Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Oscar Patricio	Middle Name (if any) N/A	Family Name (Last Name) AZOGUE MARTINEZ
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	
Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 560.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

YOUSA
Law Firm

USCIS
Attn: I-765 C08
P.O. Box 650888
Dallas, TX 75265-0888

RE: I-765 Application for Employment Authorization
Applicant: Oscar Patricio Azogue Martinez

Dear Sir or Madam,

Enclosed please find the Application for Employment Authorization packet for Oscar Patrício Azogue Martinez containing:

- Form G-1450, Authorization for Credit Card Transactions
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-765, Application for Employment Authorization

Additionally, we have included the following supporting documents, as outlined below:

  - Oscar Patricio Azogue Martinez's Birth Certificate (the applicant does not currently have a passport);
  - Proof of Asylum Application (Copy of I-589 - 3 first pages);
  - ECAS' Asylum Clock;
  - Photos 2x2.

03/31/2026

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

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, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

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

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

2.b. Name of Recognized Organization: N/A

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) AZOGUE MARTINEZ

6.b. Given Name (First Name) Oscar Patricio

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- 2 4 5 8 9 2 4 1 4

Client's Contact Information

10. Daytime Telephone Number

5858029113

11. Mobile Telephone Number (if any)

5858029113

12. Email Address (if any)

azogueoscar74@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. [X] 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. [X] 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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 03/23/2026

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) 03/31/2026

2.a. Signature of Law Student or Law Graduate

N/A

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): AZOGUE MARTINEZ

1.b. Given Name (First Name): Oscar Patricio

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application For Employment Authorization

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

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

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

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

Part 1. Reason for Applying

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

1.a. ☒ Initial permission to accept employment.

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

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

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

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): AZOGUE MARTINEZ

1.b. Given Name (First Name): Oscar Patricio

1.c. Middle Name: N/A

Other Names Used

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

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

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

U.S. Physical Address

7.a. Street Number and Name: 5440 W Ridge Rd

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Spencerport

7.d. State: NY **7.e.** ZIP Code: 14559

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- 245892413

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

10. Sex ☒ Male ☐ Female

11. Marital Status
☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N/A

Your Country or Countries of Citizenship or Nationality

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

14.a. Country
Ecuador

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

Guarand

15.b. State/Province of Birth

Bolivar

15.c. Country of Birth

Ecuador

16. Date of Birth (mm/dd/yyyy) 01/02/1989

Information About Your Last Arrival in the United States

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

▶ N / A

18. Passport Number of Your Most Recently Issued Passport

N/A

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

N/A

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

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

23. Place of Your Last Arrival Into the United States

Lukeville, AZ

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

EWI

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

Asylum Applicant - I-589 Pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (8) (N/A)

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶ N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶ N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☒ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

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

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

Applicant's Statement

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

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☑ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

Spanish ,

a language in which I am fluent, and I understood everything.

2. ☑ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

+15858029113

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

+15858029113

5. Applicant's Email Address (if any)

azogueoscar74@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

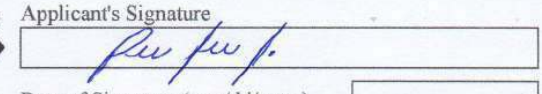
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

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

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

Applicant's Signature

7.a. Applicant's Signature



7.b. Date of Signature (mm/dd/yyyy) 03/24/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415) 425-2508

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 03/24/2026

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

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

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

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (510) 241-9336

6. Preparer's Email Address (if any): otavio@legalhs.com

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

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 03/24/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): AZOGUE MARTINEZ

1.b. Given Name (First Name): Oscar Patricio

1.c. Middle Name: N/A

2. A-Number (if any) ► **A-** 245892413

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Proof of Identity	
Oscar Patricio's Birth Certificate	1-2
Exhibit 2 - Proof of Asylum Application	
Copy of I-589 (3 first pages)	3-5
Exhibit 3 - Proof of Asylum Clock	
ECAS' Asylum Clock	6

Exhibit 1 - Proof of Identity

Official translation into English of a document in Spanish by Alvaro Emilson Bautista, official translator and interpreter according to certificate of suitability No. 0439 issued by the National University of Colombia.

