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U.S. Citizenship and Immigration Services  
San Diego Field Office  
P.O. Box 128338  
San Diego, CA 92112

**RE: RESPONSE TO NOTICE OF INTENT TO DENY (NOID)**

**Petitioner:** Javier Mumia BELTRAN

**Beneficiary:** Michelle BELTRAN

**Form:** I-130, Petition for Alien Relative

**Receipt Number:** IOE9190772725

To the Honorable Immigration Services Officer:

This office has been hired by Javier Mumia BELTRAN (“Petitioner”) and Michelle BELTRAN (“Beneficiary”) to submit this formal response to the Notice of Intent to Deny (NOID) issued on 03/12/2026. At the outset, it is important to clarify that the initial filing and prior interviews occurred without the benefit of legal guidance, which contributed to an incomplete evidentiary record and lack of clarity in certain portions of the testimony. The initial filing and subsequent interview appearances were conducted without professional legal guidance, which resulted in an incomplete evidentiary record and certain misunderstandings during testimony. The couple has now secured legal representation to ensure that the bona fide nature of their marriage is properly documented and explained.

The Petitioner now understands that, under *Matter of Laureano*, 19 I&N Dec. 1, 3 (BIA 1983), he must establish by a preponderance of the evidence that the marriage was legally valid and bona fide at its inception, and not entered into for the purpose of evading immigration laws. We acknowledge that evidence of marital intent can take many forms, including proof that the beneficiary has been listed on insurance policies, property leases, income tax forms, or bank accounts, as well as testimony regarding courtship, wedding ceremonies, shared residence, and life experiences.

Furthermore, pursuant to *Matter of Phillis*, 15 I&N Dec. 385, 386 (BIA 1975), when a marital relationship is questioned, the Petitioner must present evidence to show the marriage was not entered into to evade immigration law. As outlined in 8 CFR 204.2(a)(1)(iii)(B), such documentation may include joint ownership of property, joint tenancy of a common residence, commingling of financial resources, or sworn affidavits from third parties with personal knowledge of the relationship.

The preliminary determination to deny the petition rests not only upon the perception that there was insufficient evidence to support the validity of the marriage, but also upon a series of perceived inconsistencies identified during the interviews on June 13, 2023, and August 28, 2024, as well as a site visit conducted by the Fraud Detection and National Security (FDNS) unit on May 21, 2025. However, a meticulous review of the record, when placed alongside the actual life circumstances of the couple, reveals that these discrepancies are not

evidence of a fraudulent marriage. Instead, they are the direct and predictable result of the total absence of licensed legal counsel during the first four years of this process, severe linguistic barriers, and the logistical and emotional strain of a marriage forced into physical separation by economic necessity and the Petitioner's specific legal history.

## **I. Procedural History: The Detrimental Impact of Pro Se Filing and Lack of Legal Guidance**

It is imperative for the Service to recognize that the Petitioner and Beneficiary initially navigated this complex federal process without any professional legal guidance or representation. The initial Form I-130 was prepared and filed by a family member of the Beneficiary who, despite acting with good intentions, possessed no formal legal training and had no knowledge of the rigorous evidentiary standards required by 8 CFR § 204.2(a). This individual provided guidance that did not fully reflect the evidentiary requirements of USCIS proceedings and assured the couple that the immigration process was a mere administrative formality. Relying on this misguided advice, the couple believed that submitting their marriage certificate and a few personal documents would be sufficient to demonstrate the validity of their union.

Furthermore, at the time of the initial filing, the couple faced significant financial instability, which made the hiring of a licensed immigration attorney a prohibitive expense. This lack of financial means, combined with their trust in a family member's guidance, resulted in a deficient initial filing that failed to capture the true depth of their marital relationship.

Consequently, the Petitioner and Beneficiary attended high-stakes interviews without any formal preparation or an understanding of how to properly document a shared life under USCIS standards. They were unaware that the Service would require extensive financial commingling and joint documentation, which they had not prioritized due to their unique living and working arrangements. The limited documentation initially submitted is a consequence of the couple's lack of familiarity with USCIS evidentiary expectations and financial hardship, rather than a failure of marital validity. The couple acted in good faith at every stage, and their failure to meet the evidentiary burden initially was a technical error by unrepresented laypeople, not an attempt to evade the law.

Importantly, the present response is accompanied by additional documentation intended to strengthen the record of the bona fide marriage, all of which will be listed and detailed at the conclusion of this document.

## **II. Exhaustive Rebuttal of Interview Testimony and Perceived Inconsistencies**

USCIS cites several points of testimony obtained during the interviews conducted on June 13, 2023, and August 28, 2024, which it deems contradictory or inconsistent with a bona fide marital relationship. It is fundamental to clarify that these perceived discrepancies are not indicative of a lack of marital intent, but rather the result of the high-pressure environment of

federal interviews, linguistic misunderstandings, and the passage of time between the two sessions.

To address the USCIS' concerns, we provide an exhaustive rebuttal of each point raised in the Notice of Intent to Deny. By examining these points, it becomes evident that the couple's testimony, when viewed through the lens of their actual life circumstances, is consistent with a genuine and committed marriage. Each point of contention is addressed below with the specific details and explanations required to rectify the record and demonstrate the beneficiary's eligibility for the requested benefit.

### **A. Justification for Physical Separation and Maintenance of the Marital Relationship**

USCIS questions the validity of the marriage based on the fact that the Petitioner and Beneficiary did not reside together for significant periods between the end of 2020 and August 2024. Specifically, the record notes the Petitioner's residence in Las Vegas from 2020 to 2021 and in Hawaii from July 2022 until August 2024. While USCIS views this separation with skepticism, it was, in reality, a difficult but necessary decision driven by economic survival and the Petitioner's specific legal history. The Petitioner's prior criminal record (DUI) created substantial barriers to securing stable, well-paying employment in the San Diego area. Through family connections, specifically his brother, the Petitioner was able to secure consistent work as a cook and manager in Las Vegas and later in Hawaii. This employment was vital to the couple's financial stability during a period of significant hardship.

Simultaneously, the Beneficiary remained in San Diego because she held a stable, long-term position as a nanny for a Portuguese-speaking family. This role provided her with a "zone of comfort" and a reliable income during the years she lacked work authorization, which she did not receive until 2025. For the Beneficiary to have abandoned this secure employment to move to a new state without a job or a support network would have been financially catastrophic for the household. The decision to live apart was a mutual sacrifice made to ensure that both parties could meet their financial obligations while the Petitioner worked toward returning to San Diego permanently, which he did just one week prior to the August 2024 interview.

Regarding the maintenance of their relationship during these periods of separation, the couple's testimony is consistent with a modern, long-distance marriage. When they were not physically together, they maintained constant and consistent contact through phone calls, text messages and social media. This continuous communication served as the foundation of their relationship, allowing them to share their daily lives, emotional support, and financial planning despite the geographical distance. The physical separation was a logistical necessity of their circumstances and does not diminish the bona fide intent of their marriage.

### **B. Knowledge of Petitioner's Specific Workplace and Professional Identity**

USCIS questions why the Beneficiary was unable to provide the exact trade names of the restaurants where the Petitioner worked in Las Vegas and Hawaii. It is important to emphasize that the Beneficiary's testimony was truthful and sincere. She was fully aware of the Petitioner's professional roles as a cook and manager, including the demanding hours he worked and the significant stress he endured in these positions. Their daily marital communications focused primarily on his well-being, the challenges he faced at work, and the financial stability his employment provided to their household, rather than on the specific corporate names or details of his employers.

For example, while the Petitioner was employed at Benihana in Las Vegas, the Beneficiary commonly referred to it simply as "the restaurant" in their private conversations. This reflects a natural dynamic in many relationships where the exact business name is less relevant than the fact of employment and the support it provides. The Beneficiary's focus was on the substance of their life together, not on memorizing formal business titles.

Moreover, the Petitioner's employment in Hawaii was secured through his brother, making the specific workplace a detail managed within the family network. This further reduced the necessity for the Beneficiary to know or recall the exact name of the establishment. Given that the Petitioner's brother facilitated the job placement, the Beneficiary's knowledge was more about the general nature of his work and less about the formalities of the employer's identity.

It is also critical to consider the context of the federal interviews. The Beneficiary was under immense pressure, compounded by her limited English proficiency at the time. Such conditions are well known to cause cognitive lapses, including difficulty recalling specific names or details that would otherwise be familiar. This type of stress-induced memory lapse is common and does not reflect any intent to deceive or fabricate. Rather, it is a natural human response to a high-stress environment, especially when language barriers exist.

In sum, the Beneficiary's inability to recall the exact trade names of the Petitioner's workplaces during the interviews is a minor and understandable lapse that does not undermine the authenticity of their marital relationship. Their shared life, emotional bond, and mutual support are well documented and consistent with a bona fide marriage.

To directly answer the officer's question, the Petitioner worked at Benihana in Las Vegas and at Hawaii Workplay and Waikiki Brewing Company in Hawaii.

### **C. Frequency of In-Person Visits While Living Apart**

USCIS alleges a contradiction regarding the frequency of in-person visits between the Petitioner and Beneficiary during periods of physical separation. The Beneficiary testified that the Petitioner visited her only while he lived in Hawaii, specifically citing a visit in June 2023, and that she visited him once in Hawaii for approximately one week between April and May 2024. She further stated that no visits occurred while the Petitioner resided in Las Vegas. This testimony appears to contradict the Petitioner's statement that he traveled "back and

forth,” particularly for birthdays and holidays, which implies multiple trips. USCIS concludes that during nearly three years of living apart in Las Vegas and Hawaii, the couple saw each other in person only twice.

This conclusion, however, does not fully account for how each party understood and responded to the questioning. The Beneficiary’s testimony reflects a more literal and specific recollection of certain visits, particularly those that stood out to her during the later period when the Petitioner resided in Hawaii. In contrast, the Petitioner’s statement that he traveled “back and forth” appears to have been a more general description of his efforts to maintain the relationship over time, rather than a precise accounting of the number of trips.

With respect to the Las Vegas period (2020–2021), the parties acknowledge that in-person visits did occur, although they were limited. The Beneficiary clarifies that, due to the stress and nervousness of the interview process, as well as the overall tension surrounding her immigration case, she inadvertently failed to mention that she visited the Petitioner in Las Vegas on one occasion. She further explains that the Petitioner visited her in San Diego more than once while he was residing in Las Vegas. These omissions were not intentional, but rather the result of the circumstances of the interview, which affected her ability to fully recall and articulate all past visits at that moment.

During the Hawaii period (beginning July 2022), both parties consistently identified two primary visits: the Petitioner’s visit to San Diego in or around June 2023 and the Beneficiary’s visit to Hawaii for approximately one week between April and May 2024. These were the most recent and clearly defined in-person contacts, and therefore more readily recalled and articulated by the Beneficiary during her testimony.

Accordingly, the perceived discrepancy arises not from conflicting facts, but from differences in how each party described the same general history, one in broader, more general terms, and the other in a more specific and limited manner focused on particular instances. When viewed together, these statements reflect a consistent account of a relationship maintained despite periods of physical separation, rather than a material contradiction.

#### **D. Reasonableness of Living Apart and Employment Decisions**

USCIS questions the credibility of the couple’s decision to live apart and the reasons provided for not relocating together. The Notice suggests that because the Beneficiary was working as a nanny in San Diego, she must have had the ability to obtain employment regardless of documentation status. It also questions the Petitioner’s choice to seek employment as a cook in other states, arguing that such work is generally not location-specific and could have been found locally. Based on these points, USCIS concludes that the reasons for their physical separation lack credibility and raise doubts about the bona fide nature of the marriage and the couple’s intent to live together.

This conclusion overlooks critical facts and the real-life challenges faced by the couple. The Petitioner has a prior criminal record, specifically a DUI, which severely limited his

employment opportunities in the highly competitive San Diego job market. Many employers in the area are unwilling or unable to hire individuals with such records, especially in positions requiring trust and responsibility. Consequently, the Petitioner was compelled to seek employment in Las Vegas and later Hawaii, where his brother could provide him with guaranteed work opportunities despite his background. This was not a matter of preference but of necessity, as local employment options were effectively closed to him.

On the other hand, the Beneficiary maintained a stable, full-time nanny position in San Diego caring for a Portuguese-speaking family. This role was not only a source of income but also a critical support system, providing her with a “zone of comfort” during a period when she lacked proper work authorization. She did not receive her employment authorization until 2025, which legally restricted her ability to work elsewhere. Relocating to a new state without a job offer or a support network would have placed the Beneficiary in a precarious financial and personal situation, risking the stability of their household.

The couple’s decision to live apart was therefore a pragmatic and selfless choice made to ensure their mutual survival and financial stability. It reflects a genuine marital partnership willing to endure hardship and separation rather than a sham relationship. Their intent to live together remained intact, as evidenced by the Petitioner’s eventual return to San Diego and their ongoing communication and support throughout the years.

In sum, the reasons for their physical separation are reasonable, credible, and consistent with the realities of their circumstances. The couple’s actions demonstrate commitment and sacrifice, not a lack of bona fide intent to establish a shared life.

#### **E. Clarification of Relationship Timeline and Dating Frequency**

USCIS notes apparent discrepancies regarding the timeline of the relationship and the proposal date. The Petitioner stated that the relationship began in September or October 2019 and that he proposed to the Beneficiary in October 2020. In contrast, the Beneficiary indicated that their relationship began in 2020 and that the proposal occurred in August 2020. Additionally, the Beneficiary claimed that they saw each other daily during their dating period, while the Petitioner stated that they met only on weekends.

These differences reflect the natural complexities and nuances of a real, evolving relationship rather than any attempt to mislead. The Petitioner’s proposal in August 2020 was a private and intimate moment shared between the couple, symbolizing their genuine commitment. This “real” emotional proposal took place on a beach and was deeply meaningful to both parties. Subsequently, in October 2020, a formal and public proposal was made in the presence of family and friends, serving as an official announcement of their engagement to their community. Each party understandably recalls the milestone that held the greatest significance for them personally, leading to the variation in reported dates.

Regarding the start of their relationship, the difference between late 2019 and early 2020 reflects each party’s personal understanding of when the relationship began. The Petitioner

appears to view the beginning of the relationship as the moment they first met in 2019, while the Beneficiary considers the start to be when they began officially dating in early 2020. Both parties are therefore referring to the same timeline and are aware of the same underlying events and dates; the distinction lies only in their individual interpretation of which moment marked the definitive beginning of the relationship. As such, this does not constitute a contradiction, but rather a difference in personal perspective.

Concerning the frequency of their meetings, the Beneficiary believes she may have misunderstood the question during the interview. She has full conviction that her husband's statement was accurate—they saw each other primarily on weekends while dating. This clarification aligns their testimonies and reflects a typical dating pattern, especially considering work and other commitments.

In sum, the differences in dates and descriptions of their relationship timeline and dating frequency are consistent with the lived experience of a genuine couple navigating the complexities of building a life together. Such nuances are expected and do not undermine the bona fide nature of their marriage.

#### **F. Clarification Regarding How the Petitioner and Beneficiary Met**

USCIS notes an apparent inconsistency regarding how the Petitioner and Beneficiary first met. The Beneficiary stated that they met through her sister, Karol, whom the Petitioner knew after working together at a Chinese restaurant. In contrast, the Petitioner claimed to have met Karol at a sushi restaurant he frequented.

This difference in description does not indicate any intent to mislead. Rather, it reflects the challenges the Beneficiary faced in fully expressing her response due to linguistic barriers during the interview. The Beneficiary's limited English proficiency, combined with the stress of the interview setting, may have made it difficult for her to clearly articulate the sequence and context of their meeting.

It is common for individuals to describe social interactions differently, especially when multiple venues and occasions are involved. The Petitioner's account is accurate: he and Karol met at the sushi restaurant, which he regularly visited. It is also common for individuals to confuse sushi restaurants as being Chinese rather than Japanese, especially in casual conversation or under the stress of an interview. This likely contributed to the Beneficiary's description.

Both parties agree that the Petitioner and Beneficiary were introduced through Karol, whom the Petitioner met at an Asian restaurant, and that this introduction led to their relationship. There was no contradiction regarding the core and most material aspect of this information, and such minor differences in recalling secondary details about social settings are typical in real-life relationships and do not undermine the bona fide nature of their marriage.

### **III. Detailed Rebuttal of FDNS Site Visit Findings (May 21, 2025)**

Following concerns raised about inconsistencies and the perceived lack of sufficient evidence demonstrating the bona fide nature of the marriage, such as joint financial documentation, shared assets, and cohabitation, USCIS referred the case to the Fraud Detection and National Security Unit for further scrutiny. On May 21, 2025, FDNS officers conducted a site visit at the couple's residence in Spring Valley, California. The observations made during this visit have been cited as part of the basis for questioning the validity of the marital relationship. However, as detailed below, many of these findings stem from misunderstandings of the couple's living arrangements and lifestyle rather than evidence of fraud:

#### **A. The Petitioner's Morning Routine and the "3:00 AM" Discrepancy**

During the FDNS site visit, the Beneficiary was questioned about the Petitioner's whereabouts on the morning of May 21, 2025. She stated that the Petitioner was not at home at that time but had slept there after arriving from work around 3:00 AM and then left the residence at approximately 6:00 AM. She also indicated that she did not know where he had gone after leaving. The Petitioner, however, testified that he arrived home closer to 1:00 AM and left shortly thereafter for a morning run.

It is important to understand that the Beneficiary was asleep both when the Petitioner arrived and when he left. Her estimate of 3:00 AM reflects a tired and groggy recollection based on a brief moment of waking, rather than an exact time. The Petitioner's departure for exercise is a well-established part of his daily routine and consistent with his testimony.

The Beneficiary's inability to specify the Petitioner's exact location after he left the residence is entirely consistent with the behavior of a spouse who was asleep during his departure and does not track every movement during his morning activities. This scenario reflects a normal, trusting marital relationship rather than any indication of deception or fraud.

In light of these facts, the timing discrepancy is a minor and understandable difference in recollection that does not undermine the authenticity of their marital relationship.

#### **B. Clothing and Personal Items**

Prior to the FDNS site visit, the Petitioner had recently returned from a trip to Las Vegas to resolve legal matters related to his prior DUI. Because of this, many of his clothes were packed in a suitcase and a laundry basket, which were present in the bedroom during the visit.

During the site visit, the officers asked the Beneficiary to show some of the Petitioner's clothing. She complied by showing one piece of clothing, which the officers photographed. The Beneficiary recalls that the officers specifically requested to see only a single item of clothing at that time. She further indicates that, at no point during the visit, were additional requests made to review more items or to inspect all of the Petitioner's clothing, including those in the suitcase. It is important to note that there were men's pants and other clothing items belonging to the Petitioner in the residence; however, the officers did not specifically

request to see each individual item. The Beneficiary did not understand that she was expected to present every piece of the Petitioner's clothing for inspection or photography.

The Petitioner leads a minimalist lifestyle, owning a limited number of personal items, which explains the modest quantity of clothing and belongings visible during the visit. The limited nature of his possessions is consistent with his personal habits and recent travel, and does not indicate absence from the household or a lack of cohabitation.

### **C. Work Attire**

Regarding the Petitioner's work clothing, the Beneficiary accurately stated that he did not have a formal uniform. The Petitioner worked as a cook wearing jeans and used an apron provided by the restaurant. According to the Beneficiary's information, she offered to retrieve the Petitioner's apron from his car during the FDNS visit, but it was ultimately not necessary.

### **D. Toothbrush Identification**

During the FDNS site visit, officers observed a toothbrush holder containing seven toothbrushes. The Beneficiary stated that she clearly identified which toothbrush belonged to her and which belonged to the Petitioner. She also recalls that the officers took photographs of the toothbrushes to document them. The Beneficiary recalls identifying the Petitioner's personal items during the visit, although it is possible that this was not fully reflected in the officers' observations. She further states that, due to the presence of multiple toothbrushes in the bathroom (seven), she may have needed a moment to look more carefully at them before identifying the correct one, which could have been perceived as hesitation. However, she indicates that the number of toothbrushes present reasonably explains this circumstance.

### **D. Financial Contributions and Household Expenses**

USCIS raises concerns about apparent contradictions in the financial contributions made by the Petitioner and Beneficiary toward household expenses. The Beneficiary stated that her contribution consisted primarily of paying the electricity bill, which ranged from \$200 to \$300 per month. This statement appears to conflict with the Petitioner's prior interviews, in which he reported providing \$1,000 monthly for rent to the Beneficiary to pass on to her father, and more recently, \$200 monthly in cash or via Venmo for the same purpose. Additionally, the Petitioner indicated that he paid \$500 per month for rent on a room in Hawaii.

These differences do not represent contradictions but rather reflect the realities of fluctuating income and evolving financial arrangements within a marriage. The amounts paid by the Petitioner to the Beneficiary's father are accurate and correspond to his financial capacity at the time. When the Petitioner was employed in stable management positions, he was able to contribute \$1,000 monthly. However, by the time of the most recent interview, his financial situation had changed, and he was only able to contribute a reduced amount of \$200 per

month. Such fluctuations are common in marital financial support and do not indicate a lack of commitment or bona fide relationship.

The Beneficiary's payment of the electricity bill, amounting to \$200 to \$300 per month, represents a meaningful and consistent contribution, especially considering her employment as a nanny. This demonstrates a shared responsibility for household expenses and financial interdependence.

#### **E. Clarification Regarding the Birthday Celebration**

During the FDNS site visit, officers requested photographs of the Petitioner's most recent birthday celebration. The Beneficiary testified that she and her mother celebrated the occasion with a cake, although no photographs were taken. In contrast, the Petitioner stated that nothing was done to celebrate because he was tired.

It is important to clarify that the Petitioner's statement reflects his personal experience of the day. Due to fatigue, he did not perceive the occasion as a formal or significant celebration. This does not mean that the birthday was not acknowledged or that the cake was absent, but rather that his physical state led him to view the event in a subdued manner. Additionally, the parties appear to have different understandings of what constitutes a "celebration": the Petitioner did not consider the presence of a cake alone to amount to an event or celebration, whereas the Beneficiary reasonably viewed that moment as a form of celebration. These statements therefore reflect differing perspectives on the same occurrence, rather than a material inconsistency.

The Beneficiary's testimony highlights the family's effort to mark the birthday with a cake, demonstrating their intention to celebrate despite any limitations. The absence of photographs is understandable given the informal and low-key nature of the gathering, where taking pictures may not have been a priority.

Together, these accounts show that the birthday was recognized and celebrated within the family context, consistent with the couple's lifestyle and circumstances. The difference in perception does not undermine the authenticity of their relationship or the significance of the occasion.

#### **IV. Clarification regarding the Telephonic Interview and Scheduling**

USCIS conducted a telephonic interview solely with the Petitioner as part of the adjudication process. This interview was scheduled following the FDNS site visit, during which the Petitioner was not present. Understanding the context and circumstances of this telephonic interview is important, as it impacts the responses and demeanor of the Petitioner. The Petitioner cooperated fully and provided truthful answers during the interview. Below, we address specific allegations raised in relation to this telephonic interview.

##### **A. Allegation of Receiving Outside Assistance During the Interview**

USCIS noted that the Petitioner frequently paused before answering questions and that audible text notifications suggested he may have been receiving outside assistance during the telephonic interview. The Petitioner categorically denies these allegations. He confirms that he answered all questions independently and without any external help. The pauses observed were due to his careful consideration of the questions and his desire to provide accurate and truthful responses, especially given the high-pressure nature of the interview.

### **B. Addressing Material Discrepancies Between Petitioner's and Beneficiary's Testimonies**

USCIS notes discrepancies between the testimonies of the Petitioner and Beneficiary. The Beneficiary testified that the Petitioner left home at 6:00 AM after arriving from work at 3:00 AM, whereas the Petitioner stated he returned home at 1:00 AM and went for a run that morning. The Beneficiary stated that she pays household utilities, while the Petitioner claimed to contribute \$200 monthly toward rent. Additionally, the Petitioner testified that the Beneficiary works from 3:00 PM to 7:00 PM and attends CNA classes on weekends, a claim the Beneficiary did not corroborate.

These differences can be explained by the natural challenges of recalling precise details under stressful interview conditions, compounded by linguistic barriers and differing perspectives. The timing discrepancy is addressed by the Beneficiary's groggy recollection versus the Petitioner's actual routine. The financial contributions described are complementary, reflecting shared responsibility. The difference regarding the Beneficiary's work and classes may stem from differing perceptions or emphasis.

Overall, these discrepancies reflect the realities of a genuine couple navigating complex life circumstances rather than evidence of fraud.

### **C. Contextualizing the Petitioner's Statement During the Interview**

USCIS highlights a statement made by the Petitioner during the interview: "I have not read the applications and I am not trying to go to jail, I don't want to get in trouble." USCIS asserts that such a statement is inconsistent with the conduct expected of an individual engaged in a bona fide marital relationship.

It is important to understand the context in which this statement was made. The Petitioner was subjected to a high-pressure, intimidating federal interview without legal representation. His statement reflects fear, confusion, and anxiety about the legal process rather than any admission of fraudulent intent. The Petitioner's words express a genuine concern about potential legal consequences and a desire to avoid trouble, which is a natural human reaction when confronted with complex immigration proceedings, especially in today's climate where concerns about immigration-related arrests and enforcement actions are on the rise.

The Petitioner was not indicating that he was afraid because he was engaged in fraud, but rather that he was nervous and aware of the serious responsibility to prove the authenticity of

his marriage, which is genuine. His statement should be understood as an expression of vulnerability and apprehension, not as evidence undermining the bona fide nature of the marital relationship.

