

USCIS
Attn: 1367
P.O. Box 8075
Chicago, IL 60680-8075

RE: I-918 Petition for U-1 Nonimmigrant Status

Petitioner: Maria Daniela Cruz Rodriguez

Derivative: Sandra Patricia Rodriguez Zamora

Derivative: Jose Antonio Cruz Guerra

Dear Sir or Madam,

I represent Maria Daniela Cruz Rodriguez. I am writing to submit her application for U nonimmigrant status as a victim of qualifying criminal activity.

Maria Daniela, a native and citizen of Colombia, was the victim of a felonious assault that occurred in Maryland, when she was only 12 years old. As a result of this violent attack, she suffered substantial physical and psychological harm.

As set forth below and supported by the accompanying evidence, Maria Daniela has fully cooperated with law enforcement authorities in the investigation of the crime, as confirmed by the certified Form I-918 Supplement B. She therefore meets all statutory and regulatory requirements for U nonimmigrant status.

I. Evidence that Maria Daniela Cruz Rodriguez is a Victim of Qualifying Criminal Activity

Maria Daniela Cruz Rodriguez is the victim of a qualifying criminal activity, namely felonious assault, as recognized under the U-Visa statutory framework. This classification is confirmed by law enforcement through the certified Form I-918 Supplement B submitted in support of her application, which establishes that she was the victim of a qualifying criminal offense and has been helpful in the investigation.

On May 23, 2022, Maria, who was only 12 years old at the time, was assaulted by an unknown adult female while waiting alone at a public bus stop after school in Silver Spring, Maryland. Without provocation, the assailant approached her, ordered her to remain silent, and then physically attacked her.

During the assault, Maria was struck in the face, knocked to the ground, and repeatedly hit while she was defenseless. The attacker also pulled her hair, dragged her across the bus stop as described in her personal declaration, and struck her multiple times in the head. The assault continued until bystanders intervened.

The nature and circumstances of the attack reflect a level of violence that goes well beyond a simple assault. Maria was a 12-year-old child at the time, significantly more vulnerable than her adult attacker and unable to protect herself. The repeated use of force, the targeting of her

head, and the fact that she was attacked while alone in a public setting all constitute significant aggravating factors.

As a direct result of the assault, Maria sustained physical injuries, including abrasions, bleeding, and difficulty walking immediately after the incident. She was left in a state of severe distress following the attack.

Considering the totality of the circumstances, including Maria's young age, her vulnerability, and the severity and duration of the attack, the conduct she suffered is consistent with felonious assault and therefore constitutes a qualifying criminal activity under the U-Visa statute.

II. Evidence that Maria Daniela Cruz Rodriguez Suffered Substantial Physical or Mental Abuse.

As a direct result of the assault, Maria Daniela Cruz Rodriguez has suffered substantial physical and, most significantly, severe and long-lasting psychological harm.

Physically, Maria sustained injuries during the attack, including abrasions and physical pain after being struck, knocked to the ground, and dragged across the bus stop. She also experienced difficulty walking immediately after the incident. Additionally, following the assault, Maria began experiencing recurring headaches, for which her family has provided care and for which she has been referred for further neurological evaluation.

The psychological impact of the assault has been significant and ongoing. Following the incident, Maria developed intense fear and anxiety, particularly related to being alone in public spaces and using public transportation. She avoided returning to her previous school and required changes to her daily routine due to her fear of being alone.

Maria also began experiencing persistent symptoms associated with trauma, including intrusive memories of the attack, heightened fear in public environments, and ongoing emotional distress. These symptoms have continued over time and have affected her daily life.

A psychological evaluation confirms that Maria developed Post-Traumatic Stress Disorder (PTSD) and Major Depressive Disorder as a direct result of the assault. Her PTSD is characterized by recurrent and intrusive memories of the traumatic event, avoidance of reminders associated with the attack, persistent negative emotional states, sleep disturbances, and hypervigilance. Her Major Depressive Disorder is characterized by depressed mood, diminished interest in activities, fatigue, difficulty concentrating, and ongoing emotional distress.

Additionally, Maria developed Trichotillomania (Hair-Pulling Disorder), which is directly associated with her anxiety and trauma. As a result, she began pulling out her hair, leading to noticeable hair loss. This condition caused additional emotional distress and contributed to social difficulties, including bullying related to the visible effects of her condition.

The impact of the assault has been long-lasting. Maria continues to experience anxiety, fear, and distress, particularly in situations that remind her of the attack, and remains highly alert to concerns about her safety.

Considering the totality of the evidence, including her physical injuries, clinically diagnosed mental health conditions, and the ongoing impact on her daily life, Maria Daniela Cruz Rodriguez has suffered substantial physical and mental abuse as required under the U-Visa.

III. Maria Daniela Cruz Rodriguez's Full Cooperation with Law Enforcement

Maria Daniela Cruz Rodriguez and her family have provided full, consistent, and ongoing cooperation with law enforcement authorities in the investigation of this case. As the victim is a minor, her mother submitted a detailed statement regarding the attack, provided all relevant information to law enforcement, and remains available to assist in any further investigative or prosecutorial efforts.

This cooperation is further confirmed by the certified Form I-918 Supplement B submitted in support of this petition, which establishes that Maria has been helpful, is being helpful, and is expected to remain helpful to law enforcement authorities.

Pursuant to 8 C.F.R. § 214.14(b)(3), where the victim is under 16 years of age at the time the qualifying criminal activity occurred, a parent, guardian, or next friend may provide the required assistance to law enforcement on the victim's behalf. In this case, the victim's mother has fulfilled that role by actively cooperating with authorities.

Furthermore, as outlined in the USCIS Policy Manual Volume 3 Part C Chapter 5, a petitioner satisfies the helpfulness requirement by demonstrating that they have been, are being, or are likely to be helpful in the investigation or prosecution of the qualifying criminal activity. A formal conviction or the existence of an ongoing investigation is not required to meet this standard.

IV. Inadmissibility of Jose Antonio Cruz Guerra and Request for Waiver (Form I-192)

Maria Daniela's father, Jose Cruz Guerra, was residing in the United States with his family at the time of the assault and was present during the period in which the events underlying this petition occurred. Following the incident, he played a critical role in supporting his daughter through the immediate aftermath of the attack and its lasting psychological effects.

As reflected in the record, Maria Daniela experienced significant emotional distress, anxiety, and trauma following the assault. During this period, her father remained actively involved in her care, providing daily emotional support and helping her navigate the challenges that arose after the incident, including her fear of leaving home and attending school. His presence was particularly important given her young age and the severity of the psychological impact she endured.

The effects of the incident were not limited to Maria Daniela alone. Her father was also deeply affected by what occurred, witnessing the consequences of the attack on his daughter and experiencing ongoing concern for her safety and well-being. The incident placed a significant emotional burden on the family as a whole.

On January 27, 2026, Mr. Cruz Guerra departed the United States and returned to Colombia due to health-related reasons, where he currently resides. As a result of his prior accrual of unlawful presence, he is now subject to a ten-year bar to reentry. This has resulted in a continued separation from his daughter during a period in which she continues to experience the long-term effects of the trauma she suffered.

Mr. Cruz Guerra seeks to return to the United States in order to reunite with his family and continue providing the support that has been essential to his daughter's recovery and well-being.

Please find enclosed the Petition for U Nonimmigrant Status, filed by counsel on behalf of Maria Daniela Cruz Rodriguez.

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-918, Petition for U Nonimmigrant Status;
- Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient
- Form I-918, Supplement B, U Nonimmigrant Status Certification
- Form I-192, Application for Advance Permission to Enter as a Nonimmigrant
- Form I-765, Application For Employment Authorization

I. Maria Daniela Cruz Rodriguez's Identification Documents

- Maria Daniela Cruz Rodriguez's Passport
- Maria Daniela Cruz Rodriguez's Birth Certificate with English Translation
- Maria Daniela Cruz Rodriguez's I-94

II. Sandra Patricia Rodriguez Zamora's Identification Documents

- Sandra Patricia Rodriguez Zamora's Passport
- Sandra Patricia Rodriguez Zamora's Birth Certificate with English Translation
- Sandra Patricia Rodriguez Zamora's I-94

III. Jose Antonio Cruz Guerra's Identification Documents

- Jose Antonio Cruz Guerra's Passport
- Jose Antonio Cruz Guerra's Birth Certificate with English Translation
- Jose Antonio Cruz Guerra's I-94

IV. Sandra Patricia Rodriguez Zamora and Jose Antonio Cruz Guerra's Marriage Certificate with English Translation

V. Maria Daniela Cruz Rodriguez's Personal Declaration with English Translation

VI. Incident Report

VII. Application for Statement of Charges

VIII. Maria Daniela Cruz Rodriguez's Psychological Evaluation

IX. Evidence of Physical Harm

- Statement of Department of Health and Human Services
- Medical Statement

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,



03/20/2026

Guilherme Castilho Zaia (SBN: 334469)
Attorney at Law
267-637-6123

**MARIA DANIELA CRUZ
RODRIGUEZ'S SIGNED FORMS**



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 6 9 0 1 5 9 2 4 6 1 6

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **CASTILHO ZAIA**

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

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

Address of Attorney or Accredited Representative

3.a. Street Number and Name **11810 Grand Park Ave**

3.b. Apt. Ste. Flr. **500**

3.c. City or Town **North Bethesda**

3.d. State **MD** 3.e. ZIP Code **20850**
(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 **2676376123**

5. Mobile Telephone Number (if any) **2676376123**

6. Email Address (if any) **guilherme@zaiainlaw.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

Pennsylvania

1.b. Bar Number (if applicable)

334469

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)

Zaia Law LLC

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A

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

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

Part 5. Signature of Attorney or Accredited Representative

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

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



Part 6. Additional Information

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

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

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

2.d. **N/A**

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

3.d. **N/A**

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

4.d. **N/A**

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

5.d. **N/A**

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

6.d. **N/A**





Petition for U Nonimmigrant Status

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number Date (mm/dd/yyyy)		

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 334469	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 6 9 0 1 5 9 2 4 6 1 6
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► **START HERE** - Type or print in black or blue ink.

Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name) **CRUZ RODRIGUEZ**

1.b. Given Name (First Name) **Maria Daniela**

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

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

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

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

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

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

3.a. Street Number and Name **3200 Weeping Willow Ct**

3.b. Apt. Ste. Flr. **34**

3.c. City or Town **Aspen Hill**

3.d. State **MD** 3.e. ZIP Code **20906**

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

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

3.h. Country **USA**

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name **Guilherme Castilho Zaia**

4.b. Street Number and Name **11810 Grand Park Ave**

4.c. Apt. Ste. Flr. **500**

4.d. City or Town **North Bethesda**

4.e. State **MD** 4.f. ZIP Code **20850**

4.g. Province **N/A**

4.h. Postal Code **N/A**

4.i. Country **USA**

Other Information

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

6. U.S. Social Security Number (if any)
► **N/A**

7. USCIS Online Account Number (if any)
► **N/A**

8. Marital Status
 Single Married Divorced Widowed



Part 1. Information About You (continued)

9. Sex Male Female

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

11. Country of Birth

12. Country of Citizenship or Nationality

13. Form I-94 Arrival-Departure Record Number
▶

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

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

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

19.a. City or Town

19.b. State

20. Date of Last Entry into the United States (mm/dd/yyyy)

21. Date Authorized Stay Expired (mm/dd/yyyy)

22. Current Immigration Status

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

- 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). Yes No
- 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. Yes No
- 3. I possess information concerning the criminal activity of which I was a victim. Yes No
- 4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. Yes No
- 5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. Yes No
- 6. I am under 16 years of age. Yes No
- 7.a. I was or am in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

- 7.b. Removal Proceedings
Removal Date (mm/dd/yyyy)
- 7.c. Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)
- 7.d. Deportation Proceedings
Deportation Date (mm/dd/yyyy)
- 7.e. Rescission Proceedings
Rescission Date (mm/dd/yyyy)
- 7.f. Judicial Proceedings
Judicial Date (mm/dd/yyyy)

Part 2. Additional Information About You

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.



Part 2. Additional Information About You
(continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):
 U.S. Consulate Pre-Flight Inspection
 Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

Part 3. Processing Information

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 3.**, provide an explanation in the space provided in **Part 8. Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? Yes No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? Yes No

1.c. Been charged with committing any crime or offense? Yes No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No



Part 3. Processing Information (continued)

- 1.f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g. Been in jail or prison? Yes No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

Information About Arrests, Citations, Detentions, or Charges

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information**.

- 2.a. Why were you arrested, cited, detained, or charged?
- 2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 2.c. City or Town
- 2.d. State
- 2.e. Country
- 2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

- 3.a. Why were you arrested, cited, detained, or charged?
- 3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

Where were you arrested, cited, detained, or charged?

- 3.c. City or Town
- 3.d. State
- 3.e. Country
- 3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

Have you **EVER**:

- 4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? Yes No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 5.c. Assassination? Yes No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the INA? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No



Part 3. Processing Information (continued)

- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 6.d. Assassination? Yes No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No

Do you intend to engage in the United States in:

- 7.a. Espionage? Yes No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? Yes No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
- 8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No
- 9. Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? Yes No

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

- 10.a. Acts involving torture or genocide? Yes No
- 10.b. Killing any person? Yes No
- 10.c. Intentionally and severely injuring any person? Yes No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? Yes No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information.**

- 11. Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? Yes No

Have you **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured? Yes No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes No

Have you **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? Yes No



Part 3. Processing Information (continued)

- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training? Yes No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
- 16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No
- 17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you? Yes No
- 18. Have you **EVER** been removed, excluded, or deported from the United States? Yes No

- 19. Have you **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
- 20. Have you **EVER** been denied a visa or denied admission to the United States? Yes No
- 21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
- 22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No
- 23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? Yes No
- 24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No
- 25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes No
- 26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes No
- 27. Do you plan to practice polygamy in the United States? Yes No
- 28. Have you **EVER** entered the United States as a stowaway? Yes No
- 29.a. Do you **NOW** have a communicable disease of public health significance? Yes No
- 29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No
- 29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict? Yes No



Part 4. Information About Your Spouse and/or Children

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

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

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

3. Country of Birth

4. Relationship

5. Current Location

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

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

8. Country of Birth

9. Relationship

10. Current Location

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

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

13. Country of Birth

14. Relationship

15. Current Location

16.a. Family Name (Last Name)

16.b. Given Name (First Name)

16.c. Middle Name

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

18. Country of Birth

19. Relationship

20. Current Location

21.a. Family Name (Last Name)

21.b. Given Name (First Name)

21.c. Middle Name

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

23. Country of Birth

24. Relationship

25. Current Location

Filing On Behalf of Family Members

26. I am petitioning for one or more qualifying family members. Yes No

NOTE: If you answered “Yes” to 26., you must complete and include Supplement A for each family member for whom you are petitioning.



Part 5. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. The interpreter named in Part 6. read to me every question and instruction on this petition and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 7., , prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

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

Petitioner's Declaration and Certification

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

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

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

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

Petitioner's Signature

- 6.a. Petitioner's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

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

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:
I am fluent in English and ,
which is the same language specified in **Part 5., 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

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

Part 7. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



Preparer's Statement


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

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink)

- 8.b. Date of Signature (mm/dd/yyyy)



Part 8. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number Date (mm/dd/yyyy)		

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 334469	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 6 9 0 1 5 9 2 4 6 1 6
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▶ **START HERE - Type or print in black or blue ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse Parent Child
- Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

- 1.a. Family Name (Last Name) **CRUZ RODRIGUEZ**
- 1.b. Given Name (First Name) **Maria Daniela**
- 1.c. Middle Name **N/A**

Other Information

2. Date of Birth (mm/dd/yyyy) **07/09/2009**
3. Alien Registration Number (A-Number) (if any)
▶ A- **N/A**
4. USCIS Online Account Number (if any)
▶ **N/A**
5. Status of your Form I-918
 Pending Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

- 1.a. Family Name (Last Name) **RODRIGUEZ ZAMORA**
- 1.b. Given Name (First Name) **Sandra Patricia**
- 1.c. Middle Name **N/A**

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

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

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Residence or Intended Residence in the United States (USPS ZIP Code Lookup)

- 3.a. Street Number and Name **3200 Weeping Willow Ct**
- 3.b. Apt. Ste. Flr. **34**
- 3.c. City or Town **Aspen Hill**
- 3.d. State **MD** 3.e. ZIP Code **20906**



Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name
Guilherme Castilho Zaia

4.b. Street Number and Name
11810 Grand Park Ave

4.c. Apt. Ste. Flr. 500

4.d. City or Town
North Bethesda

4.e. State MD 4.f. ZIP Code 20850

4.g. Province
N/A

4.h. Postal Code
N/A

4.i. Country
USA

Other Information About Qualifying Family Member

5. A-Number (if any) ▶ A- N/A

6. U.S. Social Security Number (if any)
▶ N/A

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

8. Date of Birth (mm/dd/yyyy) 11/22/1968

9. Country of Birth
Colombia

10. Country of Citizenship or Nationality
Colombia

11. Marital Status
 Single Married Divorced Widowed

12. Sex Male Female

13. Form I-94 Arrival-Departure Record Number
▶ 8 0 2 3 4 0 3 5 9 5 6

14. Passport Number AV536315

15. Travel Document Number N/A

16. Country of Issuance for Passport or Travel Document
Colombia

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 01/25/2019

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/24/2029

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy) 03/27/2019

Place of Last Entry into the United States

1.b. City or Town Dulles

1.c. State VA

1.d. Current Immigration Status
No status

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy) N/A

Place of Last Entry into the United States

2.b. City or Town N/A

2.c. State N/A

2.d. Date Authorized Stay Expired (mm/dd/yyyy) N/A

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
N/A



Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

- U.S. Consulate Pre-Flight Inspection
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

Other Information

7.a. Your family member was or is in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b. Removal Proceedings
Removal Date (mm/dd/yyyy)

7.c. Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)

7.d. Deportation Proceedings
Deportation Date (mm/dd/yyyy)

7.e. Rescission Proceedings
Rescission Date (mm/dd/yyyy)

7.f. Judicial Proceedings
Judicial Date (mm/dd/yyyy)

8. Your family member would like an Employment Authorization Document. Yes No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.



Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 5.**, provide an explanation in the space provided in **Part 11. Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a.** Committed a crime or offense for which he or she has not been arrested? Yes No
- 1.b.** Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason? Yes No
- 1.c.** Been charged with committing any crime or offense? Yes No
- 1.d.** Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No
- 1.e.** Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- 1.f.** Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g.** Been held in jail or prison? Yes No
- 1.h.** Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- 1.i.** Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

Information About Arrests, Citations, Detentions, or Charges

- 2.a.** Why was your family member arrested, cited, detained, or charged?

N/A

- 2.b.** Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

- 2.c.** City or Town N/A

- 2.d.** State N/A

- 2.e.** Country

N/A

- 2.f.** Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

- 3.a.** Why was your family member arrested, cited, detained, or charged?

N/A

- 3.b.** Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

- 3.c.** City or Town N/A

- 3.d.** State N/A

- 3.e.** Country

N/A

- 3.f.** Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A



Part 5. Processing Information (continued)

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? Yes No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 5.c. Assassination? Yes No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 6.d. Assassination? Yes No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No

Does your family member intend to engage in the United States in:

- 7.a. Espionage? Yes No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? Yes No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
- 8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No



Part 5. Processing Information (continued)

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? Yes No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide? Yes No
- 10.b. Killing any person? Yes No
- 10.c. Intentionally and severely injuring any person? Yes No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? Yes No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? Yes No

Has your family member **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured? Yes No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes No

Has your family member **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? Yes No
- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training? Yes No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes No



Part 5. Processing Information (continued)

- 18. Has your family member **EVER** been removed, excluded, or deported from the United States? Yes No
- 19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
- 20. Has your family member **EVER** been denied a visa or denied admission to the United States? Yes No
- 21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
- 22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No
- 23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? Yes No
- 24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No
- 25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes No
- 26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes No
- 27. Does your family member plan to practice polygamy in the United States? Yes No
- 28. Has your family member **EVER** entered the United States as a stowaway? Yes No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance? Yes No
- 29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict? Yes No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. Country of Birth
- 4. Relationship

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 6. Date of Birth (mm/dd/yyyy)
- 7. Country of Birth
- 8. Relationship

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Relationship



Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner'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 supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 10.**, prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

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

Petitioner's Declaration and Certification

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

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

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

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

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Qualifying Family Member'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 supplement and my answer to every question.
- 1.b. The interpreter named in **Part 9.** read to me every question and instruction on this supplement and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 10.**, prepared this supplement for me based only upon information I provided or authorized.



Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature (continued)

Qualifying Family Member's Contact Information

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

Qualifying Family Member's Declaration and Certification

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

I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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

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

Qualifying Family Member's Signature

- 6.a. Qualifying Family Member's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 9. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

Interpreter's Mailing Address

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

Interpreter's Contact Information

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



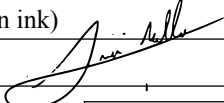
Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **spanish**, which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) **03/15/2026**

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
CASTILHO ZAIA
1.b. Preparer's Given Name (First Name)
Guilherme
2. Preparer's Business or Organization Name (if any)
Zaia Law LLC

Preparer's Mailing Address

3.a. Street Number and Name **11810 Grand Park Ave**
3.b. Apt. Ste. Flr. **500**
3.c. City or Town **North Bethesda**
3.d. State **MD** 3.e. ZIP Code
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
2676376123
5. Preparer's Mobile Telephone Number (if any)
2676376123
6. Preparer's Email Address (if any)
guilherme@zaialaw.com

Preparer's Statement

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

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



Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

 [Signature box]

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

03/15/2026



Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Include 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.

Your Full Name (Principal)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks		Receipt		Action Block
	U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy)	Wait Listed		
		From: / /	Stamp Number Date (mm/dd/yyyy)		

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 334469	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 6 9 0 1 5 9 2 4 6 1 6
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▶ **START HERE - Type or print in black or blue ink.**

NOTE: The recipient of the U-1 nonimmigrant classification is referred to as the "principal." His or her family members are referred to as "derivatives." The principal should complete Supplement A.

Part 1. Family Member's Relationship To You (Principal)

1. The family member that I am filing for is my:
- Spouse Parent Child
- Unmarried sibling under 18 years of age

Part 2. Information About You (Principal)

- 1.a. Family Name (Last Name) **CRUZ RODRIGUEZ**
- 1.b. Given Name (First Name) **Maria Daniela**
- 1.c. Middle Name **N/A**

Other Information

2. Date of Birth (mm/dd/yyyy) **07/09/2009**
3. Alien Registration Number (A-Number) (if any)
▶ A- **N/A**
4. USCIS Online Account Number (if any)
▶ **N/A**
5. Status of your Form I-918
 Pending Approved

Part 3. Information About Your Qualifying Family Member (Derivative)

- 1.a. Family Name (Last Name) **CRUZ GUERRA**
- 1.b. Given Name (First Name) **Jose Antonio**
- 1.c. Middle Name **N/A**

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

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

NOTE: If you need extra space to complete this section, use the space provided in **Part 11. Additional Information.**

Residence or Intended Residence in the United States (USPS ZIP Code Lookup)

- 3.a. Street Number and Name **3200 Weeping Willow Ct**
- 3.b. Apt. Ste. Flr. **34**
- 3.c. City or Town **Aspen Hill**
- 3.d. State **MD** 3.e. ZIP Code **20906**



Part 3. Information About Your Qualifying Family Member (The Derivative) (continued)

Safe Mailing Address (if other than Residence)

4.a. In Care Of Name
Guilherme Castilho Zaia

4.b. Street Number and Name
11810 Grand Park Ave

4.c. Apt. Ste. Flr. 500

4.d. City or Town
North Bethesda

4.e. State MD 4.f. ZIP Code 20850

4.g. Province
N/A

4.h. Postal Code
N/A

4.i. Country
USA

Other Information About Qualifying Family Member

5. A-Number (if any) ▶ A- N/A

6. U.S. Social Security Number (if any)
▶ N/A

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

8. Date of Birth (mm/dd/yyyy) 03/13/1958

9. Country of Birth
Colombia

10. Country of Citizenship or Nationality
Colombia

11. Marital Status
 Single Married Divorced Widowed

12. Sex Male Female

13. Form I-94 Arrival-Departure Record Number
▶ 8 0 2 3 3 6 8 8 4 5 6

14. Passport Number AV536322

15. Travel Document Number N/A

16. Country of Issuance for Passport or Travel Document
Colombia

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy) 01/25/2019

18. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/24/2029

Part 4. Additional Information About Your Qualifying Family Member

Provide the date of last entry, place of last entry, and current immigration status for your family member if he or she is currently in the United States.

1.a. Date of Last Entry into the United States (mm/dd/yyyy) N/A

Place of Last Entry into the United States

1.b. City or Town N/A

1.c. State N/A

1.d. Current Immigration Status
N/A

Provide the date of entry, place of entry, and status at entry for your family member's last entry if he or she has previously traveled to the United States but is not currently in the United States.

2.a. Date of Last Entry into the United States (mm/dd/yyyy) 03/27/2019

Place of Last Entry into the United States

2.b. City or Town Dulles

2.c. State VA

2.d. Date Authorized Stay Expired (mm/dd/yyyy) 09/26/2019

2.e. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)
B2



Part 4. Additional Information About Your Qualifying Family Member (continued)

If your family member is outside the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this supplement is approved.

3.a. Type of Office (Select **only one** box):

- U.S. Consulate Pre-Flight Inspection
 Port-of-Entry

3.b. City or Town

3.c. State

3.d. Country

Safe Foreign Address Where You Want Notification Sent
(if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. Province

4.e. Postal Code

4.f. Country

If your family member was previously married, list the names of your family member's prior spouses and the dates his or her marriages were terminated. You must attach documents such as divorce decrees or death certificates.

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

5.d. Date Marriage Ended (mm/dd/yyyy)

5.e. Where did the marriage end?

5.f. How did the marriage end?

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

6.d. Date Marriage Ended (mm/dd/yyyy)

6.e. Where did the marriage end?

6.f. How did the marriage end?

Other Information

7.a. Your family member was or is in immigration proceedings. Yes No

If you answered "Yes," select the type of proceedings. If your family member was in proceedings in the past and is no longer in proceedings, provide the date of action. If your family member is currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 11. Additional Information** to provide an explanation.

7.b. Removal Proceedings
Removal Date (mm/dd/yyyy)

7.c. Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)

7.d. Deportation Proceedings
Deportation Date (mm/dd/yyyy)

7.e. Rescission Proceedings
Rescission Date (mm/dd/yyyy)

7.f. Judicial Proceedings
Judicial Date (mm/dd/yyyy)

8. Your family member would like an Employment Authorization Document. Yes No

NOTE: If you answered "Yes," submit Form I-765, Application for Employment Authorization Document, separately. If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do **not** file Form I-765 for a family member living outside the United States.



Part 5. Processing Information

Answer the following questions about the family member for whom you are filing this supplement. For the purposes of this supplement, you must answer "Yes" to the following questions, if applicable, even if your family member's records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told your family member that he or she no longer has a record.

NOTE: If you answer "Yes" to ANY question in Part 5., provide an explanation in the space provided in Part 11. **Additional Information.**

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Supplement A, Petition for Qualifying Family Member of U-1 Recipient.

Has your family member **EVER**:

- 1.a. Committed a crime or offense for which he or she has not been arrested? Yes No
- 1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Nationalization Service (INS), and military officers) for any reason? Yes No
- 1.c. Been charged with committing any crime or offense? Yes No
- 1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? Yes No
- 1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- 1.f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- 1.g. Been held in jail or prison? Yes No
- 1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- 1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

Information About Arrests, Citations, Detentions, or Charges

2.a Why was your family member arrested, cited, detained, or charged?

N/A

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

2.c. City or Town N/A

2.d. State N/A

2.e. Country N/A

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A

3.a Why was your family member arrested, cited, detained, or charged?

N/A

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)

N/A

Where was your family member arrested, cited, detained, or charged?

3.c. City or Town N/A

3.d. State N/A

3.e. Country N/A

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)

N/A



Part 5. Processing Information (continued)

Has your family member **EVER**:

- 4.a. Engaged in, or does he or she intend to engage in, prostitution or procurement of prostitution? Yes No
- 4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes No
- 4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes No
- 4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes No

Has your family member **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

- 5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 5.c. Assassination? Yes No
- 5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No

Has your family member **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

- 6.a. A terrorist organization under section 219 of the Immigration and Nationality Act (INA)? Yes No
- 6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? Yes No
- 6.d. Assassination? Yes No
- 6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? Yes No
- 6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? Yes No

Does your family member intend to engage in the United States in:

- 7.a. Espionage? Yes No
- 7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the Government of the United States? Yes No
- 7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? Yes No
- 8. Has your family member **EVER** been or does he or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No



Part 5. Processing Information (continued)

9. Has your family member **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion? Yes No

Has your family member **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 10.a. Acts involving torture or genocide? Yes No
- 10.b. Killing any person? Yes No
- 10.c. Intentionally and severely injuring any person? Yes No
- 10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? Yes No
- 10.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No
- 10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? Yes No
- 10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in the spaces provided in **Part 11. Additional Information.**

11. Has your family member **EVER** advocated that another person commit any of the acts described in **Item Numbers 10.a. - 10.g.**, urged, or encouraged another person, to commit such acts? Yes No

Has your family member **EVER** been present or nearby when any person was:

- 12.a. Intentionally killed, tortured, beaten, or injured? Yes No
- 12.b. Displaced or moved from his or her residence by force, compulsion, or duress? Yes No
- 12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? Yes No

Has your family member **EVER**:

- 13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? Yes No
- 13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes No
- 13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 14.a. Received any type of military, paramilitary, or weapons training? Yes No
- 14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
- 14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 11. Additional Information.**

Has your family member **EVER**:

- 15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group? Yes No
- 15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat? Yes No
16. Is your family member **NOW** in removal, exclusion, rescission, or deportation proceedings? Yes No
17. Has your family member **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against him or her? Yes No



Part 5. Processing Information (continued)

- 18. Has your family member **EVER** been removed, excluded, or deported from the United States? Yes No
- 19. Has your family member **EVER** been ordered to be removed, excluded, or deported from the United States? Yes No
- 20. Has your family member **EVER** been denied a visa or denied admission to the United States? Yes No
- 21. Has your family member **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time? Yes No
- 22. Is your family member **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)? Yes No
- 23. Has your family member **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit? Yes No
- 24. Has your family member **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard? Yes No
- 25. Has your family member **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such? Yes No
- 26. Has your family member **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody? Yes No
- 27. Does your family member plan to practice polygamy in the United States? Yes No
- 28. Has your family member **EVER** entered the United States as a stowaway? Yes No
- 29.a. Does your family member **NOW** have a communicable disease of public health significance? Yes No
- 29.b. Does your family member **NOW** have or has your family member **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others? Yes No

29.c. Is your family member **NOW** or has your family member **EVER** been a drug abuser or drug addict?

Yes No

Part 6. Information About Your Qualifying Family Member's Spouse and/or Children

Provide the following information about your family member's spouse and/or children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name
- 2. Date of Birth (mm/dd/yyyy)
- 3. Country of Birth
- 4. Relationship

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 6. Date of Birth (mm/dd/yyyy)
- 7. Country of Birth
- 8. Relationship

- 9.a. Family Name (Last Name)
- 9.b. Given Name (First Name)
- 9.c. Middle Name
- 10. Date of Birth (mm/dd/yyyy)
- 11. Country of Birth
- 12. Relationship



Part 7. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

Petitioner'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 supplement and my answer to every question.
- 1.b. The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 10., prepared this supplement for me based only upon information I provided or authorized.

Petitioner's Contact Information

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

Petitioner's Declaration and Certification

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

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

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

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

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)
- 6.b. Date of Signature (mm/dd/yyyy)

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

Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature

NOTE: Read the Penalties section of the Form I-918 Instructions before completing this part.

Qualifying Family Member'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 supplement and my answer to every question.
- 1.b. The interpreter named in Part 9. read to me every question and instruction on this supplement and my answer to every question in a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in Part 10., prepared this supplement for me based only upon information I provided or authorized.



Part 8. Qualifying Family Member's Statement, Contact Information, Declaration, and Signature
(continued)

Qualifying Family Member's Contact Information

- 3. Qualifying Family Member's Daytime Telephone Number
57 322 7150171
- 4. Qualifying Family Member's Mobile Telephone Number (if any)
57 322 7150171
- 5. Qualifying Family Member's Email Address (if any)
josecruz195803@gmail.com

Qualifying Family Member's Declaration and Certification

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

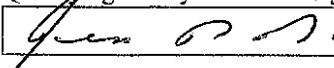
I further authorize release of information contained in this supplement, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws. Any disclosure shall be in accordance with 8 U.S.C. section 1367 and 8 CFR 214.14(e).

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

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

Qualifying Family Member's Signature

- 6.a. Qualifying Family Member's Signature (sign in ink)

- 6.b. Date of Signature (mm/dd/yyyy) 03/15/2026

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

Part 9. 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

Interpreter's Mailing Address

- 3.a. Street Number and Name HS Law Corp
- 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
4154252508
- 5. Interpreter's Mobile Telephone Number (if any)
4154252508
- 6. Interpreter's Email Address (if any)
andre@yousalaw.com

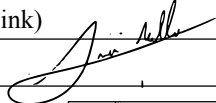
Part 9. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and **spanish**, which is the same language specified in **Part 7, Item Number 1.b.**, and **Part 8, Item Number 1.b.**, and I have read to this petitioner and qualifying family member in the identified language(s) every question and instruction on this supplement and the petitioner's and qualifying family member's answer to every question. The petitioner and qualifying family member informed me that he or she understood every instruction, question, and answer on the supplement, including the **Petitioner's Declaration and Certification and the Qualifying Family Member's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) **03/15/2026**

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
CASTILHO ZAIA
1.b. Preparer's Given Name (First Name)
Guilherme
2. Preparer's Business or Organization Name (if any)
Zaia Law LLC

Preparer's Mailing Address

3.a. Street Number and Name **11810 Grand Park Ave**
3.b. Apt. Ste. Flr. **500**
3.c. City or Town **North Bethesda**
3.d. State **MD** 3.e. ZIP Code **20850**
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
2676376123
5. Preparer's Mobile Telephone Number (if any)
2676376123
6. Preparer's Email Address (if any)
guilherme@zaialaw.com

Preparer's Statement

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

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



Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Qualifying Family Member (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this supplement at the request of the petitioner and qualifying family member. The petitioner and qualifying family member then reviewed this completed supplement and informed me that they understand all of the information contained in, and submitted with, this supplement, including the **Petitioner's Declaration and Certification, and the Qualifying Family Member's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this supplement based only on information that the petitioner and qualifying family member provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)


[Signature box]

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

03/15/2026



Part 11. Additional Information

If you need extra space to provide any additional information within this supplement, 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 supplement or attach a separate sheet of paper. Include 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.