REPUBLIC OF ECUADOR
General Directorate of Civil Registry, Identification and ID Provision

General Directorate of Civil Registry,
Identification and ID Provision

BIRTH CERTIFICATE

The General Directorate of Civil Registry, Identification and ID provision, based on the information it has registered, issues this certificate:

Citizen's name: AZOGUE MARTINEZ OSCAR PATRICIO

UNIQUE IDENTIFICATION NUMBER (NUI)/Passport: 1804738167 **Sex:** MALE

Date of birth: JANUARY 2, 1989

Place of Birth (Country/Province/District/Parrish):

ECUADOR/BOLIVAR/GUARANDA/SIMIATUG

Birth Registration Date: 1989

Birth Registration Place (Country/Province/District/Parrish):

ECUADOR/ BOLIVAR/GUARANDA/SIMIATUG

Nationality: ECUADORIAN

Volume/ Page/ Minutes: 1 / 17 / 105

Father's data: AZOGUE CHIMBORAZO FRANCISCO

UNIQUE IDENTIFICATION NUMBER (NUI)/Passport: 0200356749 **Nationality:** ECUADORIAN

Mother's data: MARTINEZ OLGA INES

UNIQUE IDENTIFICATION NUMBER (NUI)/Passport: 0200665925 **Nationality:** ECUADORIAN

Information certified to date: AUGUST 7, 2025
Issuer: TURUSHINA SANCHEZ LOLA DEL ROCCO
Note: This certificate replaces any computerized records or any previous documents of this nature.

Certificate No.: 250-173-99884

[BARCODE]
250-173-99884

[SIGNATURE]
Lic. Otton Jose Rivadeneira Gonzalez
Director General of Civil Registry, Identification and ID provision
Electronically signed document

The institution or person to whom this certificate is presented must validate it at: https://virtual.registrocivil.gob.ec, in accordance with LOGIDAC Art. 4, numeral 1 and the LCE. Document validity 3 validations or 2 months from the date of issue. If you have any problems with this document, write to enlinea@registrocivil.gob.ec

The previous translation is an accurate translation of the document in Spanish that I had before me. I attest to this. Signed in Bogotá, Colombia, on August 15, 2025.

Álvaro Emilson Bautista
Traductor e Intérprete Oficial
Inglés - Español - Inglés
Certificado de Idoneidad No 0439
09 /Feb/16
Universidad Nacional de Colombia

REPÚBLICA DEL ECUADOR
Dirección General de Registro Civil, Identificación y Cedulación

Dirección General de Registro Civil, Identificación y Cedulación

CERTIFICADO DE NACIMIENTO

La Dirección General de Registro Civil, Identificación y Cedulación, en base a la información que tiene registrada, emite el presente certificado:

Nombre del ciudadano: AZOGUE MARTINEZ OSCAR PATRICIO

NUI/Pasaporte: 1804738167 **Sexo:** HOMBRE

Fecha de nacimiento: 2 DE ENERO DE 1989

Lugar de nacimiento (país/provincia/cantón/parroquia):

ECUADOR/BOLIVAR/GUARANDA/SIMIATUG

Fecha de registro de nacimiento: 1989

Lugar de registro de nacimiento (país/provincia/cantón/parroquia):

ECUADOR/BOLIVAR/GUARANDA/SIMIATUG

Nacionalidad: ECUATORIANA

Tomo / Página / Acta: 1 / 17 / 105

Datos del Padre: AZOGUE CHIMBORAZO FRANCISCO

NUI/Pasaporte: 0200356749 **Nacionalidad:** ECUATORIANA

Datos de la Madre: MARTINEZ OLGA INES

NUI/Pasaporte: 0200665925 **Nacionalidad:** ECUATORIANA

Información certificada a la fecha: 7 DE AGOSTO DE 2025
Emisor: TURUSHINA SANCHEZ LOLA DEL ROCIO

Nota: El presente certificado reemplaza a las partidas computarizadas o cualquier documento anterior de ésta índole.

N° de certificado: 250-173-99884

250-173-99884

Lcdo. Ottón José Rivadeneira González
Director General del Registro Civil, Identificación y Cedulación
Documento firmado electrónicamente

La institución o persona ante quien se presente este certificado deberá validarlo en: **https://virtual.registrocivil.gob.ec**, conforme a la LOGIDAC Art. 4, numeral 1 y a la LCE. Vigencia del documento 3 validaciones o 2 meses desde el día de su emisión. En caso de presentar inconvenientes con este documento escriba a **enlinea@registrocivil.gob.ec**

Exhibit 2 - Proof of Asylum Application

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

U.S. Department of Justice
Executive Office for Immigration Review

I-589, Application for Asylum and for Withholding of Removal

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

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

Part A.I. Information About You

1. Alien Registration Number(s) (A-Number) *(if any)*	2. U.S. Social Security Number *(if any)*	3. USCIS Online Account Number *(if any)*
245892413	N/A	N/A