## **V. Pending Freedom of Information Act (FOIA) Request and Procedural Diligence**

Following our recent retention as legal counsel, we have proactively submitted formal Freedom of Information Act (FOIA) requests to obtain the complete record of proceedings. These requests are essential for a comprehensive and fair adjudication of the marital relationship, as they include a solicitation for the Beneficiary's complete Alien File (A-File), the official records and recordings of the interviews conducted on June 13, 2023, and August 28, 2024, as well as the full report and all photographic evidence gathered during the FDNS site visit on May 21, 2025.

We believe that the complete set of records and photographs maintained by the Service, specifically those documenting the Petitioner's personal belongings and the identification of household items during the site visit, would provide critical evidence to further corroborate the couple's testimony regarding their shared residence and cohabitation.

The pending FOIA requests are identified by Control Numbers: NRC2026189225REQ and NRC2026180207REQ.

As the regulatory deadline for this response does not allow for the necessary time to receive and analyze the government's disclosure, the Petitioner and Beneficiary are submitting this formal response in a timely manner.

## **VI. Submission of Additional Evidence Demonstrating the Bona Fide Nature of the Marriage**

USCIS notes that despite nearly five years of marriage, the couple has submitted minimal documentation demonstrating a shared life. Specifically, there is no joint bank account, limited commingling of finances, and a lack of reliable evidence of shared residence. The previously submitted Wells Fargo account statements are no longer relevant, as the account has been closed. Furthermore, testimony has been inconsistent or contradictory on fundamental matters such as how the couple met, engagement timing, employment, health conditions, daily activities, financial responsibilities, and place of residence. The FDNS site visit also noted the Petitioner's absence and limited personal belongings at the claimed residence. Testimony regarding family involvement and celebrations was vague, contradictory, and unsupported by photographic or documentary evidence.

In response, the couple is submitting a comprehensive set of new documents to strengthen the evidentiary record and demonstrate the bona fide nature of their marriage.

It is important to clarify that the couple does not maintain a joint bank account. Both the Petitioner and Beneficiary have separate bank accounts, which is consistent with their

personal financial management and does not detract from the authenticity of their marital relationship.

Additionally, the couple does not possess a joint lease agreement because they reside with the Beneficiary's family. The lease agreement for the residence is in the names of the Beneficiary's parents, who are the primary leaseholders. This living arrangement is common in many families and does not diminish the legitimacy of the couple's shared residence or marital relationship.

Regarding insurance documentation, the Petitioner is listed as an excluded driver on the Beneficiary's auto insurance policies due to his prior DUI conviction. As a result, he no longer holds a valid driver's license. This fact explains the insurance arrangements and should not be construed as evidence against the legitimacy of their marriage.

Together, these new documents and clarifications provide a robust and credible demonstration of the couple's shared life and genuine marital relationship.

Please, find enclosed:

#### **List of New Documents Submitted**

- I. Michelle Beltran's Identification Documents**
  - Michelle Beltran's Passport
  - Michelle Beltran's I-94
- II. Michelle Beltran and Javier Mumia Beltran's Marriage Certificate**
- III. Receipt Notice - I-130 Petition for Alien Relative**
- IV. Evidence of Bona Fide Marriage - Tax Account Transcript**
  - 2025 Tax Account Transcript
  - 2024 Tax Account Transcript
- V. Evidence of Bona Fide Marriage - Letters of Support**
  - Letter of Support Delivered by Karol
  - Letter of Support Delivered by Rosemary with English Translation
  - Letter of Support Delivered by Alexander
  - Letter of Support Delivered by Katrina
- VI. Evidence of Bona Fide Marriage - Evidence of Joint Residence**
  - Michelle Beltran and Javier Mumia Beltran's Bills Showing Joint Residence
  - Michelle Beltran and Javier Mumia Beltran's Website Record Showing Joint Residence
- VII. Evidence of Bona Fide Marriage - Evidence of Regular Message Exchanges with English Translation**
- VIII. Evidence of Bona Fide Marriage - Evidence of Financial Support from Javier Mumia Beltran to Michelle Beltran with English Translation**
- IX. Evidence of Bona Fide Marriage - Evidence of Phone Call Records Between Michelle Beltran and Javier Mumia Beltran**

- X. Evidence of Bona Fide Marriage - Michelle Beltran and Javier Mumia Beltran's Photos**
- XI. Evidence of Bona Fide Marriage - Javier Mumia Beltran's Photos of Personal Belongings at Joint Residence**
- XII. Evidence of Bona Fide Marriage - Javier Mumia Beltran's Old Employer Health Insurance with Michelle Beltran as Dependent**
- XIII. Evidence of Bona Fide Marriage - Michelle Beltran's Emergency Contact**
- XIV. Evidence of Bona Fide Marriage - Javier Mumia Beltran's Emergency Contact**
- XV. Evidence of Bona Fide Marriage - Married Facebook Status**
- XVI. Evidence of Bona Fide Marriage - Shared Netflix Account**
- XVII. FOIA Request Evidence**

The Petitioner and Beneficiary have been married for nearly five years. They have survived the challenges of distance, financial instability, and legal hurdles. The inconsistencies cited by USCIS when viewed in context and alongside the additional evidence submitted, are minor and do not outweigh the totality of the record demonstrating a bona fide marriage. We respectfully request that the Service consider the totality of the evidence, the context of the couple's life, and approve the Form I-130.

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

Sincerely,



04/02/2026

Otavio Haverroth Silva, SBN#343486  
P.O. Box 90487  
San Diego, CA 92169  
(510) 241-9336



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

## Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

## Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**

3.b.  Apt.  Ste.  Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**  
(USPS ZIP Code Lookup)

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

## Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

6. Email Address (if any) **otavio@legalhs.com**

7. Fax Number (if any) **N/A**

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

Select **all applicable** items.

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

Licensing Authority

**California**

1.b. Bar Number (if applicable)

**343486**

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

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

**HS Law Corp**

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

2.b. Name of Recognized Organization

**N/A**

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

**N/A**

3.  I am associated with

**N/A**

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

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

4.b. Name of Law Student or Law Graduate

**N/A**



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

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

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

- 1.a.  U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.  
Response to the Notice of Intent to Deny
- 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) BELTRAN
- 6.b. Given Name (First Name) Javier
- 6.c. Middle Name Mumia
- 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 (619) 379-2329
- 11. Mobile Telephone Number (if any)  
+1 (619) 379-2329
- 12. Email Address (if any)  
michellecaribe14@gmail.com

**Mailing Address of Client**

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

- 13.a. Street Number and Name PO Box 90487
- 13.b.  Apt.    Ste.    Flr.   N/A
- 13.c. City or Town San Diego
- 13.d. State CA   13.e. ZIP Code 92169
- 13.f. Province N/A
- 13.g. Postal Code N/A
- 13.h. Country  
USA

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

**Consent to Representation and Release of Information**

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



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

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


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

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

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

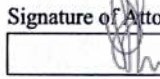
**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
  
- 1.c.  I request that USCIS send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

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

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

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

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

- 1. a. Signature of Attorney or Accredited Representative  

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



**Part 6. Additional Information**

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

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

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

2.d. **N/A**  
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3.c. Item Number

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4.b. Part Number   
4.c. Item Number

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5.b. Part Number   
5.c. Item Number

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# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

## Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

## Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

## Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**

3.b.  Apt.  Ste.  Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**  
(USPS ZIP Code Lookup)

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

## Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

6. Email Address (if any) **otavio@legalhs.com**

7. Fax Number (if any) **N/A**

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

Select **all applicable** items.

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

Licensing Authority

**California**

1.b. Bar Number (if applicable)

**343486**

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

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

**HS Law Corp**

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

2.b. Name of Recognized Organization

**N/A**

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

**N/A**

3.  I am associated with

**N/A**

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

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

4.b. Name of Law Student or Law Graduate

**N/A**



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

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

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

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

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

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

**Client's Contact Information**

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

**Mailing Address of Client**

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

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

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

**Consent to Representation and Release of Information**

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



**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  
➔ Michelle Brennan
- 2.b. Date of Signature (mm/dd/yyyy) 04/03/2025

**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  
[Signature]
- 1.b. Date of Signature (mm/dd/yyyy) 04/03/2025
- 2.a. Signature of Law Student or Law Graduate  
[Blank]
- 2.b. Date of Signature (mm/dd/yyyy) N/A



**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   
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# Exhibit list

Exhibits:

Pages:

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## **Exhibit 1 - Michelle Beltran's Identification Documents**

Michelle Beltran's Passport

1

Michelle Beltran's I-94

2-3

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## **Exhibit 2 - Michelle Beltran and Javier Mumia Beltran's Marriage Certificate**

Michelle Beltran and Javier Mumia Beltran's Marriage Certificate

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## **Exhibit 3 - Receipt Notice of I-130 Petition for Alien Relative**

Receipt Notice of I-130 Petition for Alien Relative

5

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## **Exhibit 4 - Evidence of Bona Fide Marriage - IRS Income Tax Return from 2025 and 2024 filed Jointly**

IRS Income Tax Return from 2025

6

IRS Income Tax Return from 2024

7

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## **Exhibit 5 - Evidence of Bona Fide Marriage - Letters of Support**

Letter of Support Delivered by Karol

8-9

Letter of Support Delivered by Rosemary with English Translation

10-15

Letter of Support Delivered by Alexander

16-18

Letter of Support Delivered by Katrina

19-21

Letter of Support Delivered by José Alejandro

22-25

Letter of Support Delivered by Daniel

26-29

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**Exhibit 6 - Evidence of Bona Fide Marriage - Evidence of Joint Residence**

Michelle Beltran and Javier Mumia Beltran's Bills Showing Joint Residence 30-32

Michelle Beltran and Javier Mumia Beltran's Website Record Showing Joint Residence 33-35

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**Exhibit 7 - Evidence of Bona Fide Marriage - Evidence of Regular Message Exchanges with English Translation**

Evidence of Regular Message Exchanges with English Translation 36-102

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**Exhibit 8 - Evidence of Bona Fide Marriage - Evidence of Financial Support from Javier Mumia Beltran to Michelle Beltran with English Translation**

Evidence of Financial Support from Javier Mumia Beltran to Michelle Beltran with English Translation 103-127

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**Exhibit 9 - Evidence of Bona Fide Marriage - Evidence of Phone Call Records Between Michelle Beltran and Javier Mumia Beltran**

Evidence of Phone Call Records Between Michelle Beltran and Javier Mumia Beltran 128-133

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**Exhibit 10 - Evidence of Bona Fide Marriage - Michelle Beltran and Javier Mumia Beltran's Photos Together**

Michelle Beltran and Javier Mumia Beltran's Photos 134-145

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**Exhibit 11 - Evidence of Bona Fide Marriage - Javier Mumia Beltran's Photos of Personal Belongings at Joint Residence**

Javier Mumia Beltran's Photos of Personal Belongings at Joint Residence 146-150

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**Exhibit 12 - Evidence of Bona Fide Marriage - Javier Mumia Beltran's Previous Employment Health Insurance with Michelle Beltran as Dependent**

Javier Mumia Beltran's Previous Employment Health Insurance with Michelle Beltran as Dependent 151-163

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**Exhibit 13 - Evidence of Bona Fide Marriage - Michelle Beltran's Emergency Contact**

Michelle Beltran's Emergency Contact at Work 164-165

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**Exhibit 14 - Evidence of Bona Fide Marriage - Javier Mumia Beltran's Emergency Contact**

Javier Mumia Beltran's Emergency Contact - Myscripps 166-167

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**Exhibit 15 - Evidence of Bona Fide Marriage - Married Facebook Status**

Michelle Beltran and Javier Mumia Beltran's Married Facebook Status 168-169

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**Exhibit 16 - Evidence of Bona Fide Marriage - Shared Netflix Account**

Michelle Beltran and Javier Mumia Beltran's Shared Netflix Account 170

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**Exhibit 17 - USCIS Freedom of Information Act (FOIA) Request**

USCIS Freedom of Information Act (FOIA) Request 171-173

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**Exhibit 1 - Michelle  
Beltran's  
Identification  
Documents**



 For: **MICHELLE GONCALVES CARIBE**



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

## Most Recent I-94

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

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

**Admission I-94 Record Number:** 28880561556

**Arrival/Issued Date:** 2018 June 05

**Class of Admission:** B2

**Admit Until Date:** 2018 December 04

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

**Last/Surname:** GONCALVES CARIBE

**First (Given) Name:** MICHELLE

**Birth Date:** 1998 August 14

**Document Number:** FT794616

**Country of Citizenship:** Brazil

- 
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
  - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
  - ▶ For security, close your browser after retrieving your I-94/I-95 number.
  - ▶ Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111  
Expiration Date: 04/30/2026

# View Travel History

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

## Travel History Results

Document Number: **FT794616**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2018-06-05	Arrival	LOS

OMB No. 1651-0111 Expiration Date: 04/30/2026

**Exhibit 2 - Michelle  
Beltran and Javier  
Mumia Beltran's  
Marriage Certificate**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

4202037013131

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

Form containing fields for State File Number, Local Registration Number, First Person Data (Name, Birth, Address), Second Person Data (Name, Birth, Address), Affidavit, License to Marry, Witnesses, and Solemnizing Officer information.

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Ernest J. Dronenburg, Jr. (Signature)

Dec 09, 2020

Ernest J. Dronenburg, Jr.
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk



005087423

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASANDIEDE



**Exhibit 3 - Receipt  
Notice of I-130  
Petition for Alien  
Relative**

<b>Receipt Number</b> IOE9190772725		<b>Case Type</b> I130 - PETITION FOR ALIEN RELATIVE
<b>Received Date</b> 04/13/2021	<b>Priority Date</b> 04/13/2021	<b>Petitioner</b> BELTRAN, JAVIER MUMIA
<b>Notice Date</b> 04/14/2021	<b>Page</b> 1 of 1	<b>Beneficiary</b> BELTRAN, MICHELLE

BELTRAN, JAVIER MUMIA  
c/o JAVIER - MICHELLE  
10130 AUSTIN DR APT 10  
SPRING VALLEY CA 91977-6904

**Notice Type:** Receipt Notice  
Amount received: \$535.00 U.S.  
Section: Husband or wife of U.S Citizen, 201(b)  
INA

This notice confirms that USCIS received your application or petition ("this case") as shown above.  
**If any of the information in your notice is incorrect or you have any questions about your case**, you can connect with the USCIS Contact Center at [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter) or ask about your case online at [www.uscis.gov/e-request](http://www.uscis.gov/e-request). You will need your Alien Registration Number (A-Number) and/or the receipt number shown above.

You can receive updates on your case by visiting [www.uscis.gov/casestatus](http://www.uscis.gov/casestatus) to get the latest status or you can create an account at [my.uscis.gov/account](http://my.uscis.gov/account) and receive email updates for your case.

This notice does not grant any immigration status or benefit, nor is it evidence that this case is still pending. It only shows that the application or petition was received on the date shown.

**Processing time** - Processing times vary by form type.

- Visit [www.uscis.gov/processingtimes](http://www.uscis.gov/processingtimes) to see the current processing times by form type and field office or service center.
- If you do not receive an initial decision or update within our current processing time, you can try our online tools available at [www.uscis.gov/tools](http://www.uscis.gov/tools) or ask about your case online at [www.uscis.gov/e-request](http://www.uscis.gov/e-request).
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.

**If this case is an I-130 Petition** - Filing and approval of a Form I-130, Petition for Alien Relative, is only the first step in helping a relative immigrate to the United States. The beneficiaries of a petition must wait until a visa number is available before they can take the next step to apply for an immigrant visa or adjustment of status to lawful permanent residence. To best allocate resources, USCIS may wait to process I-130 forms until closer to the time when a visa number will become available, which may be years after the petition was filed. Nevertheless, USCIS processes I-130 forms in time not to delay relatives' ability to take the next step toward permanent residence once a visa number does become available. If, before final action on the petition, you decide to withdraw your petition, your family relationship with the beneficiary ends, or you become a U.S. citizen, call 800-375-5283.

**If your address changes** - If you move while your case is pending, please visit [www.uscis.gov/addresschange](http://www.uscis.gov/addresschange) for information on how to update your address. Remember to update your address for all your receipt numbers.

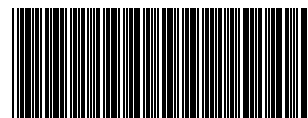
**Return of Original Documents** - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

**NOTICE:** Under the Immigration and Nationality Act (INA), the information you provide on and in support of applications and petitions is submitted under the penalty of perjury. USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Texas Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
6046 N Belt Line Rd., STE 110  
Irving TX 75038-0012

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



**Exhibit 4 - Evidence  
of Bona Fide  
Marriage - IRS  
Income Tax Return  
from 2025 and 2024  
filed jointly**

This Product Contains Sensitive Taxpayer Data

## Form 1040 Account Transcript

Request Date: 03-22-2026  
Response Date: 03-22-2026  
Tracking Number: 110040570659

Form Number: 1040  
Report for Tax Period Ending: 12-31-2025  
Taxpayer Identification Number: XXX-XX-5664

Spouse Taxpayer Identification Number: XXX-XX-8967  
JAVI M & MICH BELT  
10130

--- Any minus sign shown below signifies a credit amount ---

Account balance: \$0.00  
Accrued interest: \$0.00 As of: 03-23-2026  
Accrued penalty: \$0.00 As of: 03-23-2026  
Account balance plus accruals (this is not a payoff amount): \$0.00

\*\* Information from the return or as adjusted \*\*

Exemptions: 02  
Filing status: Married Filing Joint  
Adjusted gross income: \$47,254.00  
Taxable income: \$14,829.00  
Tax per return: \$1,550.00  
SE taxable income taxpayer: \$0.00  
SE taxable income spouse: \$434.00  
Total self employment tax: \$67.00  
Return due date or return received date (whichever is later): 04-15-2026  
Processing date: 03-16-2026

### TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 80221-447-97413-6	20260805	03-16-2026	\$1,550.00
806	W-2 or 1099 withholding		04-15-2026	-\$2,839.00
846	Refund issued		03-16-2026	\$1,289.00

This Product Contains Sensitive Taxpayer Data

This Product Contains Sensitive Taxpayer Data

## Form 1040 Account Transcript

Request Date: 03-22-2026  
Response Date: 03-22-2026  
Tracking Number: 110040571934

Form Number: 1040  
Report for Tax Period Ending: 12-31-2024  
Taxpayer Identification Number: XXX-XX-5664

Spouse Taxpayer Identification Number: XXX-XX-8967  
JAVI M & MICH BELT  
10130

--- Any minus sign shown below signifies a credit amount ---

Account balance: \$0.00  
Accrued interest: \$0.00 As of: 03-23-2026  
Accrued penalty: \$0.00 As of: 03-23-2026  
Account balance plus accruals (this is not a payoff amount): \$0.00

\*\* Information from the return or as adjusted \*\*

Exemptions: 02  
Filing status: Married Filing Joint  
Adjusted gross income: \$31,254.00  
Taxable income: \$2,054.00  
Tax per return: \$0.00  
SE taxable income taxpayer: \$0.00  
SE taxable income spouse: \$0.00  
Total self employment tax: \$0.00  
Return due date or return received date (whichever is later): 04-15-2025  
Processing date: 04-28-2025

### TRANSACTIONS

CODE	EXPLANATION OF TRANSACTION	CYCLE	DATE	AMOUNT
150	Tax return filed 90221-491-71549-5	20251505	04-28-2025	\$0.00
806	W-2 or 1099 withholding		04-15-2025	-\$2,076.00
846	Refund issued		04-28-2025	\$2,076.00

This Product Contains Sensitive Taxpayer Data

**Exhibit 5 - Evidence  
of Bona Fide  
Marriage - Letters of  
Support**

My name is Karol Anne Goncalves Caribe O'Brien, and I'm writing this letter on behalf of Michelle Beltran and Javier Beltran.

I met Javier Beltran in 2019 at Sushi Yaro, I used to work there as a server and he started to go there sometimes, we became friends and Javier always talked about how lonely he was, by the time he was 21 years old, and I thought it was a good idea to invite him to meet my family so he could make more friends, after he went to our Sunday lunch and met my family, he fall in love with my little sister she also was 21 years old around that time.

Perfect match, Javier was happier having more family around. He started calling my mom, also as a mom, he used to come to visit my sister often, and at the end of 2019, they started being together. It was very good to see a friend becoming part of the family.

Around October 2020, we had a family and friends' dinner, and Javier asked my sister to marry him. How happy I was to see my good friend getting engaged to my sister. It was a perfect celebration and day for my sister and my friend, who are now officially part of our family.

In November of 2020, they got married. Unfortunately, I couldn't be present at their wedding since covid 19 was making things more private.

After covid 19, it was time to do more dinners, lunch, and barbecue together, and of course, Mother's Day. It is very satisfying to see how well Javier treats my mom. And of course, my sister.

They came to my wedding celebration last year, and it was great to share my happiest day with them and see how happy they were also.

Karol Anne O'Brien.

619 454-0530



U.S. Department of Defense / Uniformed Services

Expires

**2027MAR15**



Relationship  
**Spouse**

Sponsor Affiliation  
**Active Duty**

Authorized Patronage  
**MWR, Commissary  
Unlimited Exchange**

Sponsor  
Pay Grade  
**E7**

Sponsor  
Rank  
**CPO**

Sponsor  
Agency / Department  
**Navy**



**OBRIEN,  
KAROL ANNE**

Identification and Privilege Card

DD Form 3208

San Diego, 25 March 2026.

Immigration Letter.

I, Rosemary L.G. Mistrello, hereby declare that Javier Beltran and my daughter Michelle Beltran reside in my home along with my husband and me. My husband and I are responsible for paying the rent for the residence, which has three bedrooms. The first bedroom is occupied by my husband, my son, and me; the second by Javier and Michelle; and the third by Andres, Vitoria, and the couple's baby.

I would also like to state that Javier is like a son to me and we have a very close family-like relationship. For example, on his birthday last year, despite his tiring work routine and late arrival, we celebrated it with just a cake, we didn't have a party, but in a simple way we showed him how much he is loved by us.

I declare that the information above is true and I am available for any additional clarifications.

Sincerely.

Rosemary Lopes G. Mistrello

Phone: 6193792673

10130 Austin Dr ap 10

03/25/2026

March 25/2026.



**CALIFORNIA** DRIVER LICENSE  
USA



RL69 4d DLN **Y5393173** 4b EXP **07/02/2029**  
3 DOB **07/02/1969**

1 **LOPES GONCALVES MISTRELLO**  
2 **ROSEMARY**  
8 **10130 AUSTIN DR APT 10**  
**SPRING VALLEY, CA 91977**  
9 CLASS **C**  
9a END **NONE**  
12 REST **CORR LENS**

4a ISS **11/12/2025**  
5 DD **10/14/202550625/AAFD/29**

*Rosemary*

15-SEX **F** 18 EYES **BRN**  
16 HGT **5'-00"** 19 HAIR **BLN**  
17 WGT **130 lb**



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: March 30, 2026.

San Diego, 25 March 2026

Carta para imigração.

Eu, Rosemary S.G. Mistrello venho por meio desta declarar que Javier Beltran e minha filha Michelle Beltran residem e minha casa juntamente comigo e meu marido, onde eu e meu marido somos responsáveis pelo aluguel da residência que possuí Três quartos sendo o primeiro quarto meu do meu marido e meu filho, o segundo do Javier e da Michelle, o terceiro do Andres com a Vitoria e o Baby do casal.

Gostaria também de declarar que o Javier é como um filho para mim e Temos um relacionamento muito próximo e familiar, como por exemplo no aniversário dele ano passado apesar de sua rotina de trabalho cansativa chegando tarde só comemos um bolo não tivemos uma festa, mas de forma simples mostramos o quanto ele é amado por nós.

Declaro que minhas informações acima são verdadeiras e estou a

disposição para quaisquer  
esclarecimentos adicionais

Atenciosamente

Rosemary Lopes G. Mistrello  
fone: 619 379 2673.

10130 Austin DR apt 10

03/25/2026

March 25 / 2026.



**CALIFORNIA** DRIVER LICENSE

USA



RL69

4d DLN

**Y5393173**

4b EXP

**07/02/2029**

3 DOB

**07/02/1969**

1 **LOPES GONCALVES MISTRELLO**  
2 **ROSEMARY**

8 **10130 AUSTIN DR APT 10**  
**SPRING VALLEY, CA 91977**

9 CLASS **C**

9a END **NONE**

12 REST **CORR LENS**

4a ISS **11/12/2025**

5 DD **10/14/202550625/AAFD/29**

15 SEX **F**

18 EYES **BRN**

16 HGT **5'-00"**

19 HAIR **BLN**

17 WGT **130 lb**



*Rosemary*



Alexander Wayne Marks support letter (typed transcript)

“In the time that I’ve known Javier, he’s been an amazing friend. He eventually introduced me to his wife Michelle, and every time we meet up has been phenomenal. They’d tell me about when they met, their wedding, their favorite spots to eat in the States they’ve visited, and all the other places they thought about traveling to.

Javier and I are from the East Coast and have travelled all over the U.S., so finding new places to eat and explore has always been a main conversation point. My parents met in Hawaii, so when Javier told me about his time there, I became even more excited to visit. Him and Michelle have always been awesome hosts when we meet up, and in a lot of ways, inspire me to find someone I can share my life with. They are some of the sweetest people I’ve had the luck and pleasure to meet and share time with.

Their relationship is something truly special, and I’m glad to be a part of their life - *\*signature\**

Alexander W. Marks”

03/31/2026

In the time that I've known Javier, he's been an amazing friend. He eventually introduced me to his wife Michelle, and every time we meet up has been phenomenal. They'd tell me about when they met, their wedding, their favorite spots to eat in the States they've visited, and all the other places they thought about traveling to. Javier and I are from the East coast and have travelled all over the U.S., so finding new places to eat and explore has always been a main conversation point. My parents met in Hawaii, so when Javier told me about his time there, I became even more excited to visit. Him and Michelle have always been awesome hosts when we meet up, and in a lot of ways, inspire me to find someone I can share my life with. They are some of the sweetest people I've had the luck and pleasure to meet and share time with. Their relationship is something truly special, and I'm glad to be a part of their life. - Alex Marks

Alexander W. Marks

03/31/2026

California USA

IDENTIFICATION  
CARD

FEDERAL  
LIMITS  
APPLY



ID **Y8298695**

EXP **11/12/2028**

LN **MARKS**

FN **ALEXANDER WAYNE**

1571 OLIVER AVE APT 8  
SAN DIEGO, CA 92109

DOB **11/12/1998**

11121998

SEX **M**

HAIR **BRN**

EYES **BLU**

HGT **6'-00"**

WGT **135 lb**

ISS

DD **01/20/202350611/BBFD/28**

**01/20/2023**

*Alex M.*

3/26/26

Katrina Ramirez Campbell support letter (typed transcript)

“To whom it may concern,

My name is Katrina Campbell. Neighbors to Michelle and Javier Beltran. I live at 10130 Austin Drive #9 Spring Valley, CA 91977. Michelle is next door at #10. I have been their neighbor for 5 years now.

She comes from a wonderful family. Michelle is such a kind, friendly, and responsible person. I love have her husband and her family as our neighbors.

Thank you!

Katrina R. Campbell”

3/26/26

TO Whom it may concern,

My name is Katrina Campbell  
neighbors to Michelle and Javier  
Beltran. I live at 10130  
Austin Drive #9 Spring Valley, ca  
91977. Michelle is next door  
at #10 I have been their  
neighbor for 5 years now.

She comes from a wonderful  
family. Michelle is such a  
kind, friendly, and responsible  
person. I Love have here, <sup>husband</sup>  
and her family as our neighbors.  
Thank you!

Katrina F. Campbell

# California USA DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY

DL **D5055559**

CLASS C

EXP **01/25/2029**

END NONE

LN **CAMPBELL**  
FN **KATRINA RAMIREZ**

9704 HURON ST  
SPRING VALLEY, CA 91977

DOB **01/25/1986**

RSTR CORR LENS

01251986



SEX **F**

HAIR **BRN**

EYES **BRN**

HGT **5-02"**

WGT **230 lb**

ISS

DD **01/19/2024**

01/19/2024

*K Ramirez*

José Alejandro Ojeda support letter (typed transcript)

To whom it may concern, my name is Alex Ojeda, and I am writing to share my personal account of my friendship with Javier to affirm the authenticity of his marriage with his wife, Michelle. I have known Javier for over eight years, and our relationship has grown into a brotherhood. We first met because he was a chef at Common Stock, and I was a chef at a restaurant next door here in Nori. We built a relationship, trading food and helping each other out whenever we forgot to order something for the restaurant. Our bond is based on trust, respect, and shared experiences. Even after years of working with and near each other, we have remained consistently close and have spent time regularly and been involved in each other's lives over the years. We have hung out countless times at cookouts, birthday celebrations, and casual get-togethers through all these moments. I have not only found a brother in Javier but have also been blessed with the opportunity to get to know his wife, Michelle. It has always been clear to me how deeply he loves and cares for her. From my own time around them, I can confidently say that the love is real and goes on a strong foundation the way they interact and support one another. It's something I envy and hope to find someday. Javi is more than a friend. He is my brother. I say this because honestly, nowadays it is truly hard to date, let alone marriage. I truly believe in him and Michelle are incredible people.

To Whom it may concern,

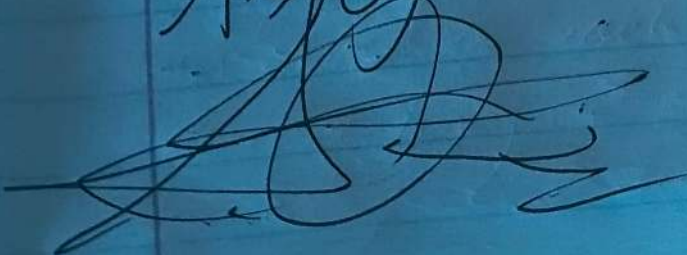
My name is Alex Gada, and I am writing to share my personal account of my friendship with Javier & to affirm the authenticity of his marriage with his wife, Michelle.

I have known Javier for over eight years, and our friendship has grown into a brotherhood. We first met because he was the Chef of Common Stock & I was the Chef of Restaurant next door Hiro Nori. We built relationship trading food & helping each other out whenever forgot to order something for the restaurant. Our bond based on trust, respect, & shared experiences. Even after our time working at & near each other, we have remained consistently close, spending time regularly & involved in each others lives. Over the years we have hung out countless times, cookouts, birthday celebrations, or casual get together.

Through all these moments, I have not only found a brother in Javier, but I have also been blessed with the opportunity to get to know his wife, Michelle. It has always been clear to me how deeply he loves, & cares for Michelle. From my own time around them, I can confidently say that their love is real built on strong foundation. The way they interact, support one another. It's something I envy and hope to find some day. Javier is more than a friend he is my brother, I say this because honestly nowadays it is hardly hard to take let alone marriage. Hardly believe in him & Michelle, they are incredible people.

Sincerely.

Alex Ojeda



California

USA

IDENTIFICATION CARD

FEDERAL LIMITS APPLY



ID **D6172298**

EXP **06/02/2026**

LN **OJEDA MORAN**  
FN **JOSE ALEJANDRO**  
2750 ISLAND AVE APT A  
SAN DIEGO, CA 92102

DOB **06/02/1992**



06021992



SEX **M**

HGT **5'-04"**

HAIR **BLK**

WGT **150 lb**

EYES **BRN**

ISS **07/31/2020**

DD **07/31/202050633/DDFD/26**



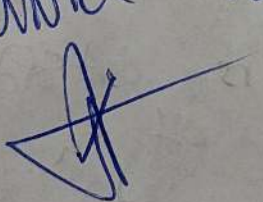

## Daniel Pelkis III support letter (typed transcript)

To whom it may concern my name is Daniel Pelkis III. From my understanding it appears that your office is in the motion of deeming my friends relationship invalid. Personally I find this to be completely preposterous. Michelle & Javier as well as the combined families have been nothing but caring & hospitable. I met Javier at work in Balboa park mid April of 2025. We had a blast with other coworkers before finally getting personal & meeting eachothers outside friends & family. Michelle extended an invite at a family party/BBQ that Javier invited me & a few other friends to. Our friend Ronnie & I were a little nervous at first but Javier's wife's family is so welcoming & hospitable that they quickly knocked the pressure Ronnie & I had built up. We began to celebrated & eat their lovely food I will never forget, had a few beers w/ Marcos, father in law and created a special night that will be difficult to forget. Aside from this outstanding encounter Javier & Michelle allow me to do my laundry & chill when necessary. Javier & I may havent been friends for long but his character & loyalty speak volumes when in comparison to many others I have deemed my friends and I am proud to say he has found his forever woman & from my insight they are perfect for eachother.

To whom it may concern my name  
is Daniel Pettis III. From my understanding it  
appears that your office is in the motion of deeming  
my friends relationship invalid. Personally I find this  
to be completely popostrous. Michelle & Javier as  
well as the combined families have been working  
but caring & hospitable. I met Javier at work  
in Balboa park mid April of 2025. We had  
a blast with other coworkers before finally  
getting personal & meeting each others outside friends  
& family. Michelle extended an invite of a family  
party/BBQ that Javier invited me & a few other  
friends to. Our friend Ronnie & I were a little  
nervous at first but Javier's wife's family is so  
welcoming & hospitable that they quickly cracked  
the pressure Ronnie & I had built up. We began  
to celebrate & eat their lovely food I will never  
forget. Had a few beers w/ Marcos, father in law,  
and ~~the~~ celebrated a special night that will be  
difficult to forget. Aside from this outstanding encounter  
Javier & Michelle allow me to do my laundry &

Chris when necessary. Javier & I may have  
been friends for long but his character & loyalty  
speak volumes when in comparison to many  
others I have deemed my friends and I am  
proud to say he has found his forever woman  
& from my insight they are perfect for  
each other.

Daniel Pettis

  04/03/2025

California USA

DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY



DL **Y3405127**

EXP **01/14/2027**

LN **PETTIS-DANIELS**

FN **DANIEL LEE III**

1844 ELM AVE  
SAN DIEGO, CA 92154

DOB **01/14/1998**

RSTR NONE

CLASS C

END NONE



01141998

*[Handwritten signature]*

SEX **M**

HGT **5'-11"**

HAIR **BLK**

WGT **190 lb**

EYES **BRN**

ISS

09/14/2022

DD 08/02/202266933/8AFD/27

**Exhibit 6 - Evidence  
of Bona Fide  
Marriage - Evidence  
of Joint Residence**

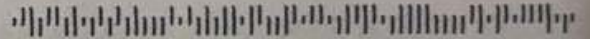
County Return Mail Center - DFS  
PO BOX 981450  
West Sacramento CA 95798-1450

PRESORT  
FIRST-CLASS  
U.S. POSTAGE  
**PAID**  
DFS

RETURN SERVICE REQUESTED

JAVIER BELTRAN  
10130 AUSTIN DR  
Apt 10  
SPRING VALLEY, CA 91977-8900

020 BCF1AP1 91977



**nso**

100 Virginia Drive, Suite 250 • Fort Washington, PA 19034-3278

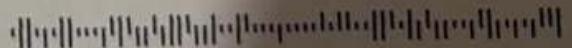
FIRST-CLASS  
AUTO LETTER



US POSTAGE  
ZIP 19034 \$ 000.6  
02 7W  
0008041498 MAR 11

Michelle Beltran  
10130 Austin Dr  
Apt. 10  
Spring Valley, CA 91977

BSJCRMB 91977

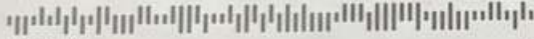


FedEx  
3965 Airways Blvd  
Module G, 4th Floor  
Memphis, TN 38116



Electronic Ser

0008374 01 AB 0.64 \*\*AUTO TO 1 1003 91977-690410 -CD1-P08382-11



MICHELLE  
MICHELLE  
10130 AUSTIN DR. #10, ND--,-  
SPRING VALLEY CA 91977



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and discover the power of paperless billi  
Go to [fedex.com](https://www.fedex.com) to sign up today.



HX3 Property Management  
2840 Fletcher Pkwy #111  
El Cajon, CA 92020

SAN DIEGO CA 920

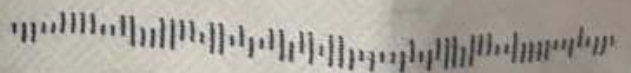
23 SEP 2025 PM 5 L



1775

Michelle Beltran  
10130 Austin Dr. #10  
Spring Valley, CA 91977

91977-690410



**Phoenix Settlement Administrators**

Elison v. CHW Entertainment, Inc.  
Case No: 37-2024-00020465-CU-OE-CTL  
P.O. Box 7208  
Orange, CA 92863



**FP** <sup>®</sup> **US POSTAGE**  
**\$000.74<sup>0</sup>**

First-Class - IMI  
ZIP 92867

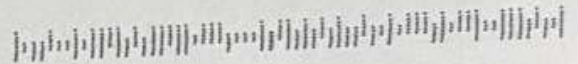
03/07/2026  
036B 0011822183

Javier Beltran  
10130 Austin Dr Apt 10  
Spring Valley, CA 91977-6904

ELCHWEN1

® 0 1 0 1 0 8 ® 1 2 2 2 4 3 7 7

9197736904 C024



State of California  
CALIFORNIA UNEMPLOYMENT  
INSURANCE APPEALS BOARD  
SAN DIEGO OFFICE OF APPEALS  
3517 Camino Del Rio So., Ste. 100  
San Diego, CA 92108-4027

OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE \$300



qudient

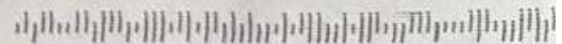
FIRST-CLASS MAIL  
IMI

**\$001.03<sup>0</sup>**

02/11/2026 ZIP 92108  
043M31227271

JAVIER M BELTRAN  
10130 AUSTIN DR APT 10  
SPRING VALLEY, CA 91977-6904

9197736904 C024





Search or ask a question



## Order Summary

Save

Order placed July 4, 2025 | Order # 112-8744984-1664257

### Ship to

Michelle  
10130 Austin Dr. #10  
Spring Valley, California  
91977  
United States

### Payment method

Mastercard ending in 4419

[View related transactions](#)



HAIPHAIK Emergency Roadside Kit for Car, Emergency Kits for Vehicles, Safety Kits for Car Jumper Cables Kit(11.8 Foot Upgrade) 124 Pcs, Tow Strap, Folding Survival Shovel, Car Tool  
Sold by: HAIPHAIK-USA  
Return window closed on August 5, 2025  
\$44.99





Search or ask a question



## Order Summary

Save

Order placed November 22, 2025 | Order # 112-1386598-082

### Ship to

Javier Beltran  
10130 Austin Dr. #10  
Spring Valley, California  
91977  
United States

### Payment method

Visa ending in 2778

[View related transactions](#)

### Delivered November 23

Your package was left near the front door or porch.



Vanicream Z Bar, Seborrheic Dermatitis & Anti-Dandruff Medicated Bar, 3.5 Oz, Formulated without Common Irritants for Sensitive Skin, 2% Pyrithione Zinc Helps Relieve Itching, Redness & Flaking

Sold by: Amazon.com

Supplied by: Other

Return window closed on January 31, 2026

\$12.00



BN-LINK Outdoor Power Stake Timer Waterproof 24-Hour Mechanical Timer with 6 Grounded Outlets, 6FT Extension Cord for Halloween/Christmas Decor Lights, ETL Listed

Sold by: BN-LINK

Return window closed on January 31, 2026

\$21.24



← Search or ask a question

Hello, Michelle

- Orders
- Interests
- Account
- Lists

### Your Orders →

Return complete





2

Delivered February 13



### Who's shopping? ✕

- 

**Michelle**  
Account holder [View](#)
- 

**Javier Beltran**  
Adult profile

[Add profile](#)

[Remove profile](#)

Signed in as michellecaribe14@gmail.com

Switch Accounts

[Sign Out](#)

**Exhibit 7 - Evidence  
of Bona Fide  
Marriage - Evidence  
of Regular Message  
Exchanges with  
English Translation**



I miss you so much too



**Javier Old Number**

May 16, 2021 at 8:06 AM

Good morning to the birthday boy

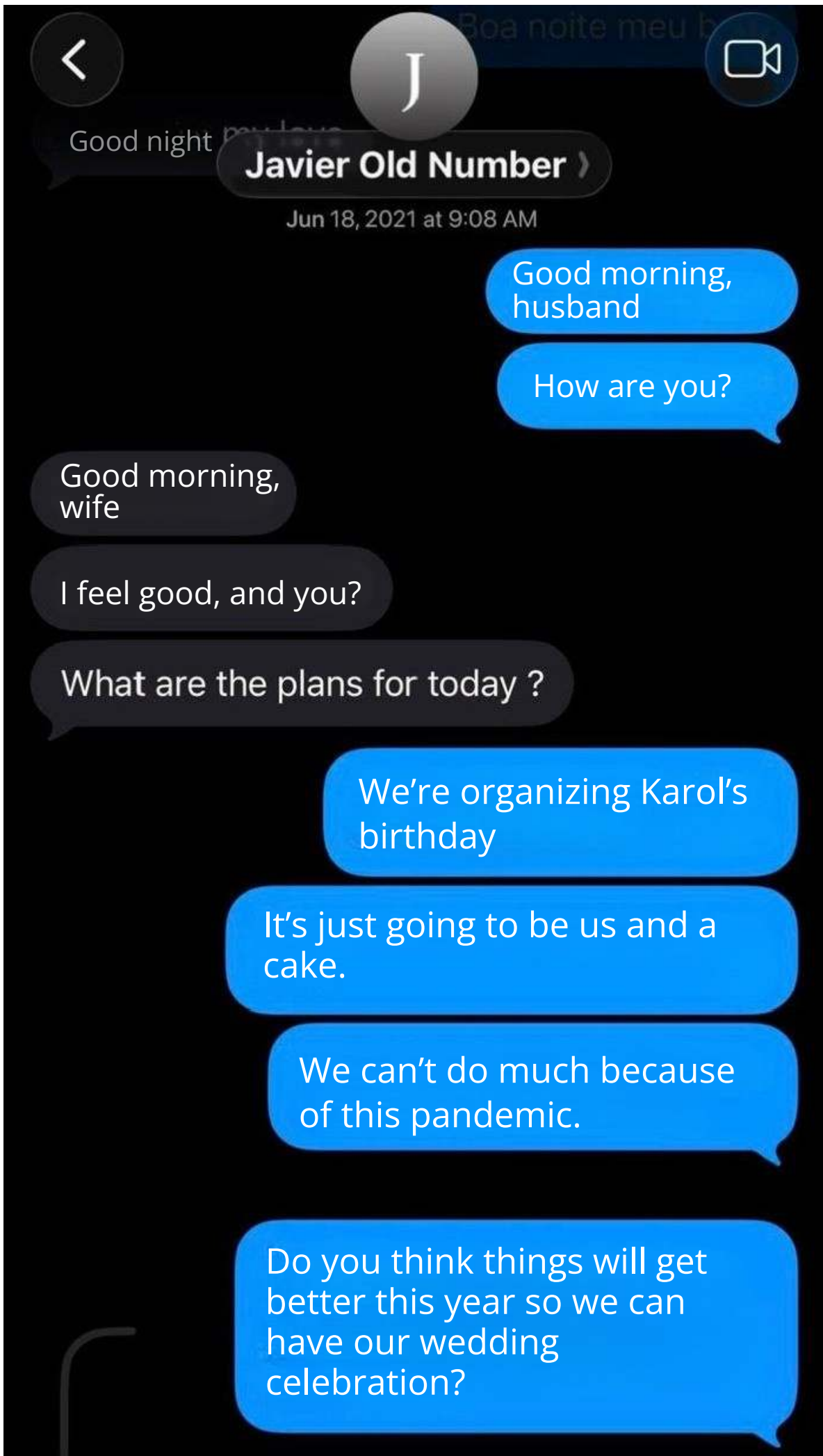
Happy birthday, my love, may God protect you, and may you always be this person with the incredible heart that you have.

I wish you all the best, happiness, and everything else

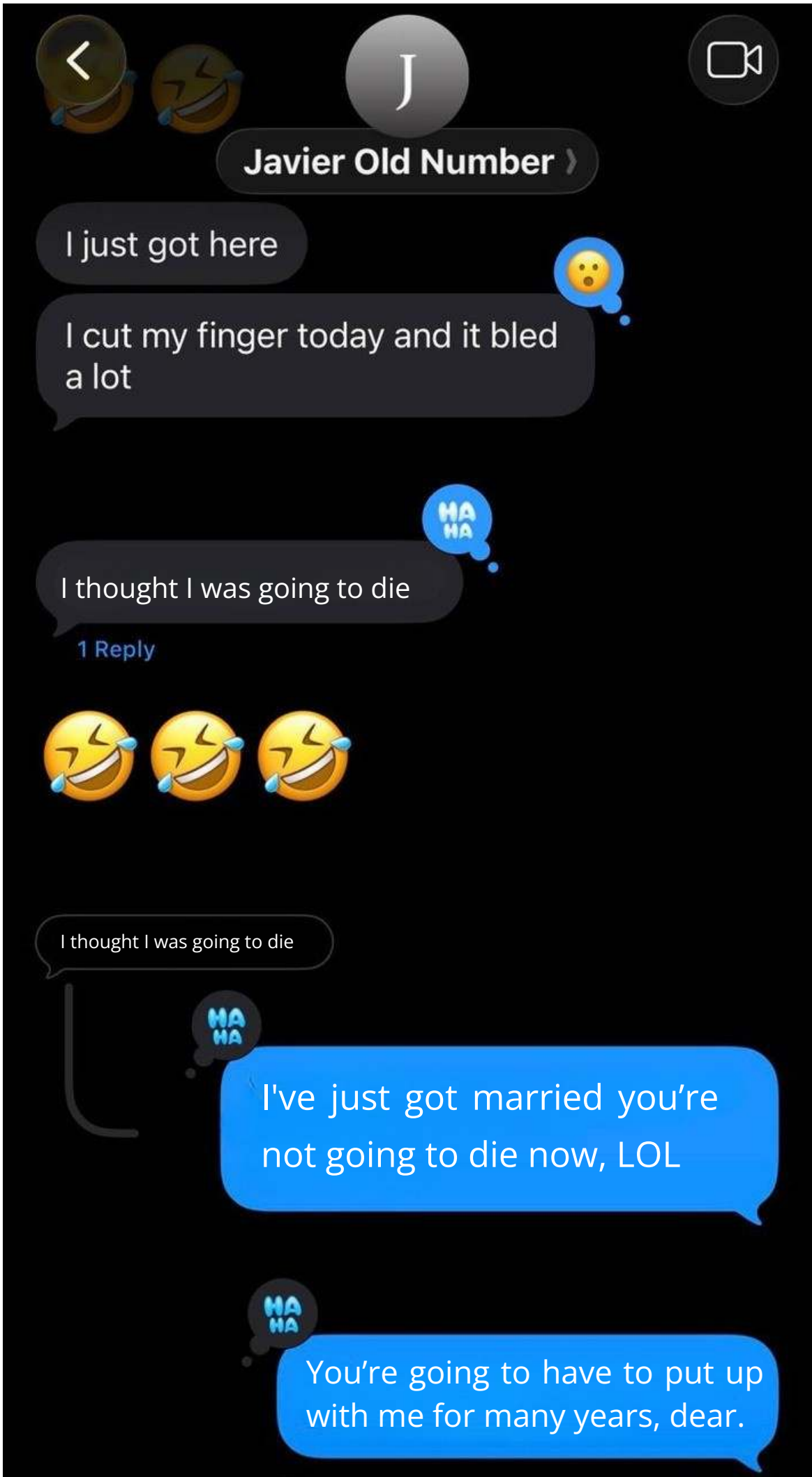
You deserve the world

I love you very much

I wish we were together to celebrate this day, but I hope you can come soon so we can see each other.









J

I'm in



Good night, my love

**Javier Old Number**

Sep 13, 2021 at 10:09 AM

Good morning, my love

Look what we bought for Stormi yesterday, LOL



Look at how happy she looks

Delivered

Jajajajaj she's smiling

I miss her she's so beautiful



J

Boa no



I love you

**Javier Old Number**

Nov 22, 2021 at 9:09 AM

Hellooooo

Almost one year married

HA  
HA

How do you feel about having someone as wonderful as me by your side? 😄



Very well, I hope, because that's a privilege

Let me think



I feel very happy, my love

You are a wonderful woman and I'm very lucky

Are you coming this month? I have a lot of things to show you here





J

\*illegible\*



**Javier Old Number**

I wish you were here.

But I'm also very happy that you're coming back next month.

I hope everything works out and that we can be together now,

Without having to be apart again.

Yes, my love. It's what I want most I miss you a lot too

As soon as Christmas is over we'll be together again

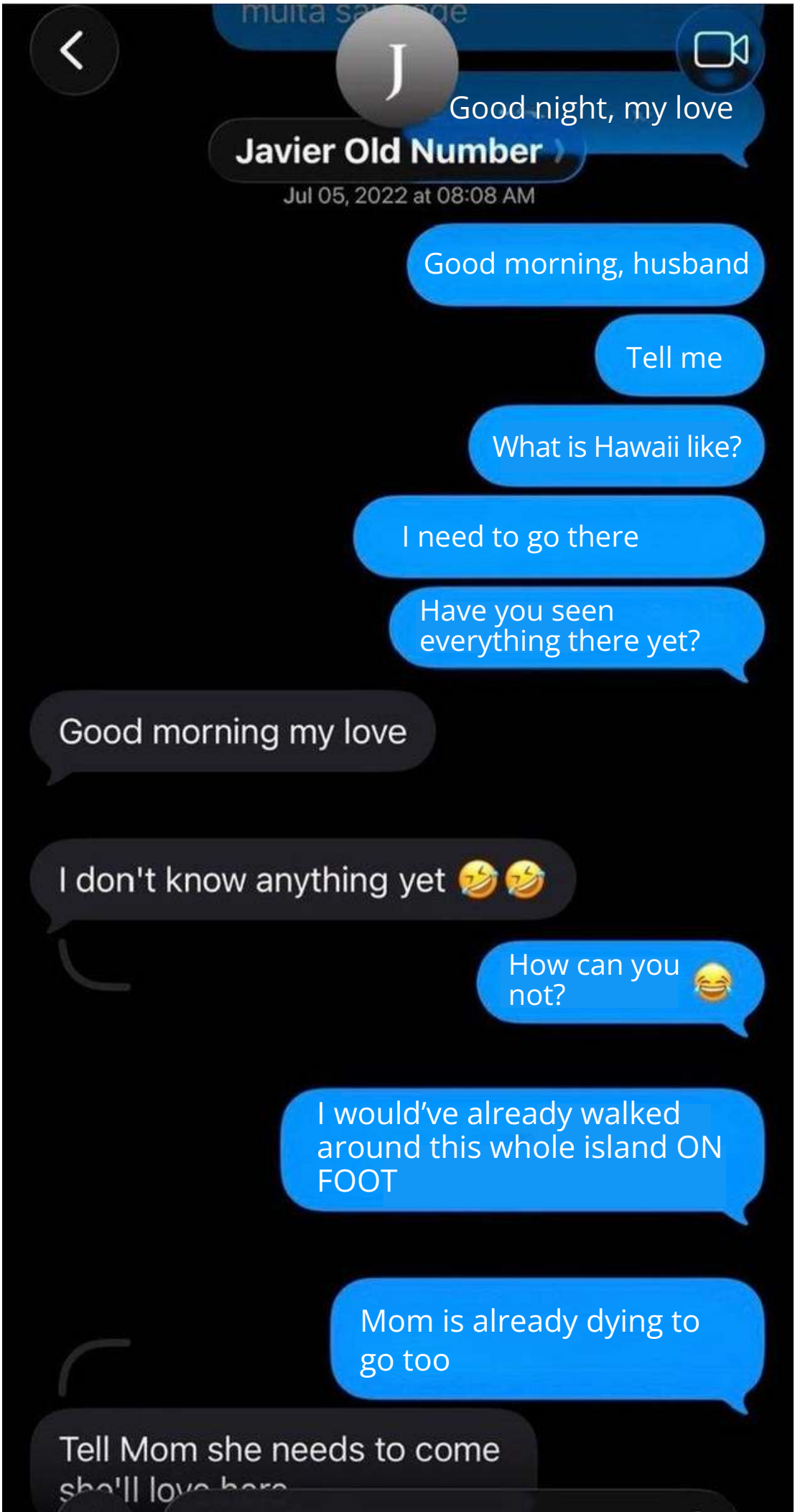
Forever? Do you promise? 🥺

I promise 100

Maybe we can go to Spain next year for our wedding anniversary

Yaaaaaay

Yes





Location Sharing



**Javier Old Number**

Aug 14, 2022 at 10:45M

Happy birthday to the best wife in the whole world .. I really wish I could be with you right now I'm sorry for my mistakes but I want you to know that I love you so much and want to be by your side forever

Good morning, my love

Thank you so much!!

I love you very much

Thank you for always being by my side

Even if far away

I'm lucky to have you with me



Im lucky to have you by my side I never thought I would be able to love someone like this



J



Javier Old Number >

Feb 13, 2023 at 9:27 AM

Good morning,  
husband

Look what a former  
colleague sent me, LOL

I bet you can't guess which  
one I am



HA  
HA

Honestly none of them looks  
like you 😂

Are you sure you're in this  
photo ?

Of course, I'm sure, LOL

It was my preschool photo



iMessage



But it's not that hard

Are you sure you're in this

11:07

Photos



Of course, I'm sure



Javier Old Number photo

But it's not that hard

I still look like myself, LOL

I wish I had photos of myself from my preschool days too but do you want to see me at 7 or 8 years old !?

Yessss LOL show me

And you still haven't said which one I am in the photo LOL



iMessage



So cuteeeeeee



Thank You, Lord | Power  
Worship Songs to G...  
and Trust His Prote  
youtu.be

**Javier Old Number**

Mar 30, 2023 at 9:09 AM

Good morning, my love

It's barely even morning, and I'm already rushing around

I just dropped Laura off at school.

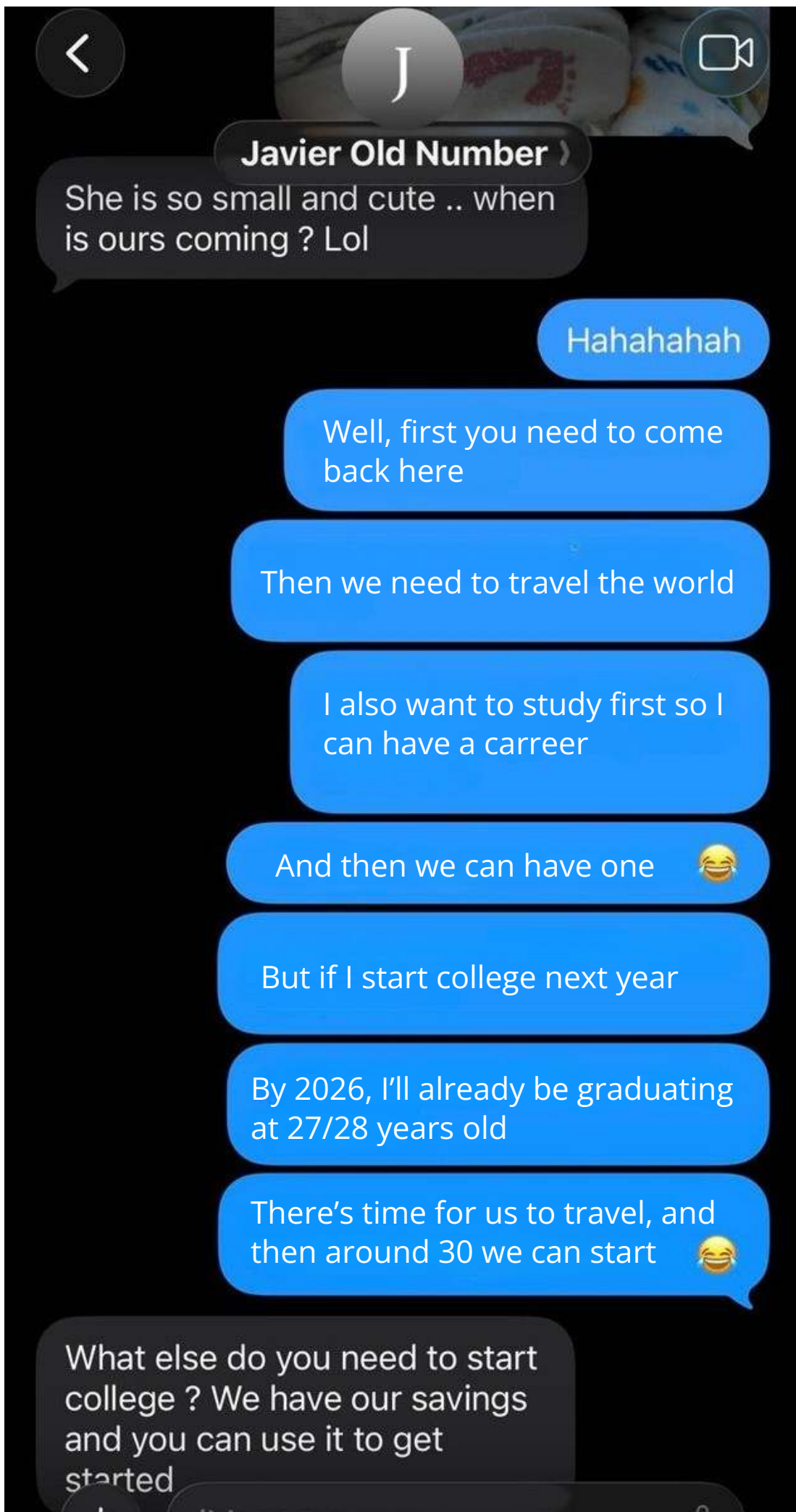
Now I'm going to stay with Cece

It won't stop raining here. 🤔

But look at this picture I took

Delivered







J



**Javier Old Number** >

May 8, 2023 at 4:37 PM

## Interview Was Scheduled

On May 8, 2023, we scheduled an interview for your Form I-485, Application to Register Permanent Residence or Adjust Status, Receipt Number IOE0913735335. We will mail you an interview notice. Please follow any instructions in the notice.

If you move, go to [www.uscis.gov/addresschange](https://www.uscis.gov/addresschange) to give us your new mailing address.



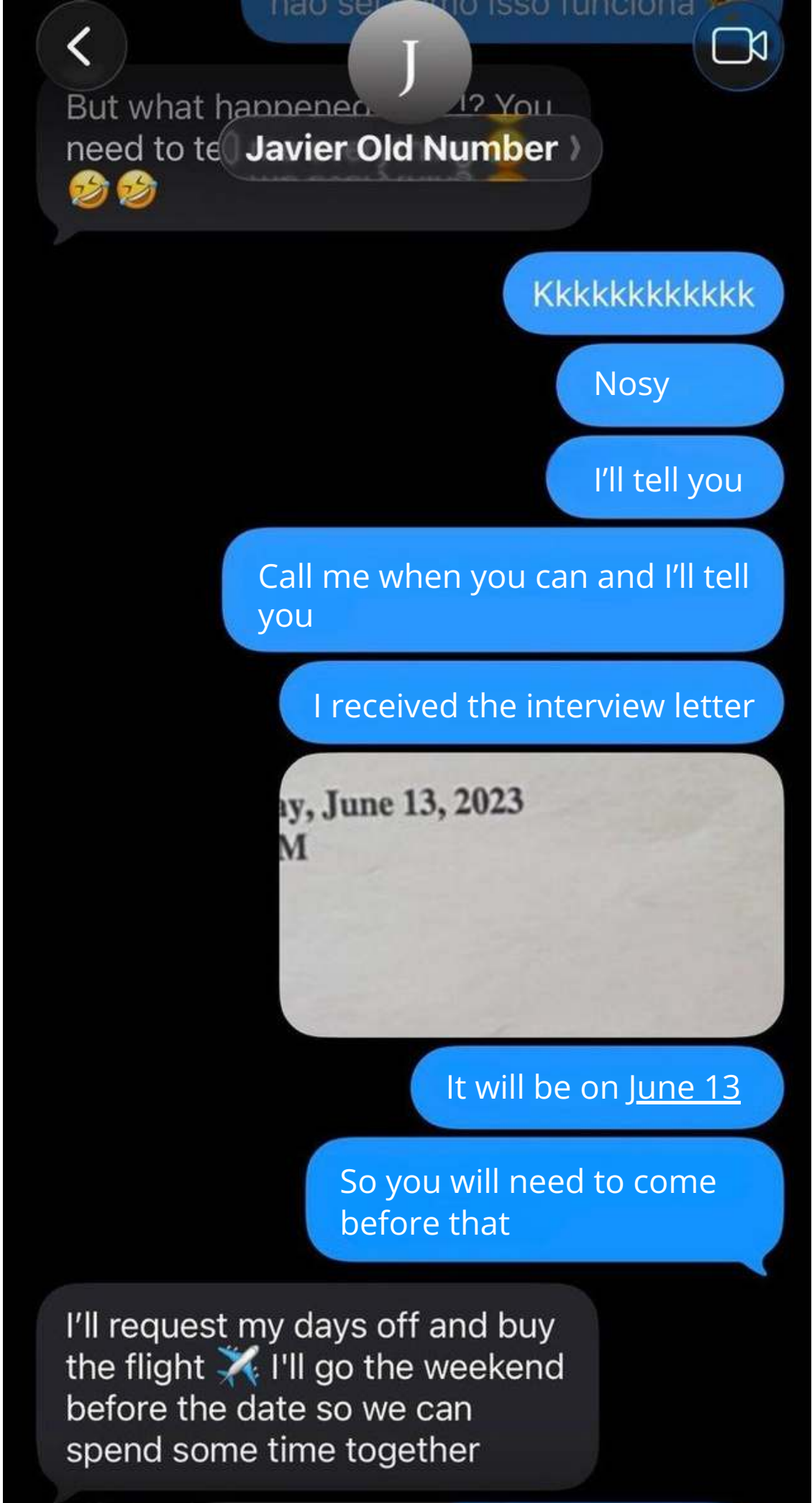
They scheduled the interview today

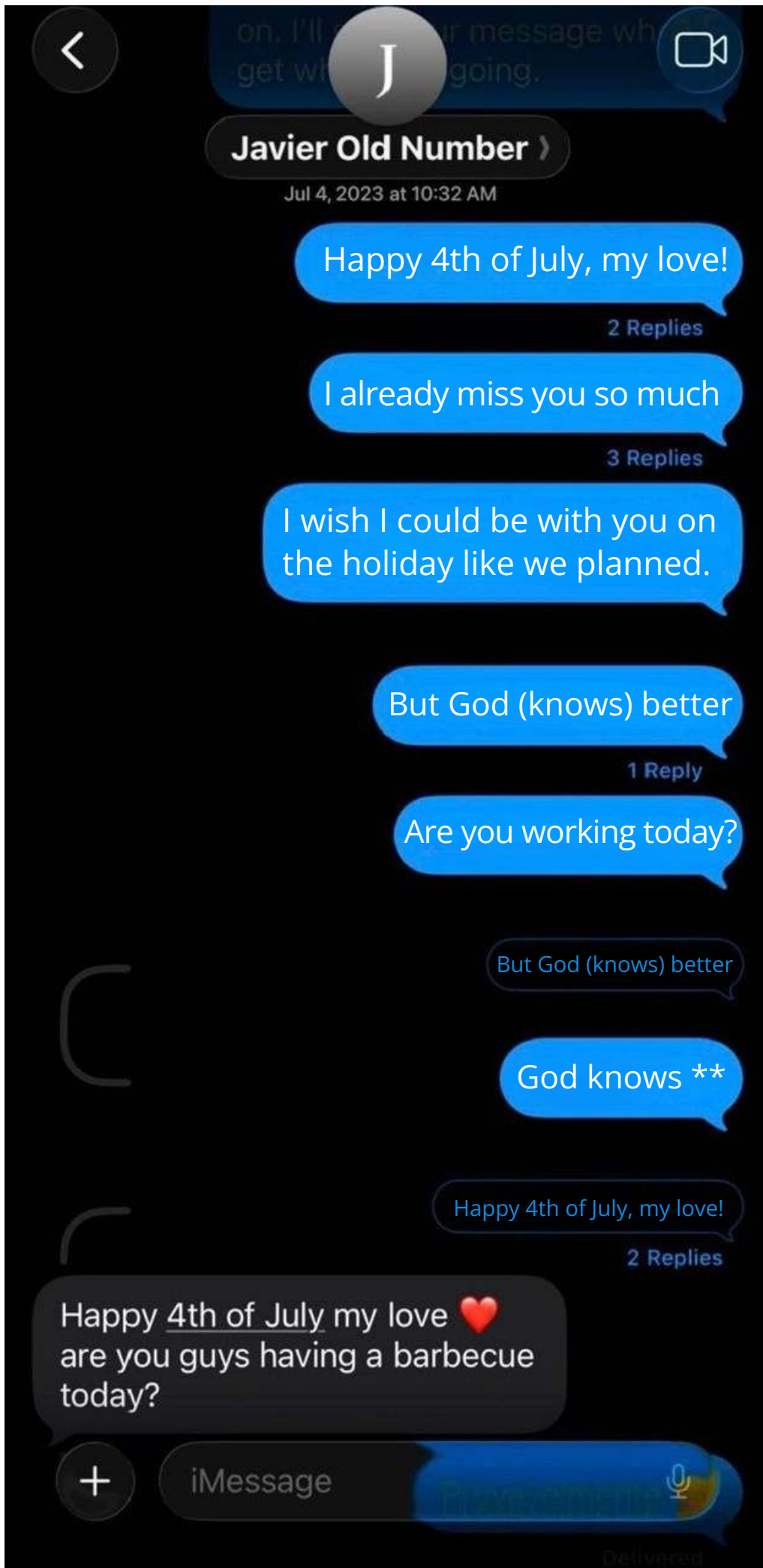
But I still haven't received the letter

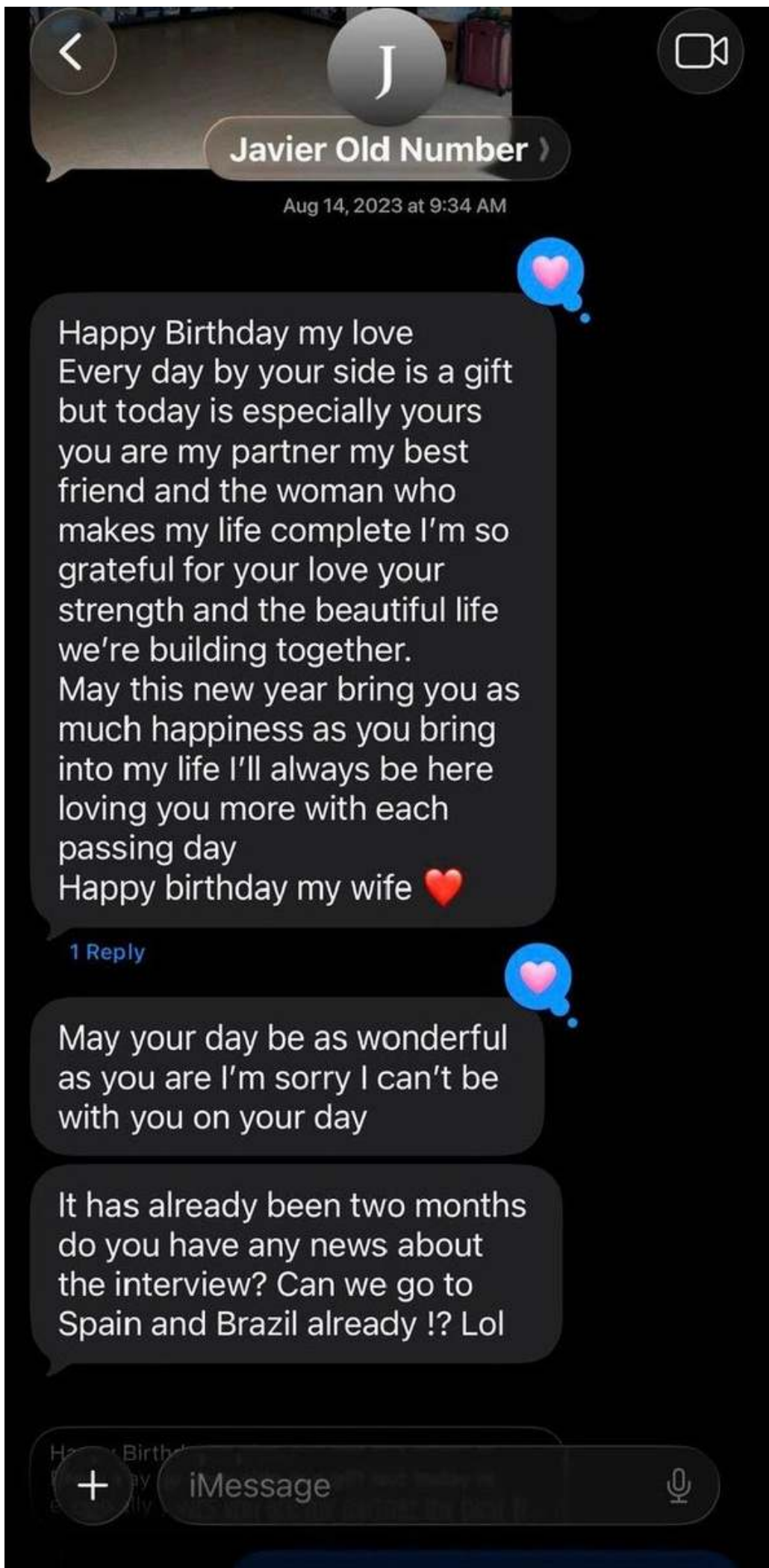
Depending on that, I think you might have to come before July

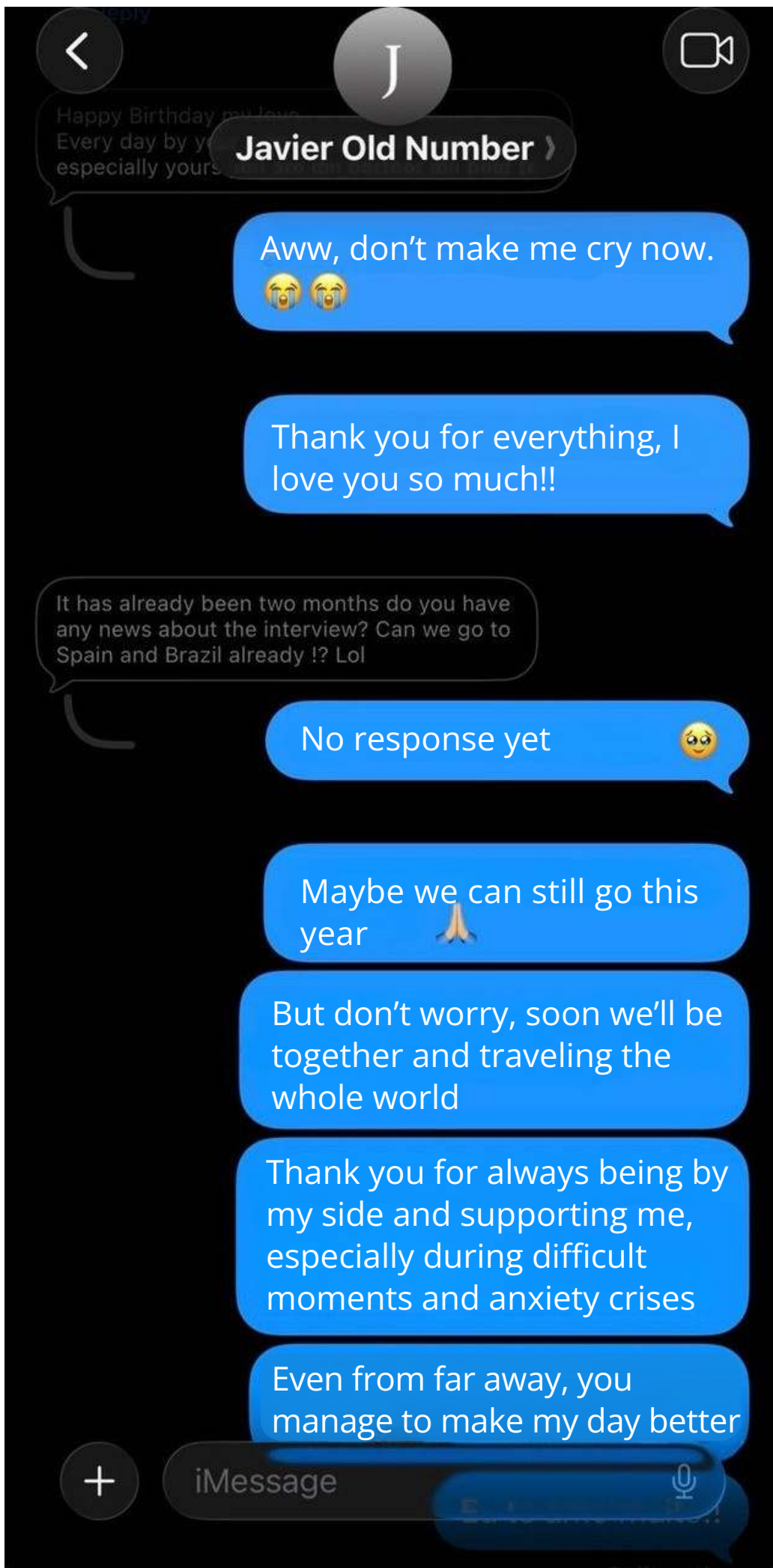
Because the interview will probably be next month.

At least I think the anxiety will be over soon











J



Can I call you later?

**Javier Old Number**

Oct 26, 2023 at 11:37 AM

Can you believe Cece is already turning 1?

I love this child so much

It's very different when you see a child being born and spend THE WHOLE DAY with her

And she's always so cute

I hope the world is kind to her, just like she is.

Whaat !? 1 year old !? I remember when you said you were going to sleep with her sister because she was about to be born I can't believe it's already been a year 🤔

Yeah

And today she's going to the doctor to get her 1-year vaccines.

Poor thing



iMessage festa na escola da La...  
tambem 🤔





I miss you so much too, my love ❤️

**Javier Old Number**

Jan 1, 2024 at 9:30 AM



Happy New Year, husband 🎆❤️

Happy New Year, my love 🎆



I miss you



↻ Replay



In April, I'll be there to visit you



I talked to mom 🎉🎉🎉🙌🙌🙌🙌🙌



I am very excited

And happy



I miss you so much



iMessage



hora 🗣️



I'll come visit you in April



**Javier Old Number**

I talked to mom 🎉🎉🎉🙌🙌🙌

I am very excited

And happy

I miss you so much

Yayyy, me too. I can't wait 🤗

I miss your hugs and kisses.  
Just the warmth I feel when I  
see you smile, pure love

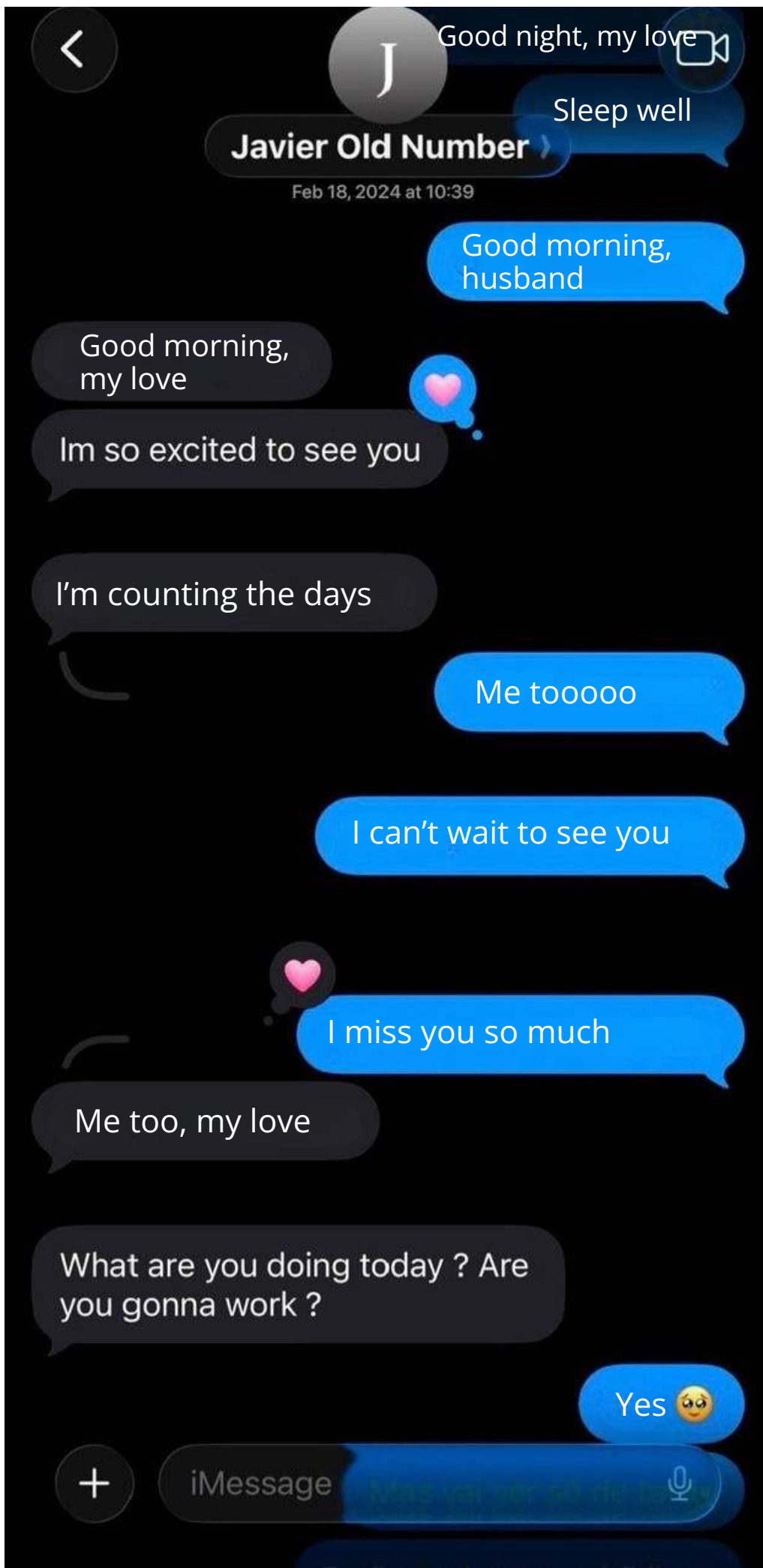
I miss you a lot, too, soon we'll  
be together again! ❤️

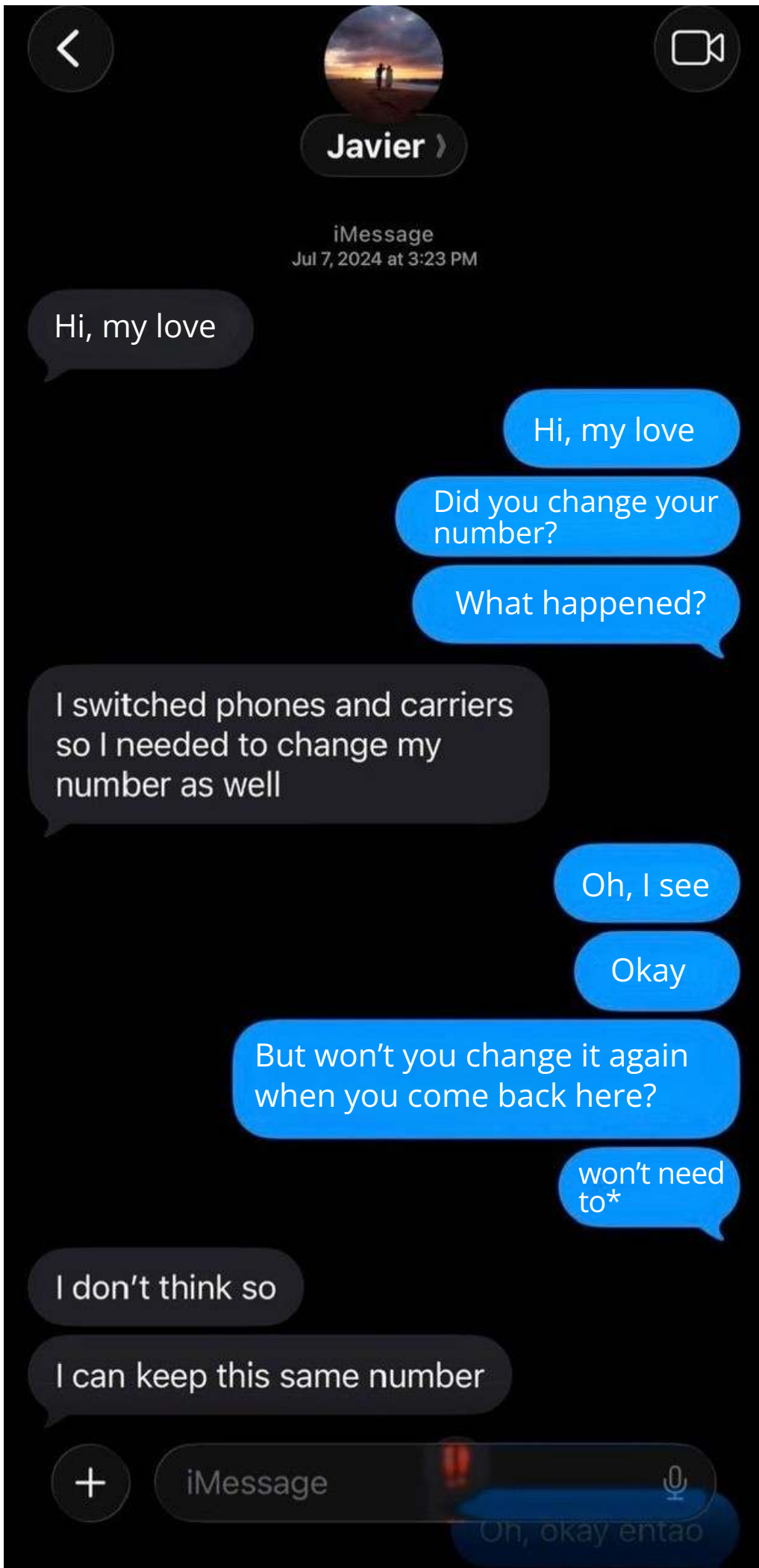
I can't wait to be reunited 🤗



iMessage







8:31



Sep 2, 2024 at 11:15 AM



**Javier**

San Diego, CA



What were those? Those were really good. I ate both of them while they were still warm 😊

Sep 2, 2024 at 6:44 PM

HA HA



I see you

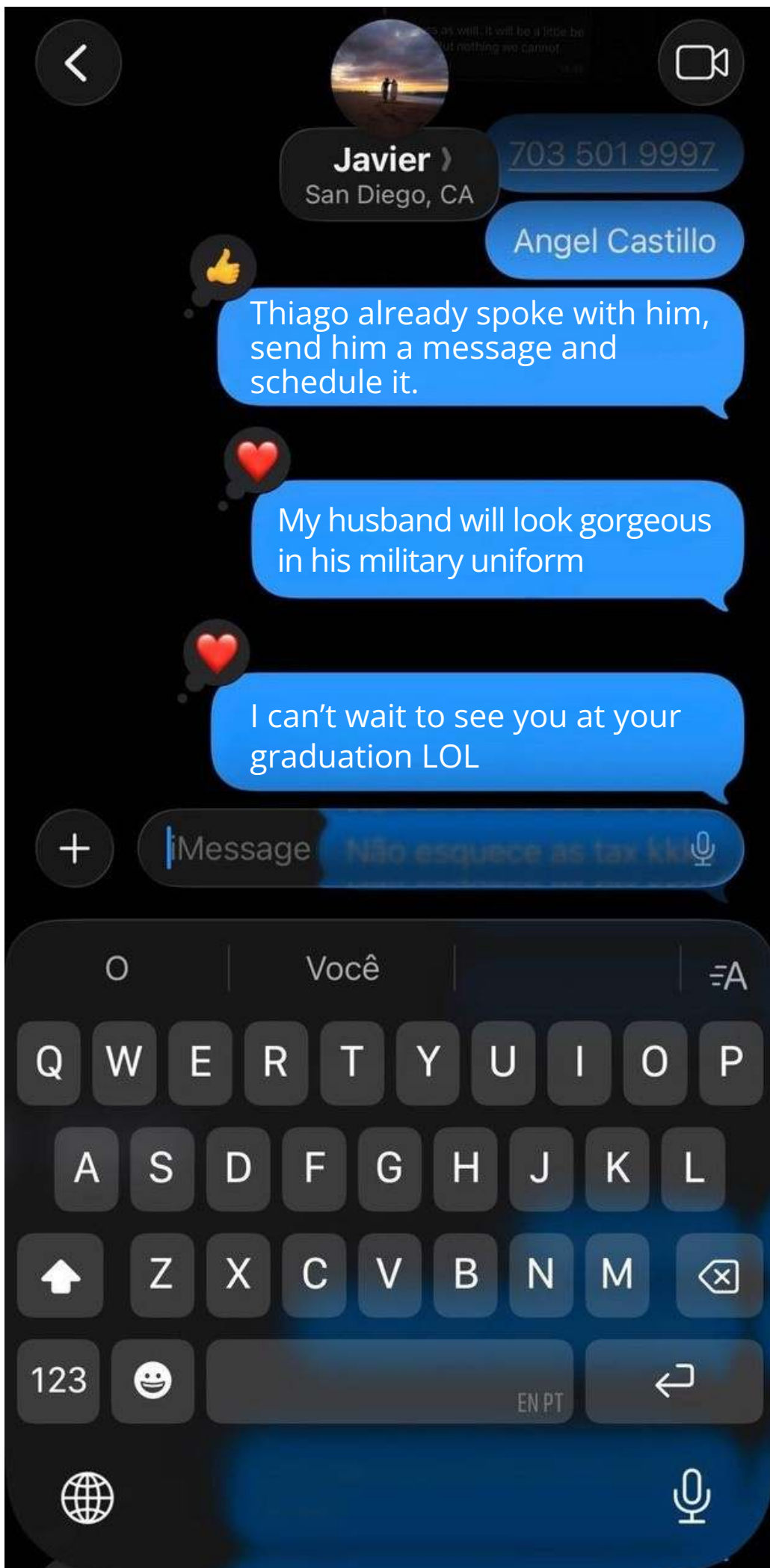


iMessage



Sep 2, 2024 at 9:26 PM





10:46

They dumped this on me to handle

Do you think you can come this year? Or is it too last-minute?

**Javier Old Number**

I don't think I can make this year but I'll go next year sometime around July? That way we can spend the holiday and Mae birthday or yours together

Okay

It's better to buy the ticket in advance

Because it's cheaper

I think in July we'll have more days off because of the holiday

I miss you so much 🥺

I'll start checking some flights ✈️ for July and let you know when I buy

Would the 30th through the 7th work for you?

I'll ask Rita during the week and let you know

I think she won't complain, as long as I let her know in advance

Replied to your story



Wow this was you 2016?! Want me to show you me with snapfilter ???



Show me 😂😂😂



Message...



8:26

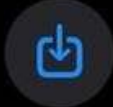
I still haven't received it



And when she'll you in person



**Javier**  
San Diego, CA



You're famous



My wife has to know share repost make go viral 🤪👍🔥 100



Karaya... >  
killaoni21



voces puraram tambien nanaina

MAR 5 AT 6:38 PM

Reacted to your story



SAT 5:43 PM



masiory1

Cómo nació el que Bebe refresco diario



Message





Karaya...  
killaoni21



Replied to you



Lmfao

Replied to you

Where can I buy it? 😂



Temu lmao, I don't know, I'll buy it for you



You replied

Temu lmao, I don't know, I'll buy it for you

I want it 😂



I got you, my love 🤔👉

Thank you, my love 😍



Message...



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

*Marina Viana*

---

Date: March 31, 2026



Eu tanto amor de saudade



J



**Javier Old Number**

May 16, 2021 at 8:06 AM

Bom dia pro aniversariante do diaaaaa

Feliz aniversário meu amor, que Deus te proteja e que você sempre seja essa pessoa com esse coração incrível que você tem

Te desejo tudo de bom, e de felicidades e de tudo

Você merece o mundo

Eu amo muito você

Queria que estivéssemos juntos pra comemorar esse dia, mas espero que você consiga vir logo pra gente se ver





J



**Javier Old Number**

Aug 16, 2021 at 8:34 AM

Bom dia marido

Queria agradecer por ter passado essa data tão especial pra mim junto comigo



Obrigada por ter vindo para o meu aniversário



Agora vou ficar aqui morrendo de saudade suas.



Me sinto tão mais feliz quando estou contigo

E quando você tá longe eu sinto muita saudade

Good morning my love

I'm the one who's grateful to have you in my life I feel like I don't deserve it



iMessage



You're the best!! Não fala assim



Javier Old Number >

I just got here



I cut my finger today and it bled a lot



Eu pensei que ia morrer

1 Reply



Eu pensei que ia morrer



Eu casei tem pouco tempo, não vai morrer agora não kkkkkkkkk



Vai ter que me aguentar por muitos anos querido



J



Javier Old Number

Sep 13, 2021 at 10:09 AM

Bom dia meu bem

Olha o que compramos pra Stormi ontem hahaha



Olha a cara de felicidade dela hahah

Delivered

Jajajajaj she's smiling

I miss her she's so beautiful



J

Boa no



Te amo

**Javier Old Number** >

Nov 22, 2021 at 9:09 AM

Hellooooo

Quase 1 ano de casado

HA  
HA

Como você se sente tendo  
alguém tão maravilhosa como  
eu do seu lado? 😂



Espero que muito bem porque  
isso é um privilégio

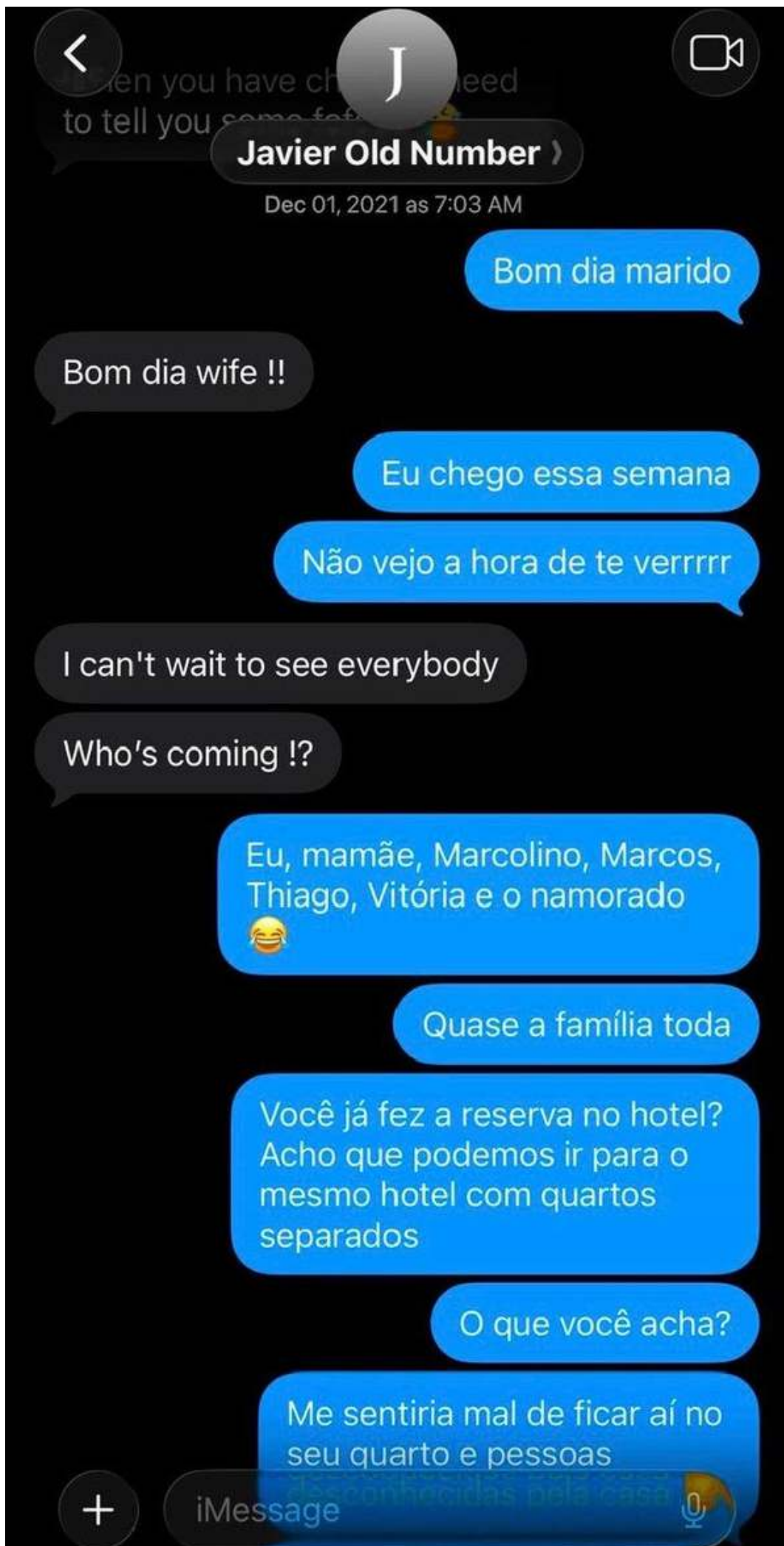
Deixa pensar



I feel very happy meu amor

You are a wonderful woman and  
Im very lucky

Are you coming this month ? I  
have a lot of things to show you  
here





Estão preparando as coisas  
do Natal pra



J

**Javier Old Number**

Queria que estivesse aqui

Mas também fico muito feliz  
que você volta no mês que vem

Espero que dê tudo certo e a  
gente possa ficar juntos agora

Sem precisar se separar  
denovo

Sim meu bem It's what I want  
most I miss you a lot too

As soon as Christmas is over  
we'll be together again

Pra sempre? Você promete? 🥺

I promise 100

Maybe we can go to Spain next  
year for our wedding  
anniversary

Yaaaaaay

Sim





J

Location Sharing



**Javier Old Number**

Aug 14, 2022 at 10:45M

Happy birthday to the best wife in the whole world .. I really wish I could be with you right now I'm sorry for my mistakes but I want you to know that I love you so much and want to be by your side forever

Bom dia meu bem

Muito obrigada!!

Eu te amo muito

Obrigada por estar sempre ao meu lado

Mesmo que longe

Tenho sorte de ter você comigo



Im lucky to have you by my side I never thought I would be able to love someone like this



J



Javier Old Number >

Feb 13, 2023 at 9:27 AM

Bom dia marido

Olha o que uma ex colega me mandou kkkkkkkkk

Duvido você saber quem sou eu



HA HA

Honestly none of them looks like you 😂

Are you sure you're in this photo ?

É claro que tenho certeza kkkkkkk

Foi minha foto da pré escola



iMessage



Mas na ta tao difficil



Javier Old Number

Mas na tá tão difícil

Eu ainda parece eu kkkkkkkk

I wish I had photos of myself from my preschool days too but do you want to see me at 7 or 8 years old !?

Simmmm kkkkkk me mostra

E você ainda não disse quem sou eu na foto kkkkkk



iMessage



Que toturinhaaaaa



ank You, Lord | Pow  
ship Songs to C  
and Trust His Prote  
youtu.be

**Javier Old Number**

Mar 30, 2023 at 9:09 AM

Bom dia meu bem

Mal amanheceu e já to na  
carrera

Acabei de levar a Laura pra  
escola

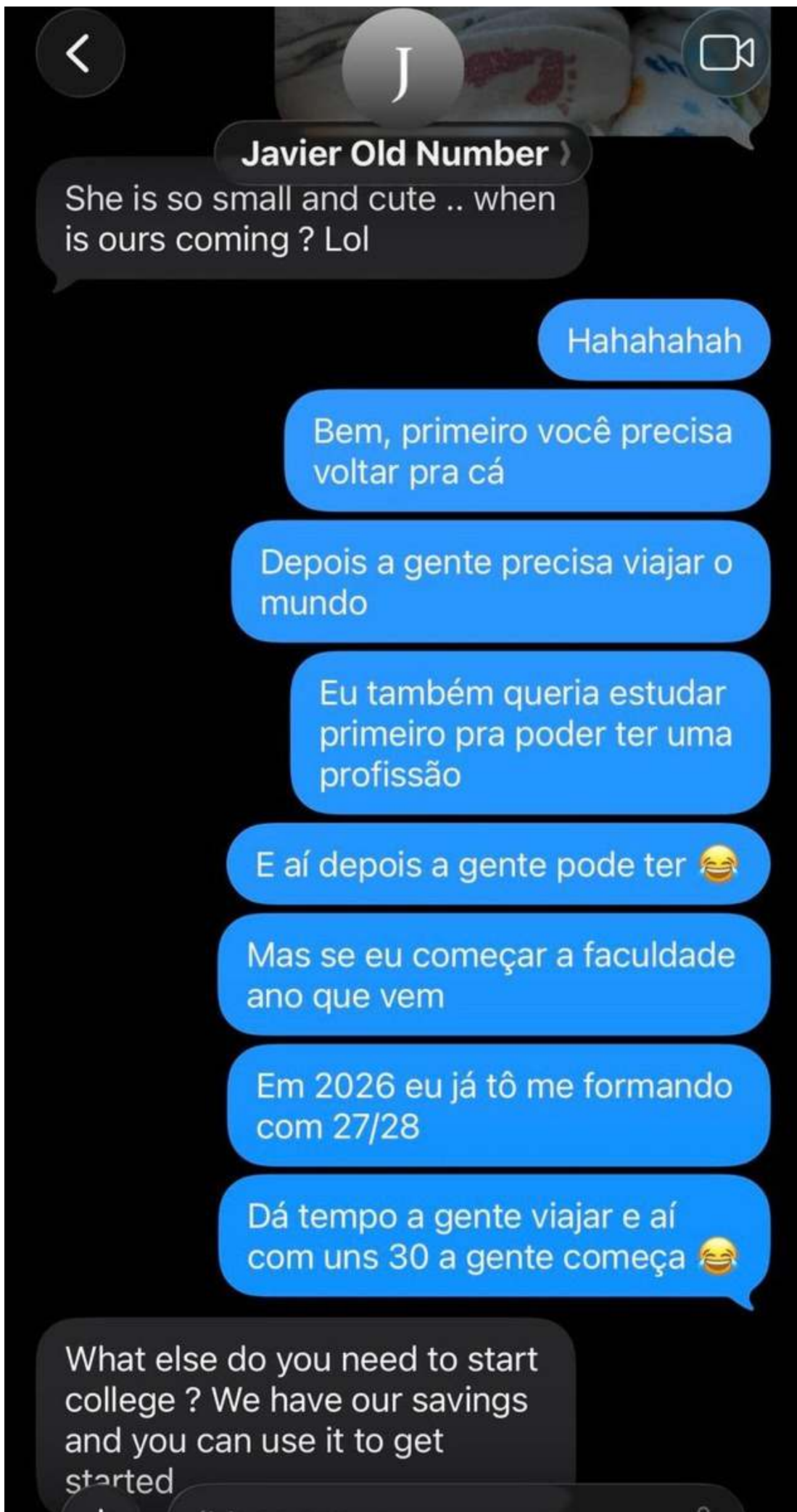
Agora vou ficar com a Cece

Não para de chover aqui 🤦

Mas olha essa foto que tirei

Delivered







J



Javier Old Number >

May 8, 2023 at 4:37 PM

## Interview Was Scheduled

On May 8, 2023, we scheduled an interview for your Form I-485, Application to Register Permanent Residence or Adjust Status, Receipt Number IOE0913735335. We will mail you an interview notice. Please follow any instructions in the notice.

If you move, go to [www.uscis.gov/addresschange](https://www.uscis.gov/addresschange) to give us your new mailing address.



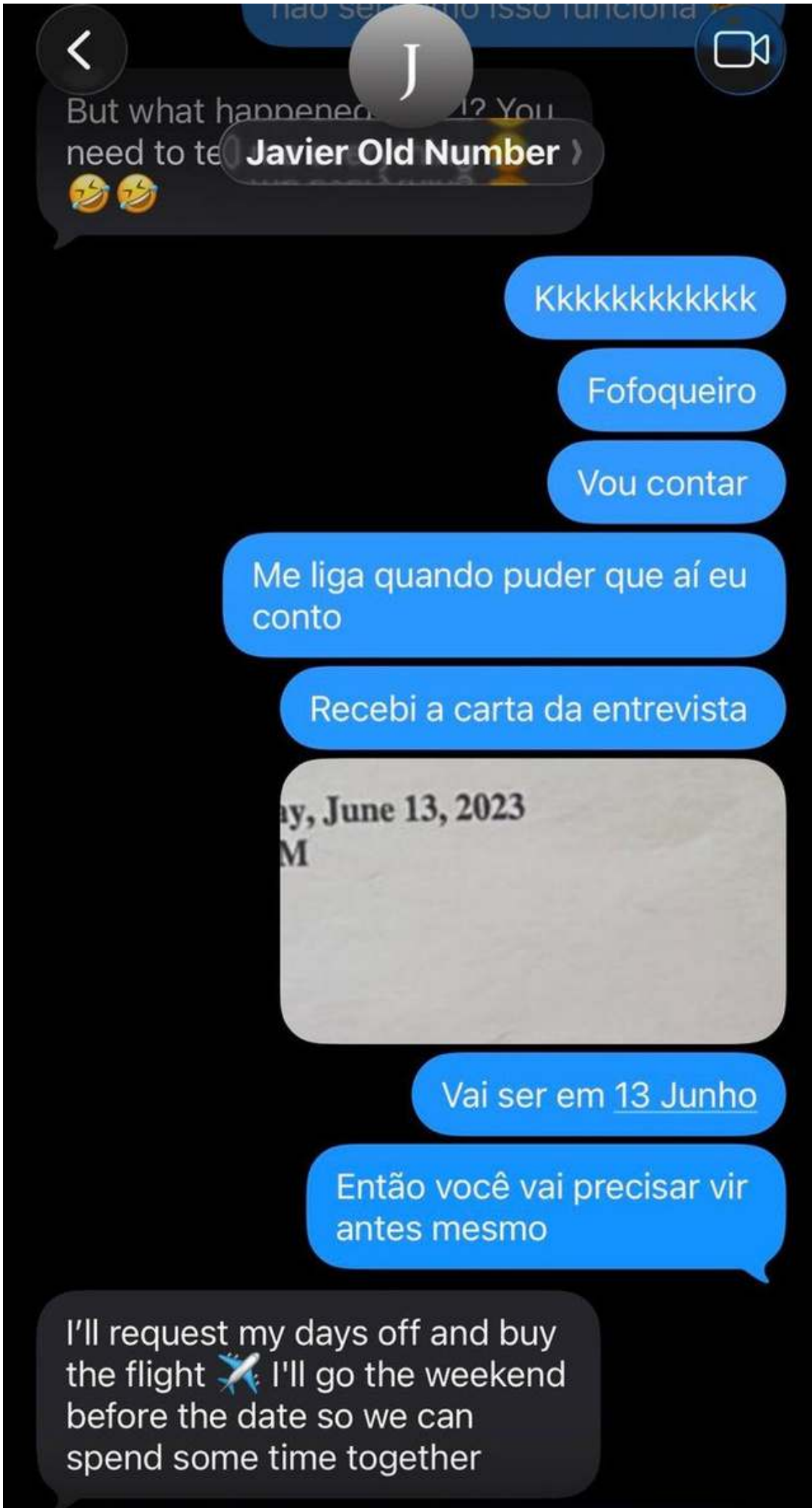
Eles marcaram entrevista hoje

Mas ainda não recebi a carta

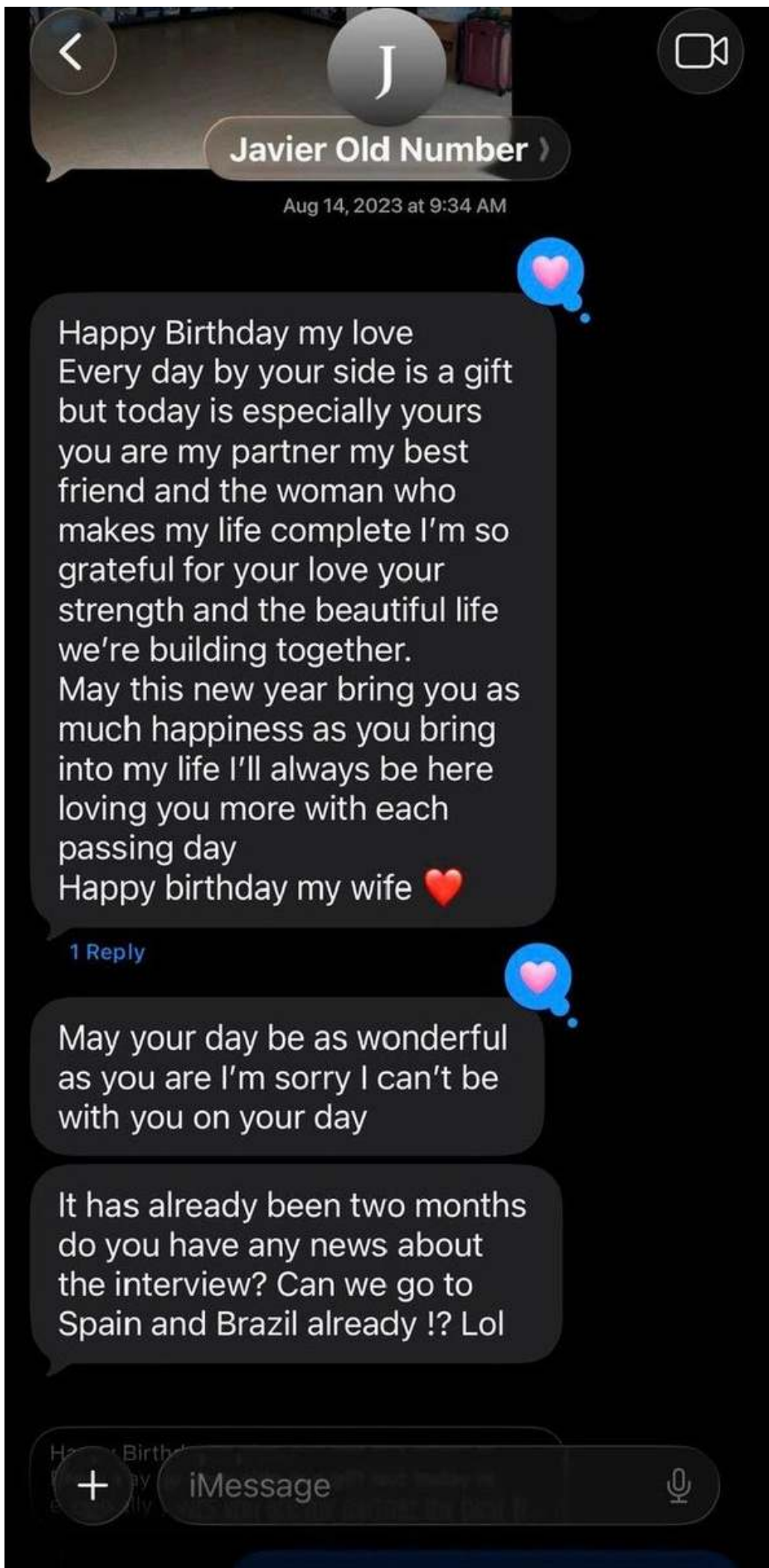
Dependendo, acho que você vai ter que vir antes de Julho.

Porque entrevista deve ser mês que vem

Pelo menos acho que a ansiedade vai acabar logo









J



Happy Birthday my love  
Every day by your side  
especially yours

**Javier Old Number**

Own, não me faz chorar agora



Obrigada por tudo, eu te amo  
muito!!

It has already been two months do you have  
any news about the interview? Can we go to  
Spain and Brazil already !? Lol

Nenhuma resposta ainda 🥺

Talvez ainda conseguimos ir  
esse ano 🙏

Mas não se preocupe, logo  
estaremos juntos e viajando o  
mundo todo

Obrigada por sempre estar ao  
meu lado e apoiar,  
principalmente em momentos  
difíceis e crises de ansiedade

Mesmo de longe você  
consegue melhorar o meu dia



iMessage





J



Can I call you later?

**Javier Old Number**

Oct 26, 2023 at 11:37 AM

Acredita que a Cece já vai fazer 1 ano?

Eu amo tanto essa criança

É muito diferente quando você vê a criança nascer e passa O DIA TODO com ela

E ela é sempre tão fofa

Espero que o mundo seja gentil com ela assim como ela é

Whaat !? 1 year old !? I remember when you said you were going to sleep with her sister because she was about to be born I can't believe it's already been a year 🤔

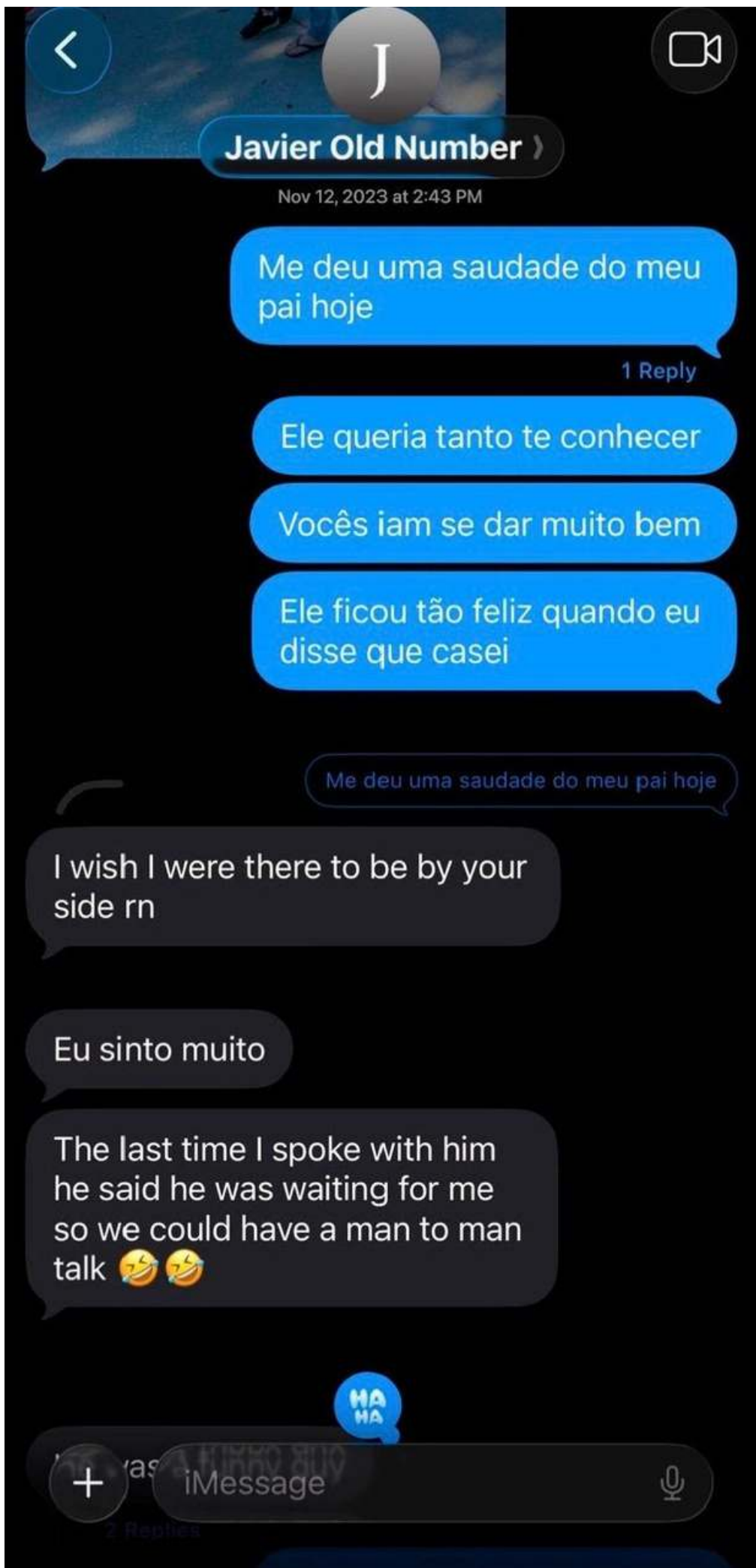
Pois é

E hoje ela vai no médico pra tomar as vacinas de 1 ano

Probrezinha



iMessage festa na escola da Lo também 🤔





J



Muita saudades também me  
hora

**Javier Old Number**

Jan 1, 2024 at 9:30 AM



Feliz Ano Novo Marido! 🎆❤️

Feliz Ano Novo meu amor 🎆



Saudades



↻ Replay



Em Abril estou aí pra te visitar



Falei com mamãe 🎉🎉🎉👏👏  
👏👏👏👏👏



I am very excited

And happy



I miss you so much



iMessage



hora 🗣️







8:31



Sep 2, 2024 at 11:15 AM



**Javier**

San Diego, CA

Esses eram de que? Aqueles estavam muito bom. Comi os dois quentes ainda 😂

Sep 2, 2024 at 6:44 PM

HA HA



I see you



iMessage



Sep 2, 2024 at 9:26 PM





10:46

jogaram essa bomba pra mim  
resolver 🤔

Você acha que consegue vir  
esse ano? Ou tá muito  
cima?

**Javier Old Number**

I don't think I can make this  
year but I'll go next year  
sometime around July? That  
way we can spend the holiday  
and Mae birthday or yours  
together

Ta bom

Melhor comprar a passagem  
antecipado

Porque fica mais barato

Acho que em Julho a gente vai  
ter mais dias livres por conta do  
feriado

Eu tô com tanta saudade 🥺

I'll start checking some flights  
✈️ for July and let you know  
when I buy

Would the 30th through the 7th  
work for you?

Vou perguntar a Rita na semana  
e te aviso

+

iMessage

reclamar, desde que eu avise

Replied to your story



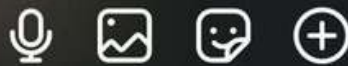
Wow this was you 2016 ?! Want me to show you me with snapfilter ???



Show me 😂😂😂



Message...



8:26

Eu ainda não recebi



E quando chegar, ela disse  
vai te encontrar pessoalmente.



Javier >

San Diego, CA



Tá famosoooo



My wife has to know share  
repost make go viral 🤪👍👍👍 100



Karaya... >  
killaoni21



voces puraram tambien nanaina

MAR 5 AT 6:38 PM

Reacted to your story



SAT 5:43 PM



masiory1

Cómo nació 'el que Bebe refresco diario' 🤔



Message





**Karaya...**  
killaoni21



Replied to you



Lmfao

Replied to you

Onde compra? 😂



Temu lmao nao sei I'll buy for you



You replied

Temu lmao nao sei I'll buy for you

Quero 😂



I got you meu bem 🤗👉

Obrigada meu bem 😍



Message...



**Exhibit 8 - Evidence  
of Bona Fide  
Marriage - Evidence  
of Financial Support  
from Javier Mumia  
Beltran to Michelle  
Beltran with English  
Translation**

Javier Old Number >

Sep 20, 2022 at 2:20 PM

When are u going to Disneyland?

I'll send you money to spend there and you give the rest to Marcolino for the household bills

Yaaaay

Alright

You can send lots of dollars, I'll take it 😊

Cash

\$1,000

I'm gonna buy some Minnie ears 😊





# September 2022



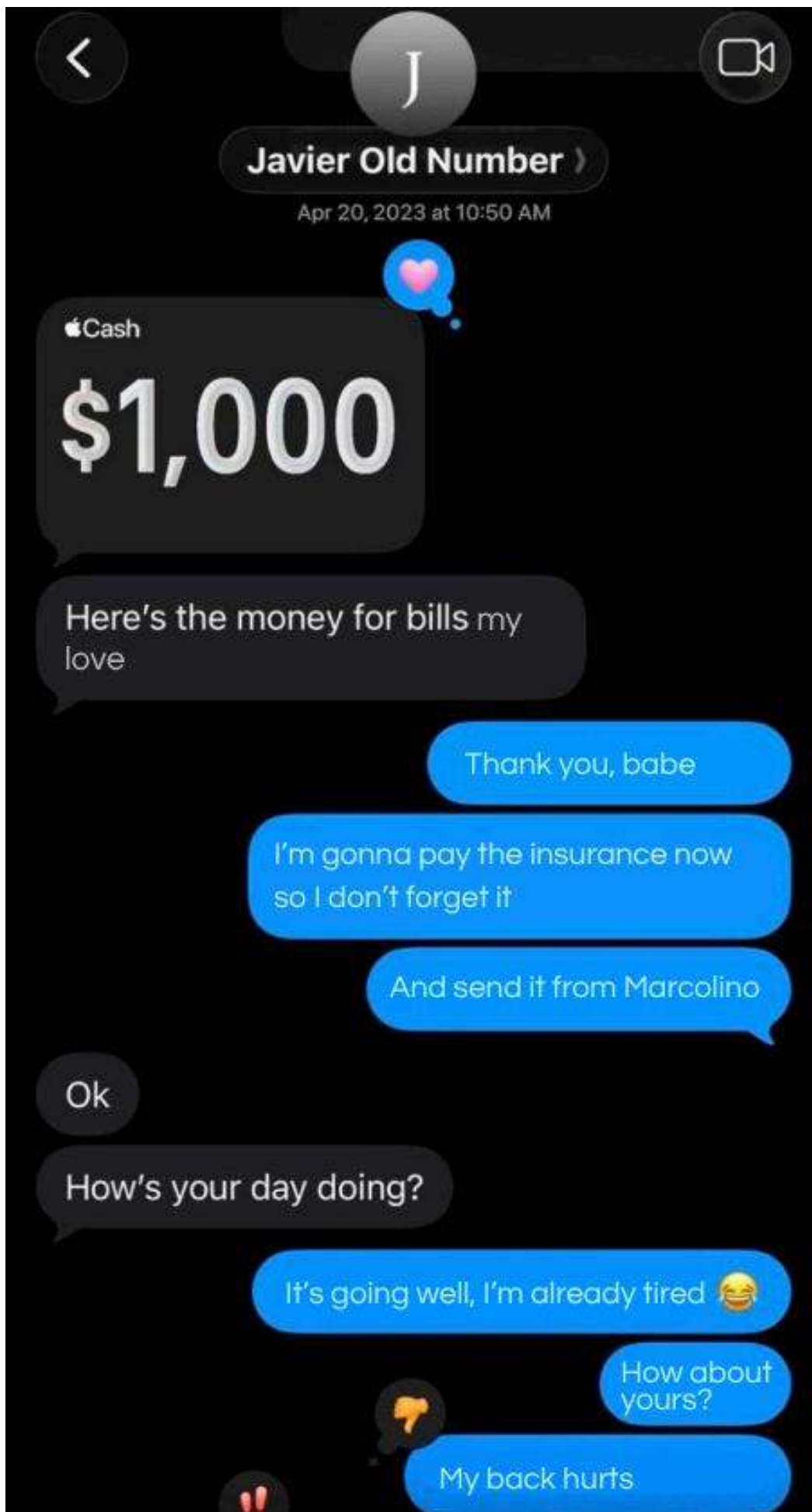
**Wells Fargo Bank Natio...** \$1,000 >

Transfer to Bank  
Submitted 9/20/22



**Javier Old Number** +\$1,000 >

Received  
9/20/22





# August 2023



**Wells Fargo Bank Natio...** \$1,100 >

Transfer to Bank  
Submitted 8/20/23



**Javier Old Number** +\$1,100 >

Received  
8/20/23



# November 2023

-  **Wells Fargo Bank Natio...** \$1,000 >  
Transfer to Bank  
Submitted 11/22/23

---

-  **Javier Old Number** +\$1,000 >  
Received  
11/22/23



# January 2024



**Wells Fargo Bank Natio...** \$1,050 >  
Transfer to Bank  
Submitted 1/20/24



**Javier Old Number** +\$1,050 >  
Received  
1/20/24



# February 2024

-  **Wells Fargo Bank Natio...** \$1,000 >  
Transfer to Bank  
Submitted 2/20/24

---

-  **Javier Old Number** +\$1,000 >  
Received  
2/20/24

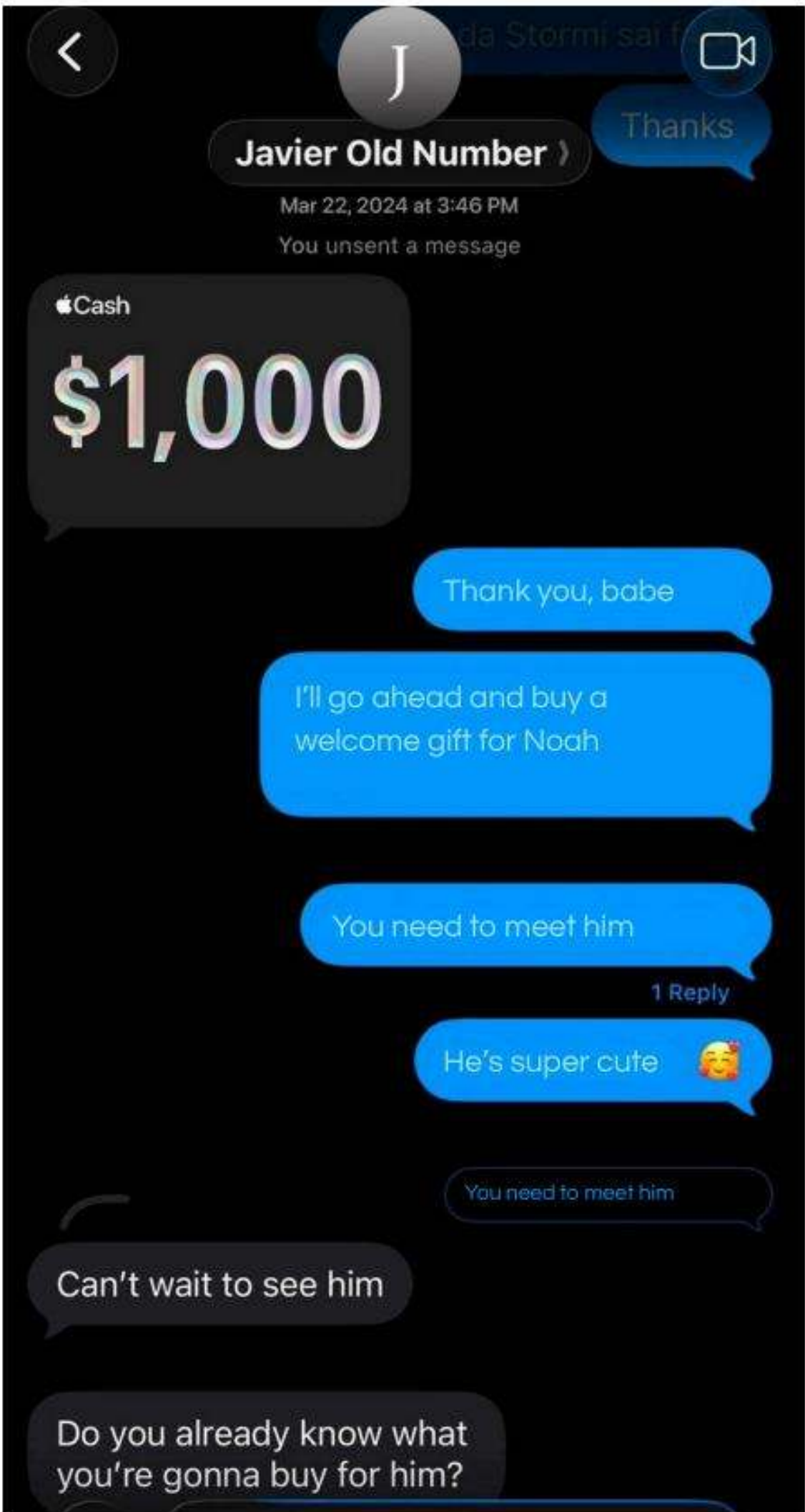


# March 2024

-  **Wells Fargo Bank Natio...** \$1,000 >  
Transfer to Bank  
Submitted 3/22/24

---

-  **Javier Old Number** +\$1,000 >  
Received  
3/22/24





# April 2024



**Wells Fargo Bank Natio...** \$1,050 >  
Transfer to Bank  
Submitted 4/20/24



**Javier Old Number** +\$1,050 >  
Received  
4/20/24



# May 2024



**Wells Fargo Bank Natio...** \$1,150 >

Transfer to Bank  
Submitted 5/21/24



**Javier Old Number** +\$1,150 >

Received  
5/21/24



# June 2024



**Wells Fargo Bank Natio...** \$1,200 >  
Transfer to Bank  
Submitted 6/22/24



**Javier Old Number** +\$1,200 >  
Received  
6/22/24

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: March 31, 2026.

Javier Old Number >

Sep 20, 2022 at 2:20 PM

When are u going to Disneyland?

I'll send you money to spend there and you give the rest to Marcolino for the household bills

Yaaaay

Ta bom

Pode mandar muitos dólares que eu aceito 😄

Apple Cash

\$1,000

Vou comprar uma orelha da Minnie 😄





# September 2022



**Wells Fargo Bank Natio...** \$1,000 >

Transfer to Bank  
Submitted 9/20/22



**Javier Old Number** +\$1,000 >

Received  
9/20/22



J



Javier Old Number >

Apr 20, 2023 at 10:50 AM



Apple Cash

\$1,000

Here's the money for bills meu amor

Obrigada meu bem

Vou pagar o seguro já pra não esquecer

E mandar do Marcolino

Ok

How's your day doing?

Ta indo bem, ja to cansada 😄

E o seu?



Minhas costas doem



# August 2023



**Wells Fargo Bank Natio...** \$1,100 >  
Transfer to Bank  
Submitted 8/20/23



**Javier Old Number** +\$1,100 >  
Received  
8/20/23



# November 2023



**Wells Fargo Bank Natio...** \$1,000 >

Transfer to Bank  
Submitted 11/22/23



**Javier Old Number** +\$1,000 >

Received  
11/22/23



# January 2024



**Wells Fargo Bank Natio...** \$1,050 >  
Transfer to Bank  
Submitted 1/20/24



**Javier Old Number** +\$1,050 >  
Received  
1/20/24



# February 2024



**Wells Fargo Bank Natio...** \$1,000 >

Transfer to Bank  
Submitted 2/20/24



**Javier Old Number** +\$1,000 >

Received  
2/20/24



# March 2024



**Wells Fargo Bank Natio...** \$1,000 >  
Transfer to Bank  
Submitted 3/22/24



**Javier Old Number** +\$1,000 >  
Received  
3/22/24



J



Javier Old Number >

Thanks

Mar 22, 2024 at 3:46 PM

You unsent a message

Apple Cash

\$1,000

Obrigada meu bem

Vou aproveitar e comprar presente de boas vindas pro Noah

Você precisa conhecer ele

1 Reply

Ele é muito fofo 🥰

Você precisa conhecer ele

Can't wait to see him

Do you already know what you're gonna buy for him?



# April 2024



**Wells Fargo Bank Natio...** \$1,050 >  
Transfer to Bank  
Submitted 4/20/24



**Javier Old Number** +\$1,050 >  
Received  
4/20/24



# May 2024



**Wells Fargo Bank Natio...** \$1,150 >  
Transfer to Bank  
Submitted 5/21/24



**Javier Old Number** +\$1,150 >  
Received  
5/21/24



# June 2024



**Wells Fargo Bank Natio...** \$1,200 >  
Transfer to Bank  
Submitted 6/22/24



**Javier Old Number** +\$1,200 >  
Received  
6/22/24

**Exhibit 9 - Evidence  
of Bona Fide  
Marriage - Evidence  
of Phone Call Records  
Between Michelle  
Beltran and Javier  
Mumia Beltran**

- 
**Javier Old Number**  
 FaceTime Video 1/26/23 

---

- 
**Javier Old Number**  
 FaceTime Video 1/12/23 

---

- 
**Javier Old Number**  
 FaceTime Video 1/1/23 

---

- 
**Javier Old Number**  
 FaceTime Video 12/28/22 

---

- 
**Javier Old Number (2)**  
 FaceTime Video 11/19/22 

---

- 
**Javier Old Number**  
 FaceTime Video 11/7/22 

---





- 
**Javier Old Number**  
 FaceTime Video 10/20/22 

---

- 
**Javier Old Number (3)**  
 FaceTime Video 8/12/22 

---

- 
**Javier Old Number**  
 FaceTime Audio 7/18/22 

- 
**Javier Old Number**  
 FaceTime Video 6/19/23 

---

- 
**Javier Old Number**  
 FaceTime Video 6/17/23 

---

- 
**Javier Old Number (2)**  
 FaceTime Audio 6/17/23 

---

- 
**Javier Old Number**  
 FaceTime Video 6/16/23 

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- 
**Javier Old Number**  
 FaceTime Audio 6/14/23 

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- 
**Javier Old Number**  
 FaceTime Video 5/28/23 

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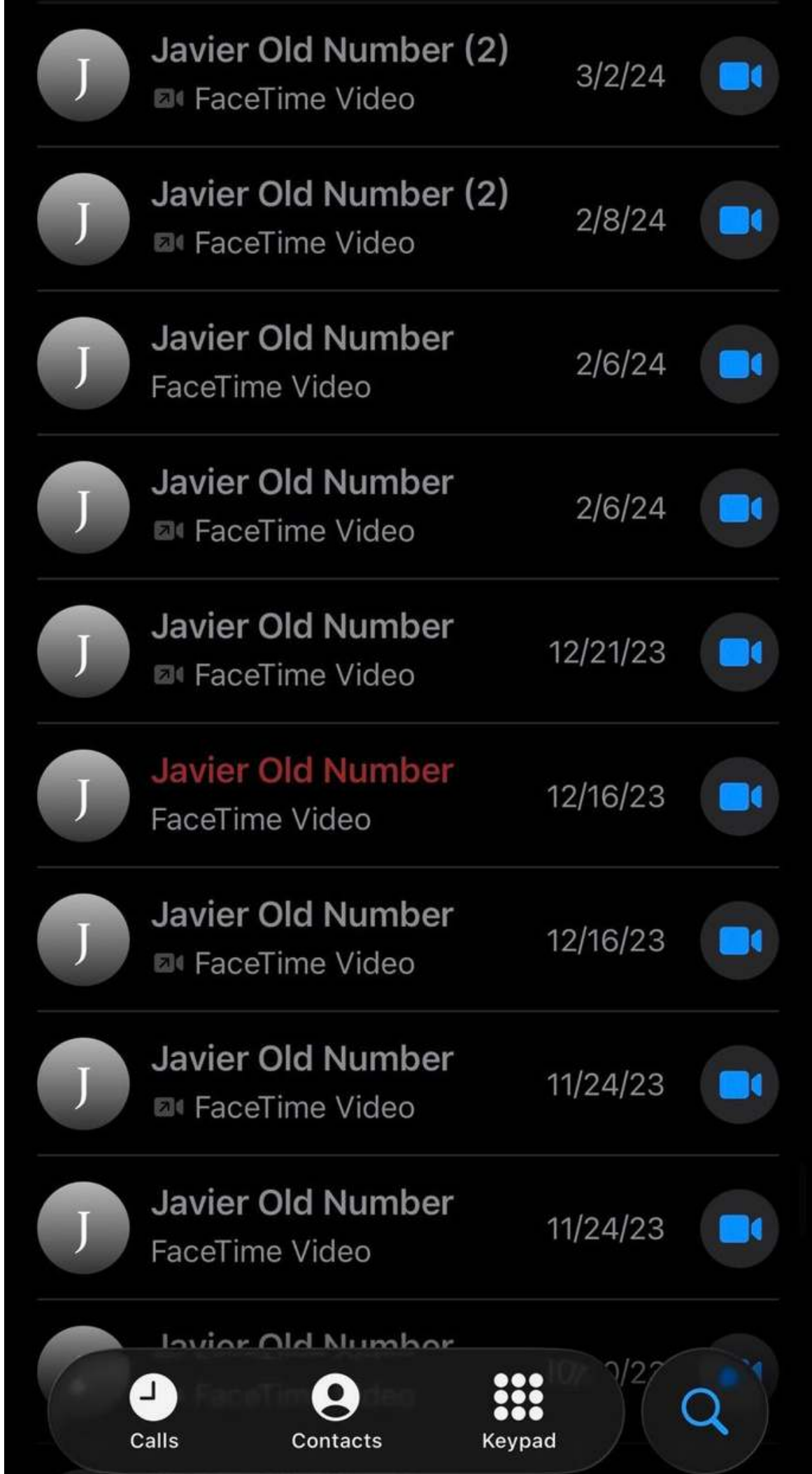
- 
**Javier Old Number**  
 FaceTime Video 4/27/23 

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- 
**Javier Old Number (3)**  
 FaceTime Video 4/21/23 

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- 
**Javier Old Number**  
 FaceTime Video 4/19/23 



- 
**Javier Old Number (2)**  
 FaceTime Video 7/23/24 
- 
**Javier Old Number (2)**  
 FaceTime Video 7/19/24 
- 
**Javier Old Number**  
 FaceTime Video 7/19/24 
- 
**Javier Old Number**  
 FaceTime Video 7/19/24 
- 
**Javier Old Number (2)**  
 FaceTime Video 7/17/24 
- 
**Javier Old Number**  
 FaceTime Video 6/11/24 
- 
**Javier Old Number**  
 FaceTime Video 4/10/24 
- 
**Javier Old Number**  
 FaceTime Video 3/23/24 
- 
**Javier Old Number**  
 FaceTime Video 3/18/24 





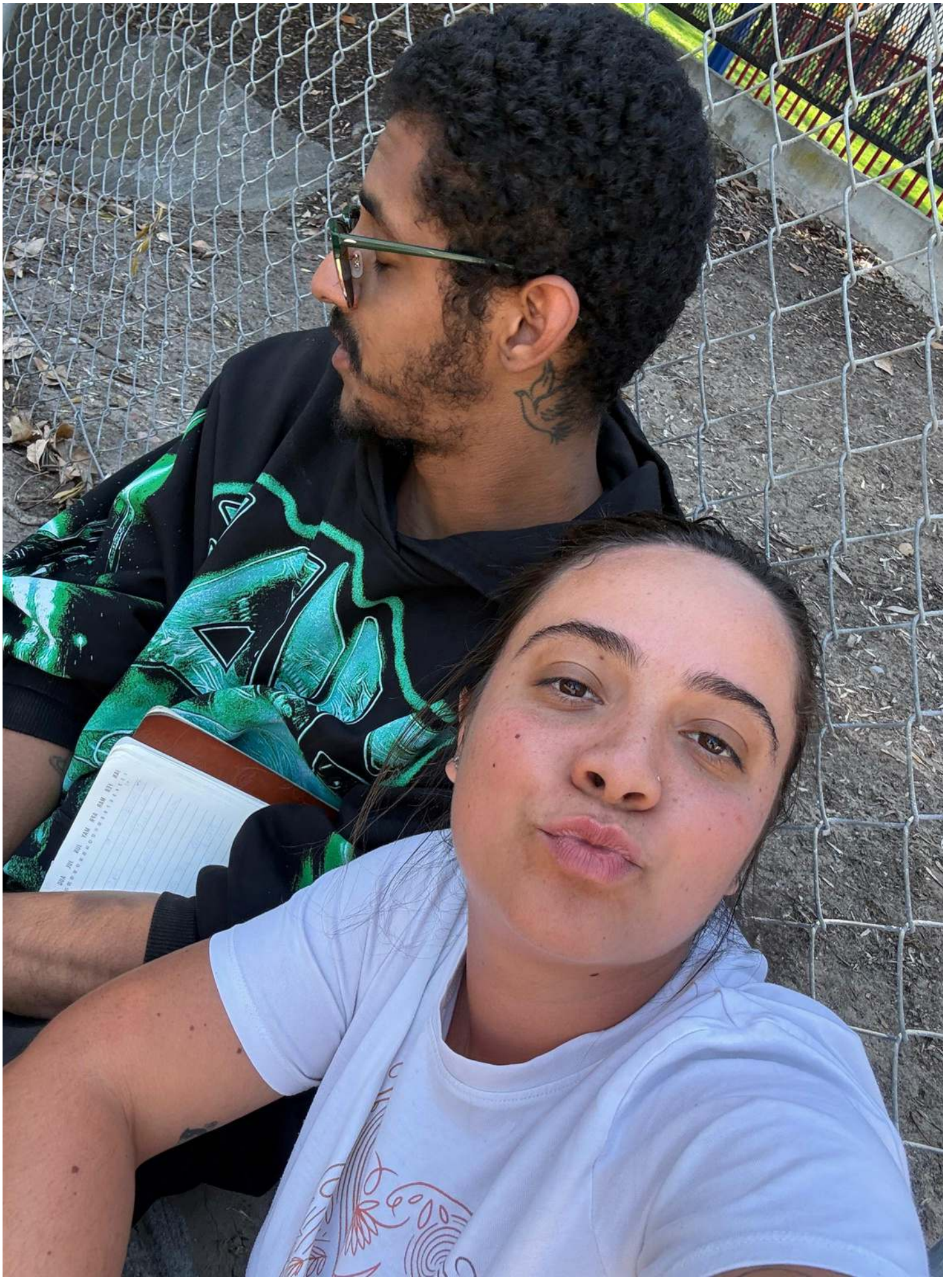
**Exhibit 10 - Evidence  
of Bona Fide  
Marriage - Michelle  
Beltran and Javier  
Mumia Beltran's  
Photos Together**



**Michelle and Javier at the San Diego County Fair in 2025.**









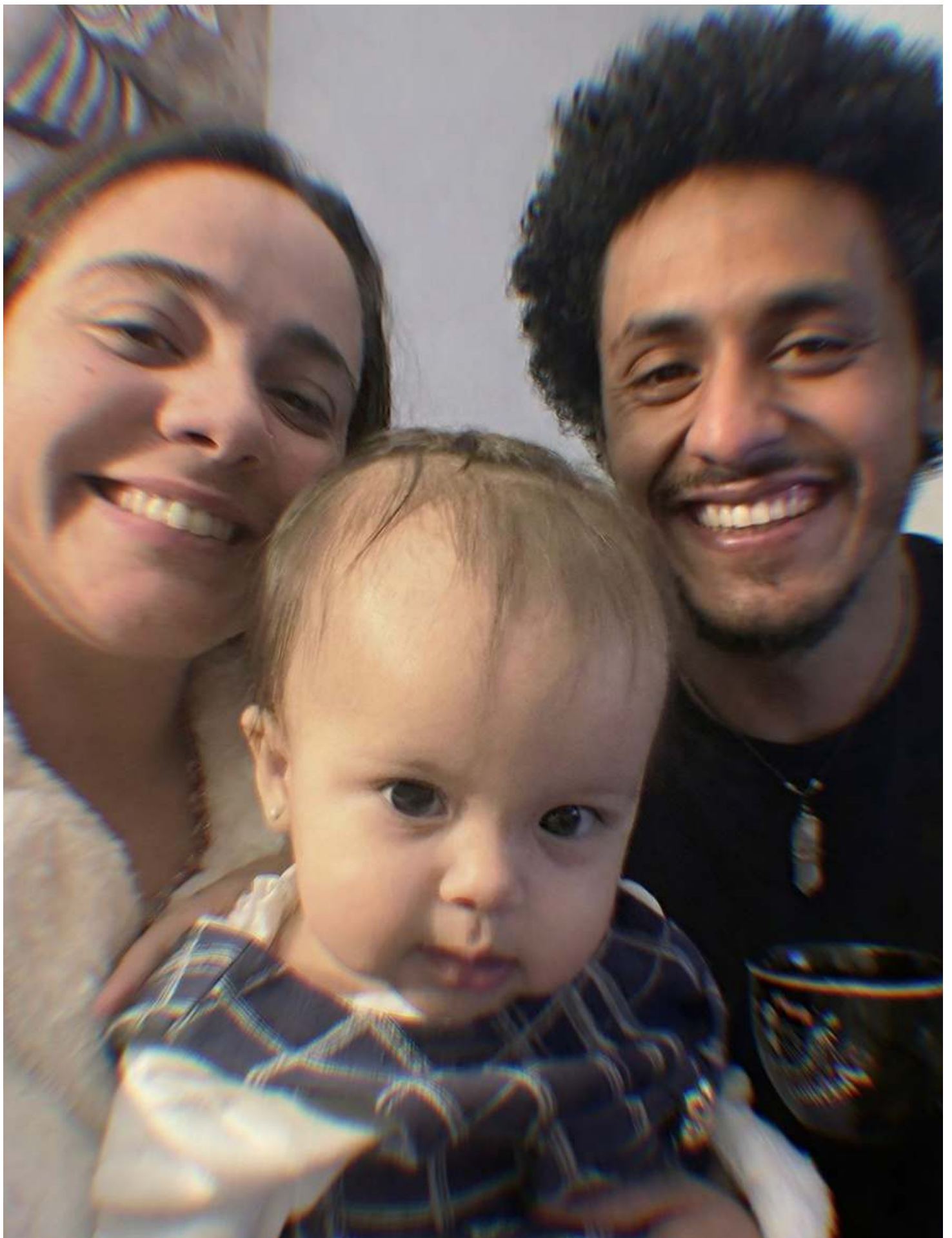


POP!  
TRAINS

VILLAINS

13





**At Christmas in 2025.**



**Michelle and Javier at Michelle's sister's wedding celebration.**





**Michelle and Javier spending time in Los Angeles with Michelle's mother and sister.**



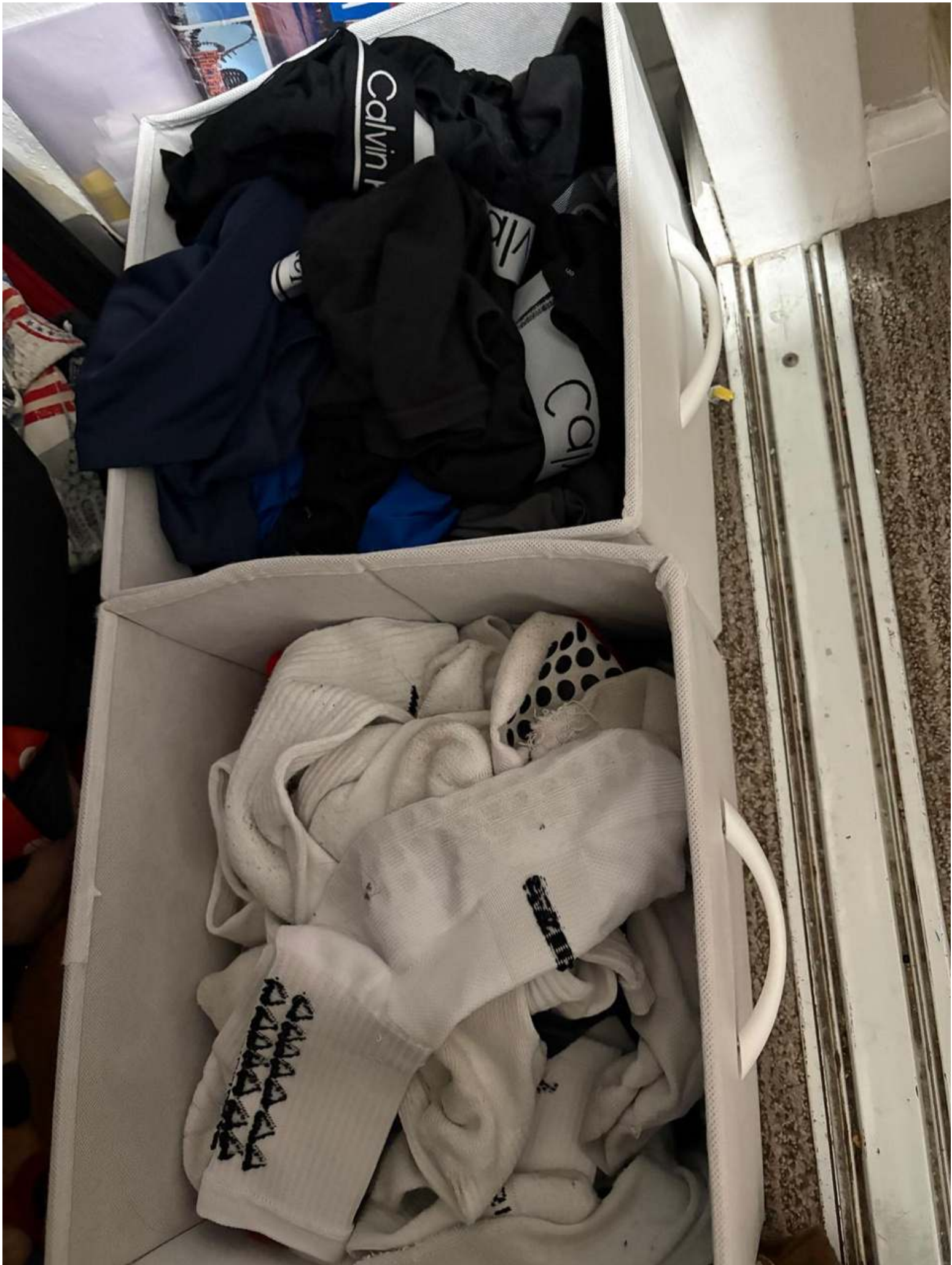
**Exhibit 11 - Evidence  
of Bona Fide  
Marriage - Javier  
Mumia Beltran's  
Photos of Personal  
Belongings at Joint  
Residence**











**Exhibit 12 - Evidence  
of Bona Fide  
Marriage - Javier  
Mumia Beltran's  
Previous Employment  
Health Insurance  
with Michelle Beltran  
as Dependent**

# CA Large Groups Employee Enrollment Form



UnitedHealthcare Insurance Company  
UnitedHealthcare of California  
UnitedHealthcare Benefits Plan of California

To speed the enrollment process, please be thorough and fill out all sections that apply.

<b>To Be Completed by Employer</b>		<b>Requested Effective Date of Coverage/Date of Change</b> <u>10 / 01 / 2025</u>		
Group Name: <u>Urban Kitchen Group</u>		DBA (if applicable): _____		
Date of Hire <u>10 / 08 / 2024</u>	Product <u>Medical</u>	Group #	Plan Variation #	Reporting Code
Position/Title	Dental			
Hours Worked per Week <u>30</u>	Vision			
Salary \$ _____ Required only if Life, STD or LTD Plan based on salary	Life			
<b>Reason for Application</b> <input type="checkbox"/> New Group Plan <input type="checkbox"/> New Hire <input type="checkbox"/> Life Event/Date _____ <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Status Change _____ Open <input type="checkbox"/> Dependent Add/Delete Enrollment <input type="checkbox"/> Change Name/Address Late <input checked="" type="checkbox"/> Waiving Coverage Enrollee <input type="checkbox"/> Other _____ Rehire		<b>Employee Type</b> (Check all that apply) <input checked="" type="checkbox"/> Active <input type="checkbox"/> Union <input type="checkbox"/> Non-Union <input type="checkbox"/> Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Other _____ <input type="checkbox"/> Early Retiree <input type="checkbox"/> Retired <input type="checkbox"/> COBRA <input type="checkbox"/> Cal COBRA Start date ___/___/___ End date ___/___/___ Indicate Qualifying Event _____ Original Qualifying Event Date _____ Begin date ___/___/___ End date ___/___/___		<b>Cancellations:</b> Last Date of Employment Requested Effective Date of Cancellation ___/___/___ <input type="checkbox"/> Cancel all coverage <input type="checkbox"/> Cancel all listed below – Section B (family information) <input type="checkbox"/> Death <input type="checkbox"/> Employee Terminated <input type="checkbox"/> Divorce <input type="checkbox"/> Moved out of service area <input type="checkbox"/> Dependent reached dependent maximum age <input type="checkbox"/> Other (describe) _____

<b>A. Employee Information</b>				<b>Complete all sections. If you are waiving all coverage, please complete only Sections A and F.</b>	
Last Name <u>Beltran</u>	First Name <u>Javier</u>	MI	Social Security Number <u>153-04-5664</u>	Home Phone <u>(609) 414-2522</u>	
Address <u>10130 austin dr</u>	Apt. # <u>apt 10</u>	City <u>spring valley</u>	State <u>CA</u>	ZIP Code <u>91977</u>	Cell Phone
E-mail address <u>beltran.javier.m@gmail.com</u>	To select paperless delivery complete and sign the enrollment form and provide your email address. Check here to receive your Required Plan Communications by mail <input checked="" type="checkbox"/>				
Date of Birth <u>05 / 16 / 1998</u>	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Marital Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed <input type="checkbox"/> Domestic Partner			
Have you or your dependents ever been a UnitedHealthcare member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you used tobacco within the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input checked="" type="checkbox"/> Other <u>English</u>			
Race/Ethnicity – Check all that apply <sup>1</sup> <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other–Please specify					
Primary Care Physician <sup>(2)</sup> Name: _____ Address _____ ID# _____		Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Care Dentist <sup>(3)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ ID# _____	

**IMPORTANT:** (1) Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination. (2) Please use the Provider Directory to select a Primary Care Physician for yourself and each of your covered dependents for products requiring a Primary Care Physician designation. (3) Please use the Dental Directory to select a Primary Care Dentist for yourself and each of your covered dependents for products requiring a Primary Care Dentist designation. (4) For court-ordered dependent, legal documentation must be attached. (5) If you answered "Yes" for Disabled and the dependent child is 26 years of age or older, unmarried, chiefly dependent upon subscriber/covered person for support and is not able to be self-supporting because of a physically or mentally disabling injury, illness or condition, please attach a medical certification of disability.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Benefits Plan of California and UnitedHealthcare of California. Administrative services provided by United Healthcare Services, Inc., OptumRx, Inc or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH). Dental coverage provided by UnitedHealthcare Insurance Company and Dental Benefit Providers of California, Inc. Vision coverage provided by UnitedHealthcare Insurance Company.

**CALIFORNIA LAW PROHIBITS AN HIV TEST FROM BEING REQUIRED OR USED BY HEALTH CARE SERVICE PLANS AND INSURANCE COMPANIES AS A CONDITION OF OBTAINING COVERAGE.**

**B. Dependent Information** Complete all sections for all family members. (Attach sheet if necessary)

Check appropriate box  Enroll  Cancel  Change

Relationship <sup>(4)</sup> Spouse/ Domestic Partner	Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Date of Birth ____/____/____
	Social Security Number		Permanently Disabled and age 26 or older <sup>(5)</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different from Employee)			Used tobacco within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____		
Race/Ethnicity – Check all that apply <sup>1</sup> <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other—Please specify _____					ZIP Code
Primary Care Physician <sup>(2)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Care Dentist <sup>(3)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: _____		Name: _____			
Address _____		ID# _____			
ID# _____					

Check appropriate box  Enroll  Cancel  Change

Relationship <sup>(4)</sup> Dependent	Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Date of Birth ____/____/____
	Social Security Number		Permanently Disabled and age 26 or older <sup>(5)</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different from Employee)			Used tobacco within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____		
Race/Ethnicity – Check all that apply <sup>1</sup> <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other—Please specify _____					ZIP Code
Primary Care Physician <sup>(2)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Care Dentist <sup>(3)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: _____		Name: _____			
Address _____		ID# _____			
ID# _____					

Check appropriate box  Enroll  Cancel  Change

Relationship <sup>(4)</sup> Dependent	Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Date of Birth ____/____/____
	Social Security Number		Permanently Disabled and age 26 or older <sup>(5)</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different from Employee)			Used tobacco within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____		
Race/Ethnicity – Check all that apply <sup>1</sup> <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other—Please specify _____					ZIP Code
Primary Care Physician <sup>(2)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Care Dentist <sup>(3)</sup> Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name: _____		Name: _____			
Address _____		ID# _____			
ID# _____					

**IMPORTANT:** (1) Data collected will be used only to help communicate with enrollees and inform them of specific programs to enhance their well-being and not for eligibility or claim payment determination. (2) Please use the Provider Directory to select a Primary Care Physician for yourself and each of your covered dependents for products requiring a Primary Care Physician designation. (3) Please use the Dental Directory to select a Primary Care Dentist for yourself and each of your covered dependents for products requiring a Primary Care Dentist designation. (4) For court-ordered dependent, legal documentation must be attached. (5) If you answered “Yes” for Disabled and the dependent child is 26 years of age or older, unmarried, chiefly dependent upon subscriber/covered person for support and is not able to be self-supporting because of a physically or mentally disabling injury, illness or condition, please attach a medical certification of disability.

B. Dependent Information		Complete all sections for all family members. (Attach sheet if necessary)				
Check appropriate box <input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change						
Relationship <sup>(4)</sup> Dependent	Last Name	First Name	MI	Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> U	Date of Birth ____/____/____	
	Social Security Number			Permanently Disabled and age 26 or older <sup>(5)</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if different from Employee)				Used tobacco within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
				Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Korean <input type="checkbox"/> Other _____		
Race/Ethnicity - Check all that apply <sup>1</sup> <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other-Please specify _____					ZIP Code	
Primary Care Physician <sup>(2)</sup> Name: _____ Address _____ ID# _____			Existing Patient <input type="checkbox"/> Yes <input type="checkbox"/> No			
			Primary Care Dentist <sup>(3)</sup> Name: _____ ID# _____			

C. Product Selection		Please check the box for each coverage in which you or your dependents are enrolling. If your employer offers a choice of plans, indicate which plan you are selecting. Indicate the dollar amount selected for the Life and Accidental Death & Dismemberment (AD&D), Supplemental Life, Short-Term Disability (STD), and Long-Term Disability (LTD) plans. Benefit offerings are dependent upon employer selection.				
Person	Medical	Dental	Vision	Basic Life/AD&D	Supp Life/AD&D	Voluntary AD&D
Employee	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Spouse/Domestic Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Person	STD	LTD	STD Buy Up	LTD Buy Up	Salary \$ _____ Required only if	
Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life, STD, or LTD based on salary	
Life Insurance Beneficiary Full Name and Address (if applying for Life Insurance with UnitedHealthcare)						Relationship
Primary						
Secondary						

D. Prior Medical Insurance/Health Plan Coverage Information	This section must be completed to receive credit for prior medical insurance/health plan coverage.
Within the last 12 months, have you, your spouse/domestic partner, or your dependents had any other medical coverage? <input type="checkbox"/> No <input type="checkbox"/> Yes (If YES, please complete this section and attach proof of coverage)	
Prior medical carrier name _____ Effective date ____/____/____ End date ____/____/____	
Policy # (if applicable) _____	
Prior coverage type: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child(ren) <input type="checkbox"/> Family	
Have you met any of your calendar year deductible? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, attach most current Explanation of Benefits/Explanation of Payment from the previous insurance company/health care service plan.)	

**E. Other Medical Insurance/Health Plan Coverage Information**

**This section must be completed. (Attach sheet if necessary.)**

On the day this coverage begins, will you, your spouse/domestic partner or any of your dependents be covered under any other medical health plan or policy, including another UnitedHealthcare plan or Medicare?

Yes (continue completing this section)  No (If NO, then skip this section.)

Name of other carrier \_\_\_\_\_ Other carrier policy# \_\_\_\_\_

Other Medical Insurance/Health Plan Name Coverage Information (only list those covered by other plan)	Type (B/S/F)*	Effective Date MM/DD/YY	End Date MM/DD/YY	Name and date of birth of policyholder/covered employee for other insurance/health plan coverage
Employee:		/ /	/ /	
Spouse/Domestic Partner Name:		/ /	/ /	
Dependent Name:		/ /	/ /	
Dependent Name:		/ /	/ /	
Dependent Name:		/ /	/ /	

<sup>1</sup>B. Enter 'B' when this dependent is covered under both you and your spouse's insurance plan (married)

S. Enter 'S' if you are the parent awarded custody of this dependent and no other individual is required to pay for this dependent's medical expenses.

F. Enter 'F' if this dependent is covered by another individual (not a member of your household) required to pay for this dependent's medical expenses.

Medicare – Employee Information: (If enrolled, please attach a copy of your Medicare ID card.)

Medicare ID# \_\_\_\_\_

- Enrolled in Part A: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part A\*  Not Enrolled in Part A (chose not to enroll)
- Enrolled in Part B: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part B\*  Not Enrolled in Part B (chose not to enroll)
- Enrolled in Part D: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part D\*  Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility:  Over 65  Kidney Disease  Disabled

Disabled but actively at work

Are you receiving Social Security Disability Insurance (SSDI)?  YES  NO Start Date \_\_\_/\_\_\_/\_\_\_

Medicare – Spouse/Domestic Partner/Dependent Name: \_\_\_\_\_  
(If enrolled, please attach a copy of your Medicare ID card.)

Medicare ID# \_\_\_\_\_

- Enrolled in Part A: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part A\*  Not Enrolled in Part A (chose not to enroll)
- Enrolled in Part B: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part B\*  Not Enrolled in Part B (chose not to enroll)
- Enrolled in Part D: Effective Date \_\_\_/\_\_\_/\_\_\_  Ineligible for Part D\*  Not Enrolled in Part D (chose not to enroll)

Reason for Medicare eligibility:  Over 65  Kidney Disease  Disabled

Disabled but actively at work

\*Only check "Ineligible" if you have received documentation from your Social Security benefits that indicate that you are not eligible for Medicare.

F. Waiver of Coverage		Complete only if you are waiving coverage for yourself and/or any family member.										
I decline all coverage for:				Basic Life/	Supp Life/				STD	LTD	STD	LTD
	Medical	Dental	Vision	AD&D	AD&D	Vol. AD&D	STD	LTD	Buy up	Buy up		
Myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spouse/Domestic Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Myself and all dependents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Declining coverage due to existence of other coverage:												
<input type="checkbox"/> Spouse's Employer's Plan			<input type="checkbox"/> Individual Plan			<input type="checkbox"/> Tri-Care						
<input type="checkbox"/> Covered by Medicare			<input type="checkbox"/> Medicaid			<input type="checkbox"/> VA Eligibility						
<input type="checkbox"/> COBRA from Prior Employer			<input type="checkbox"/> Cal-COBRA			<input type="checkbox"/> Cal-COBRA AB1401						
<input type="checkbox"/> I (we) have no other coverage at this time			<input checked="" type="checkbox"/> Other <u>Cost</u>									

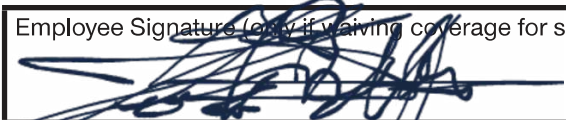
Any references to Preexisting Conditions do not apply to anyone under the age of 19 whose plan is subject to health care reform contained in the Affordable Care Act.

PLEASE EXAMINE YOUR OPTIONS CAREFULLY BEFORE DECLINING THIS COVERAGE. YOU SHOULD BE AWARE THAT COMPANIES SELLING INDIVIDUAL HEALTH INSURANCE TYPICALLY REQUIRE A REVIEW OF YOUR MEDICAL HISTORY THAT COULD RESULT IN A HIGHER PREMIUM OR YOU COULD BE DECLINED COVERAGE ENTIRELY.

I acknowledge that the available coverages have been explained to me by my employer and I know that I have been given the right and have been given the chance to apply for coverage. I have decided not to enroll myself and/or my dependent(s), if any. I now decline to enroll myself, my spouse/domestic partner and/or my dependent(s) in my employer health plan. I have made this decision voluntarily, and no one has tried to influence me or put any pressure on me to decline coverage. **I ACKNOWLEDGE THAT MY DEPENDENTS AND I MAY HAVE TO WAIT UP TO TWELVE (12) MONTHS TO BE ENROLLED IN THE GROUP MEDICAL PLAN. THE WAIT OF UP TO TWELVE (12) MONTHS WILL NOT APPLY IF I AND/OR MY DEPENDENTS ARE ENTITLED TO AN OFF-CYCLE ENROLLMENT PERIOD DUE TO CERTAIN CHANGED CIRCUMSTANCES (E.G., ACQUISITION OF A DEPENDENT OR LOSS OF OTHER COVERAGE THROUGH A DEPENDENT.)** The twelve (12)-month wait will not apply if:

1. I certify at the time of initial enrollment that the coverage under another employer health benefit plan, Healthy Families Program, or no share-of-cost Medi-Cal coverage was the reason for declining enrollment and I lose coverage under that employer health benefit plan, Healthy Families Program, or no share-of-cost Medi-Cal;
2. my employer offers multiple health benefit plans and I elected a different plan during an open enrollment period;
3. a court orders that I provide coverage under this plan for a spouse or minor child; or
4. I have a new dependent as a result of marriage, domestic partnership, birth, adoption or placement for adoption and if enrollment is requested within 30 days after the marriage, domestic partnership, birth, adoption or placement for adoption.

If I am declining enrollment for myself and/or my dependent(s) (including my spouse/domestic partner) because of other health insurance or group health plan coverage, I must request enrollment within 30 days after the other coverage ends (or after the employer stops contributing toward the other coverage).

Employee Signature (only if waiving coverage for self and/or dependents)	Date
	<u>09</u> / <u>08</u> / <u>2025</u>

**G. Authorization to Release Medical Information and**

Your enrollment in the plan is expressly conditioned upon your acceptance of all terms and conditions contained in this enrollment application. If you do not agree to the following terms and conditions, you may not complete your enrollment.

**TERMS AND CONDITIONS**

As a condition of my and/or my dependents' participation in the plan, and in consideration for the privileges that come from participation in the plan, I hereby agree for myself and/or for my dependents as follows:

I recognize and understand that the plan contracts with physicians and other providers that make up the plan network. I recognize that all physicians and other providers that participate in the plan network are subject to credentialing under applicable State regulations and pursuant to the plan's network credentialing process. I understand that such credentialing includes a review of provider education, training and licensure. However, by participating in the plan I hereby acknowledge and accept that the plan is not a provider of medical services, and I am aware that obtaining or not obtaining medical care involves significant risks such as serious injury and even death. I acknowledge that the credentialing of physicians and other providers does not in any way reduce this risk. I agree to assume all risks and responsibility for any claims including personal injury or death, disability, lost wages, and loss of earning capacity which may be incurred or associated with medical treatment obtained through a participating physician or other provider. I recognize that all physicians and other providers that participate in the plan network are independent contractors and not the plan's employees or agents and are solely responsible for any malpractice, adverse outcomes, or any other claims arising from medical treatment rendered to me and my dependents. I HEREBY AGREE THAT THE PLAN IS NOT RESPONSIBLE NOR LIABLE FOR ANY ADVICE, COURSE OF TREATMENT, DIAGNOSIS OR ANY OTHER INFORMATION, SERVICES OR PRODUCTS THAT I OR MY DEPENDENTS OBTAIN THROUGH A PARTICIPATING NETWORK PHYSICIAN OR OTHER PROVIDER.

I recognize and understand that the plan does not recommend, endorse or make any representation about the appropriateness or suitability of any specific tests, products, procedures, treatments, services, or opinions. I recognize that the plan, plan documents, and any health and wellness information provided by the plan, are not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. I agree to confirm any medical information obtained from or through the plan with other sources, and will review all information regarding any medical condition or treatment with my physician. I HEREBY AGREE TO NEVER DISREGARD PROFESSIONAL MEDICAL ADVICE OR DELAY SEEKING MEDICAL TREATMENT BECAUSE OF SOMETHING I HAVE READ OR ACCESSED THROUGH THE PLAN.

I recognize that the plan, plan documents, and any health and wellness information provided by the plan, are not intended or implied to be a substitute for professional medical advice, diagnosis or treatment.

I authorize UnitedHealthcare Insurance Company and its affiliates ("UnitedHealthcare and Affiliates") to obtain, use and disclose my medical, claim or benefit records, including any individually identifiable health information contained in these records. I understand these records may contain information created by other persons or entities (including health care providers) as well as information regarding the use of drug, alcohol, HIV/AIDS, mental health (other than psychotherapy notes), sexually transmitted disease and reproductive health services. I authorize any health care provider, pharmacy benefit manager, other insurer or reinsurer, hospital, clinic or other medical facility, health care clearinghouse, and any of their affiliates, representatives or business associates, who may be in possession of my confidential health information, to disclose my information to UnitedHealthcare and Affiliates. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my ability to enroll in the health plan or receive benefits, if permitted by law. I understand I may revoke this authorization at any time by notifying my UnitedHealthcare and Affiliates representative in writing, except to the extent that action has already been taken in reliance on this authorization. As required by HIPAA, UnitedHealthcare and Affiliates also request that I acknowledge the following, which I do: I understand that information I authorize a person or entity to obtain and use may be re-disclosed (with the exception of HIV/AIDS health information) and no longer protected by federal privacy regulations except as prohibited by state law. This authorization, unless revoked earlier, expires 30 months after the date it is signed.

I understand that I am completing a health application and that each response must be complete and accurate. I (we) request the indicated group medical coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings. I (we) have not given the agent or any other persons any health information not included on this form. I (we) understand that the HMO/insurance company(ies) is not bound by any statements I (we) have made to any agent or to any other persons, if those statements are not written or printed on this form and any attachments. UnitedHealthcare is only seeking to collect information about the current health status of those persons listed on the application. You should not include any genetic information. Please do not include any family medical history information related to genetic services or genetic diseases for which you believe you or your dependents may be at risk.

**Please maintain a copy of this authorization for your records.**

Employee Signature	Employee Name (please print)	Date ____/____/____
--------------------	------------------------------	------------------------

**H. Binding Arbitration**

**I AGREE AND UNDERSTAND THAT ANY AND ALL DISPUTES, INCLUDING CLAIMS RELATING TO THE DELIVERY OF SERVICES UNDER THE PLAN AND CLAIMS OF MEDICAL MALPRACTICE (THAT IS, AS TO WHETHER ANY MEDICAL SERVICES RENDERED UNDER THE HEALTH PLAN WERE UNNECESSARY OR UNAUTHORIZED OR WERE IMPROPERLY, NEGLIGENCELY OR INCOMPETENTLY RENDERED), EXCEPT FOR CLAIMS SUBJECT TO ERISA, BETWEEN MYSELF AND MY DEPENDENTS ENROLLED IN THE PLAN (INCLUDING ANY HEIRS OR ASSIGNS) AND UNITEDHEALTHCARE OF CALIFORNIA, UNITEDHEALTHCARE OR ANY OF ITS PARENTS, SUBSIDIARIES OR AFFILIATES, SHALL BE DETERMINED BY SUBMISSION TO BINDING ARBITRATION. ANY SUCH DISPUTE WILL NOT BE RESOLVED BY A LAWSUIT OR RESORT TO COURT PROCESS, EXCEPT AS THE FEDERAL ARBITRATION ACT PROVIDES FOR JUDICIAL REVIEW OF ARBITRATION PROCEEDINGS. ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THEIR CONSTITUTIONAL RIGHTS TO HAVE ANY SUCH DISPUTE DECIDED IN A COURT OF LAW BEFORE A JURY, AND INSTEAD ARE ACCEPTING THE USE OF BINDING ARBITRATION.**

Employee Signature (Required)	Employee Name (please print) (Required)	Date (Required) ____/____/____
-------------------------------	---	-----------------------------------

# ADDITIONAL INFORMATION

Please include this information along with the rest of your application

Additional Waived Dependents			
Name	Sex	Relation	Birth Date
Michelle Beltran	Female	Spouse	8/14/1998

Employee Enrollment  
& Waiver-CA

# Principal Life Insurance Company



Des Moines, IA 50392-0002

PLEASE USE BLACK INK  
PLEASE ENTER DATES AS MM/DD/YYYY

Company name <b>Urban Kitchen Group</b>	Division level	Account number/unit number <b>TBD</b>
--	----------------	--

**Employee Information**

Name <b>Javier Beltran</b>		Social security number <b>153-04-5664</b>	
Mailing address (street) <b>10130 austin dr, apt 10</b>		Birth date <b>5/16/1998</b>	<input checked="" type="checkbox"/> male <input type="checkbox"/> female
(City) <b>spring valley</b>	(State) <b>California</b>	(ZIP code) <b>91977</b>	
Date employed full-time <b>10/8/2024</b>	Hours worked per week <b>30</b>	Job occupation/class	Location <b>Cucina Urbana</b>
Email address <b>beltran.javier.m@gmail.com</b>		Home number <b>(609) 414-2522</b>	Mobile number
Salary (for owners, include business income)	<input checked="" type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly		
Employer ZIP code <b>92101</b>	Employer county <b>San Diego</b>		

**Eligible Dependent Information** (Complete if you are electing benefits for your spouse or state registered domestic partner or nonregistered domestic partner<sup>1</sup> or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> spouse <input type="checkbox"/> state registered domestic partner <input type="checkbox"/> nonregistered domestic partner <sup>1</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child <sup>2</sup> <input type="checkbox"/> disabled child <sup>3</sup>

<sup>1</sup>Nonregistered Domestic Partners are eligible only if your employer allows this coverage. If enrolling a Nonregistered Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60603).

<sup>2</sup>If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?  
 yes  no

<sup>3</sup>When your child, who is developmentally or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or state registered domestic partner or nonregistered domestic partner<sup>1</sup> employed by this company?  
 yes  no

If you and your spouse or state registered domestic partner or nonregistered domestic partner<sup>1</sup> are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

Coverage	Employee	Spouse or State Registered Domestic Partner or Nonregistered Domestic Partner <sup>1</sup>	Child(ren)
<b>NOTE: Employee coverage must be elected to elect any dependent coverage.</b>			
<b>Dental</b> 2025 Principal Dental EPO	<input checked="" type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input checked="" type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
	In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
<b>Vision</b>	<input checked="" type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input checked="" type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Group term life</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Voluntary term life benefit amount:</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ <b>Cannot exceed 100% of the employee election</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline \$ _____ <b>Cannot exceed 100% of the employee election</b>
<b>Short term disability</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline		
<b>Long term disability</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline		
<b>Critical illness benefit amount:</b>	<input type="checkbox"/> Elect <input checked="" type="checkbox"/> Decline \$ _____	<input type="checkbox"/> Elect <input checked="" type="checkbox"/> Decline \$ _____	
<b>Accident</b>	<input checked="" type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input checked="" type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Hospital indemnity</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline

**Nicotine Products**

Has any person used nicotine products (including cigarettes, e-cigarettes, pipe, cigar or chewing tobacco) in the past 12 months?

Employee:  yes  no

Spouse or State Registered Domestic Partner or Nonregistered Domestic Partner<sup>1</sup>:  yes  no

**Group Term Life Beneficiary Designation** (Complete if covered for group term life coverage.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

**Primary beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Contingent beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Voluntary Term Life Beneficiary Designation** (Complete if covered for voluntary term life coverage. If you want to use the same beneficiary designation as indicated for group term life coverage above, write "same as above" in the beneficiary section below.)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

**Primary beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Contingent beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

**Accident Beneficiary Designation** (Complete if accident insurance includes Accidental Death and Dismemberment)

All primary and contingent beneficiaries, whether adults or minors, should be included in the beneficiary designation below. Additional beneficiaries can be added as an attachment.

**Primary beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
<b>zuberi a. beltran</b>		<b>7/17/2000</b>	<b>Brother</b>	<input type="checkbox"/>	<b>60 %</b>
<b>Michelle Beltran</b>	<b>064-06-8967</b>	<b>8/14/1998</b>	<b>Spouse</b>	<input type="checkbox"/>	<b>40 %</b>

**Contingent beneficiaries:**

Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage
Name	SSN	Date of birth	Relationship	Check here if a minor <input type="checkbox"/>	Percentage

The right to make future changes is reserved by the employee. If two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares, unless specified otherwise.

If any beneficiary is designated as trustee, it is understood and agreed that Principal Life Insurance Company shall not be a party to nor bound by the conditions of any trust and payment of the net proceeds of said policy on the death of the insured to the then designated beneficiary shall be a complete discharge as to Principal Life.

If you designated a minor child(ren) as your beneficiary, complete the Uniform Transfers to Minors Act form (GP55229).

NOTE: If you are covered by both group term life and voluntary term life coverage and only indicate a beneficiary designation for one of these, the facility of payment provision in the group policy will be used to determine how proceeds will be paid for the other coverage.

**Employee Agreement (Read and sign)**

I understand and agree with the following statements:


- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental or vision or critical illness or accident or hospital indemnity coverage, I cannot enroll until the next open enrollment.
- If I refuse life or disability coverage, I may apply later but I must show evidence of insurability and coverage will be subject to approval by Principal Life Insurance Company.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- **For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.**
- I understand collection of social security numbers for myself and/or my dependents will be used by Principal Life Insurance Company only as allowed by law.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid two years from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for coverage. Information will not be used for any purposes prohibited by law.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

If electing Critical Illness or Hospital Indemnity coverage, I declare that I and my eligible dependents have other coverage providing comprehensive health benefits from an insurance policy, an HMO plan, or an employer health benefit plan.

NOTE: Critical Illness or Hospital Indemnity coverage cannot be issued to a person who does not have comprehensive health benefits coverage in place.

A copy of this form will be as valid as the original.

**I declare** that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life.

Your signature **X**  \_\_\_\_\_ Date signed 9/8/2025

**Instructions**

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
  - Use eService to submit enrollment information at [www.principal.com](http://www.principal.com). Employer retains the original form.
  - Or, email the form to [groupbenefitsadmin@principal.com](mailto:groupbenefitsadmin@principal.com).
  - Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.

# ADDITIONAL INFORMATION

Please include this information along with the rest of your application

<b>Additional Waived Dependents</b>			
<b>Name</b>	<b>Sex</b>	<b>Relation</b>	<b>Birth Date</b>
Michelle Beltran	Female	Spouse	8/14/1998

**Exhibit 13 - Evidence  
of Bona Fide  
Marriage - Michelle  
Beltran's Emergency  
Contact**



## Personal Information



Michelle

### Contact Information



Address

10130 Austin Dr Apt 10  
Spring Valley CA 91977



Contact methods

Email: michellecaribe14@gmail.com  
Mobile: 619-379-2329 (preferred)

Edit

### Details About Me



## Emergency Contacts

These people may be contacted in the event of an emergency.

### Javier Beltran (Primary)

Spouse

Address  
10130 Austin Dr  
Apt. 10  
Spring Valley CA 91977

Contact methods  
Email: —  
Mobile: 609-414-2522

Edit

Remove

### Rosemary Mistrello

Mother

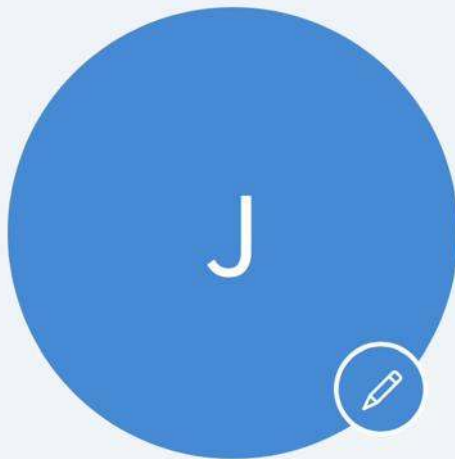
Address  
10130 Austin Dr  
#10  
Spring Valley CA 91977

Contact methods  
Email: rosemary.mistrello@gmail.com  
Mobile: 619-379-2673

**Exhibit 14 - Evidence  
of Bona Fide  
Marriage - Javier  
Mumia Beltran's  
Emergency Contact**



## Personal Information



Javier

### Contact Information



Address

10130 AUSTIN DR APT 10  
Spring Valley CA 91977



Contact methods

Email: beltran.javier.m@gmail.com  
Mobile: 609-414-2522 (preferred)

Edit

### Details About Me

[Learn more about these terms](#)

## Emergency Contacts

These people may be contacted in the event of an emergency. If you're looking for information about Health Care Agents, please go to the [End-of-Life Planning](#) page.

### Michelle Beltran (Primary)

Spouse

Address  
10130 Austin dr apt 10  
Spring valley CA 91977

Contact methods  
Email: —  
Mobile: 619-371-2329 (preferred)

Edit

Remove

Add contact

**Exhibit 15 - Evidence  
of Bona Fide  
Marriage - Married  
Facebook Status**



Share a note...



**Michelle Beltran**



548 friends · 1K posts



1998



S.C.C.P



San Diego, CA



Friends with things in common



Add to story



Edit profile

All

Photos

Reels

**Personal details**



San Diego, California



Montes Claros



August 14, 1998



Married to Javier Beltran

Since November 30, 2020



Female

**Work**



Home



Reels



Friends



Marketplace



Notifications



Profile

2:09



# Javier Beltran

1.7K friends · 4 mutual · 8.5K posts

Shrewsbury High School



Friends with Rosemary Mistrello, Izabel Santos, Lincoln Melges Gomes and 1 other

Friends

Message



All

Photos

Reels

## Personal details



Barranquilla



May 16, 1998



Married to you

Since November 30, 2020



Family



Valeria Martinez and Chantal Bell



Male



English language · Spanish (language)



Home



Reels



Friends



Marketplace



Notifications



Profile

**Exhibit 16 - Evidence  
of Bona Fide  
Marriage - Shared  
Netflix Account**

2:10



Podcast ONE PIECE disponível

Escolha o seu perfil



Michelle



Rose



Vitoria



Javier



Brreheeeehhe



Editar

**Exhibit 17 - USCIS  
Freedom of  
Information Act  
(FOIA) Request**



administrador YOU SA LAW <admin@yousalaw.com>

---

## FOIA Request Approved: NRC2026189225REQ

1 mensagem

---

**no-reply-foia@uscis.dhs.gov** <no-reply-foia@uscis.dhs.gov>  
Para: otavio@legalhs.com

26 de março de 2026 às 07:40

The subject of record consent for the Freedom of Information Act (FOIA) or Privacy Act (PA) request you submitted to USCIS on behalf of a third party has been approved by the subject of record.

To review this request, please click on the link below, or copy and paste the entire link into your browser.

<https://first.uscis.gov>

For further assistance, please call the USCIS Contact Center toll-free at 1-800-375-5283.

(TTY for the deaf, hard of hearing or person with a speech disability: 1-800-767-1833.)

"THIS RESPONSE HAS BEEN AUTO GENERATED. PLEASE DO NOT REPLY TO THIS MESSAGE



# Request for Someone Else's Immigration Records

Step 5 of 5 - Review and Sign



## Pending Approval

Your request has been sent to the subject of record for their review. They will be asked to electronically sign the request using a secure code sent to the email and phone number provided.

If the subject does not approve the request, you will be notified, and your request will not be submitted.

To track and manage your request, use the tracking number below.

**Tracking Number:** NRC2026189225REQ

**Subject Name:** MICHELLE BELTRAN

**Request Date:** 3/26/26

**Requester Email:** otavio@legalhs.com

[View My Requests](#)

---

# Request for Someone Else's Immigration Records

Step 5 of 5 - Review and Sign



## Pending Approval

---

Your request has been sent to the subject of record for their review. They will be asked to electronically sign the request using a secure code sent to the email and phone number provided.

If the subject does not approve the request, you will be notified, and your request will not be submitted.

To track and manage your request, use the tracking number below.

**Tracking Number:** NRC2026180207REQ

**Subject Name:** MICHELLE BELTRAN

**Request Date:** 3/23/26

**Requester Email:** otavio@legalhs.com

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