55 2016 2 00162 157 0050040 42

NOMES COMPLETOS DE SOLTEIROS, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES
Ele: LEONARDO DOS SANTOS, solteiro, natural do Rio de Janeiro - RJ, nascido em 25 de janeiro de 1978, de nacionalidade Brasileira, filho de JORGE DOS SANTOS e SONIA MARIA DOS SANTOS. x-x-x

Ela: BIANCA DA SILVA CAMARTE, solteira, natural do Rio de Janeiro - RJ, nascida em 10 de julho de 1982, de nacionalidade Brasileira, filha de RUI MUNIZ CAMARTE e MARIA DE FÁTIMA DA SILVA. x-x-x

DATA DE REGISTRO DO CASAMENTO (POR EXTENSO) _____
Vinte e oito de julho de dois mil e dezesseis.

DIA	MES	ANO
28	7	2016

REGIME DE BENS DO CASAMENTO _____
Comunhão Parcial de Bens.

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO) _____
O noivo: LEONARDO DOS SANTOS CAMARTE.
A noiva: BIANCA CAMARTE DOS SANTOS.

OBSERVAÇÕES / ANOTAÇÕES A ACRESCER _____
Celebrante: Juiza de Paz Dra. Fernanda de Luna Veloso. Registro feito no Livro B-00162, Folha 157, Termo 50040. x-x-x

ANOTAÇÕES DE CADASTRO: Noivo | Noiva _____

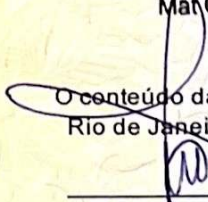
TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	112702014 124466046	11/05/2015 16/12/2008	DIC DETRAN	-- --
PIS / NIS	-- --	-- --	--- ---	--- ---
Passaporte	-- --	-- --	-- --	-- --
Cartão Nacional de Saúde	-- --	--- ---	--- ---	--- ---

TIPO DOCUMENTO	NÚMERO	ZONA / SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	-- --	-- --	-- --	-- --
CEP Residencial	-- --		Grupo Sanguíneo	-- --

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

Fernando Campos Moreira
Escrivente - 14º R.C.P.N
Mat/CGJ - 94/14044

O conteúdo da certidão é verdadeiro. Dou fé.
Rio de Janeiro, 05 de setembro de 2024



Fernando Campos Moreira-Matr.94/14044

Fernando Campos Moreira
Escrivente - 14º R.C.P.N
Mat/CGJ - 94/14044

14º Registro Civil de Pessoas Naturais da Comarca da Capital
Tadeu Baguinho Diniz
Rio de Janeiro - RJ
Rua da Dagmar da Fonseca n.118
(21) 3795-4364
atendimento@cartoriomadureira14.com.br

Emolumentos: Tab 18,8a=97,04 + ISS=5,10 + 20% TJ + 5% FUNDPERJ + 5% FUNPERJ + 6% FUNARPEN + Selo=2,59
R\$ 139,65

Arpen rj - AA 015304163 - P

**Derivate Applicant -
Bianca da Silva
Camarte**

SEVIS ID: N0029714140

SURNAME/PRIMARY NAME Da Silva Camarte	GIVEN NAME Bianca	Class of Admission F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME Bianca Da Silva Camarte	PASSPORT NAME Da Silva Camarte	
COUNTRY OF BIRTH BRAZIL	COUNTRY OF CITIZENSHIP BRAZIL	
CITY OF BIRTH Rio de Janeiro	DATE OF BIRTH 10 JULY 1982	
FORM ISSUE REASON Transfer Pending - San Diego International Academy of English	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Oikos University Oikos University	SCHOOL ADDRESS 7901 OAKPORT ST, Suite 300, OAKLAND, CA 94621
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Meewon Sul Administrator	SCHOOL CODE AND APPROVAL DATE SFR214F01944000 26 OCTOBER 2004

PROGRAM OF STUDY

EDUCATION LEVEL MASTER'S	MAJOR 1 Business Administration and Management, General 52.0201	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 30 JANUARY 2024	PROGRAM START/END DATE 29 JANUARY 2024 - 20 DECEMBER 2026	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 12 MONTHS		STUDENT'S FUNDING FOR: 12 MONTHS	
Tuition and Fees	\$ 9,000	Personal Funds	\$ 31,853
Living Expenses	\$ 12,000	Funds From This School	\$
Expenses of Dependents (1)	\$ 4,000	Funds From Another Source	\$
Books	\$ 300	On-Campus Employment	\$
TOTAL	\$ 25,300	TOTAL	\$ 31,853

REMARKS

The student submitted an acceptance letter from Oikos University.

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X Sul, Meewon **DATE ISSUED** 28 September 2023 **PLACE ISSUED** OAKLAND, CA
SIGNATURE OF: Meewon Sul, Administrator

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X Bianca Da Silva Camarte **DATE** 09/28/2023
SIGNATURE OF: Bianca Da Silva Camarte

NAME OF PARENT OR GUARDIAN **SIGNATURE** **ADDRESS (city/state or province/country)** **DATE**

SEVIS ID: N0029714140 (F-1)

NAME: Bianca Da Silva Camarte

EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
----------------------------	--------------------------

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Meewon Sul	DSC	X Sul, Mee-won	9/28/2023	Oakland, CA
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

FULL COPY

NAME

BIANCA DA SILVA CAMARTE

REGISTRATION:

088625 01 55 1982 1 00031 283 0050818 91



Judiciary Power - TJERJ
*Court of Justice of the State of Rio de Janeiro
Judicial Administrative Department
Electronic Inspection Seal
EDZD-84511 AJM
Check the validity of the seal at:
<https://www3.tjrj.jus.br/sitepublico>

It certifies that, upon review of Book **A-00031** of birth records, on page **283V**, under entry number **50818**, the following record is found: On the thirteenth (13th) day of the month of July in the year nineteen eighty-two (1982), in this city of Rio de Janeiro and at the Registry Office, appeared **Rui Muníz Camarte**, born in Rio de Janeiro-RJ, merchant, 33 years old, ID: 025326695 IEP, residing at Estrada Engenho Novo 373, house 9, Anchieta, Rio de Janeiro-RJ, declaring the birth of **BIANCA DA SILVA CAMARTE**, which occurred on the tenth (10th) day of the month of July in the year nineteen eighty-two (1982), at 01:10 a.m., at Rio Guanabara Clinical Institute, female, **daughter of the declarant and Maria de Fátima da Silva**, born in Pernambuco-PE, 28 years old, occupation: housewife, residing at Estrada Engenho Novo 373, house 9, Anchieta, Rio de Janeiro - RJ. Paternal grandparents: Djalma de Moraes Camarte and Carmen Muniz Camarte. Witnesses: Junaia Biacamano Jansen Filha, ID: 319088 MM, single, Occupation: [blank]. Residence: Rua Leonidia No. 42, and Victorino Alves Ribeiro, ID: 056185291 IFP, widowed. Occupation: [blank]. Residence: Av. dos Italianos No. 124. Notes: Place of birth of the registrant: IG. The record was originally made in Book 1SA-31 and renamed to A-00031 in accordance with Provision 88/2009 and Notice 43/2010 of the Judicial Administrative Department - Rio de Janeiro. This is what was contained in the aforementioned record, here duly and faithfully transcribed from the original, to which I refer and attest as true. * - * - * - *

14th Civil Registry Office of Natural Persons of the Capital District
Registrar in Charge: Tadeu Baguinho Diniz
Rio de Janeiro - Rio de Janeiro
Rua Dagmar da Fonseca No. 118
(21) 35942640
14rcpntabmadureira@uol.com.br

Fees: Table 14 [unreadable] + Table 18 [unreadable] + Table 18 [unreadable]
20% TJ + 5% FUNIPERJ + 5% FUNPERJ + 4% FUNARPEN - Total: R\$ 142,98

The content of this certificate is true. I certify.
Rio de Janeiro, November 03, 2021

____//Signature//____

Fabiano Gonçalves Messina

Fabiano Gonçalves Messina
Clerk
14th Civil Registry Office
Registration No. 94/3016 - CGJ
*CGJ: Judicial Administrative Department

Arpen rj - AA 011010911-P
(Association of Civil Registry Officers of the State of Rio de Janeiro)

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 22, 2025.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO
INTEIRO TEOR

NOME
BIANCA DA SILVA CAMARTE

Matricula
088625 01 55 1982 1 00031 283 0050818 91



Poder Judiciário - TJERJ
Corregedoria Geral da Justiça
Selo de Fiscalização Eletrônico
EDZD-84511 AJM
Consulte a validade do selo em:
<https://www3.tjrj.jus.br/sitepublico>

Certifica que, revendo o livro A-00031 de registro de nascimento, dele à folha 283V, sob o número de ordem 50818, consta o registro de teor seguinte: Aos treze (13) dias do mês de julho do ano de mil novecentos e oitenta e dois (1982), nesta cidade do Rio de Janeiro e em Cartório, compareceu Rui Muniz Camarte, natural do Rio de Janeiro-RJ, Comercio, com 33 anos de idade, identidade: 025326695 IFP, residente na Estrada Engenho Novo 373, cs 9, Anchieta, Rio de Janeiro - RJ, tendo declarado o nascimento de **BIANCA DA SILVA CAMARTE**, ocorrido aos dez (10) dias do mês de julho do ano de mil novecentos e oitenta e dois (1982), às 01:10 horas, no(a) Instituto Clínico Rio Guanabara, nesta Cidade, do sexo feminino, filha do declarante e de Maria de Fátima da Silva, natural de Pernambuco-PE, com 28 anos de idade, profissão: Do Lar, residente s na Estrada Engenho Novo 373, cs 9, Anchieta, Rio de Janeiro - RJ. Avós paternos: Djalma de Moraes Camarte e Carmen Muniz Camarte. Testemunhas: Junaia Biacsmann Jansen Filha. RG: 319088 MM, solteiro(a). Profissão: Residência: Rua Leonidia n.42 e Victorino Alves Ribeiro. RG: 056185291 IFP, viúvo(a). Profissão: Residência: Av. dos Italianos n.124. Observações: Naturalidade da registrada: - IG. Registro feito originalmente no livro ISA-31 e renomeado para A-00031 conforme Provimento 88/2009 e Aviso 43/2010 da CGJ-RJ. Era o que se continha na referida peça, aqui bem e fielmente transcrita do próprio original, ao qual me reporto e dou fé.

14º Registro Civil de Pessoas Naturais da Comarca da Capital
R.E. Carlos Henrique Rebelo
Rio de Janeiro - RJ
Rua da Dagmar da Fonseca n.118
(21) 35942640
14rcpntabmadureira@uol.com.br

Emolumentos: Tab 16,4-11,63 + Tab 18,10b (6x1)-40,24 + Tab 18,10-50,73 + ISS-5,40
204 TJ + 54 FUNJURIS + 54 FUNPERJ + 48 FUNARPEN - Total: R\$ 142,99

O conteúdo da certidão é verdadeiro. Dou fé.
Rio de Janeiro, 03 de novembro de 2021

Fabiano Gonçalves Messina

Fabiano Gonçalves Messina
Escrevente
14º RCPN
Mat. 94/3016-CGI

Arpen rj - AA 011010911-P



Judiciary Power - TJERJ
 *Court of Justice of the State of Rio de Janeiro
 Judicial Administrative Department
 Electronic Inspection Seal
EEUL-26051 VOD
 Check the validity of the seal at:
 www4.tjrj.jus.br/portal-extrajudicial/consultaselo



FEDERATIVE REPUBLIC OF BRAZIL
 CIVIL REGISTRY OF NATURAL PERSONS
MARRIAGE CERTIFICATE

NAMES	CPF
LEONARDO DOS SANTOS CAMARTE	076.261.917-14
BIANCA CAMARTE DOS SANTOS	054.201.117-48

**REGISTRATION:
 088625 01 55 2016 2 00162 157 0050040 42**

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

He: LEONARDO DOS SANTOS, single, born in Rio de Janeiro - Rio de Janeiro, on January 25, 1978, Brazilian, son of JORGE DOS SANTOS and SONIA MARIA DOS SANTOS. x-x-x

She: BIANCA DA SILVA CAMARTE, single, born in Rio de Janeiro - Rio de Janeiro, on July 10, 1982, Brazilian, daughter of RUI MUNIZ CAMARTE and MARIA DE FÁTIMA DA SILVA. x-x-x

DATE OF MARRIAGE REGISTRATION (IN FULL)	DAY	MONTH	YEAR
July twenty-eighth, two thousand sixteen.	28	07	2016

MARITAL PROPERTY REGIME

Partial Community Property.

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

The groom: LEONARDO DOS SANTOS CAMARTE.
 The bride: BIANCA CAMARTE DOS SANTOS.

ADDITIONS / ANNOTATIONS TO BE INCLUDED

Officiant: Justice of the Peace Dr. Fernanda de Luna Veloso. Record entered in Book B-00162, Page 157, Entry 50040. x-x-x

REGISTRATION NOTES: Groom | Bride

DOCUMENT TYPE	NUMBER	DATE OF ISSUE	ISSUING AUTHORITY	VALIDITY DATE
RG ID	112702014 124466046	05/11/2015 12/16/2008	DIC DETRAN	-- --
PIS/NIS (Social Integration Program / Social Identification Number)	-- --	-- --	-- --	-- --
Passport	-- --	-- --	-- --	-- --
National Health Card	-- --	-- --	-- --	-- --
DOCUMENT TYPE	NUMBER	DISTRICT/POLLING STATION	CITY	STATE
Voter ID	-- --	-- --	-- --	-- --
ZIP CODE	-- --		BLOOD TYPE	-- --

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

Fernando Campos Moreira
 Clerk - 14th Civil Registry Office
 CGJ Registration No. 94/14044
 *CGJ: Judicial Administrative Department

The content of this certificate is true. I certify.
 Rio de Janeiro, September 05, 2024

---//Signature//---

Fernando Campos Moreira – Reg. No. 94/14044

Fernando Campos Moreira
 Clerk - 14th Civil Registry Office
 CGJ Registration No. 94/14044

14th Civil Registry Office of Natural Persons of the Capital District
 Tadeu Baguinho Diniz
 Rio de Janeiro - Rio de Janeiro
 Rua Dagmar da Fonseca No. 118
 (21) 3795-4364
 atendimento@cartoriomadureira14.com.br

Fees: Table 18, item 8a = 97.04 + ISS = 5.10 + 20% TJ + 5% FUNDPERJ + 5% FUNPERJ + 6% FUNARPEN + Seal = 2.59
 R\$ 139.65

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 25, 2025.



Poder Judiciário - TJERJ
Corregedoria Geral de Justiça
Selo de Fiscalização Eletrônico
EEUL-26051 VOD
Consulte a validade do selo em:
www4.tjrj.jus.br/portal-extrajudicial/consultaselo



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE CASAMENTO

NOMES

LEONARDO DOS SANTOS CAMARTE

CPF

076.261.917-14

BIANCA CAMARTE DOS SANTOS

054.201.117-48

MATRÍCULA

088625 01 55 2016 2 00162 157 0050040 42

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

Ele: LEONARDO DOS SANTOS, solteiro, natural do Rio de Janeiro - RJ, nascido em 25 de janeiro de 1978, de nacionalidade Brasileira, filho de JORGE DOS SANTOS e SONIA MARIA DOS SANTOS. x-x-x

Ela: BIANCA DA SILVA CAMARTE, solteira, natural do Rio de Janeiro - RJ, nascida em 10 de julho de 1982, de nacionalidade Brasileira, filha de RUI MUNIZ CAMARTE e MARIA DE FÁTIMA DA SILVA. x-x-x

DATA DE REGISTRO DO CASAMENTO (POR EXTENSO)

Vinte e oito de julho de dois mil e dezesseis.

DIA

28

MES

7

ANO

2016

REGIME DE BENS DO CASAMENTO

Comunhão Parcial de Bens.

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

O noivo: LEONARDO DOS SANTOS CAMARTE.

A noiva: BIANCA CAMARTE DOS SANTOS.

OBSERVAÇÕES / ANOTAÇÕES A ACRESCER

Celebrante: Juíza de Paz Dra. Fernanda de Luna Veloso. Registro feito no Livro B-00162, Folha 157, Termo 50040. x-x-x

ANOTAÇÕES DE CADASTRO: Noivo | Noiva

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	112702014 124466046	11/05/2015 16/12/2008	DIC DETRAN	-- --
PIS / NIS	-- --	-- --	--- ---	--- ---
Passaporte	-- --	-- --	-- --	-- --
Cartão Nacional de Saúde	-- --	--- ---	--- ---	--- ---
TIPO DOCUMENTO	NÚMERO	ZONA / SEÇÃO	MUNICÍPIO	UF
Título de Eleitor	-- --	-- --	-- --	-- --
CEP Residencial	-- --		Grupo Sanguíneo	-- --

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

Fernando Campos Moreira
Escrivente - 14º R.C.P.N
Mat/CGJ - 94/14044

14º Registro Civil de Pessoas Naturais da Comarca da Capital
Tadeu Baguinho Diniz
Rio de Janeiro - RJ
Rua da Dagmar da Fonseca n.118
(21) 3795-4364
atendimento@cartoriomadureira14.com.br

Emolumentos: Tab 18, Ba= 97,04 + ISS= 5,10 + 20% TJ + 5% FUNDPERJ + 5% FUNPERJ + 6% FUNARPEN + Selo= 2,59
R\$ 139,65

O conteúdo da certidão é verdadeiro. Dou fé.
Rio de Janeiro, 05 de setembro de 2024

Fernando Campos Moreira-Matr.94/14044

Fernando Campos Moreira
Escrivente - 14º R.C.P.N
Mat/CGJ - 94/14044

Arpen RJ - AA 015304163 - P