4. Complete Last Name	5. First Name	6. Middle Name
AZOGUE MARTINEZ	OSCAR	PATRICIO

7. What other names have you used *(include maiden name and aliases)?*
N/A

8. Residence in the U.S. *(where you physically reside)*

Street Number and Name	Apt. Number
245 S MAIN ST BUILDING 2	

City	State	Zip Code	Telephone Number
ALBION	NY	14411	(585) 8029113

(NOTE: *You must be residing in the United States to submit this form.*)

9. Mailing Address in the U.S. *(if different than the address in Item Number 8)*

In Care Of *(if applicable)*:	Telephone Number
	(585) 8029113
Street Number and Name	**Apt. Number**
245 S MAIN ST BUILDING 2	

City	State	Zip Code
ALBION	NY	14411

10. Gender:	11. Marital Status:
☒ Male ☐ Female	☒ Single ☐ Married ☐ Divorced ☐ Widowed

12. Date of Birth *(mm/dd/yyyy)*	13. City and Country of Birth
01/02/1989	GUARANDA ECUADOR

14. Present Nationality *(Citizenship)*	15. Nationality at Birth	16. Race, Ethnic, or Tribal Group	17. Religion
ECUATORIANA	ECUATORIANA	HISPANO	

18. *Check the box, a through c, that applies:* **a.** ☐ I have never been in Immigration Court proceedings.
b. ☒ I am now in Immigration Court proceedings. **c.** ☐ I am not now in Immigration Court proceedings, but I have been in the past.

19. *Complete 19 a through c.*

a. When did you last leave your country? *(mm/dd/yyyy)* 1/20/2024 **b. What is your current I-94 Number, if any?** _____

c. List each entry into the U.S. beginning with your most recent entry. *List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)*

Date	03/09/2024	Place	LUKEVILLE,AZ	Status		Date Status Expires	
Date	N/A	Place	N/A	Status			
Date	N/A	Place	N/A	Status			

20. What country issued your last passport or travel document?	21. Passport Number	22. Expiration Date *(mm/dd/yyyy)*
ECUADOR	A4303039	07/23/2031
	Travel Document Number N/A	

23. What is your native language *(include dialect, if applicable)?*	24. Are you fluent in English?	25. What other languages do you speak fluently?
SPANISH	☐ Yes ☒ No	SPANISH

For EOIR use only.	For USCIS use only.	Action:	Decision:
		Interview Date: _____	Approval Date: _____
		Asylum Officer ID No.: _____	Denial Date: _____
			Referral Date: _____

Exh. 2 - Adm.

Part A.II. Information About Your Spouse and Children

Your spouse ☒ I am not married. (Skip to **Your Children** below.)

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Date of Birth *(mm/dd/yyyy)*	4. U.S. Social Security Number *(if any)*

5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used *(include maiden name and aliases)*

9. Date of Marriage *(mm/dd/yyyy)*	10. Place of Marriage	11. City and Country of Birth

12. Nationality *(Citizenship)*	13. Race, Ethnic, or Tribal Group	14. Gender
		☐ Male ☐ Female

15. Is this person in the U.S.?
☐ Yes *(Complete Blocks 16 to 24.)* ☐ No *(Specify location)*:

16. Place of last entry into the U.S.	17. Date of last entry into the U.S. *(mm/dd/yyyy)*	18. I-94 Number *(if any)*	19. Status when last admitted *(Visa type, if any)*

20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	22. Is your spouse in Immigration Court proceedings?	23. If previously in the U.S., date of previous arrival *(mm/dd/yyyy)*
		☐ Yes ☐ No	

24. If in the U.S., is your spouse to be included in this application? *(Check the appropriate box.)*
☐ Yes
☐ No

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

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

☒ I have children. Total number of children: 2.

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

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	SINGLE	N/A

5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth *(mm/dd/yyyy)*
AZOGUE ESPIN	ANNETT	SARAHI	04/20/2018

9. City and Country of Birth	10. Nationality *(Citizenship)*	11. Race, Ethnic, or Tribal Group	12. Gender
AMBATO ECUADOR	ECUATORIANA	HISPANA	☐ Male ☒ Female

13. Is this child in the U.S.? ☐ Yes *(Complete Blocks 14 to 21.)* ☒ No *(Specify location)*: ECUADOR

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

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

Exh. 2 - Adm.