Your Full Name (Principal)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





Supplement B, U Nonimmigrant Status Certification

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks

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

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
▶ A-
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Date of Birth (mm/dd/yyyy)
5. Sex Male Female

Part 2. Agency Information

1. Name of Certifying Agency
- Name of Certifying Official
- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

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

Agency Address

- 5.a. Street Number and Name
- 5.b. Apt. Ste. Flr.
- 5.c. City or Town
- 5.d. State 5.f. ZIP Code
- 5.g. Province
- 5.h. Postal Code
- 5.i. Country

Other Agency Information

6. Agency Type
 Federal State Local
7. Case Status
 On-going Completed
 Other
8. Certifying Agency Category
 Judge Law Enforcement Prosecutor
 Other
9. Case Number
10. FBI Number or SID Number (if applicable)



Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- Abduction
- Abusive Sexual Contact
- Attempt to Commit Any of the Named Crimes
- Being Held Hostage
- Blackmail
- Conspiracy to Commit Any of the Named Crimes
- Domestic Violence
- Extortion
- False Imprisonment
- Felonious Assault
- Female Genital Mutilation
- Fraud in Foreign Labor Contracting
- Incest
- Involuntary Servitude
- Kidnapping
- Manslaughter
- Murder
- Obstruction of Justice
- Peonage
- Perjury
- Prostitution
- Rape
- Sexual Assault
- Sexual Exploitation
- Slave Trade
- Solicitation to Commit Any of the Named Crimes
- Stalking
- Torture
- Trafficking
- Unlawful Criminal Restraint
- Witness Tampering

Provide the dates on which the criminal activity occurred.

- 2.a. Date (mm/dd/yyyy)
- 2.b. Date (mm/dd/yyyy)
- 2.c. Date (mm/dd/yyyy)
- 2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

MD Criminal Code 3-203, 7-104 (g) (3)

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

Yes No

4.b. If you answered "Yes," where did the criminal activity occur?

2285 Bel Pre Road, Silver Spring, MD
20906

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

Yes No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1.** Attach copies of all relevant reports and findings.

Maria Cruz Rodriguez, who was twelve
years old, was assaulted by the
defendant, Amira Funk, an adult, while
waiting at the bus stop in front of
her school. The defendant punched her
multiple times in the face and body,
pulled her hair, threw her on the
ground and stole her jacket.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

Maria Cruz Rodriguez sustained a
swollen right eye, a bump on her head,
and general body soreness. She sought
the assistance of a psychologist.

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

- 1. Does the victim possess information concerning the criminal activity listed in **Part 3**? Yes No
- 2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? Yes No
- 3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? Yes No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

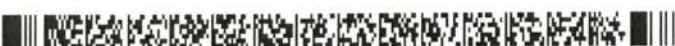
Maria Cruz Rodriguez is cooperating with the State's Attorney's Office and has provided pertinent information regarding the incident.

Multiple horizontal lines for providing an explanation for the "Yes" answers to items 1-3.

- 4. Other. Include any additional information you would like to provide.

N/A

Multiple horizontal lines for providing additional information.



Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? Yes No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

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

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)
➔
2. Date of Signature (mm/dd/yyyy)
3. Daytime Telephone Number
4. Fax Number





Application For Employment Authorization

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="334469"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="6"/>
--	--	--	---

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

Part 1. Reason for Applying

I am applying for (select only one box):

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

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

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

Part 2. Information About You

Your Full Legal Name

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

Other Names Used

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

Additional Information.

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



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
Guilherme Castilho Zaia
- 5.b. Street Number and Name **11810 Grand Park Ave**
- 5.c. Apt. Ste. Flr. **500**
- 5.d. City or Town **North Bethesda**
- 5.e. State **MD** 5.f. ZIP Code **20850**
(USPS ZIP Code Lookup)
6. Is your current mailing address the same as your physical address?
 Yes No

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

U.S. Physical Address

- 7.a. Street Number and Name **3200 Weeping Willow Ct**
- 7.b. Apt. Ste. Flr. **34**
- 7.c. City or Town **Aspen Hill**
- 7.d. State **MD** 7.e. ZIP Code **20906**

Other Information

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

Your Country or Countries of Citizenship or Nationality

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

- 14.a. Country
Colombia
- 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

Bogota

15.b. State/Province of Birth

Cundinamarca

15.c. Country of Birth

Colombia

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

07/09/2009

Information About Your Last Arrival in the United States

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

▶ 8 0 2 3 3 9 0 6 6 5 6

18. Passport Number of Your Most Recently Issued Passport

AV536497

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Colombia

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

01/24/2029

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

03/27/2019

23. Place of Your Last Arrival Into the United States

Dulles, VA

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

B2

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

Deferred Action

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

▶ N- N/A

Information About Your Eligibility Category

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

(c) (14) ()

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

28.a. Degree

N/A

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

N/A

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

N/A

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

▶ N/A

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

Yes No

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

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

▶ N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

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



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

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

Applicant's Statement

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

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

Applicant's Contact Information

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

Applicant's Certification

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

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

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

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

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

Applicant's Signature

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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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

Preparer's Statement

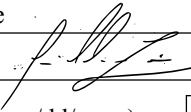
- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation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

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

Preparer's Certification

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

Preparer's Signature

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



Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





Application for Advance Permission to Enter as a Nonimmigrant

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

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

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

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">334469</div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> </table> </div>	0	6	9	0	1	5	9	2	4	6	1	6
0	6	9	0	1	5	9	2	4	6	1	6				

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

Part 1. Application Type

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

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

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

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



Part 2. Information About You

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

Family Name (Last Name)

CRUZ RODRIGUEZ

Given Name (First Name)

Maria Daniela

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

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

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

Other Information

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

▶ A- N/A

4. USCIS Online Account Number (if any)

▶ N/A

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

07/09/2009

6. Place of Birth

City or Town

Bogota

State or Province

Cundinamarca

Country

Colombia

7. Country of Citizenship or Nationality

Colombia

8. Sex

Male Female

9. Mailing Address (Safe address, if applicable)

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

In Care Of Name (if any)

Guilherme Castilho Zaia

Street Number and Name

11810 Grand Park Ave

Apt. Ste. Flr.

Number

500

City or Town

North Bethesda

State

MD

ZIP Code

20850

Province

N/A

Postal Code

N/A

Country

USA



Part 2. Information About You (continued)

Address History

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

10. Physical Address 1 (current address)

Street Number and Name	Apt.	Ste.	Flr.	Number
3200 Weeping Willow Ct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
City or Town	State		ZIP Code	
Aspen Hill	MD		20906	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
05/30/2025	PRESENT			

11. Physical Address 2

Street Number and Name	Apt.	Ste.	Flr.	Number
13310 Foxhall Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
Silver Spring	MD		20906	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
04/29/2024	05/30/2025			

Information About Your Marital History

12. What is your current marital status?

Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled
 Other

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

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

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

14. Current Spouse's Legal Name

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

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

▶ A-



Part 2. Information About You (continued)

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

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

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

Information About Prior Marriages (if any)

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

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

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

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

23. Place of Marriage

City or Town

State or Province

Country

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

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

Immigration and Criminal History

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

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission.



Part 2. Information About You (continued)

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

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

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

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

USCIS Office or U.S. Port-of-Entry City or Town

State or Province Country

Receipt Number (if available)

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

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

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

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

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

32. Type of application or petition filed

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

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

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

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

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

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



Part 2. Information About You (continued)

Travel Information

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

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

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

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

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

Your Occupation

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>



Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

N/A

Address of Employer or Company

Street Number and Name

N/A

Apt. Ste. Flr.

Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

Your Occupation

N/A

Dates of Employment

From (mm/dd/yyyy)

N/A

To (mm/dd/yyyy)

N/A

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

240-609-2017

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

240-609-2017

3. Applicant's Email Address (if any)

crzmaria10@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature

Maria Cruz Rodriguez

Date of Signature (mm/dd/yyyy)

03/15/2026



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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification

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

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

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

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification

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

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



Part 6. Additional Information

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

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

14108 Weeping Willow Drive
Aspen Hill
MD, USA - 20906
From 04/29/2021 to 04/29/2024

4. Page Number Part Number Item Number

The applicant entered the United States on 03/27/2019 as a B-2 Nonimmigrant Visitor and has remained to the present date

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A



**SANDRA PATRICIA RODRIGUEZ
ZAMORA'S SIGNED FORMS**



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 6 9 0 1 5 9 2 4 6 1 6

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **CASTILHO ZAIA**

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

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

Address of Attorney or Accredited Representative

3.a. Street Number and Name **11810 Grand Park Ave**

3.b. Apt. Ste. Flr. **500**

3.c. City or Town **North Bethesda**

3.d. State **MD** 3.e. ZIP Code **(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 **2676376123**

5. Mobile Telephone Number (if any) **2676376123**

6. Email Address (if any) **guilherme@zaiainlaw.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

Pennsylvania

1.b. Bar Number (if applicable)

334469

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)

Zaia Law LLC

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A,

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

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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


Options Regarding Receipt of USCIS Notices and Documents

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

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

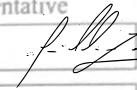
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel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

Signature of Client or Authorized Signatory for an Entity

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

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



Part 6. Additional Information

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

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

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

2.d

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

3.d

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

4.d

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

5.d

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

6.d





Application For Employment Authorization

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="334469"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="9"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="6"/>
--	--	---	--

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

Part 1. Reason for Applying

I am applying for (select only one box):

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

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

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

Part 2. Information About You

Your Full Legal Name

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

Other Names Used

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

Additional Information.

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



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
(USPS ZIP Code Lookup)
6. Is your current mailing address the same as your physical address?
 Yes No

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

U.S. Physical Address

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. USCIS Online Account Number (if any)
▶
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).
▶

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
- 14.b. Country



Part 2. Information About You (continued)

Place of Birth

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

15.a. City/Town/Village of Birth

Bogota

15.b. State/Province of Birth

Cundinamarca

15.c. Country of Birth

Colombia

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

11/22/1968

Information About Your Last Arrival in the United States

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

▶ 8 0 2 3 4 0 3 5 9 5 6

18. Passport Number of Your Most Recently Issued Passport

AV536315

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Colombia

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

01/24/2029

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

03/27/2019

23. Place of Your Last Arrival Into the United States

Dulles, VA

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

B2

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

Deferred Action

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

▶ N- N/A

Information About Your Eligibility Category

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

(c) (14) ()

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

28.a. Degree

N/A

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

N/A

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

N/A

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

▶ N/A

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

Yes No

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

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

▶ N/A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

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



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

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

Applicant's Statement

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

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

Applicant's Contact Information

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

Applicant's Certification

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

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

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

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

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

Applicant's Signature

7.a. Applicant's Signature



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

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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

Preparer's Statement

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

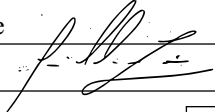
NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature



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

03/15/2026



Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





Application for Advance Permission to Enter as a Nonimmigrant

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

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

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

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">334469</div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> </table> </div>	0	6	9	0	1	5	9	2	4	6	1	6
0	6	9	0	1	5	9	2	4	6	1	6				

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

Part 1. Application Type

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

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

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

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



Part 2. Information About You

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

Family Name (Last Name)

RODRIGUEZ ZAMORA

Given Name (First Name)

Sandra Patricia

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

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

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

Other Information

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

▶ A-

N/A

4. USCIS Online Account Number (if any)

▶ N/A

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

11/22/1968

6. Place of Birth

City or Town

Bogota

State or Province

Cundinamarca

Country

Colombia

7. Country of Citizenship or Nationality

Colombia

8. Sex

Male Female

9. Mailing Address (Safe address, if applicable)

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

In Care Of Name (if any)

Guilherme Castilho Zaia

Street Number and Name

11810 Grand Park Ave

Apt. Ste. Flr.

Number

500

City or Town

North Bethesda

State

MD

ZIP Code

20850

Province

N/A

Postal Code

N/A

Country

USA



Part 2. Information About You (continued)

Address History

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

10. Physical Address 1 (current address)

Street Number and Name	Apt.	Ste.	Flr.	Number
3200 Weeping Willow Ct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
City or Town	State		ZIP Code	
Aspen Hill	MD		20906	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
05/30/2025	PRESENT			

11. Physical Address 2

Street Number and Name	Apt.	Ste.	Flr.	Number
13310 Foxhall Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
City or Town	State		ZIP Code	
Silver Spring	MD		20906	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
04/29/2024	05/30/2025			

Information About Your Marital History

12. What is your current marital status?

Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled
 Other

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

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

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

14. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CRUZ GUERRA	Jose Antonio	N/A

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



Part 2. Information About You (continued)

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

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

Information About Prior Marriages (if any)

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

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

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

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

23. Place of Marriage

City or Town

State or Province

Country

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

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

Immigration and Criminal History

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

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II). The applicant worked without authorization.



Part 2. Information About You (continued)

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

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

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

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

USCIS Office or U.S. Port-of-Entry City or Town

State or Province Country

Receipt Number (if available) ▶

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

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

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

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

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

32. Type of application or petition filed

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

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

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

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

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

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



Part 2. Information About You (continued)

Travel Information

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

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

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

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text" value="3001 Winifred drive"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text" value="N/A"/>
City or Town	State	ZIP Code
<input type="text" value="Burtonsville"/>	<input type="text" value="MD"/>	<input type="text" value="20866"/>
Province	Postal Code	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="USA"/>

Your Occupation

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text" value="01/18/2022"/>	<input type="text" value="Present"/>



Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

VANEGAS SERVICES LLC

Address of Employer or Company

Street Number and Name

1745 Stanley Manor Dr

Apt. Ste. Flr.

Number

N/A

City or Town

Silver Spring

State

MD

ZIP Code

20904

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Cleaner

Dates of Employment

From (mm/dd/yyyy)

02/01/2021

To (mm/dd/yyyy)

01/01/2022

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

3017202854

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

3017202854

3. Applicant's Email Address (if any)

sandra282155@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

03/15/2026



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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

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

4154252508

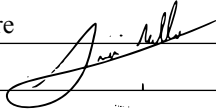
5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification

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

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

03/15/2026

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

CASTILHO ZAIA

Preparer's Given Name (First Name)

Guilherme

2. Preparer's Business or Organization Name

Zaia Law LLC

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

2676376123

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

2676376123

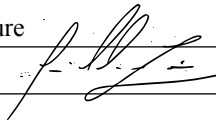
5. Preparer's Email Address (if any)

guilherme@zaialaw.com

Preparer's Certification

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

03/15/2026



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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

14108 Weeping Willow Drive
Aspen Hill
MD, USA - 20906
From 04/29/2021 to 04/29/2024

4. Page Number Part Number Item Number

The applicant entered the United States on 03/27/2019 as a B-2 Nonimmigrant Visitor and has remained to the present date.

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A



**JOSE ANTONIO CRUZ GUERRA'S
SIGNED FORMS**



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **CASTILHO ZAIA**

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

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

Address of Attorney or Accredited Representative

3.a. Street Number and Name **11810**

3.b. Apt. Ste. Flr. **500**

3.c. City or Town **North Bethesda**

3.d. State **MD** 3.e. ZIP Code **20850**
(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 **2676376123**

5. Mobile Telephone Number (if any) **2676376123**

6. Email Address (if any) **guilherme@zaiainlaw.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

Pennsylvania

1.b. Bar Number (if applicable)

334469

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)

Zaia Law LLC

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A

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

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

Client's Contact Information

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

Mailing Address of Client

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

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

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

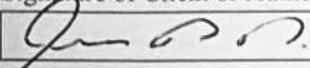
If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

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

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


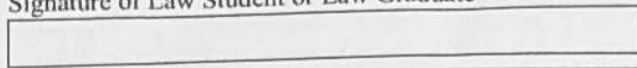
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

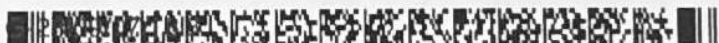
Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy) **03/15/2026**

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

- 1.b. Date of Signature (mm/dd/yyyy) **03/15/2026**
- 2.a. Signature of Law Student or Law Graduate

- 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 2.b. Part Number 2.c. Item Number

2.d.

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

3.d.

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

4.d.

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

5.d.

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

6.d.





Application for Advance Permission to Enter as a Nonimmigrant

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

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

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

To be completed by an attorney or accredited representative (if any).															
<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">334469</div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">5</td> <td style="border: 1px solid black; text-align: center;">9</td> <td style="border: 1px solid black; text-align: center;">2</td> <td style="border: 1px solid black; text-align: center;">4</td> <td style="border: 1px solid black; text-align: center;">6</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">6</td> </tr> </table> </div>	0	6	9	0	1	5	9	2	4	6	1	6
0	6	9	0	1	5	9	2	4	6	1	6				

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

Part 1. Application Type

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

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

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

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



Part 2. Information About You

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

Family Name (Last Name)

CRUZ GUERRA

Given Name (First Name)

Jose Antonio

Middle Name (if applicable)

N/A

2. Other Names Used (if any)

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

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

N/A

N/A

N/A

Other Information

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

▶ A-

N/A

4. USCIS Online Account Number (if any)

▶ N/A

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

03/13/1958

6. Place of Birth

City or Town

Bogota

State or Province

Cundinamarca

Country

Colombia

7. Country of Citizenship or Nationality

Colombia

8. Sex

Male Female

9. Mailing Address (Safe address, if applicable)

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

In Care Of Name (if any)

Guilherme Castilho Zaia

Street Number and Name

11810 Grand Park Ave

Apt. Ste. Flr.

Number

500

City or Town

North Bethesda

State

MD

ZIP Code

20850

Province

N/A

Postal Code

N/A

Country

USA



Part 2. Information About You (continued)

Address History

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

10. Physical Address 1 (current address)

Street Number and Name	Apt.	Ste.	Flr.	Number
Cra 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	#4-14 sur
City or Town	State		ZIP Code	
Bogota	DC		N/A	
Province	Postal Code	Country		
Cundinamarca	111511	Colombia		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
01/27/2026	PRESENT			

11. Physical Address 2

Street Number and Name	Apt.	Ste.	Flr.	Number
3200 Weeping Willow Ct	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	34
City or Town	State		ZIP Code	
Aspen Hill	MD		20906	
Province	Postal Code	Country		
N/A	N/A	USA		
Dates of Residence				
From (mm/dd/yyyy)	To (mm/dd/yyyy)			
05/30/2025	01/27/2026			

Information About Your Marital History

12. What is your current marital status?

Single, Never Married Married Divorced Widowed Legally Separated Marriage Annulled
 Other

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

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

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

14. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
RODRIGUEZ ZAMORA	Sandra Patricia	N/A

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



Part 2. Information About You (continued)

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

18. Place of Birth

City or Town

State or Province

Country

19. Place of Marriage

City or Town

State or Province

Country

Information About Prior Marriages (if any)

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

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

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

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

23. Place of Marriage

City or Town

State or Province

Country

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

25. Place Where Marriage Legally Ended

City or Town

State or Province

Country

Immigration and Criminal History

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

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II). The applicant worked without authorization. (see additional information)



Part 2. Information About You (continued)

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

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

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

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

USCIS Office or U.S. Port-of-Entry City or Town

State or Province Country

Receipt Number (if available)

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

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

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

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

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

32. Type of application or petition filed

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

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

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

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

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

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



Part 2. Information About You (continued)

Travel Information

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

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

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

Employment History

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

44. Employer 1 (current or most recent)

Name of Employer or Company

Address of Employer or Company

Street Number and Name	Apt. Ste. Flr.	Number
<input type="text" value="230 Randolph Rd"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text" value="N/A"/>
City or Town	State	ZIP Code
<input type="text" value="Silver Spring"/>	<input type="text" value="MD"/>	<input type="text" value="20904"/>
Province	Postal Code	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="USA"/>

Your Occupation

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
<input type="text" value="08/01/2023"/>	<input type="text" value="02/01/2024"/>



Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Vanegas Services LLC

Address of Employer or Company

Street Number and Name

1745 Staley Manor Dr

Apt. Ste. Flr.

Number

N/A

City or Town

Silver Spring

State

MD

ZIP Code

20904

Province

N/A

Postal Code

N/A

Country

USA

Your Occupation

Painter

Dates of Employment

From (mm/dd/yyyy)

08/01/2020

To (mm/dd/yyyy)

02/01/2023

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number

57 322 7150171

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

57 322 7150171

3. Applicant's Email Address (if any)

josecruz195803@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature

Date of Signature (mm/dd/yyyy)

03/15/2026



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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification

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

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

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

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification

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

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



Part 6. Additional Information

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

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

13310 Foxhall Drive
Silver Spring
MD, USA - 20906

14108 Weeping Willow Drive
Aspen Hill
MD, USA - 20906

From 04/29/2024 to 05/30/2025

From 04/29/2021 to 04/29/2024

4. Page Number Part Number Item Number

On January 27, 2026, the applicant departed the United States and returned to Colombia due to health-related reasons, where he currently resides. As a result of accruing more than one year of unlawful presence prior to his departure, the applicant is subject to a ten-year bar to reentry.

Accruing unlawful presence under INA § 212(a) (9) (B) (i) (II).

5. Page Number Part Number Item Number

The applicant entered the United States on 03/27/2019 as a B-2 Nonimmigrant Visitor and has remained until 01/27/2026, at which time he departed the United States and returned to Colombia.

6. Page Number Part Number Item Number

DBA TOPDOG SERVICES - 4705 Onley Laytonsville Road - Onley, MD - 20832

Covid disinfection at Dulles Airport and Baltimore - From 09/01/2020 to 01/01/2022



Exhibit list

Exhibits:

Pages:

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Exhibit 2 - Sandra Patricia Rodriguez Zamora's Identification Documents

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Exhibit 3 - Jose Antonio Cruz Guerra's Identification Documents

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Jose Antonio Cruz Guerra's Birth Certificate with English Translation	51-55
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Exhibit 4 - Sandra Patricia Rodriguez Zamora and Jose Antonio Cruz Guerra's Marriage Certificate with English Translation

Sandra Patricia Rodriguez Zamora and Jose Antonio Cruz Guerra's Marriage Certificate with English Translation	57-63
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Exhibit 5 - Maria Daniela Cruz Rodriguez's Personal Declaration with English Translation

Maria Daniela Cruz Rodriguez's Personal Declaration 64-72
with English Translation

Exhibit 6 - Incident Report

Incident Report 73-75

Exhibit 7 - Application for Statement of Charges

Application for Statement of Charges 76-77

**Exhibit 8 - Maria Daniela Cruz Rodriguez's Psychological
Evaluation**

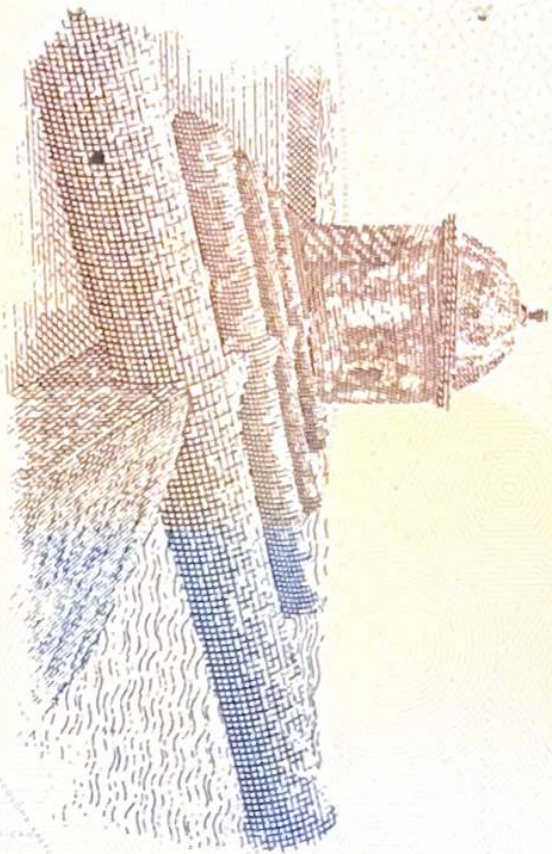
Maria Daniela Cruz Rodriguez's Psychological
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Exhibit 9 - Evidence of Physical Harm

Statement of Department of Health and Human
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**Exhibit 1 - Maria
Daniela Cruz
Rodriguez's
Identification
Documents**



República de
Colombia

AV 536497

Toda alteración en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

REPÚBLICA DE COLOMBIA



PASAPORTE

"El Gobierno de Colombia solicita a las autoridades nacionales y extranjeras dar al titular del presente pasaporte las facilidades para su normal tránsito y brindarle, en caso de necesidad, la ayuda y cooperación que puedan ser útiles.

The Government of Colombia requests all national and foreign authorities to allow the bearer of this passport to move freely and in case of need to afford such help and assistance as may be necessary.

Le Gouvernement de la Colombie demande aux autorités nationales et étrangères de donner au titulaire du présent passeport, les facilités pour son déplacement normal et de lui procurer l'aide et la coopération qui puissent lui être utiles, en cas de nécessité."

2 2

VISAS

VISAS

3

VILLA DE LEYVA



Villa de Leyva

VILLA DE LEYVA



3

8

VISAS

8



Santuario de las Lajas

WORLDWIDE

VISAS

9



9

WORLDWIDE

10

VISAS

10

Arrecifes de Coral



VISAS



10

12

VISAS

12



Caño Cristales

WATER

VISAS

5565 5565 5565 5565

13



13

WATER

14

VISAS

14



Desierto de la Tatacoa

VISAS

5555555555555555
5555555555555555

15



15

16

VISAS

16



Avistamiento de Ballenas

forobadas

VISAS



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VISAS

VISAS



18



Cerro de Monserrate



19

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VISAS

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Johnny Cay Isla

VISAS

21



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VISAS

222



Isla Malpelo

WORLDWIDE

VISAS



23



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WORLDWIDE

24



VISAS

24



Paramos de Colombia

VISAS



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VISAS

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Parque Natural Tayrona



VISAS



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VISAS

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Salinas de Manauire



VISAS



31

31

32

OBSERVACIONES

El pasaporte caducará al término de su vigencia, cuando sus páginas hayan sido utilizadas en su totalidad y cuando presente señales de adulteración, enmendadura o deterioro.

ATENCIÓN: Cuide el pasaporte. Su pérdida o deterioro puede causarle inconvenientes en el exterior.

En caso de accidente o pérdida del documento, favor enviarlo al consulado de Colombia más cercano o comunicarse con:

In case of accident or loss of this document, please send it to the nearest Colombian consulate or contact:

Nombre / Name:	_____
Dirección / Address:	_____
Teléfono / Telephone:	_____
País / Country:	_____

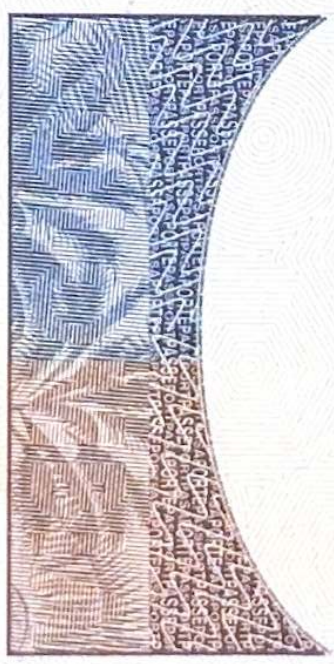


Sembrado de Olivos en Boyacá

32



Libertad y Orden

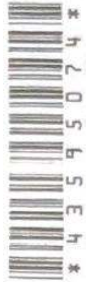


Toda alteración en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

REPUBLIC OF COLOMBIA



ELECTORAL ORGANIZATION
NATIONAL CIVIL REGISTRY
NATIONAL DIRECTORATE OF CIVIL REGISTRATION



NUIP (UNIQUE PERSONAL IDENTITY NUMBER)	1021680942
---	------------

BIRTH CERTIFICATE Serial number

43595074

Registration Office Information - Type of office							
Civil Registry Office	Notary Office	X	Number	54	Consulate	Corregimiento *	Insp. de Policía *
Country - Department - Municipality - Corregimiento and/or Inspección de Policía *							Code
COLOMBIA - CUNDINAMARCA - BOGOTA							A6H

Registered person's information							
First Surname				Second Surname			
CRUZ				RODRIGUEZ			
Name(s)							
MARIA DANIELA							
Date of Birth			Sex (in letters)		Blood Type		Rh Factor
Year	2009	Month	JUL	Day	9	FEMALE	O (+)
Place of Birth (Country - Department - Municipality - Corregimiento and/or Inspección de Policía *)							
COLOMBIA - CUNDINAMARCA - BOGOTA							

Document Type preceding Witness Statement	Live birth certificate number
LIVE BIRTH CERTIFICATE	51933703-6

Mother's information	
Full names and surnames	
RODRIGUEZ ZAMORA SANDRA PATRICIA	
Identification Document (Type and number)	Nationality
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 51978834	COLOMBIAN

Father's information	
Full names and surnames	
CRUZ GUERRA JOSE ANTONIO	
Identification Document (Type and number)	Nationality
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 19269750	COLOMBIAN

Declarant's information	
Full names and surnames	
CRUZ GUERRA JOSE ANTONIO	
Identification Document (Type and number)	Signature
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 19269750	.../signature and fingerprint/...

First witness' information	
Full names and surnames	
Identification Document (Type and number)	Signature

Second witness' information	
Full names and surnames	
Identification Document (Type and number)	Signature

Registration Date						Name and signature of authorizing clerk	
Year	2009	Month	JUL	Day	30	OSCAR .../illegible/... MARTINEZ BUSTAMANTE	
						.../illegible stamp and signature/...	
						Name and signature	

Father's recognition		Name and signature of the clerk registering recognition	
Signature		Name and signature	

SPACE FOR NOTES							

.../illegible/...

Translation notes:
* Corregimiento are Colombians rural administrative subdivisions within municipalities, an internal part of a Department or rovince.
* Inspección de Policía is a local administrative authority, responsible for resolving minor civil disputes; handling local conflicts; and registering civil acts.

..... NOTARY OFFICE FIFTY-FOUR

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NOTARY OFFICE 54
OF THE BOGOTA JURISDICTION
THIS COPY IS AUTHENTIC, TAKEN FROM THE ORIGINAL FILED IN THE ARQUIVES OF THIS NOTARY OFFICE TO ESTABLISH KINSHIP, IN ACCORDANCE WITH ARTICLE 115 OF DECREE 1260, 1970.
THIS CIVIL REGISTRY RECORD HAS PERMANENT VALIDITY IN ACCORDANCE WITH DECREE 962, 2005, Article 21 Paragraph.
BOGOTA D.C.; 2019-01-25 (YYYY-MM-DD) ISSUED FOR THE INTERESTED PARTY

ALVARO ENRIQUE MARQUEZ CÁRDENAS
NOTARY

NOTARY OFFICE FIFTY-FOUR
NOTARY OFFICE 54
OF THE BOGOTA JURISDICTION

ALVARO ENRIQUE MARQUEZ CÁRDENAS
BOGOTA NOTARY OFFICE 54

.../signature/...

Alvaro E. Marquez C.

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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 16, 2026.

REPÚBLICA DE COLOMBIA



ORGANIZACIÓN ELECTORAL
REGISTRADURÍA NACIONAL DEL ESTADO CIVIL
DIRECCIÓN NACIONAL DE REGISTRO CIVIL

NUIP 1021680942

**REGISTRO CIVIL
DE NACIMIENTO**

Indicativo
Serial

43595074



Datos de la oficina de registro - Clase de oficina

Registraduría <input type="checkbox"/>	Notaría <input checked="" type="checkbox"/>	Número 54	Consulado <input type="checkbox"/>	Corregimiento <input type="checkbox"/>	Inspección de Policía <input type="checkbox"/>	Código A 6 H
--	---	-----------	------------------------------------	--	--	--------------

Pais - Departamento - Municipio - Corregimiento a/o Inspección de Policía
COLOMBIA CUNDINAMARCA BOGOTA

Datos del inscrito

Primer Apellido CRUZ	Segundo Apellido RODRIGUEZ
-------------------------	-------------------------------

Nombre(s)
MARIA DANIELA

Fecha de nacimiento Año 2009 Mes JUL Día 09	Sexo (en letras) FEMENINO	Grupo sanguíneo 0	Factor RH (+)
--	------------------------------	----------------------	------------------

Lugar de nacimiento (Pais - Departamento - Municipio - Corregimiento a/o Inspección)
COLOMBIA CUNDINAMARCA BOGOTA

Tipo de documento antecedente o Declaración de castigos

CERTIFICADO DE NACIDO VIVO	Número certificado de nacido vivo 51933703-6
----------------------------	---

Datos de la madre

Apellidos y nombres completos RODRIGUEZ ZAMORA SANDRA PATRICIA	Nacionalidad COLOMBIANA
---	----------------------------

Documento de identificación (Clase y número)
C.C. 51978334 DE BOGOTA

Datos del padre

Apellidos y nombres completos CRUZ GUERRA JOSE ANTONIO	Nacionalidad COLOMBIANA
---	----------------------------

Documento de identificación (Clase y número)
C.C. 19269750 DE BOGOTA

Datos del declarante

Apellidos y nombres completos CRUZ GUERRA JOSE ANTONIO	Firma
---	-------

Documento de identificación (Clase y número)
C.C. 19269750 DE BOGOTA

Datos Primer testigo

Apellidos y nombres completos	Firma
-------------------------------	-------

Documento de identificación (Clase y número)

Datos segundo testigo

Apellidos y nombres completos	Firma
-------------------------------	-------

Documento de identificación (Clase y número)

Fecha de inscripción

Año 2009 Mes JUL Día 30	Funcionario que autoriza OSCAR MARTINEZ BUSTAMANTE Nombre y firma
-------------------------	---

Reconocimiento paterno

Firma	Nombre y firma del funcionario ante quien se hace el reconocimiento
-------	---

Nombre y firma del funcionario ante quien se hace el reconocimiento

Nombre y firma

ESPACIO PARA NOTAS

Handwritten notes in red ink: *Alvaro E. Valderrama*

- ORIGINAL PARA LA OFICINA DE REGISTRO -

NOTARIA 54

ESPACIO EN BLANCO

NOTARIA 54



NOTARIA 54

DEL CÍRCULO DE BOGOTÁ

LA PRESENTE FOTOCOPIA FUE TOMADA DEL ORIGINAL QUE REPOSA EN LOS ARCHIVOS DE ESTA NOTARIA PARA DEMOSTRAR PARENTESCO, DE CONFORMIDAD CON LO ESTABLECIDO CON EL ARTICULO 115 DECRETO 1260 DE 1970.

ESTE REGISTRO CIVIL TIENE VALIDEZ PERMANENTE DE CONFORMIDAD CON EL DECRETO 962 del 2005, Artículo 21 Parágrafo.

BOGOTA D.C.; 2019-01-25 (AAAA-MM-DD)

CON DESTINO AL INTERESADO

ÁLVARO ENRIQUE MÁRQUEZ CÁRDENAS
NOTARIO



Alvaro E. Marquez C.

 For: **MARIA DANIELA CRUZ RODRIGUEZ**



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

Most Recent I-94

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

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

Admission I-94 Record Number: 80233906656

Arrival/Issued Date: 2019 March 27

Class of Admission: B2

Admit Until Date: 2019 September 26

Details provided on the I-94 Information form:

Last/Surname: CRUZ RODRIGUEZ

First (Given) Name: MARIA DANIELA

Birth Date: 2009 July 09

Document Number: AV536497

Country of Citizenship: Colombia

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 03/31/2026

View Travel History

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

Travel History Results

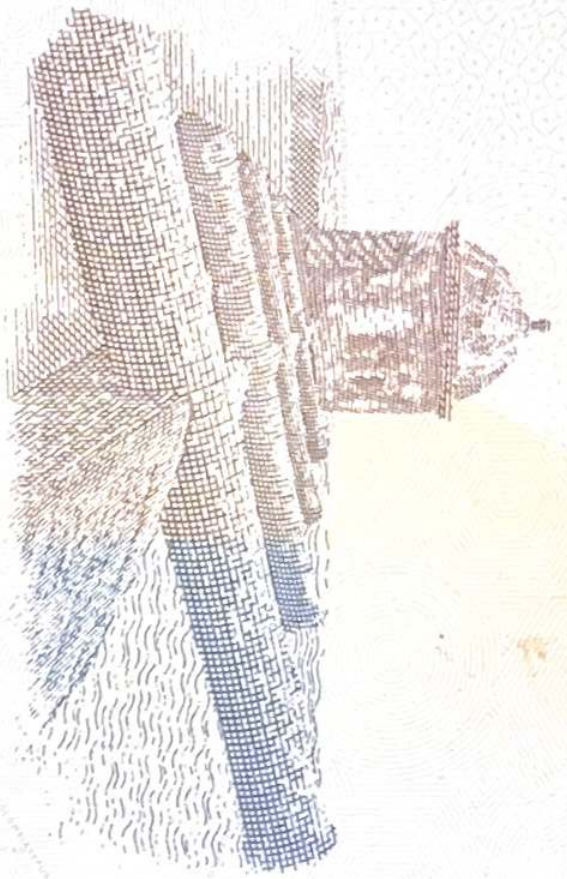
Document Number: **AV536497**

Document Country of Issuance: **Colombia**

Row	DATE	TYPE	LOCATION
1	2019-03-27	Arrival	WAS

OMB No. 1651-0111 Expiration Date: 03/31/2026

**Exhibit 2 - Sandra
Patricia Rodriguez
Zamora's
Identification
Documents**



República de

Colombia



AV 536315

Toda alteración en este pasaporte implica su invalidez.

Any alteration to this passport will render it invalid.

REPÚBLICA DE COLOMBIA



PASAPORTE

"El Gobierno de Colombia solicita a las autoridades nacionales y extranjeras dar al titular del presente pasaporte las facilidades para su normal tránsito en caso de necesidad, la o en que puedan ser útiles."

The Government of Colombia requests all national and foreign authorities to allow the bearer of this passport to move freely and in case of need to afford such help and assistance as may be necessary.

Le Gouvernement de la Colombie demande aux autorités nationales et étrangères de donner au titulaire du présent passeport, les facilités pour son déplacement normal et de lui procurer l'aide et la coopération qui puissent lui être utiles, en cas de nécessité."

REPÚBLICA DE COLOMBIA UNIDAD ADMINISTRATIVA ESPECIAL T.M.O.
EMBASSY OF COLOMBIA
 Ministerio de Relaciones Exteriores
27 MAR. 2019 BOG
 AMBROSIO COLLOL
 REPUBLICA DE COLOMBIA

San Agustín



AV536315

PASAPORTE
PASSPORT



REPUBLICA DE COLC

Tipo / Type Cod. país / Country code P. F.
P **COL** **AV536315**

Apellidos / Surname
RODRIGUEZ ZAMORA

Nombres / Given names
SANDRA PATRICIA

Nacionalidad / Nationality
COLOMBIANA

Fecha de nacimiento / Date of birth
22 NOV/NOV 1968

Núm. personal / Personal No.
CC51978834

Sexo / Sex Lugar de nacimiento / Place of birth
F **BOGOTA COL**

Fecha de expedición / Date of issue
25 ENE/JAN 2019

Autoridad / Authority
BTA CALLE 53

Fecha de vencimiento / Date of expiry
24 ENE/JAN 2029

Firma del titular / Holder's signature

Sandra



QRE AV536315 24 ENE
 JAN 2029

P<COLRODRIGUEZ<ZAMORA<<SANDRA<PATRICIA<<<<<<
 AV536315<2COL6811222F2901248CC51978834<<<<78

2
2

VISAS

VISAS

3

WILLY TAYLOR

WILLY TAYLOR



Villa de Leyva

WILLY TAYLOR



3

VISAS

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION
 ADMITTED
 MAR 27 2013
 B2
 1913

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BOGOTA
 Surname
RODRIGUEZ ZAMORA
 Given Name
SANDRA PATRICIA
 Passport Number
AV536315
 Entries
M
 Annotation

Issue Date
12FEB2019

Sex
F

Control Number
20190421300001

Visa Type /Class
R B1/B2
 Birth Date
22NOV1968
 Nationality
COL
 Expiration Date
10FEB2029
0101

L8181126

*
 VNUSARODRIGUEZ<ZAMORA<<SANDRA<PATRICIA<<<<<<13
 AV536315<2COL6811222F2902108B3BGT2NEOE553011

10

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VISAS

Arrecifes de Coral



VISAS



16

VISAS

16



Avistamiento de Ballenas
Jorabadas



VISAS

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VISAS

Cerro de Monserrate



VISAS



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VISAS

VISAS

20

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Johnny Cay Isla



21

22

VISAS

VISAS

222

223



Isla Malpelo



23

24

VISAS

VISAS

24

25

Paramos de Colombia



25

26

VISAS

26

Parque Natural Toyrona



VISAS



27

27

28

VISAS

VISAS

28



Ciudad Perdida
(Sierra Nevada)



29

29

30

VISAS

30



Salinas de Manoure

44330017

VISAS



31

44330017

30

32

OBSERVACIONES

El pasaporte caducará al término de su vigencia, cuando sus páginas hayan sido utilizadas en su totalidad y cuando presente señales de adulteración, emmendadura o deterioro.

ATENCIÓN: Cuide el pasaporte. Su pérdida o deterioro puede causarle inconvenientes en el exterior.

En caso de accidente o pérdida del documento, favor enviarlo al consulado de Colombia más cercano o comunicarse con:

In case of accident or loss of this document, please send it to the nearest Colombian consulate or contact:

Nombre / Name: _____

Dirección / Address: _____

Teléfono / Telephone: _____

País / Country: _____



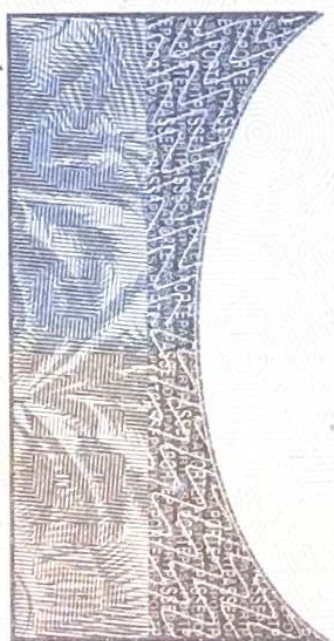
Sembrado de Olivos en Boyacá

32

AV536313



Libertad y Orden



Toda alteración en este pasaporte implica su invalidez.
Any alteration to this passport will render it invalid.

182460



DANE

REPUBLIC OF COLOMBIA
CIVIL REGISTRY **BIRTH CERTIFICATE**
NATIONAL SERVICE OF REGISTRATION

IDENTIFICATION NBR.

Basic part	Complementary part
681122	1436

CIVIL REGISTRY OFFICE	Notary Office, Municipal Registry, Town Hall, Corregimiento's Office, etc. NOTARY OFFICE FOURTEEN (14)	Municipality BOGOTA	Code 1014
-----------------------	--	-------------------------------	---------------------

GENERAL INFORMATION SECTION

REGISTERED PERSON	First surname RODRIGUEZ	Second surname ZAMORA	Names SANDRA PATRICIA		
SEX	Male or Female Female	Male	Female X	Date of birth Day 22	Month NOVEMBER Year 1968
PLACE OF BIRTH	Country COLOMBIA	Department CUNDINAMARCA	Municipality BOGOTA		

SPECIFIC INFORMATION SECTION

BIRTH INFORMATION	Clinic, hospital, house address, pavement, corregimiento, where birth took place HOSPITAL DE LA HORTUA DE BOGOTA		Time 6:00 P.M.	
	Type of certification presented (medical, parish record, etc.) PARISH RECORD	Name of professional who certified birth		License number
MOTHER	Surnames ZAMORA		Names MARIA DEL TRANSITO	
	Identification Bogota citizen identity card # 20333059		Nationality COLOMBIAN	Occupation or role UPHOLSTERER
FATHER	Surnames RODRIGUEZ SILVA		Names FILIBERTO	
	Identification Bogota citizen identity card # 173032190		Nationality COLOMBIAN	Occupation or role FLOOR LAYER

DECLARANT	Identification Bogota citizen identity card # 173032190	Signature/signature/.....
	Postal address CALLE 66 # 17 H-11	Name MARIA DEL TRANSITO ZAMORA DE RODRIGUEZ
WITNESS	Identification	Signature
	Address (Municipality)	Name
WITNESS	Identification	Signature
	Address (Municipality)	Name
REGISTRATION DATE	DATE OF RECORD ENTRY Day 16 Month SEPTEMBER Year 1976	Signature/signature/..... Clerk's signature

ORIGINAL FOR CIVIL REGISTRY OFFICE

Form DANE IP 10-0 IX/75

TO ESTABLISH KINSHIP
ARTICLE 115 OF DECREE-LAW 1260, 1970.
THIS RECORD HAS PERMANENT VALIDITY

REPUBLIC OF COLOMBIA



EDUARDO CASTRO PEREZ
NOTARY/signature/.....
14
BOGOTA NOTARY OFFICE FOURTEEN

EXEMPTED FROM PAYMENT

AS NOTARY OFFICE FOURTEEN (14) OF THIS JURISDICTION, I CERTIFY THAT THIS COPY MATCHES ITS ORIGINAL, WHICH IS FILED IN THE ARCHIVES OF THIS NOTARY OFFICE BOGOTA, D.C. **MARCH 05 2008**

Translation notes:

* Corregimiento are Colombians rural administrative subdivisions within municipalities, an internal part of a Department or province.

NOTARY OFFICE FIFTY-FOUR
NOTARY OFFICE 54
OF THE BOGOTA D.C. JURISDICTION

ALVARO ENRIQUE MARQUEZ CÁRDENAS
BOGOTA D.C. NOTARY OFFICE 54

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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 16, 2026.

1882450


 REPUBLICA DE COLOMBIA
 REGISTRO CIVIL

REGISTRO DE NACIMIENTO

IDENTIFICACION No.

Parte básica

681122

Parte complementaria

01436

SERVICIO NACIONAL DE INSCRIPCIÓN

OFICINA DE REGISTRO CIVIL	Notaría, Registraduría Municipal, Alcaldía, Corregimiento, etc. NOTARIA CATORCE (14)	Municipio BOGOTA	Código 1014
---------------------------	--	----------------------------	-----------------------

SECCION GENERAL

INSCRITO	Primer apellido RODRIGUEZ	Segundo apellido ZAMORA	Nombres SANDRA PATRICIA				
SEXO	Masculino o femenino FEMENINO	Masculino <input type="checkbox"/>	Femenino <input checked="" type="checkbox"/>	Fecha de nacimiento	Día 22	Mes NOVIEMBRE	Año 1.988
LUGAR DE NACIMIENTO	País COLOMBIA	Departamento CUNDINAMARCA	Municipio BOGOTA				

SECCION ESPECIFICA

DATOS DEL NACIMIENTO	Clínica, hospital, dirección de la casa, vereda, corregimiento, donde ocurrió el nacimiento HOSPITAL DE LA HORTUA DE BOGOTA			Hora 6.00P.M.
	Clase de certificación presentada(médica, acta parroquial, etc.) ACTA PARROQUIAL	Nombre del profesional que certificó el nacimiento		No. de licencia
MADRE	Apellidos ZAMORA	Nombres MARIA DEL TRANSITO		Edad(años cumpl.) 25
	Identificación c.c.# 20'333.059 de Bogotá	Nacionalidad COLOMBIANA	Profesión u oficio GUARNECEDORA	
PADRE	Apellidos RODRIGUEZ SILVA	Nombres FILIBERTO		Edad(años cumpl.) 28
	Identificación c.c.# 17'032.190 de Bogotá	Nacionalidad COLOMBIANO	Profesión u oficio SOLDADOR	

DENUNCIANTE	Identificación c.c.# 17'032.190 de Bogotá	Firma <i>Eduardo Castro Perdomo</i>
	Dirección postal CALLE 66 # 17 H-11	Nombre MARIA DEL TRANSITO ZAMORA DE RODRIGUEZ
TESTIGO	Identificación	Firma
	Domicilio (Municipio)	Nombre
TESTIGO	Identificación	Firma
	Domicilio (Municipio)	Nombre
FECHA DE INSCRIPCIÓN	FECHA EN QUE SE SIENTA EL REGISTRO	
	Día 16	Mes SEPTIEMBRE
	Año 1.976	
	Firma del funcionario <i>[Firma]</i>	

ORIGINAL PARA LA OFICINA DE REGISTRO CIVIL

Forma DANE 10-B-1X/75

PARA DEMOSTRAR PARENTESCO
 ART. 115 DECRETO LEY 1260 DE 1978
 ESTE REGISTRO TIENE VALIDEZ
 PERMANENTE.



COMO NOTARIO CATORCE (14)
 DE ESTE CIRCULO HAGO CONSTAR
 QUE ESTA FOTOCOPIA COINCIDE
 CON SU ORIGINAL QUE REPOSA EN
 LOS ARCHIVOS DE ESTA NOTARIA
 BOGOTA, D. C.

10 5 MAR. 2008

ESTA EXENTA DE PAGO

 For: **SANDRA PATRICIA RODRIGUEZ ZAMORA**



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

Most Recent I-94

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

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

Admission I-94 Record Number: 80234035956

Arrival/Issued Date: 2019 March 27

Class of Admission: B2

Admit Until Date: 2019 September 26

Details provided on the I-94 Information form:

Last/Surname: RODRIGUEZ ZAMORA

First (Given) Name: SANDRA PATRICIA

Birth Date: 1968 November 22

Document Number: AV536315

Country of Citizenship: Colombia

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 03/31/2026

View Travel History

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

Travel History Results

Document Number: **AV536315**

Document Country of Issuance: **Colombia**

Row	DATE	TYPE	LOCATION
1	2019-03-27	Arrival	WAS

OMB No. 1651-0111 Expiration Date: 03/31/2026

**Exhibit 3 - Jose
Antonio Cruz Guerra's
Identification
Documents**

---/stamp/---

NAME AND SURNAME
OF THE REGISTERED
PERSON

José Antonio Cruz Guerra

In the Republic of **Colombia**, Department of **---illegible/---**
Municipality of **Bogota DE**

(corregimiento* or village, etc.)

on the **22nd day** of **March**, nineteen **58**

appeared before me Ms **Librada Ines Guerra**,

(declarant's name)

of age, **Colombian**, born in **Boyacá**, domiciled

at **K62776-99**, and declared: That on the **13th day**

of **March**, nineteen **58**, at

8 p.m., a child was born at **Clínica 1º de Mayo**

(address of house, hospital, district, village, corregimiento, etc.)

in the Municipality of **Bogota**, Republic of **Colombia**, the child

is **male**, and was named **José Antonio**,

legitimate son of Mr. **Salvador Cruz**, **35** years old,

(identity card No.)

born in **Boyacá**, Republic of **Colombia**, **bricklayer**,

and Ms. **Librada Ines Guerra**, **22** years old, born in

Boyacá, Republic of **Colombia**, **homemaker**, whose

paternal grandparents are **Celedonio Cruz – Rosalía Bermudez**,

and maternal grandparents are **Juan Pablo Guerra – Maria Campos Moreno**.

Witnesses: **Juan de Dio ---/illegible/---** - **José M. Rodriguez**.

In witness whereof, this deed is executed.

Declarant **Librada Ines Guerra** **10064 Bogotá**

(identity card No.)

Witness **---/signature/---** **396949 /illegible/**

(identity card No.)

Witness **---/signature/---** **887625/illegible/**

(identity card No.)

---/stamp and signature/---

(stamp and signature of the clerk before whom the registration is made)

For the purposes of the Article Two (2) of Law 45, 1936, I acknowledge the child referred to in this Record as a natural child, and in witness whereof, I sign.

(signature of the father registering acknowledgment)

(signature of the mother registering acknowledgment)

---/stamp/---

(stamp and signature of the clerk registering acknowledgment)

---/stamp/---

Translation note:

* Corregimiento are Colombian rural administrative subdivisions within municipalities, an internal part of a Department or Province.

NOTARY OFFICE THREE

CIVIL REGISTRY

This record is an authentic copy taken from the original filed in the archives of the Civil Registry, valid to establish kinship.

Given in ---/illegible/---

MAR 04 2026

Notary Office 3
NIDIA HERNANDEZ
NOTARY'S ASSISTANT

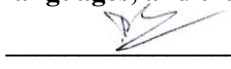
---/stamp/---

---/signature and stamp/---

---/illegible/---

---/stamp/---

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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 18, 2026.

NOMBRE Y APELLIDO DEL REGISTRADO

28/83
2502/99

57760

135

En la República de Colombia Departamento de Cundinamarca

Municipio de Bogotá D.E.

a 22 del mes de marzo de mil novecientos 58.

se presentó el señor Liliana Ines Guerra mayor de edad, de nacionalidad Colomb. natural de Boyacá domiciliado en 562776-99 y declaró que el día 13 del mes de marzo de mil novecientos 58 estando las 8 de la p.m. nació en blanca 1º mayo del municipio de Bogotá República de Colomb. un niño de sexo masculino a quien se le ha dado el nombre de José Antonio hijo legítimo del señor Salvador Cruz de 35 años de edad natural de Boyacá República de Colombia de profesión abogado y la señora Liliana Ines Guerra de 22 años de edad natural de Boyacá República de Colombia de profesión hogar siendo abuelos paternos Celestino Cruz - Rosalia Bermudez y abuelos maternos Juan Pablo Guerra - Maria Campos mercedo.

Fueron testigos Juan de Dios Bejaran José María Rodríguez

En la de lo cual se firma la presente acta.
El declarante: Liliana Ines de Cruz 10064 Bogotá (cédula No)

El testigo: Juan Bejaran 396749 (cédula No)

El testigo: José María Rodríguez 98765 (cédula No)

[Firma y sello del funcionario ante quien se hace el registro]

Para efectos del artículo segundo (2o.) de la Ley 45 de 1936, reconozco al niño a que se refiere esta Acta como hijo natural y para constancia firmo.

(firma del padre que hace el reconocimiento)

(firma de la madre que hace el reconocimiento)

(firma y sello del funcionario ante quien se hace el reconocimiento)

Notaria Tercera

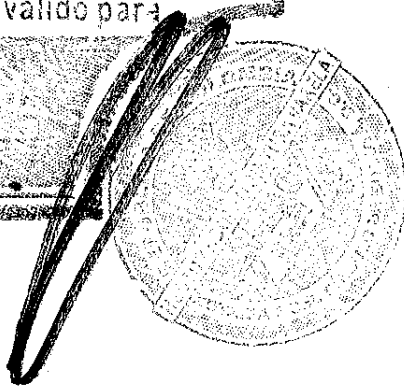
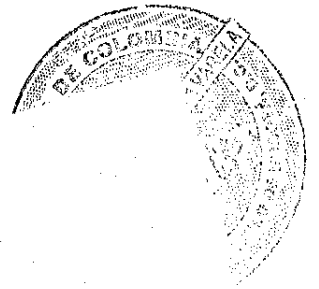
REGISTRO CIVIL

El presente registro es fotocopia auténtica tomada del original que reposa en nuestros archivos de Registro Civil, válido para acreditar parentesco.

Dado en Bogotá

10 4 MAR 2020

NOTARIO
MIRIAM HERNANDEZ
AJUJARIANOTARIAL



T100 P 145

REPUBLICA DE COLOMBIA
SECRETARÍA DE JUSTICIA Y DEL DERECHO
REGISTRO CIVIL

 For: **JOSE ANTONIO CRUZ GUERRA**



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

Most Recent I-94

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

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

Admission I-94 Record Number: 80233688456

Arrival/Issued Date: 2019 March 27

Class of Admission: B2

Admit Until Date: 2019 September 26

Details provided on the I-94 Information form:

Last/Surname: CRUZ GUERRA

First (Given) Name: JOSE ANTONIO

Birth Date: 1958 March 13

Document Number: AV536322

Country of Citizenship: Colombia

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 03/31/2026

**Exhibit 4 - Sandra
Patricia Rodriguez
Zamora and Jose
Antonio Cruz Guerra's
Marriage Certificate
with English
Translation**

REPUBLIC OF COLOMBIA



ELECTORAL ORGANIZATION
NATIONAL CIVIL REGISTRY

REGISTRATION RECEIPT
PLEASE, KEEP IT CAREFULLY
TO REQUEST FUTURE COPIES



CIVIL MARRIAGE REGISTRY

Serial number

6279072

Registration Office Information - Type of office						
Type of Office:	Registry	Notary Office	54	Consulate	Corregimiento *	Insp. de Policía * Code
Country - Department - Municipality - Corregimiento and/or Inspección de Policía *						A6H
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.						

Marriage information									
Place of celebration: Country - Department - Municipality									
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.									
Date of Celebration					Type of marriage				
Year	2008	Month	AUG	Day	30	Civil	Religious	X	
Document certifying marriage									
Type of document					Number		Notary Office, court, parish, other		
Religious certificate		X		Deed of Protocolization			PARISH OF SAN RICARDO DE PAMPURI		

Groom's information									
Full names and surnames									
CRUZ GUERRA JOSE ANTONIO.									
Identification Document (Type and number)									
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 19.269.750*****.									

Bride's information									
Full names and surnames									
RODRIGUEZ ZAMORA SANDRA PATRICIA.									
Identification Document (Type and number)									
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 51.978.834									

Declarant's information									
Full names and surnames									
ZAMORA DE RODRIGUEZ MARIA DEL TRANSITO.									
Identification Document (Type and number)					Signature				
BOGOTA CITIZENSHIP IDENTITY CARD (C.C.) No. 20.333.059					.../signature and fingerprint/...				

Registration Date					Name and signature of authorizing clerk					
Year	2013	Month	NOV	Day	26	Elsa Villalobos Sarmiento BOGOTA NOTARY OFFICE FIFTY-FOURTH ELSA VILLALOBOS SARMIENTO				

PRENUPTIAL AGREEMENT										
Place of execution of the deed		Notary Office No.		Deed No.		Date of execution of the deed				
						Year		Month		Day

CHILDREN LEGITIMATED BY MARRIAGE									
Full names and surnames					ID (Class and Number)			Birth serial number	

ACTIONS									
Type of action		Deed or sentence No.		Notary Office or Court		Place and Date		Clerk's signature	

SPACE FOR NOTES									

Translation notes:
 * Corregimiento are Colombians rural administrative subdivisions within municipalities, an internal part of a Department or province.
 * Inspección de Policía is a local administrative authority, responsible for resolving minor civil disputes; handling local conflicts; and registering civil acts.

SECOND COPY FOR THE HOLDER

REPUBLIC OF COLOMBIA



ELECTORAL ORGANIZATION
NATIONAL CIVIL REGISTRY

CIVIL MARRIAGE REGISTRY

Serial number

6279072



Registration Office Information - Type of office								
Type of Office:	Registry	Notary Office	54	Consulate	Corregimiento *	Insp. de Policía *	Code	A6H
Country - Department - Municipality - Corregimiento and/or Inspección de Policía *								
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.								

Marriage information									
Place of celebration: Country - Department - Municipality									
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.									
Date of Celebration					Type of marriage				
Year	2008	Month	AUG	Day	30	Civil	Religious	X	
Document proving marriage									
Type of document					Number		Notary Office, court, parish, other		
Religious certificate		X		Deed of Protocolization			PARISH OF SAN RICARDO DE PAMPURI		

Groom's information									
Full names and surnames									
CRUZ GUERRA JOSE ANTONIO.									
Identification Document (Type and number)									
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 19.269.750*****.									

Bride's information									
Full names and surnames									
RODRIGUEZ ZAMORA SANDRA PATRICIA.									
Identification Document (Type and number)									
BOGOTA CITIZENSHIP IDENTITY CARD NUMBER 51.978.834									

Declarant's information									
Full names and surnames									
ZAMORA DE RODRIGUEZ MARIA DEL TRANSITO.									
Identification Document (Type and number)					Signature				
BOGOTA CITIZENSHIP IDENTITY CARD (C.C.) No. 20.333.059					.../signature and fingerprint/...				

Registration Date					Name and signature of authorizing clerk				
Year	2013	Month	NOV	Day	26	Elsa Villalobos Sarmiento			
						BOGOTA			
						NOTARY OFFICE FIFTY-FOURTH			
						.../signature/...			
						ELSA VILLALOBOS SARMIENTO			

PRENUPTIAL AGREEMENT						
Place of execution of the deed	Notary Office No.	Deed No.	Date of execution of the deed			
			Year	Month	Day	

CHILDREN LEGITIMATED BY MARRIAGE		
Full names and surnames	ID (Class and Number)	Birth serial number

ACTIONS				
Type of action	Deed or sentence No.	Notary Office or Court	Place and Date	Clerk's signature

SPACE FOR NOTES									

Translation notes:
 * Corregimiento are Colombians rural administrative subdivisions within municipalities, an internal part of a Department or province.
 * Inspección de Policía is a local administrative authority, responsible for resolving minor civil disputes; handling local conflicts; and registering civil acts.

ORIGINAL FOR THE REGISTRATION OFFICE

NOTARY OFFICE FIFTY-FOUR OF THE BOGOTA JURISDICTION

THIS COPY IS AUTHENTIC, TAKEN FROM THE ORIGINAL FILED IN THE ARCHIVES OF THE CIVIL MARRIAGE REGISTRY AND ISSUED IN ACCORDANCE WITH ARTICLE 114 OF DECREE 1260, 1970 PER REQUEST OF THE INTERESTED PARTY

BOGOTÁ **NOV 27, 2013**

NOTARY OFFICE

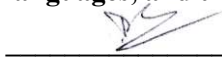
54 BOGOTA

.../signature/...

THE NOTARY

Elsa Villalobos Sarmiento
BOGOTA
NOTARY OFFICE FIFTY-FOUR

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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 16, 2026.



ORGANIZACIÓN ELECTORAL
REGISTRADURÍA NACIONAL DEL ESTADO CIVIL

COMPROBANTE DE INSCRIPCIÓN
FAVOR CONSERVARLO CUIDADOSAMENTE
para SOLICITAR FUTURAS COPIAS



6279072

REGISTRO CIVIL DE MATRIMONIO

Indicativo Serial
6279072

Datos de la oficina de registro - Clase de oficina

Clase de Oficina: Registraduría Notaría 54 Consulado Corregimiento Insp. de Policía Código **A 6 H**

País - Departamento - Municipio - Corregimiento o Inspección de Policía
COLOMBIA - CUNDINAMARCA - BOGOTÁ D.C.

Datos del matrimonio

Lugar de celebración: País - Departamento - Municipio
COLOMBIA - CUNDINAMARCA - BOGOTÁ D.C.

Fecha de celebración: Año **2008** Mes **A G O** Día **3 0** Clase de matrimonio: Civil Religioso

Documento que acredita el matrimonio: Tipo de documento Acta religiosa Escritura de protocolización Número Notaría, juzgado, parroquia, otra P/QUIA SAN RICARDO DE PAMPURI.

Datos del contrayente

Apellidos y nombres completos
CRUZ GUERRA JOSE ANTONIO.

Documento de identificación (Clase y número)
CEDULA DE CUIDADANIA NUMERO 19.269.750 DE BOGOTÁ*****

Datos de la contrayente

Apellidos y nombres completos
RODRIGUEZ ZAMORA SANDRA PATRICIA.

Documento de identificación (Clase y número)
CÉDULA DE CIUDADANIA NÚMERO 51.978.834 DE BOGOTÁ

Datos del denunciante

Apellidos y nombres completos
ZAMORA DE RODRIGUEZ MARIA DEL TRANSITO.

Documento de identificación (Clase y número) Firma
C.C. N° 20.333.059 DE BOGOTÁ.

Fecha de inscripción: Año **2013** Mes **NOV** Día **26**

Nombre y firma del funcionario que autoriza
ELSA VILLALOBOS SARMIENTO

CAPITULACIONES MATRIMONIALES

Lugar otorgamiento de la escritura	No. Notaría	No. Escritura	Fecha de otorgamiento de la escritura
			Año <input type="text"/> <input type="text"/> <input type="text"/> Mes <input type="text"/> <input type="text"/> <input type="text"/> Día <input type="text"/> <input type="text"/> <input type="text"/>

HIJOS LEGITIMADOS POR EL MATRIMONIO

Nombres y apellidos completos	Identificación (Clase y Número)	Indicativo serial de nacimiento

PROVIDENCIAS

Tipo de providencia	No. escritura o Sentencia	Notaría o Juzgado	Lugar y Fecha	Firma funcionario

ESPACIO PARA NOTAS

-SEGUNDA COPIA PARA EL USUARIO -

REPÚBLICA DE COLOMBIA



ORGANIZACIÓN ELECTORAL
REGISTRADURÍA NACIONAL DEL ESTADO CIVIL

REGISTRO CIVIL DE MATRIMONIO

Indicativo Serial 6279072



Datos de la oficina de registro - Clase de oficina

Clase de Oficina: Registraduría Notaria 54 Consulado Corregimiento Insp. de Policía Código A 6 H

País - Departamento - Municipio - Corregimiento o Inspección de Policía
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.

Datos del matrimonio

Lugar de celebración: País - Departamento - Municipio
COLOMBIA - CUNDINAMARCA - BOGOTA D.C.

Fecha de celebración: Año 2008 Mes A G O Día 3 0 Clase de matrimonio: Civil Religioso

Documento que acredita el matrimonio: Tipo de documento: Acta religiosa Escritura de protocolización Número: P/QUIA SAN RICARDO DE PAMPURI. Notaría, juzgado, parroquia, otra

Datos del contrayente

Apellidos y nombres completos: CRUZ GUERRA JOSE ANTONIO.

Documento de identificación (Clase y número): CEDULA DE CUIDADANIA NUMERO 19.269.750 DE BOGOTA *****

Datos de la contrayente

Apellidos y nombres completos: RODRIGUEZ ZAMORA SANDRA PATRICIA.

Documento de identificación (Clase y número): CÉDULA DE CIUDADANIA NÚMERO 51.978.834 DE BOGOTA

Datos del denunciante

Apellidos y nombres completos: ZAMORA DE RODRIGUEZ MARIA DEL TRANSITO.

Documento de identificación (Clase y número): C.C. N° 20.333.059 DE BOGOTA. Firma: *Maria del Tránsito Zamora de P...*

Fecha de inscripción: Año 2013 Mes NOV Día 26

Nombre y firma del funcionario que autoriza: *Elsa Villegas Sarmiento*
ELSA VILLEGAS SARMIENTO

CAPITULACIONES MATRIMONIALES

Lugar otorgamiento de la escritura	No. Notaria	No. Escritura	Fecha de otorgamiento de la escritura
			Año <input type="text"/> <input type="text"/> <input type="text"/> Mes <input type="text"/> <input type="text"/> <input type="text"/> Día <input type="text"/> <input type="text"/> <input type="text"/>

HIJOS LEGITIMADOS POR EL MATRIMONIO

Nombres y apellidos completos	Identificación (Clase y Número)	indicativo serial de nacimiento

PROVIDENCIAS

Tipo de providencia	Notaría o Juzgado	Lugar y Fecha	Firma funcionario

ESPACIO PARA NOTAS

ORIGINAL PARA LA OFICINA DE REGISTRO -

NOTARIA CINCUENTA Y CUATRO DEL CIRCULO DE BOGOTÁ D.C.
LA PRESENTE FOTOCOPIA ES AUTENTICA TOMADA DE
SU ORIGINAL QUE REPOSA EN EL ARCHIVO DE EL REGISTRO
CIVIL DE MATRIMONIO Y SE EXHIBE CONFORME AL ARTICULO
114 DEL DECRETO 1280 DE 1970 A SOLICITUD DEL INTERESADO
BOGOTÁ 27 NOV 2013
 EL  NOTARIO

Clara Villalobos Sarmiento
NOTARIA CINCUENTA Y CUATRO
DE BOGOTÁ

**Exhibit 5 - Maria
Daniela Cruz
Rodriguez's Personal
Declaration with
English Translation**

Personal Declaration

My name is Maria Daniela Cruz Rodriguez. I am currently 16 years old. I was born on July 9, 2009 in Bogotá, Cundinamarca, Colombia. I currently live at 3200 Weeping Willow Court Apt 34, Aspen Hill , Maryland 20906, United States. I live with my mother, Sandra Patricia Rodriguez Zamora.

I am currently a student at John F. Kennedy High School. I aspire to study medicine in the future, and I would like to work in the field of pediatrics and sonography. I also like drawing, and I would love to learn more about it. One of my dreams is to be able to go to college.

On May 23, 2022, I was leaving Argyle Middle School, which is located in Maryland, as I normally did. I had to take the public bus because I lived approximately 6 minutes away by car, and the school did not provide me with school bus transportation due to the proximity of my home.

I would leave school at 3:00 p.m., and the bus would normally come at 3:15 p.m. That day, the bus stop was very crowded, which was also something that normally happened. At 3:15 p.m., the bus came and picked up many people, but the driver said he could not let any more people get on because the bus was too full.

So I had to remain seated at the bus stop waiting for the next public bus, which normally come by after about 20 minutes.

During those 20 minutes while I was waiting at the bus stop, a woman appeared who seemed to be under the influence of drugs, approximately 19 years old. At that time, I was 12 years old.

At that moment, my father called me asking why I had not arrived home, as I would normally arrive around 3:30 in the afternoon. While I was talking with my father on the phone, I noticed that the young woman was behaving in a strange and aggressive manner toward other people.

When I finished the call with my father and put my cell phone away in my backpack, the young woman suddenly approached me and told me to be quiet. I was very afraid because she was much taller than I was, so I stayed silent.

Suddenly, the young woman grabbed my water bottle and threw it, soaking all of my clothes. After that, I turned the other way so she would not look at me, but she grabbed me by the hair and began hitting me. She threw me to the ground and dragged me all over the bus stop, leaving me with scrapes and bleeding.

She also hit me several times on the head very violently, until I was unable to move properly. The young woman kept beating me for a long time, until she finally let go of me.

At that moment, some girls arrived, and one of them, who was as tall as the young woman, confronted her and helped get her away from me. After that, the young woman left the place, taking one of my sweaters in which I was carrying some of my belongings.

After what happened, I was very frightened and crying. I could not move or speak because of how traumatic the experience had been. I felt a rush of adrenaline in my body and could not believe what had happened.

After the young woman had left, the bus arrived, and the girls who saved me accompanied me to the apartment where I lived.

When I got home, I had no words to express what had happened. At that moment, my father was leaving to pick up my mother from work, so I chose not to say anything because I did not know how to tell my parents what had happened.

I tried to treat my injuries, and because I could not walk well, I lay down to rest until my parents arrived. When they arrived, they realized that something was wrong and asked me what had happened, but because I did not know how to explain what had occurred, I told them that I had fallen in physical education class while playing.

The next day, on May 24, 2022, I was at Argyle Magnet Middle School. I was in the bathroom when I ran into a trusted friend. I told her what had happened the day before.

She took me to a school social worker so that I could tell her what had happened to me.

At that moment, my parents were called, and they came to the school. They were told what had happened. They checked my injuries and also examined me to verify whether I had any fractures.

After that, the school called the police. The police arrived at approximately 2:00 p.m. to investigate the incident from the previous day. They asked me several questions about what had happened.

After this incident, I did not return to school because of the fear I had of going out alone. I also did not want to take the public bus again.

What happened to me left me in very poor emotional condition. I could not stop thinking about what had happened, and I had a lot of anxiety. Every time I felt anxious, I would start pulling out my hair.

My parents were very worried about me, so they went to file a case in court to address what had happened and also to try to prevent something like this from happening again with the young woman who attacked me.

I was still in a very poor emotional condition until the time came to return to school. During that time, I started eighth grade at another school that did provide school bus transportation, called Parkland Magnet Middle School, which is also located in Maryland.

My father accompanied me every day from the apartment to the bus stop. During that school year, I was assigned a school psychologist to treat my anxiety and my hair-pulling problem.

During that time, my parents helped me greatly in my recovery, and they always supported me.

After what happened to me at the bus stop, my life changed a lot. For a long time, I was afraid to go out alone, and even today I feel nervous when I am in public places or when I have to wait for transportation.

The memory of what happened caused me a great deal of anxiety for a long time. At various times, I would feel a very strong fear and deep sadness when I thought about that day.

That anxiety also caused me to develop the problem of pulling out my hair, something that affected me greatly emotionally.

Because of this, I developed a bald spot on the back of my head. This caused some classmates at school to make fun of my appearance. The bullying was very painful for me, especially because I was already going through a very difficult time. It made me feel even more insecure, sad, and isolated.

For a long time, I lived with constant fear, anxiety, and very vivid memories of what had happened. Even today, there are still times when I feel very nervous when I remember that day or when I find myself in similar situations, such as waiting for public transportation or being in crowded places.

What happened also greatly affected my parents. They became deeply concerned about my emotional well-being and my safety. Since then, they have been very attentive and watchful over me, always trying to support me and help me feel safer.

Although over time I have tried to move forward and focus on my studies and my goals, what happened that day remains a very difficult memory for me and something that still affects my life.

Despite everything, I continue to work hard in school, and I am now in the 10th grade. I am very eager to study and build a better future for myself.

I hope I have been able to express my experience clearly. Thank you very much for taking the time to read my declaration.

Sincerely,
Maria Daniela Cruz Rodriguez

Signature: Maria Cruz Rodriguez

March 13, 2026.

I, Pedro Peski Ribeiro Lopes, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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.

Pedro Peski R. Lopes

Date: March 17, 2026.

Declaración Personal

Mi nombre es Maria Daniela Cruz Rodriguez. Actualmente tengo 16 años. Nací el 9 de julio de 2009 en Bogotá, Cundinamarca, Colombia. Actualmente vivo en 3200 Weeping Willow Court Apt 34, Aspen Hill , Maryland 20906, Estados Unidos. Vivo con mi mamá, Sandra Patricia Rodriguez Zamora.

Actualmente estudio en la Secundaria John F. Kennedy. Tengo aspiraciones de estudiar medicina en el futuro y me gustaría desenvolverme en el área de pediatría y sonograma. También me gusta dibujar y me encantaría aprender más sobre el dibujo. Uno de mis sueños es poder ir a la universidad.

El 23 de mayo de 2022 salía normalmente de la escuela Argyle Middle School, que se ubica en Maryland. Yo tenía que tomar el bus público porque vivía aproximadamente a 6 minutos en carro y la escuela no me proporcionaba bus escolar debido a la cercanía de mi hogar.

Yo salía de la escuela a las 3:00 p.m., y el bus normalmente pasaba a las 3:15 p.m. Ese día la parada de bus estaba muy llena, algo que también ocurría normalmente. A las 3:15 p.m. pasó el bus y recogió muchas personas, pero el conductor dijo que no podía dejar subir a más gente porque el bus estaba muy lleno.

Entonces me tocó quedarme sentada en la parada esperando el otro bus público, que normalmente pasaba después de unos 20 minutos.

Durante esos 20 minutos que estaba esperando en la parada apareció una mujer que parecía estar drogada, de aproximadamente 19 años. En ese momento yo tenía 12 años.

En ese momento mi papá me llamó preguntando por qué no había llegado a la casa, ya que normalmente llegaba alrededor de las 3:30 de la tarde. Mientras hablaba con mi papá por teléfono, noté que la muchacha tenía comportamientos extraños y agresivos con otras personas.

Cuando terminé la llamada con mi papá y guardé mi celular en mi mochila, de repente la muchacha se me acercó y me dijo que me callara. Yo tenía mucho miedo porque ella era mucho más alta que yo, así que me quedé callada.

De repente la muchacha tomó mi botella de agua y la tiró, mojándome toda la ropa. Después me volteé hacia otro lado para que ella no me mirara, pero ella me jaló el pelo y comenzó a golpearme. Me tiró al piso y me arrastró por toda la parada de bus, dejándome raspones y sangre.

También me golpeó varias veces en la cabeza muy bruscamente, hasta dejarme sin poder movilizarme bien. La muchacha duró golpeándome por un largo tiempo, hasta que finalmente me soltó.

En ese momento llegaron unas niñas, y una de ellas, que era igual de alta que la muchacha, la confrontó y me ayudó a alejarla de mí. Después de eso, la muchacha se fue del lugar llevándose un suéter mío donde cargaba algunas de mis pertenencias.

Después de lo ocurrido yo estaba muy asustada y llorando. No me podía mover ni hablar debido al momento tan traumático que había vivido. Sentía mucha adrenalina en mi cuerpo y no podía creer lo que había pasado.

Después de que la muchacha se había ido llegó el bus, y las niñas que me salvaron me acompañaron hasta el apartamento donde vivía.

Cuando llegué a la casa no tenía palabras para expresar lo sucedido. En ese momento mi papá estaba saliendo para recoger a mi mamá del trabajo donde había ido, así que opté por no decir nada porque no sabía cómo contarles a mis padres lo que había pasado.

Intenté curar mis heridas, y como no podía caminar bien me acosté a descansar hasta que mis padres llegaron. Cuando llegaron se dieron cuenta de que algo no estaba bien y me preguntaron qué había pasado, pero como no sabía cómo explicar lo sucedido les dije que me había caído en la clase de educación física mientras jugaba.

Al otro día, el 24 de mayo de 2022, estaba en la escuela Argyle Magnet Middle School. Yo me encontraba en el baño cuando me encontré con una amiga de confianza. A ella le conté lo que había sucedido el día anterior.

Ella me acercó con una trabajadora social de la escuela para que pudiera contarle lo que me había pasado.

En ese momento llamaron a mis padres, y ellos llegaron a la escuela. Les contaron lo que había sucedido. Revisaron mis heridas y también me examinaron para verificar si tenía alguna fractura.

Después la escuela llamó a la policía. La policía llegó aproximadamente a las 2:00 p.m. para investigar el caso del día anterior. Me hicieron varias preguntas sobre lo sucedido.

Después de este incidente no volví a la escuela por el miedo que tenía de salir sola a la calle. Tampoco quería volver a tomar el bus público.

Esto que me sucedió me dejó muy mal emocionalmente. No podía dejar de pensar en lo ocurrido y tenía mucha ansiedad. Cada vez que sentía ansiedad comenzaba a arrancarme el cabello.

Mis papás estaban muy preocupados por mí, así que acudieron a hacer un caso en la corte para hablar sobre lo sucedido y también para tratar de evitar que algo así volviera a pasar con la muchacha que me agredió.

Yo seguía estando muy mal emocionalmente hasta que llegó el momento de entrar nuevamente a la escuela. En ese tiempo entré al octavo grado en otra escuela donde sí daban bus escolar, que se llama Parkland Magnet Middle School y también se localiza en Maryland.

Mi papá me acompañaba todos los días desde el apartamento hasta la parada del bus. Durante ese año escolar me asignaron una psicóloga en la escuela para tratar mi ansiedad y mi problema de arrancarme el cabello.

Durante ese tiempo mis papás me ayudaron mucho a mejorar y siempre me apoyaron.

Después de lo que me sucedió en la parada de autobús, mi vida cambió mucho. Durante mucho tiempo tuve miedo de salir sola a la calle, y todavía hoy me siento nerviosa cuando estoy en lugares públicos o cuando tengo que esperar el transporte.

El recuerdo de lo que ocurrió me causó mucha ansiedad durante mucho tiempo. En varios momentos sentía un miedo muy fuerte y una tristeza profunda cuando pensaba en ese

día. Esa ansiedad también hizo que desarrollara el problema de arrancarme el cabello, algo que me afectó mucho emocionalmente.

Debido a esto, llegué a tener una calva en la parte de atrás de la cabeza. Esto provocó que algunos compañeros en la escuela se burlaran de mi apariencia. El bullying fue muy doloroso para mí, especialmente porque yo ya estaba pasando por un momento muy difícil. Me hacía sentir aún más insegura, triste y aislada.

Durante mucho tiempo tuve miedo constante, ansiedad y recuerdos muy fuertes de lo que había sucedido. Incluso hoy en día todavía hay momentos en que me siento muy nerviosa cuando recuerdo ese día o cuando me encuentro en situaciones similares, como esperar transporte público o estar en lugares con muchas personas.

Lo que ocurrió también afectó mucho a mis padres. Ellos se preocuparon profundamente por mi estado emocional y por mi seguridad. Desde entonces han estado muy atentos y pendientes de mí, tratando siempre de apoyarme y ayudarme a sentirme más segura.

Aunque con el tiempo he tratado de seguir adelante y concentrarme en mis estudios y en mis metas, lo que ocurrió ese día sigue siendo un recuerdo muy difícil para mí y algo que todavía impacta mi vida.

A pesar de todo, sigo esforzándome en la escuela y ahora estoy en el grado 10. Tengo muchas ganas de estudiar y salir adelante en el futuro.

Espero haber podido expresar mi experiencia de una manera clara. Muchas gracias por tomarse el tiempo de leer mi declaración.

Atentamente,
Maria Daniela Cruz Rodriguez

Firma: Maria Cruz Rodriguez
13 de marzo de 2026.

Exhibit 6 - Incident Report

CODE MCPD Incident Report - 220022172

Date: 09/26/2024 07:45

Page: 1 of 3

Report #: 220022172 Montgomery County Police
Report Date: 05/25/2022 09:37 Start Date: 05/23/2022 15:34
End Date:

* 220022172 *
220022172

Summary: SECOND DEGREE ASSAULT

Report Type: 0811 ASSAULT & BATTERY - CITIZEN

Case Status: 220022172 02 - Open

Incident Location

Address: 2285 BEL PRE RD
Intersection: SILVER SPRING, MD 20906
Response Area: 4K1 - Reporting Area: 349 - Lat: 39.0904905 - Long: -77.048165
Addl. Info: 2285 BEL PRE ROAD

Incident Offenses

Original Report 1399 ASSAULT - 2ND DEGREE

Remarks:

Officers Involved

Reporting SEPERATED DIANE HENDERSON-NEAL - MCPD - 1207 - Original Report
Approving SGT REBECCA MICOZZI - MCPD - 1619 - Original Report
Assisting PO3 WILLIAM MCINTYRE - MCPD - 3153 - Original Report

Incident People

Officer: MARIA D CRUZ RODRIGUEZ
Sex: F Race: W DOB: 07/09/2009 Age: 12 Original Report
Address: 14108 WEEPING WILLOW DR (Date of Info: 05/24/2022)
SILVER SPRING, MD 20906
Cell Phone: (301) 720-2854 (Phone Date of Info: 05/24/2022)
Employment: ARGYLE MIDDLE SCHOOL, - STUDENT (Emp. Date of Info: 05/24/2022)
Injuries: Apparent minor injury

* 101146903 *
101146903

Parent / Guardian: SANDRA RODRIGUEZ
Sex: F Race: W DOB: 11/22/1968 Age: 53 Original Report
Address: 14108 WEEPING WILLOW DR APT 34 (Date of Info: 05/24/2022)
SILVER SPRING, MD 20906
Cell Phone: (301) 720-2854 (Phone Date of Info: 05/24/2022)

* 101146904 *
101146904

Parent / Guardian: JOSE CRUZ GUERRA
Sex: M Race: W DOB: 03/13/1958 Age: 64 Original Report
Address: 14108 WEEPING WILLOW DR APT 34 (Date of Info: 05/24/2022)
SILVER SPRING, MD 20906
Cell Phone: (240) 609-2488 (Phone Date of Info: 05/24/2022)

* 101146905 *
101146905

Parent: HANNAH TURNER
Sex: F Race: W DOB: Age: 32 Original Report
Address:
Business Phone: (240) 740-6370 (Phone Date of Info: 05/24/2022)
Employment: ARGYLE MIDDLE SCHOOL, (Emp. Date of Info: 05/24/2022)

* 101146906 *
101146906

Associated LEA Cases

LEA Case Number: 0022172 LEA Case Summary: MCPD, Review Status: Review, Case Status: Open 05/27/2022, Workgroup: CEO

CODE MCPD Incident Report - 220022172

ate: 09/26/2024 07:45

Page: 2 of 3

signed To: No Officer Assigned

CODE MCPD Incident Report - 220022172

ate: 09/26/2024 07:45

Page: 3 of 3

Incident Narrative

Reporting SEPERATED DIANE HENDERSON-NEAL - MCPD, ID # 1 05/25/2022 09:38 207

The writer's body camera was activated.

The writer was dispatched to a call at Argyle Middle School for a report of an assault that occurred earlier. Upon arrival the writer met with the complainant, Maria Cruz Roadriguez and her parents Sandra Rodriguez (Mother), Jose Cruz Guerra (Father). Maria advised the writer that on 5/23/2022 at approximately 3:34 hours the writer along with other students from Argyle Middle School were at the bus stop at 2285 Bel Pre Road. Maria stated that she was on the phone with her dad when an unknown female who was acting strange walked up to her and said "be quiet". Maria stated that she told her father that she had to get off the phone at which time Maria put the phone in her backpack. Maria stated that she was afraid that the suspect would take her phone and walk away with it. Maria stated that the suspect said to her again "be quiet" at which time Maria apologized and the suspect punched Maria in the face knocking Maria to the ground. Maria stated while on the ground the suspect continued to strike her. Maria stated that eventually the bystanders said stop at which time the suspect walked away and got on the Ride on Bus. Maria described the subject as a black light skin female with tear drops under her right eye and other tatoos around the neck area.

The writer provided the parents with the report number and advised them how they can obtain charges.

**Exhibit 7 -
Application for
Statement of Charges**



LOCATED AT (DISTRICT COURT ADDRESS)
DISTRICT COURT OF MARYLAND
8552 SECOND AVENUE
SILVER SPRING, MD 20910

DISTRICT COURT CASE NUMBER

RELATED CASES:

COMPLAINANT DEFENDANT

Sandra P. Rodriguez Zamora
Printed Name
14108 Weeping Willow Drive Apt 34
Address
Aspen Hill, MD 20906
City, State, Zip
301-720-2854
Telephone
Agency, Sub-agency, and I.D. # (Officer Only)

Funk, Amira Simone
Printed Name
Address
City, State, Zip
Telephone
CC# 220022172

DEFENDANT'S DESCRIPTION: Driver's License # Sex F Race B Ht 6'2" Wt
Hair Black Eyes Brown Complexion mediuml Other DOB 19 years ID

APPLICATION FOR STATEMENT OF CHARGES

Page 1 of

(Include a statement of facts within your personal knowledge (what you saw or heard, what someone said to you, etc.) showing that there is probable cause to believe that a crime has been committed and that the defendant has committed it. Please see the "NOTICE TO APPLICANT FOR A CHARGING DOCUMENT" for further information.)

I, the undersigned, apply for a statement of charges and a summons or warrant which may lead to the arrest of the above named defendant because on or about May 23, 2022 at the bustop at Argyle Middle school located in Montgomery County

the above named defendant attacked my daughter, Maria Cruz. Maria was at the bus stop to head home, and she noticed Amira Simone Funk doing weird things that made her fearful but Maria tried to not pay attention to her. Afterwards, Maria's father called Maria as it was after 4 pm and Maria wasn't home. After this call, the lady (Amira) told Maria to shut up. Amira then began to hit Maria and pull Maria's hair.

She then threw Maria to the floor and hit her on her head. She left marks all over Maria's body. She also took Maria's jacket worth

(Continued on attached 1 pages) (DC-CR-001A)

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Date

Officer's Signature

I have read or had read to me and I understand the notice on the back of this form.

9/30/22
Date

Printed Name
Applicant's Signature
Sandra P. Rodriguez
Printed Name

Subscribed and sworn to before me 9/30/22 at 4:30 AM PM
Date Time
Judge/Commissioner

J. QUINTAN
COMMISSIONER
6678
ID Number

I understand that a charging document will be issued and that I must appear for trial on
at Time, when notified by the clerk, at the court location shown at the top of this form.

The applicant requests reasonable protection for safety of the alleged victim or the victim's family:

I have advised applicant of the right to request shielding. The applicant declines shielding.

I declined to issue a charging document because of lack of probable cause.
9/30/22 Date
Commissioner
JORGE QUINTANA
Printed Name
6678 ID Number

TRACKING NUMBER



LOCATION (COURT ADDRESS)

DISTRICT COURT OF MARYLAND
8552 SECOND AVENUE
SILVER SPRING, MD 20910

DISTRICT COURT
CASE NUMBER

(City/County)

DEFENDANT'S NAME (LAST, FIRST, M.I.)

Funk, Amira Simone

APPLICATION FOR STATEMENT OF CHARGES (CONTINUED) Page 2 of 2

\$25. Amira, the defendant, told the 6th grade girls that Maria was trying to take her jacket to allow Amira to get away and Amira left. My daughter Maria did not tell us right away as she was scared. Maria was very sore as her whole body was hurting and she had a bump on her head and a bad headache. The following morning (the 24th) Maria's right eye was completely swollen and there was a mark under her eye. I asked Maria what happened. The next day, Maria was crying in the bathroom when two of her friends entered. The friends got Maria some help by taking her to a room with teachers and staff. The teachers realized all her injuries and called me. Maria showed her injuries to her friends in the bathroom, including a brown/red circular wounds on Maria's shoulder. As we were leaving, my daughter saw that the 6th grade girls who helped her at the bus stop were signing a paper describing what they saw to the police. The police arrived and interviewed my daughter. When we went back home, Maria was very scared. I and her father spoke to Maria about what to do if it was to happen again. The next day, Maria did not go to school and the school counselor, Ms. Turner sent a picture of Amira to me and my daughter identified the person in the picture as the person who had attacked her. After that, Maria's father began to take her to school so she would begin attending school again. Maria has been getting help from a psychologist. Maria has the phone number and instagram accounts of the people who helped her. They have told my daughter that they have seen Amira by the school and that she makes faces at them. This gave us the idea that Amira lives near the school. realizing that Amira lives near the school, my daughter switched schools and now attends Parkland Middle School.

9-30-22

Date

[Signature]

Applicant's Signature

Sandra P. Rodriguez Zamora

Printed Name

TRACKING NUMBER

**Exhibit 8 - Maria
Daniela Cruz
Rodriguez's
Psychological
Evaluation**

Liz B. Craig, LICSW
4000 Albemarle St. NW #205
Washington, DC 20016
202-441-7341

Declaration of Liz B. Craig, MSW, LICSW (#LC303444)
Psychosocial Assessment of Ms. Maria Daniella Cruz Rodriguez

Date of Interview: November 13, 2025

Date of Report: November 13, 2025

I am a Licensed Clinical Social Worker in Washington, DC. I earned my MSW from Boston College in Massachusetts. I have over twenty-five years of clinical experience working in the areas of mental health and child abuse and neglect prevention. I have particular expertise in the area of clinical assessment and evaluation. I also have extensive background in working with victims of abuse and neglect, having specialized for the past fifteen years on immigration-related evaluations. I base my evaluations on an in-depth meeting with the client(s) and their family members, if applicable, in which psychosocial background, current life situation, stressors and supports and past and present mental health conditions are assessed in consultation with the Diagnostic and Statistical Manual (DSM-5). It is widely considered to be "best-practice" for an evaluation to take place in one intensive session, during which time the most objective assessment can be completed without a therapeutic relationship forming.

Identifying Information and Reason for Referral:

Maria Daniella Cruz Rodriguez is a 16-year-old native of Colombia who has lived in the United States since she was nine years old. Maria is a junior in high school. On April 22, 2022, when she was twelve years of age, Maria was the victim of a violent assault, at which time the attacker pulled her to the ground by her hair, dragging her across the ground and beating her. With the help of her parents, Maria filed a police report, and she later identified a photo of the attacker. Maria and her father, Mr. Jose Antonio Cruz Guerra, met with me for a clinical evaluation to assess how she was emotionally impacted by this situation.

Interviews with Mr. Jose Antonio Cruz Guerra and Maria Daniella Cruz Rodriguez:

Mental Status:

I conducted a psychosocial evaluation in my office with Mr. Jose Antonio Cruz Guerra and Maria Daniella Cruz Rodriguez on November 13, 2025. Also present for the session was Mayra Velasquez, a professional interpreter for the Spanish language. I first met with Mr. Cruz Guerra, Maria's father, to gather family background and information related to the attack, in addition to his impressions of his daughter's emotional state. I next met individually with Maria.

Mr. Cruz Guerra and Maria were prompt for our appointment. Both were alert and oriented and provided plentiful detail. Mr. Cruz Guerra spoke in Spanish, and Maria

spoke using fluent English. Both expressed a range of affect that was appropriate to content. Both were very friendly and polite, and both were open in talking about painful life events. In my professional opinion, Mr. Cruz Guerra and Maria came across as honest and sincere, and as reliable and truthful reporters. Neither appeared to be either exaggerating or minimizing life events or emotional responses, and what each reported to me during my individual sessions with them were in line with one another.

Credibility Assessment:

I found Mr. Cruz Guerra and Maria's account of experiences and psychological state to be credible and observed no evidence of malingering or exaggeration. The criteria used to assess credibility are the following:

- (1) Mr. Cruz Guerra and Maria's description of events was consistent throughout our session.
- (2) Mr. Cruz Guerra and Maria's non-verbal and emotional responses were similar to those of other victims of similar situations with whom I have worked. Their emotional responses were consistent with their verbal description of the events.
- (3) Mr. Cruz Guerra and Maria exhibited no evidence of a thought disorder or psychosis, which would interfere with giving a rational account of experiences.
- (4) Mr. Cruz Guerra and Maria's reporting of symptoms was consistent with my assessment of observable symptoms.

Childhood/United States:

Maria Daniella Cruz Rodriguez was born on July 9, 2009, in Bogata, Colombia. She came to the United States with her parents, Mr. Jose Antonio Cruz Guerra and Ms. Sandra Patricia Rodriguez Zamara, when she was nine years old, on March 17, 2019. Maria has four older half-sisters who are all adults and who remain living in Colombia. Upon arriving in the United States, Maria started in the fifth grade at school. Maria loved school and she made friends, settling into her new life in the United States with ease.

Assault and Robbery:

Maria was the victim of a brutal physical assault on April 22, 2022, when she was waiting for the bus home from school. She explains that she had to wait for a second bus as the first bus that came by was too crowded and the driver did not let her get on. She was waiting with a friend when they noticed that a woman was nearby who seemed altered, possibly by drugs. She was dancing around, and Maria and her friend tried to move away from her.

Maria's dad called on the phone to see why she was late, and when she finished the call and put her phone in her backpack, the woman came up to Maria and told her to shut up. Maria did not know what to do and she apologized, and the woman knocked Maria's drink out of her hand onto the ground. The woman then grabbed Maria by her hair, throwing her to the ground and then began dragging her by the hair across the ground into the street. Maria's body was cut and scratched badly, and the woman also kicked and beat Maria. The attacker only stopped the assault when a group of other students approached and intervened. At this time, the woman took Maria's sweater, which had cash and her earbuds in the pocket, and fled.

Maria states that she had no idea what to do after the woman left. She was terrified, shocked and in pain, and it never occurred to her at that point, at the age of twelve, to call the police. Maria explains that her father had just undergone a serious surgery after having suffered two brain aneurysms, and he was in a very fragile condition. Maria did not want to cause him stress, fearing for his health. She therefore did not initially tell her parents what had occurred, and instead she went to her room and tried to treat her wounds on her own. However, she admits that she could barely walk due to pain.

Police:

It was the next day at school that Maria and her friend reported what had happened to the director of the school. The principal called the police and also called Maria's parents, who came in for a meeting. At this time, Maria and her parents met with the police, filing a police report. Additionally, Maria was treated by the school nurse, who tended to her wounds. It was later that the police sent photos to Maria, who identified the perpetrator for them.

Emotional Reaction:

Both Mr. Cruz Guerra and Maria talk about the profound emotional reaction she experienced as a result of the violent attack. Maria states that she cried all night long that first night, and after that night, she continued to have trouble sleeping, thinking about the assault and also having nightmares at times. Maria was too afraid to return to school after that second day and she remained home for one week, after which time she transferred to another school. Mr. Cruz Guerra and Maria explain that because he was in such bad shape after his surgery, Maria's mother had to stop working during this period in order to tend to Maria and Mr. Cruz Guerra.

Once Maria started at the new school, she began seeing an individual therapist there. She was unable to focus well on her studies, distracted by thoughts of the assault, and her grades dropped. Maria admits that having to start all over at another school was stressful in addition to the trauma from the assault. Additionally, Maria refused to take the bus again after this time. She remained indoors, isolated, unless she went to school. She felt low in mood and energy. Maria recalls ruminating over the event, wondering why the attacker chose her, and feeling so vulnerable as if something like this could happen again at any time.

Maria adds that because of the incident, she was left with a bald spot at the back of her head, and she was bullied related to this. She developed very low self-esteem, feeling horrible about her appearance. Additionally, since the incident she has started a habit of pulling out her hair, leaving bald patches. This concerns her as she feels as if she cannot control the behavior. Additionally, she is reminded of the incident as the hair-pulling dates back to the event.

Mr. Cruz Guerra describes that Maria changed completely as a result of the incident. She went from a person who was happy and free to someone who is highly anxious and afraid. She is always on high alert on the street, and whenever she sees someone who resembles the attacker, she panics.

Diagnosis:

Maria developed Post-Traumatic Stress disorder (DSM-5 309.81) as a result of this traumatic experience. Her diagnosis was characterized by:

- (1) Directly experiencing the traumatic event
- (2) Recurrent, involuntary, and intrusive distressing memories of the traumatic event
- (3) Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event
- (4) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event
- (5) Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts of feelings about or closely associated with the traumatic event
- (6) Persistent negative emotional state
- (7) Markedly diminished interest or participation in significant activities
- (8) Sleep disturbance
- (9) Hypervigilance

In addition to PTSD, Maria developed Major Depressive Disorder (DSM-5 296.32), as characterized by:

1. Depressed mood most of the day, nearly every day
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
3. Insomnia, nearly every day
4. Fatigue or lack of energy, nearly every day
5. Diminished ability to think or concentrate, nearly every day

Additionally, Maria has developed Trichotillomania (Hair-Pulling Disorder) (DSM-5, 312.39), as characterized by:

- A. Recurrent pulling out of one's hair, resulting in hair loss
- B. Repeated attempts to decrease or stop hair pulling
- C. The hair pulling causes clinically significant distress or impairment in social, occupational or other important areas of functioning

Mr. Cruz Guerra adds that since the event, Maria has developed headaches that they treat with Tylenol. Maria's primary care physical has referred her to a neurologist for further testing, and the family plans to follow up on the referral when they are able.

Summary and Conclusions:

Ms. Maria Daniella Cruz Rodriguez is a 16-year-old female who is a native of Bogata, Colombia, who has lived in the United States since she was nine years old. Maria was the victim of a brutal physical assault at the age of twelve, on April 22, 2022, at which time she was attacked by a stranger while she waited for the bus. The attacker grabbed her by her hair, throwing her to the ground and dragging her along the concrete, in addition to kicking and beating her. Additionally, the perpetrator stole her sweater with her earbuds

and cash. With the support of her parents, Maria filed a police report, and she subsequently identified a photograph of the perpetrator for the police.

As a result of the attack, Maria developed PTSD and Major Depressive Disorder with low mood, feelings of helplessness, low self-esteem, insomnia, poor appetite and lack of joy in life. Additionally, Maria experienced fear, efforts to avoid people and places that cause her heightened fear, poor concentration and hypervigilance. To this day, Maria is preoccupied with safety concerns, and she has developed a hair pulling disorder (Trichotillomania). In my professional opinion, Maria has clearly been profoundly psychologically impacted as a result of the brutal attack and robbery.

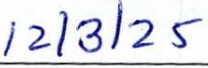
Note: I encouraged Maria and Mr. Cruz Guerra to help Maria to reengage in individual therapy to discuss the ongoing impact of her traumatic experience and to talk with her medical doctor about the possibility of a psychotropic medication to alleviate her significant and persistent anxiety.

I, Liz B. Craig, MSW, LICSW, hereby state and declare under penalty of perjury of the laws of the United States that the above declaration is true and correct to the best of my knowledge, information and belief.

Respectfully Submitted,



Liz B. Craig, MSW, LICSW



December 3, 2025

Exhibit 9 - Evidence of Physical Harm



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Trauma Services Program

Marc Elich
County Executive

Raymond L. Crowel, Psy.D.
Director

August 12, 2022

[LETTER TO PARENT]

Jose Cruz
14108 Whipping Willow Dr. #34
Silver Spring, MD 2090

Dear Jose Cruz,

I am writing, at your request, to confirm that your daughter, Maria Daniella Cruz Rodriguez, is currently a client with the Trauma Services Program through the Department of Health and Human Services in Montgomery County, Maryland.

Please contact me if you have additional questions regarding your participation in our program.

Sincerely,

A handwritten signature in black ink that reads "Lino Romero, LCPC".

Lino Romero, LCPC
Therapist
Abused Persons Program
Trauma Services, BHCS, DHHS
1301 Piccard Drive, Rockville, MD
Lino.Romero@MontgomeryCountyMD.gov

This information has been disclosed to you from DHHS records protected by State and Federal law and regulations, including those published in the Federal Register, 6/9/87, Vol. 52, #19: Confidentiality of Alcohol and Drug Abuse Patient Records Final Rule. These rules prohibit you from making any further disclosure of this information unless expressly permitted upon written consent of the person to whom it pertains or as otherwise permitted by the reference cited. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

Behavioral Health and Crisis Services • Abused Persons Program

1301 Piccard Drive, 1st floor • Rockville, Maryland 20850 • 240/777-4210, FAX: 240/777-4860



A Plus Pediatrics, LLC
50 W Edmonston Drive, Suite#502
Rockville, MD 20852
Phone: 301-284-1234
Fax: 301-339-8074

Dear Mr José Cruz,

This letter is written as per your request. I visited your daughter Maria Daniela Cruz Rodriguez (DOB: 07/09/2009) on 07/20/2022 in A Plus Pediatrics office for evaluation of headache that happened after a head injury. It was my clinical judgment that Maria needed a referral to neurologist and possible brain imaging upon evaluation by neurologist. The referral provided to parents.

Let me know if you have any question(s).

Vahid Khajooe MD

A Plus Pediatrics

08/15/2022