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

1. Alien Registration Number (A-Number) *(if any)*	2. Passport/ID Card Number *(if any)*	3. Marital Status *(Married, Single, Divorced, Widowed)*	4. U.S. Social Security Number *(if any)*
N/A	N/A	SINGLE	N/A
5. Complete Last Name	**6. First Name**	**7. Middle Name**	**8. Date of Birth *(mm/dd/yyyy)***
AZOGUE PLAZA	EMILY	AITANA	11/14/2015
9. City and Country of Birth	**10. Nationality *(Citizenship)***	**11. Race, Ethnic, or Tribal Group**	**12. Gender**
AMBATO ECUADOR	ECUATORIANA	HISPANA	☐ Male ☒ Female

13. Is this child in the U.S. ? ☐ Yes *(Complete Blocks 14 to 21.)* ☒ No *(Specify location)*: ECUADOR

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

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

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

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

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. *(mm/dd/yyyy)*	16. I-94 Number *(If any)*	17. Status when last admitted *(Visa type, if any)*

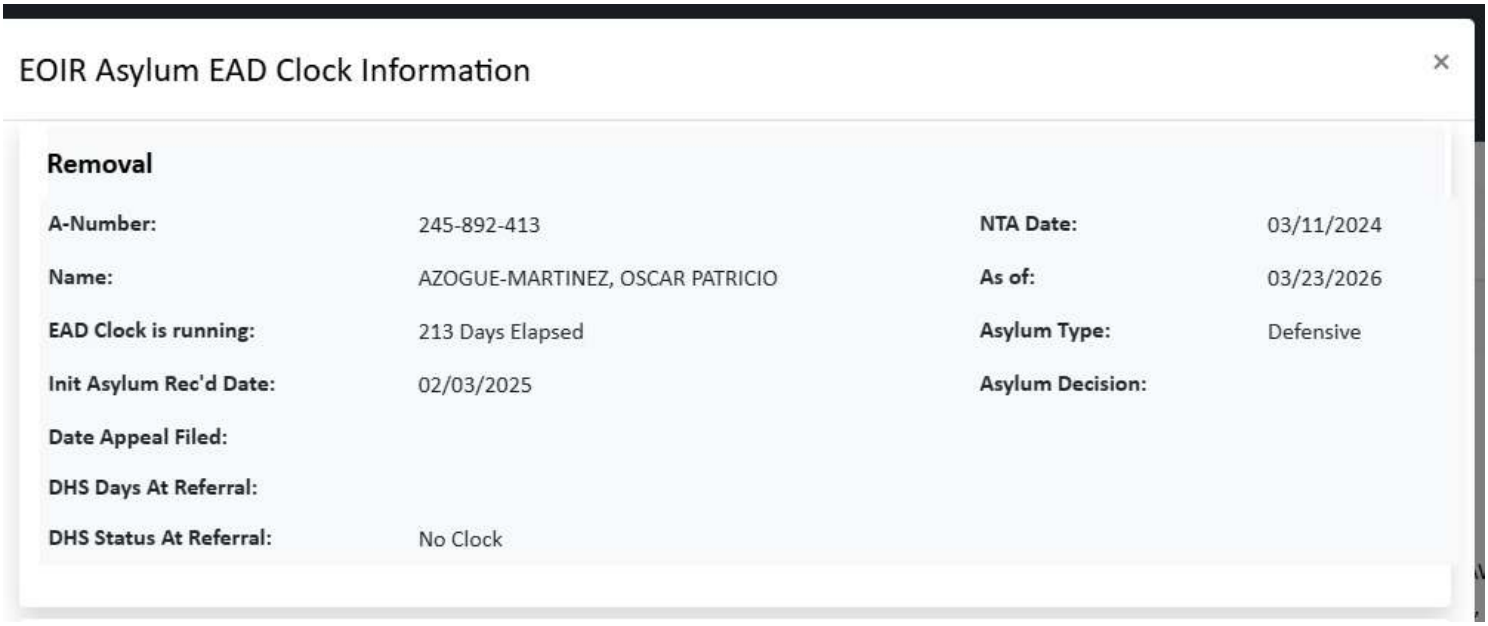
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? *(mm/dd/yyyy)*	20. Is your child in Immigration Court proceedings?
		☐ Yes ☐ No

21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*

☐ Yes

☐ No

Exhibit 3 - Proof of Asylum Clock


EOIR Asylum EAD Clock Information
Removal
A-Number: 245-892-413
Name: AZOGUE-MARTINEZ, OSCAR PATRICIO
EAD Clock is running: 213 Days Elapsed
Init Asylum Rec'd Date: 02/03/2025
Date Appeal Filed:
DHS Days At Referral:
DHS Status At Referral: No Clock
NTA Date: 03/11/2024
As of: 03/23/2026
Asylum Type: Defensive
Asylum Decision: