



# Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

## How To Fill Out Form G-1450

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

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) <b>Claudia Isabel</b>	Middle Name (if any) <b>N/A</b>	Family Name (Last Name) <b>TAMAYO BRAVO</b>	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount <b>\$ 560.00</b>
Credit Card Expiration Date CVV Code (mm/yyyy)			





# Authorization for Credit Card Transactions

Department of Homeland Security

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) <b>Alberto</b>	Middle Name (if any) <b>N/A</b>	Family Name (Last Name) <b>RODRIGUES CASTILLO</b>	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	<b>Credit Card Type:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	Authorized Payment Amount	
Credit Card Expiration Date CVV Code (mm/yyyy)		\$ <b>560.00</b>	



March 04, 2026

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

RE: I-765 Application for Employment Authorization  
Applicants: Claudia Isabel Tamayo Bravo (A249307474)  
Alberto Rodriguez Castillo (A249307473)

Dear Sir or Madam,

Enclosed please find the completed Form I-765, Application for Employment Authorization, for the applicants, along with the following:

Forms G-1450, Authorization for Credit Card Transactions;

Forms G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;

Documents:

- Claudia Isabel Tamayo Bravo's Passport;
- Claudia Isabel Tamayo Bravo's Birth Certificate with English Translation;
- Claudia Isabel Tamayo Bravo's Copy of I-94;
- Alberto Rodriguez Castillo's Passport;
- Alberto Rodriguez Castillo's Birth Certificate with English Translation;
- Alberto Rodriguez Castillo's Copy of I-94;
- Claudia Isabel Tamayo Bravo and Alberto Rodriguez Castillo's Marriage Certificate with English Translation;
- Proof of Asylum Application (First 3 pages of Form I-589);
- Photos 2x2

Sincerely,

---

Natalia Vieira Santanna, SBN#337502  
P.O. Box 7528  
Oakland, CA 94601  
(510) 922-0154



# 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 3 4 6 0 3 2 7 9 7 4

### Name of Attorney or Accredited Representative

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

### Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 7528**  
3.b.  Apt.  Ste.  Flr.  
3.c. City or Town **Oakland**  
3.d. State **CA** 3.e. ZIP Code **94601**  
3.f. Province  
3.g. Postal Code  
3.h. Country **USA**

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5109220154**  
5. Mobile Telephone Number (if any) **5109220154**  
6. Email Address (if any) **natalia@santannalaw.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  
**CA**

1.b. Bar Number (if applicable)  
**337502**

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)  
**Santanna Law Offices**

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**

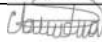
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

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) **02/20/2026**

**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) **02/20/2026**
  
- 2. a. Signature of Law Student or Law Graduate  
**N/A**
  
- 2. b. Date of Signature (mm/dd/yyyy) **N/A**







# Application For Employment Authorization

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

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

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

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input checked="" type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="4"/>
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► **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](http://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
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

Ixtlan

15.b. State/Province of Birth

Michoacan de Ocampo

15.c. Country of Birth

Mexico

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

06/14/1984

**Information About Your Last Arrival in the United States**

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

▶ 6 7 7 9 3 5 9 7 8 A 3

18. Passport Number of Your Most Recently Issued Passport

N10919997

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Mexico

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

03/12/2030

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

12/16/2023

23. Place of Your Last Arrival Into the United States

San Luis, Arizona

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

EWI

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

Asylum Applicant - I-589 Pending

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

▶ N- N/A

**Information About Your Eligibility Category**

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

( c ) ( 8 ) ( N/A )

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

28.a. Degree

N/A

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

N/A

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

N/A

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

▶ N / A

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

Yes  No

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

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

▶ N / A

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

Yes  No

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



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

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

#### Applicant's Statement

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

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

#### Applicant's Contact Information

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

#### Applicant's Certification

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

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

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

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

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

#### Applicant's Signature

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

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

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

Provide the following information about the interpreter.

#### Interpreter's Full Name

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



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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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

***Preparer's Statement***

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

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

***Preparer's Certification***

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

***Preparer's Signature***

8.a. Preparer's Signature

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

02/20/2026



**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.





# 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 3 4 6 0 3 2 7 9 7 4

### Name of Attorney or Accredited Representative

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

### Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 7528**  
3.b.  Apt.  Ste.  Flr.   
3.c. City or Town **Oakland**  
3.d. State **CA** 3.e. ZIP Code **94601**  
3.f. Province   
3.g. Postal Code   
3.h. Country **USA**

### Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5109220154**  
5. Mobile Telephone Number (if any) **5109220154**  
6. Email Address (if any) **natalia@santannalaw.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  
**CA**

1.b. Bar Number (if applicable)  
**337502**

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)  
**Santanna Law Offices**

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)

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

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

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







# Application 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

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

<b>To be completed by an Attorney or Accredited Representative (if any).</b>	<input checked="" type="checkbox"/> <b>Select this box if Form G-28 is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <input type="text"/>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="4"/>
--	--	--	--

► **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](http://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)  
**Santanna Law Offices PC**
- 5.b. Street Number and Name **PO Box 7528**
- 5.c.  Apt.  Ste.  Flr. **N/A**
- 5.d. City or Town **Oakland**
- 5.e. State **CA** 5.f. ZIP Code **94601**
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 **1427 Lincoln Ave**
- 7.b.  Apt.  Ste.  Flr. **N/A**
- 7.c. City or Town **Richmond**
- 7.d. State **CA** 7.e. ZIP Code **94801**

**Other Information**

8. Alien Registration Number (A-Number) (if any)  
▶ A- **2 4 9 3 0 7 4 7 3**
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  
**Mexico**
- 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

Yurecuaro

15.b. State/Province of Birth

Michoacan de Ocampo

15.c. Country of Birth

Mexico

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

07/03/1987

**Information About Your Last Arrival in the United States**

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

▶ 6 7 7 9 4 1 1 0 1 A 3

18. Passport Number of Your Most Recently Issued Passport

N20570690

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Mexico

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

07/24/2028

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

12/16/2023

23. Place of Your Last Arrival Into the United States

San Luis, Arizona

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

EWI

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

Asylum Applicant - I-589 Pending

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

▶ N- N/A

**Information About Your Eligibility Category**

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

( c ) ( 8 ) ( N/A )

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

28.a. Degree

N/A

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

N/A

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

N/A

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

▶ N / A

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

Yes  No

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

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

▶ N / A

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

Yes  No

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



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

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

**Applicant's Statement**

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

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

**Applicant's Contact Information**

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

**Applicant's Certification**

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

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

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

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

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

**Applicant's Signature**

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

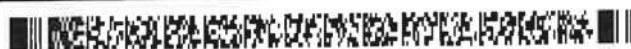
**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

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

Provide the following information about the interpreter.

**Interpreter's Full Name**

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



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

**Interpreter's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Interpreter's Contact Information**

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

**Interpreter's Certification**

I certify, under penalty of perjury, that:

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

**Interpreter's Signature**

7.a. Interpreter's Signature

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

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

Provide the following information about the preparer.

**Preparer's Full Name**

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

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

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

**Preparer's Mailing Address**

3.a. Street Number and Name

3.b.  Apt.  Ste.  Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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

***Preparer's Statement***

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

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

***Preparer's Certification***

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

***Preparer's Signature***

8.a. Preparer's Signature

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

02/20/2026



**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.



# Exhibit list

Exhibits:

Pages:

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**Exhibit 1 - Claudia Isabel Tamayo Bravo's Passport**

Claudia Isabel Tamayo Bravo's Passport 1-10

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**Exhibit 2 - Claudia Isabel Tamayo Bravo's Birth Certificate with English Translation**

Claudia Isabel Tamayo Bravo's Birth Certificate 11-13

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**Exhibit 3 - Claudia Isabel Tamayo Bravo's I-94**

Claudia Isabel Tamayo Bravo's I-94 14

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**Exhibit 4 - Alberto Rodriguez Cartillo's Passport**

Alberto Rodriguez Castillo's Passport 15-24

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**Exhibit 5 - Alberto Rodriguez Cartillo's Birth Certificate with English Translation**

Alberto Rodriguez Castillo's Birth Certificate 25-27

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**Exhibit 6 - Alberto Rodriguez Cartillo's I-94**

Alberto Rodriguez Cartillo's I-94 28

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**Exhibit 7 - Claudia Isabel Tamayo Bravo and Alberto Rodriguez Cartillo's Marriage Certificate with English Translation**

Marriage certificate of Claudia Isabel Tamayo and Alberto Rodriguez Cartillo with English translation 29-31

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**Exhibit 8: Proof of Asylum Application (First 3 pages of Form I-589)**

Proof of Asylum Application (First 3 pages of Form I-589) 32-34

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**Exhibit 1 - Claudia  
Isabel Tamayo  
Bravo's Passport**









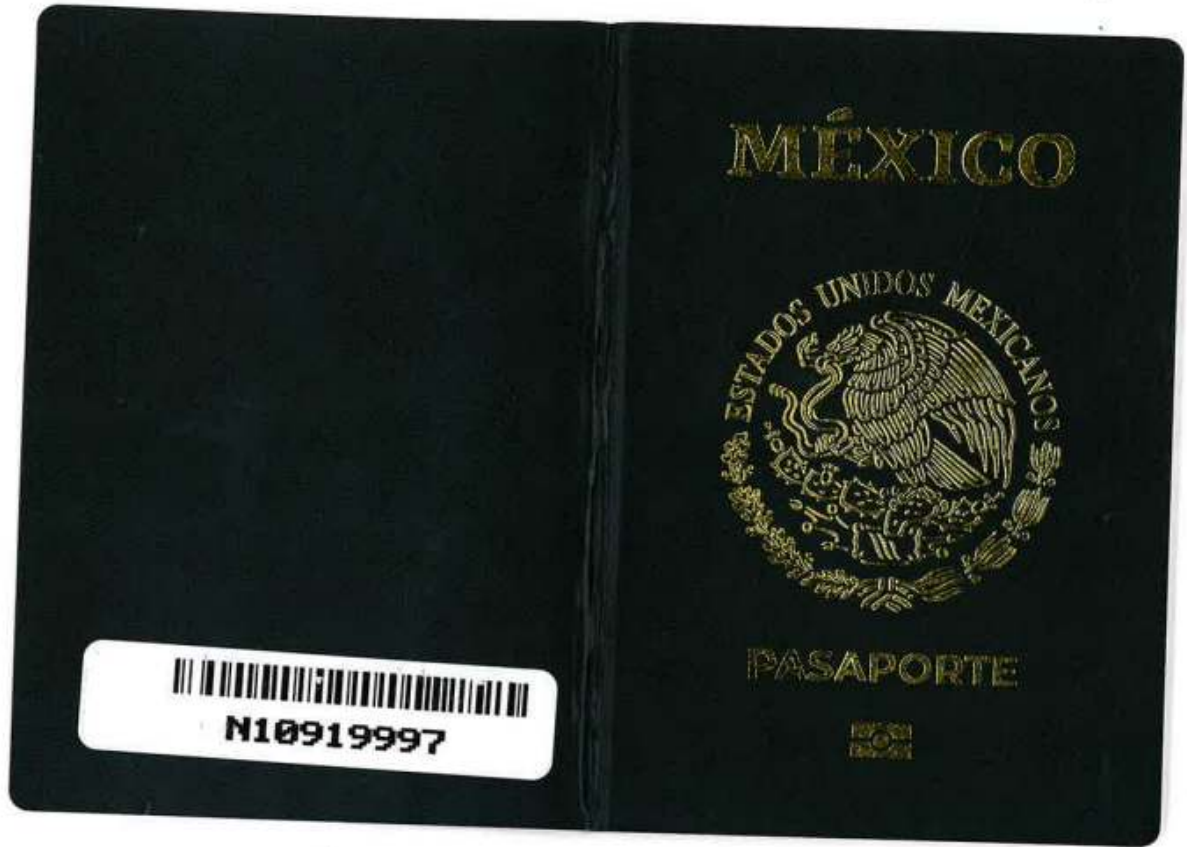












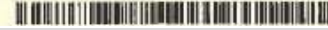
**Exhibit 2 - Claudia  
Isabel Tamayo  
Bravo's Birth  
Certificate with  
English Translation**

16042000120290008650



Unique Population Registry Code

TABC840614MMNRL05



United Mexican States

Birth Certificate Number

---

Registering Entity

MICHOACAN DE OCAMPO

Registering Municipality

IXTLAN

Birth Certificate

Registry Office	Registration Date	Book	Certificate number
0001	07/25/1984	1	426

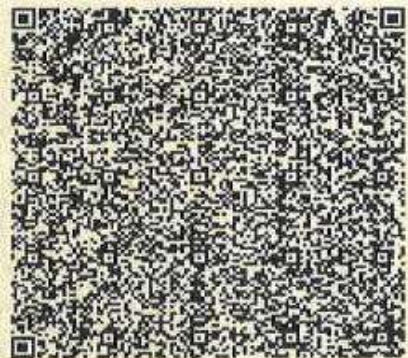
Registered Person's Information

CLAUDIA ISABEL	TAMAYO	BRAVO
Name(s):	First Surname:	Second Surname:
FEMALE	06/14/1984	IXTLAN
Sex:	Date of Birth:	Birthplace:
		MICHOACAN DE OCAMPO

Registered Person's Filiation Information

SALVADOR	TAMAYO	TORRES	MEXICAN	---
Name(s):	First Surname	Second Surname	Nationality:	CURP:
SARA	BRAVO	CASTRO	MEXICAN	---
Name(s):	First Surname	Second Surname	Nationality:	CURP:

Marginal Annotations	Certification
No marginal annotations.	This certified copy is issued according to articles 21, 22, 28, and 40 of Michoacán's Family Code ; 16 frs IX, IX BIS, and 22 of Michoacán's Civil Registry Org. Act; 26 and 34 of Michoacán's Civil Registry Org. Act Reg., and the Agreement issued on July 31, 2027 by Michoacán's Secretary of Government. The Electronic Signature herein is valid af of date of issuance, has legal and evidentiary validity according to the applicable legal provisions.
	<b>ON DECEMBER 14, 2023. I CERTIFY.</b>



Electronic Signature:

VE FC Qz g0 MD Yx NE 1N Tk 1S TD A1 IE NM QV VE SU Eg SV NB Qk VM IF RB TU FZ T3 xC Uk FW T3 wx MT Yw ND Iw MD Ax MT k4 ND Aw ND I2 MH xG ID E0 Lz A2 Lz E5 OD R8 TU ID SE 9B Q0 FO IE RF IE 9D QU 1Q T3



QR Code



DIRECTOR OF MICHOACAN DE OCAMPO'S CIVIL REGISTRY

LIC. NOEL GARCIA CANCINO

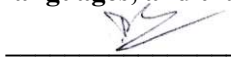
Verification Code

11604200011984004260



This certified copy of the certificate is a summary of the certificate archived at the corresponding Civil Registry, which has been issued according to the applicable legal provisions, whose information can be verified at the URL https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp using the Electronic Identifier found on the top right corner of the certificate. For query in mobile devices, download an application to read QR codes.

**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: January 23, 2026.**



Identificador Electrónico  
16042000120230008550

El

# Estados Unidos Mexicanos

## Acta de Nacimiento

Clave Única de Registro de Población

TABC840614MMNRL05

Número de Certificado de Nacimiento

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Entidad de Registro

MICHOACAN DE OCAMPO

Municipio de Registro

IXTLAN

Oficial/a	Fecha de Registro	Libro	Número de Acta
0001	25/07/1984	1	426

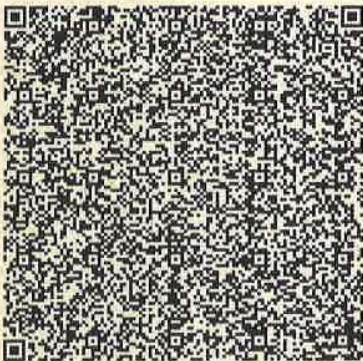
### Datos de la Persona Registrada

CLAUDIA ISABEL	TAMAYO	BRAVO
Nombre(s):	Primer Apellido:	Segundo Apellido:
MUJER	14/06/1984	IXTLAN
Sexo:	Fecha de Nacimiento:	Lugar de Nacimiento:
		MICHOACAN DE OCAMPO

### Datos de Filiación de la Persona Registrada

SALVADOR	TAMAYO	TORRES	MEXICANA	---
Nombre(s):	Primer Apellido:	Segundo Apellido:	Nacionalidad:	CURP:
SARA	BRAVO	CASTRO	MEXICANA	---
Nombre(s):	Primer Apellido:	Segundo Apellido:	Nacionalidad:	CURP:

<b>Anotaciones Marginales:</b>	<b>Certificación:</b>
sin anotaciones marginales.	Se extiende la presente copia certificada, con fundamento en los arts 21, 22, 28 y 40 del Cód. Familiar de Michoacán; 16 frs IX, IX BIS y 22 de la Ley Org. del Registro Civil de Michoacán; 26 y 34 del Regl de la Ley Org. del Reg. Civil de Michoacán y el Acuerdo emitido el 31 de julio de 2017 por la Scría. de Gobierno de Michoacán. La Firma Electrónica con la que cuenta es vigente a la fecha de expedición; tiene validez jurídica y probatoria de acuerdo a las disposiciones legales en la materia.
	A LOS 14 DÍAS DEL MES DE DICIEMBRE DE 2023 . DOY FE.



Código de Verificación

11604200011984004260



Firma Electrónica:

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fF RB TU FZ T3 xC UK FW T3 wx MT Yw ND 1w MD Ax MT k4 ND Aw ND I2  
MH xG fD E0 Lz A2 Lz E5 OD R8 TU ID SE 9B Q0 FO IE RF IE 9D QU 1Q T3

Código QR



DIRECTOR DEL REGISTRO CIVIL EN MICHOACAN DE OCAMPO

LIC. NOEL GARCIA CANCINO

La presente copia certificada del acta es un extracto del acta que se encuentra en los archivos del Registro Civil correspondiente, la cual se ha expedido con base en las disposiciones jurídicas aplicables, cuyos datos pueden ser verificados en la página <https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp>, capturando el Identificador Electrónico que se encuentra en la parte superior derecha del acta, para su consulta en dispositivos móviles, descarga una aplicación para lectura del código QR.

**Exhibit 3 - Claudia  
Isabel Tamayo  
Bravo's I-94**

Departure Number

677935978

U.S. DEPARTMENT OF HOMELAND SECURITY  
**PAROLED**  
 Until December 13, 2024  
 Purpose: 240 Removal Proceedings  
 90422

Department of Homeland Security

12/15/23 SLW 15066  
 (Date) (Location) (Officer)  
 U.S. DEPARTMENT OF HOMELAND SECURITY

CBP 1-84A (11/04)  
Departure Record

**Dec 13 2024**

Family Name <b>TAMAYO BRAVO</b>	
First Name <b>CLAUDIA ISABEL</b>	Birth Date - Day/Mo/Yr <b>14.06.84</b>
Country of Birth <b>MEXICO</b>	

20/10/2018 118 VISIT

SINGLE

**Exhibit 4 - Alberto  
Rodriguez Cartillo's  
Passport**



DE 307 2014

Aguascalientes



2  
VISAS

N20570690

Baja California



3  
VISAS

DE 307 2014

Baja California Sur



4  
VISAS

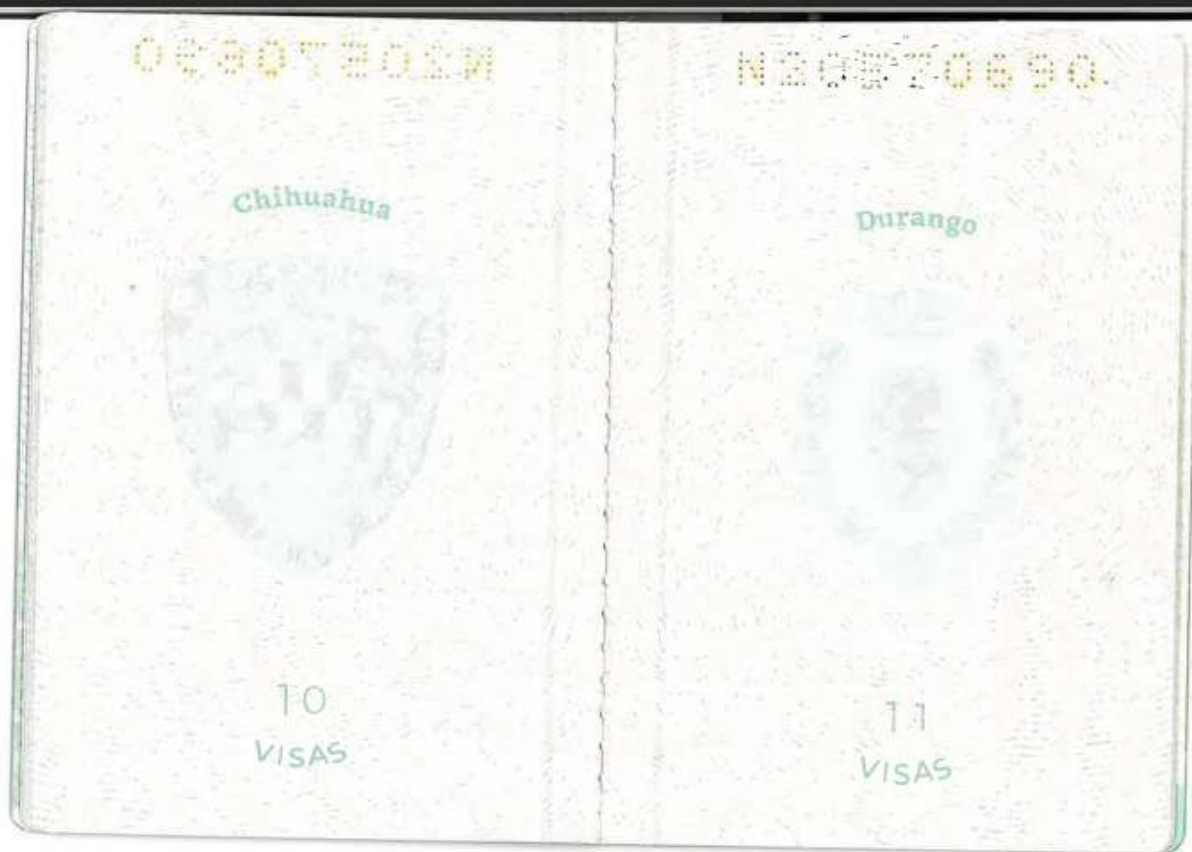
N20570690

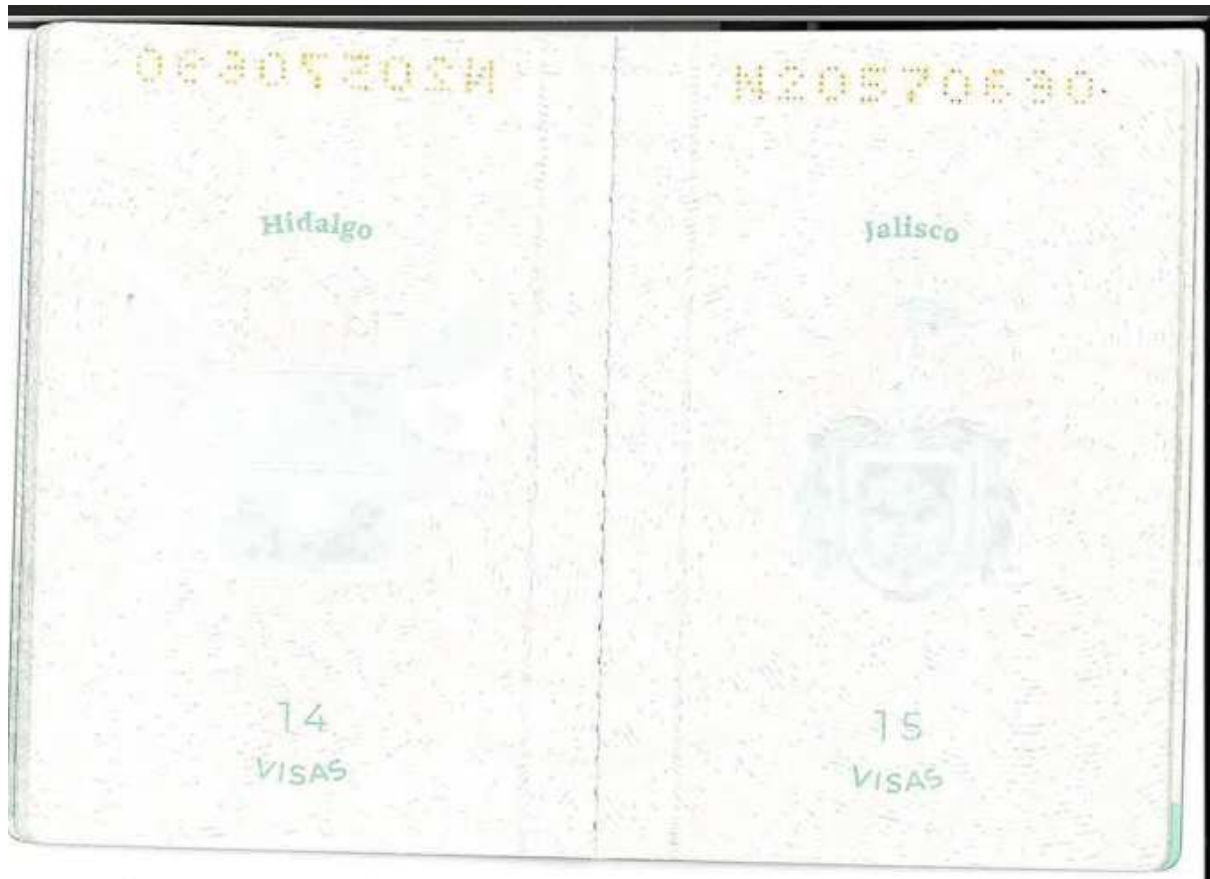
Campeche



5  
VISAS









0820570690

Puebla



22  
VISAS

N20570690

Querétaro



23  
VISAS

0820570690

Quintana Roo



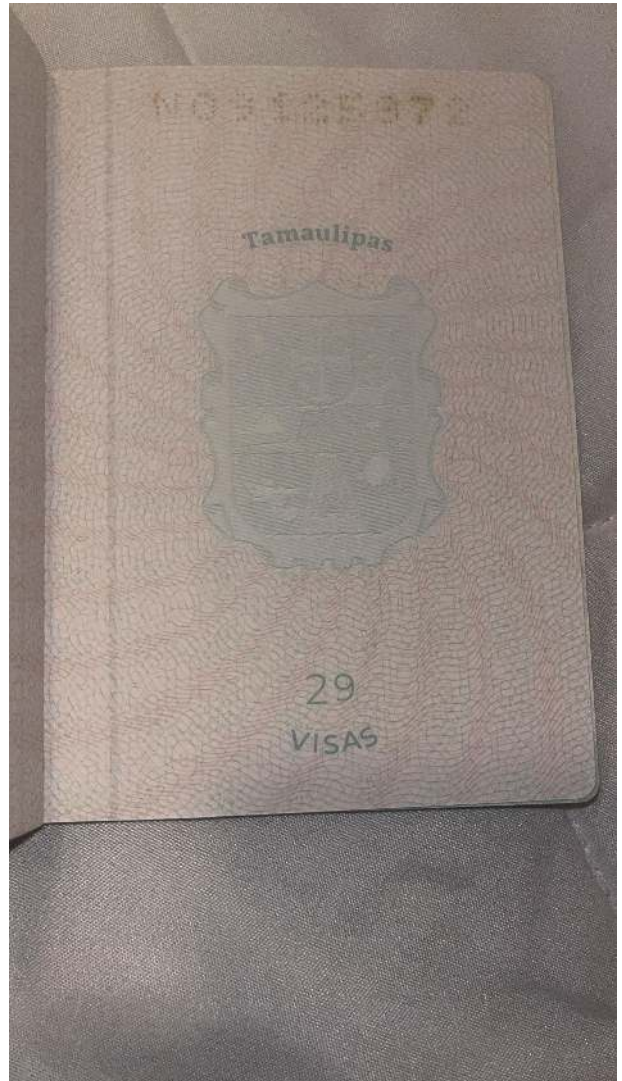
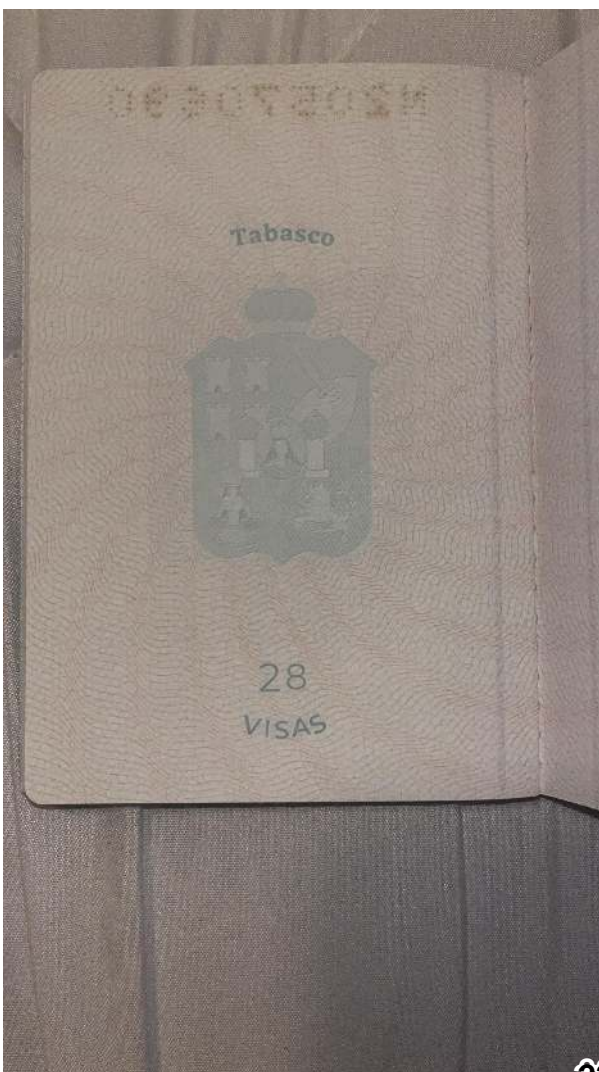
24  
VISAS

N20570690

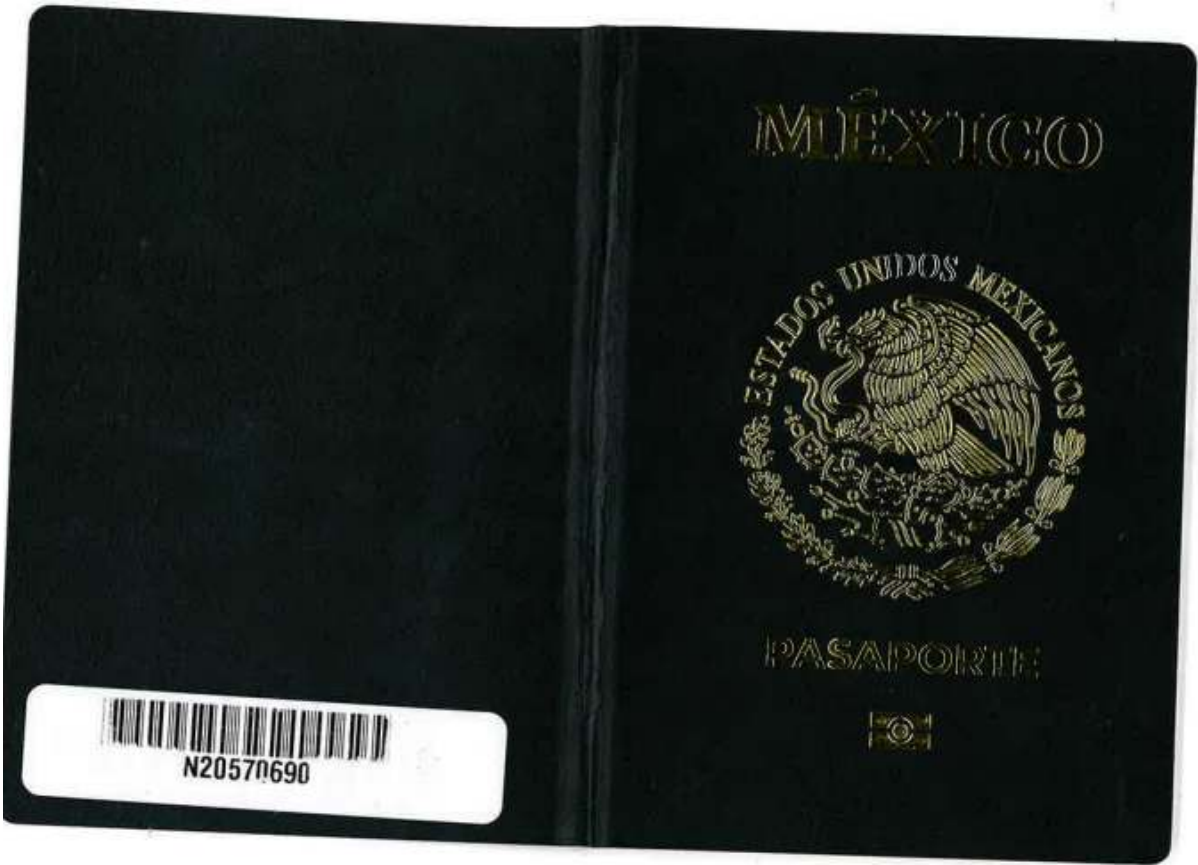
San Luis Potosí



25  
VISAS







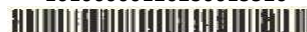
**Exhibit 5 - Alberto  
Rodriguez Cartillo's  
Birth Certificate with  
English Translation**

Electronic identifier

44258

EI

16106000120230015526



Unique Population Registry Code

ROCA870703HMNDSL00



Birth Certificate Number

---

Registering Entity

MICHOACAN DE OCAMPO

Registering Municipality

YURECUARO

Registry Office	Registration Date	Book	Certificate number
0001	07/20/1987	1	442

Registered Person's Information

ALBERTO

RODRIGUEZ

CASTILLO

Name(s):

First Surname:

Second Surname:

MALE

07/03/1987

MICHOACAN DE OCAMPO

Sex:

Date of Birth:

Birthplace:

Registered Person's Filiation Information

SERGIO

RODRIGUEZ

CERVANTES

MEXICAN

Name(s):

First Surname

Second Surname

Nationality:

CURP:

GUILLERMINA

CASTILLO

MIRANDA

MEXICAN

Name(s):

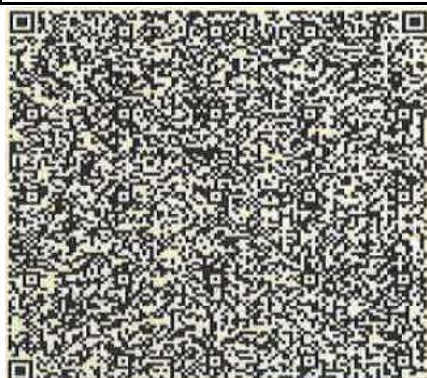
First Surname

Second Surname

Nationality:

CURP:

Marginal Annotations	Certification
No marginal annotations.	This certified copy is issued according to articles 21, 22, 28, and 40 of Michoacán's Family Code ; 16 frs IX, IX BIS, and 22 of Michoacán's Civil Registry Org. Act; 26 and 34 of Michoacán's Civil Registry Org. Act Reg., and the Agreement issued on July 31, 2027 by Michoacán's Secretary of Government. The Electronic Signature herein is valid af of date of issuance, has legal and evidentiary validity according to the applicable legal provisions.
	<b>ON DECEMBER 14, 2023. I CERTIFY.</b>



Electronic Signature:

Uk 9D QT g3 MD cw M0 hN Tk RT TD Aw fE FM Qk VS VE 98 Uk 9E Uk IH VU Va fE NB U1 RJ TE xP fD Ex Nj Ew Nj Aw MD Ex OT g3 MD A0 ND hW fE 18 MD Mv MD cv MT k4 N3 xN SU Ni T0 FD QU 4g RE Ug T0 NB TV BP fF



QR Code



DIRECTOR OF MICHOACAN DE OCAMPO'S CIVIL REGISTRY

LIC. NOEL GARCIA CANCINO

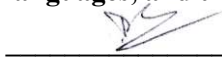
Verification Code

11610600011987004420



This certified copy of the certificate is a summary of the certificate archived at the corresponding Civil Registry, which has been issued according to the applicable legal provisions, whose information can be verified at the URL https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp using the Electronic Identifier found on the top right corner of the certificate. For query in mobile devices, download an application to read QR codes.

**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: January 23, 2026.**



Identificador Electrónico

16106000120230615526

EI

Clave Única de Registro de Población

ROCA870703HMNDSL00

Número de Certificado de Nacimiento

---

Entidad de Registro

MICHOACAN DE OCAMPO

Municipio de Registro

YURECUARO

Oficialía	Fecha de Registro	Libro	Número de Acta
0001	20/07/1987	1	442

# Estados Unidos Mexicanos Acta de Nacimiento

## Datos de la Persona Registrada

ALBERTO

Nombre(s):

RODRIGUEZ

Primer Apellido:

CASTILLO

Segundo Apellido:

HOMBRE

Sexo:

03/07/1987

Fecha de Nacimiento:

YURECUARO

MICHOACAN DE OCAMPO

Lugar de Nacimiento:

## Datos de Filiación de la Persona Registrada

SERGIO

Nombre(s):

RODRIGUEZ

Primer Apellido:

CERVANTES

Segundo Apellido:

MEXICANA

Nacionalidad:



CURP:

GUILLERMINA

Nombre(s):

CASTILLO

Primer Apellido:

MIRANDA

Segundo Apellido:

MEXICANA

Nacionalidad:



CURP:

## Anotaciones Marginales:

sin anotaciones marginales.

## Certificación:

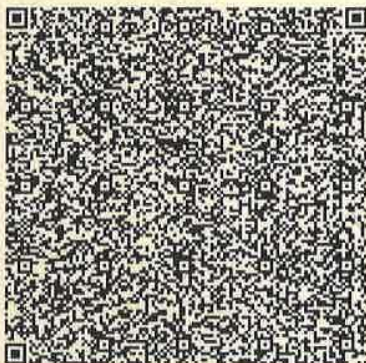
Se extiende la presente copia certificada, con fundamento en los arts 21, 22, 28 y 40 del Cód. Familiar de Michoacán; 16 frs IX, IX BIS y 22 de la Ley Org. del Registro Civil de Michoacán; 26 y 34 del Regl de la Ley Org. del Reg. Civil de Michoacán y el Acuerdo emitido el 31 de julio de 2017 por la Scría. de Gobierno de Michoacán, La Firma Electrónica con la que cuenta es vigente a la fecha de expedición; tiene validez jurídica y probatoria de acuerdo a las disposiciones legales en la materia.

A LOS 14 DÍAS DEL MES DE DICIEMBRE DE 2023 . DOY FE.

## Firma Electrónica:

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VU Va fE NB U1 RJ TE xP fD Ex Nj Ew Nj Aw MD Ex OT g3 MD A0 ND lw fE  
18 MD Mv MD cv MT k4 N3 xN SU NI T0 FD QU 4g RE Ug T0 NB TV BP fE

Código QR



Código de Verificación

11610600011987004420



DIRECTOR DEL REGISTRO CIVIL EN MICHOACAN DE OCAMPO

LIC. NOEL GARCIA CANCINO



La presente copia certificada del acta es un extracto del acta que se encuentra en los archivos del Registro Civil correspondiente, la cual se ha expedido con base en las disposiciones jurídicas aplicables, cuyos datos pueden ser verificados en la página <https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp>, capturando el Identificador Electrónico que se encuentra en la parte superior derecha del acta, para su consulta en dispositivos móviles, descarga una aplicación para lectura del código QR.

**Exhibit 6 - Alberto  
Rodriguez Cartillo's I-  
94**

Document

Document Number

677941101

A

U.S. DEPARTMENT OF HOMELAND SECURITY  
**PAROLED**

Until December 13, 2024

Purpose: 240 Removal Proceedings

90422

90422

Department of  
Homeland Security

CBP I-94A (11/04)  
Departure Record

12/16/23 SLU 15060  
(Date) (Location) (Officer)  
★  
U.S. DEPARTMENT OF HOMELAND SECURITY

**Dec 13 2024**

Last Name <b>RODRIGUEZ CASTILLO</b>	
First Name <b>ALBERTO</b>	Date Issued (Mo/Yr) <b>03.07.87</b>
Country of Origin <b>MEXICO</b>	

2025-0210 U.S. VISIT

SINGLE

**Exhibit 7 - Claudia  
Isabel Tamayo Bravo  
and Alberto  
Rodriguez Cartillo's  
Marriage Certificate  
with English  
Translation**

PAGE

A26 160992



Electronic Identifier

26055032023000055741

A

Unique Population Registry Code

ROCA870703HMNSL00

TABC840614MMNMRL05

Registration Entity

SONORA

City of Registration

SAN LUIS RIO COLORADO

United States of Mexico

Marriage Certificate

Office	Date of Registration	Book	Record Number
05503	12/04/2023	007	01352

Information of the Marrying Parties

Groom	ALBERTO	RODRIGUEZ	CASTILLO	
	Name(s)	Middle Name	Last Name	
	YURECUARO, MICHOACAN DE OCAMPO	MEXICAN	MALE	36
	Place of Birth	Nationality	Sex	Age

Bride	CLAUDIA ISABEL	TAMAYO	BRAVO	
	Name(s)	Middle Name	Last Name	
	IXTLAN, MICHOACAN DE OCAMPO	MEXICAN	FEMALE	39
	Place of Birth	Nationality	Sex	Age

Marital Partnership
Property Regime

Side notes:	Certification
	<p>ON BEHALF OF THE STATE OF SONORA AND BY THE AUTHORITY GRANTED BY ARTICLES 28 AND 37 OF THE CIVIL REGISTRY LAW AND ARTICLE 18, SECTION III OF THE INTERNAL REGULATIONS OF THE SECRETARY OF GOVERNMENT IN FORCE IN THE STATE:</p> <p><b>CERTIFIES</b></p> <p>THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS A TRUE AND ACCURATE EXTRACT OF THE ORIGINAL DOCUMENT CONTAINED IN THE CORRESPONDING BOOK IN THE STATE CIVIL REGISTRY ARCHIVES OF THE STATE OF SONORA. ISSUED ONLINE ON THURSDAY, DECEMBER 7, 2023. THE INFORMATION CONTAINED IN THE RECORDS AND CERTIFIED COPIES SHALL BE PRESUMED TO BE UP TO DATE.</p>



SONORA STATE GOVERNMENT STATE CIVIL REGISTRY ARCHIVE HERMOSILLO, SONORA



Chain

32605500032023013520



Advanced State Electronic Signature

Signature data string: cqaP+J0qOSXrKMRsxJaP+JxqORrKL77yhFrP6jAcf0ET9jy4C7Yxn3KJWPtW5AtqCao6b83...

Handwritten signature of Lic. Héctor Adrian Ibarra Luna

LIC. HÉCTOR ADRIAN IBARRA LUNA DIRECTOR OF THE STATE CIVIL REGISTRY ARCHIVE

QR Code



The content of this document can be verified at the following page: https://registrocivil.sonora.gob.mx/validacion

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.



Date: June 19, 2025.

FOLIO  
A26 160992



Identificador Electrónico  
2605503202300055741

A

Clave única de Registro de Población

ROCA870703HMNSL00

TABC840614MMNMRL05

Entidad de Registro

SONORA

Municipio de Registro

SAN LUIS RIO COLORADO

# Estados Unidos Mexicanos

## Acta de Matrimonio

Oficialia	Fecha de Registro	Libro	Número de Acta
05503	04/12/2023	007	01352

### Datos de las Personas Contrayentes

Contrayente	ALBERTO	RODRIGUEZ	CASTILLO	
	Nombre(s)	Primer Apellido	Segundo Apellido	
	YURECUARO, MICHOACAN DE OCAMPO	MEXICANA	MASCULINO	36
	Lugar de Nacimiento	Nacionalidad	Sexo	Edad

Contrayente	CLAUDIA ISABEL	TAMAYO	BRAVO	
	Nombre(s)	Primer Apellido	Segundo Apellido	
	IXTLAN, MICHOACAN DE OCAMPO	MEXICANA	FEMENINO	39
	Lugar de Nacimiento	Nacionalidad	Sexo	Edad

Sociedad Conyugal
Régimen Patrimonial

Anotaciones Marginales	Certificación
	<p>EN NOMBRE DEL ESTADO DE SONORA Y CON LA FACULTAD QUE LE OTORGA EL ARTICULO 28 Y 37 DE LA LEY DEL REGISTRO CIVIL Y EL ARTICULO 18 FRACCION III DEL REGLAMENTO INTERIOR DE LA SECRETARIA DE GOBIERNO VIGENTE EN EL ESTADO. :</p> <p><b>CERTIFICA</b></p> <p>QUE LOS DATOS QUE APARECEN EN LA PRESENTE ACTA SON UN EXTRACTO FIEL Y EXACTO DE SU ORIGINAL QUE OBRA EN EL LIBRO CORRESPONDIENTE EN EL ARCHIVO ESTATAL DEL REGISTRO CIVIL DEL ESTADO DE SONORA EXPEDIDA EN LINEA A JUEVES, 07 DE DICIEMBRE DEL 2023. LOS DATOS ASENTADOS DE LAS ACTAS Y COPIAS CERTIFICADAS SE PRESUMIRAN ACTUALIZADOS SALVO</p>



**SONORA**  
TIERRA DE OPORTUNIDADES

Cadena  
32605500032023013520



Firma Electrónica Estatal Avanzada

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LIC. HÉCTOR ADRIÁN IBARRA LUNA  
DIRECTOR DE ARCHIVO ESTATAL DEL  
REGISTRO CIVIL

Código QR



El contenido de esta acta puede ser verificado en la siguiente página: <https://registrocivil.sonora.gob.mx/validacion>

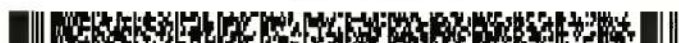
**Exhibit 8: Proof of  
Asylum Application  
(First 3 pages of  
Form I-589)**

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

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

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

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) <b>249307474</b>		2. U.S. Social Security Number (if any)	
3. USCIS Online Account Number (if any)			
4. Complete Last Name <b>TAMAYO BRAVO</b>		5. First Name <b>CLAUDIA</b>	6. Middle Name <b>ISABEL</b>
7. What other names have you used (include maiden name and aliases)?			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name <b>1427 LINCOLN AVE</b>			Apt. Number
City <b>RICHMOND</b>	State <b>CA</b>	Zip Code <b>94801</b>	Telephone Number <b>( 510 ) 8606763</b>
(NOTE: You must be residing in the United States to submit this form.)			
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): <b>RECEIVED AH DEPARTMENT OF JUSTICE OCT 28 2024</b>			Telephone Number ( )
Street Number and Name			Apt. Number
City	State <b>EXECUTIVE OFFICE FOR IMMIGRATION AND NATURALIZATION SERVICE SAN FRANCISCO, CALIFORNIA</b>	Zip Code	
10. Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	11. Marital Status: <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
12. Date of Birth (mm/dd/yyyy) <b>06/14/1984</b>	13. City and Country of Birth <b>IXTLAN MEXICO</b>		
14. Present Nationality (Citizenship) <b>MEXICAN</b>	15. Nationality at Birth <b>MEXICAN</b>	16. Race, Ethnic, or Tribal Group <b>LATINO</b>	17. Religion
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past.			
19. Complete 19 a through c.			
a. When did you last leave your country? (mm/dd/yyyy) <b>12/16/2023</b>		b. What is your current I-94 Number, if any? <b>677935978A3</b>	
c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.)			
Date <b>12/16/2023</b>	Place <b>SAN LUIS AZ</b>	Status <b>PAROLE</b>	Date Status Expires <b>12/13/2024</b>
Date _____	Place _____	Status _____	
Date _____	Place _____	Status _____	
20. What country issued your last passport or travel document?	21. Passport Number Travel Document Number		22. Expiration Date (mm/dd/yyyy)
23. What is your native language (include dialect, if applicable)? <b>SPANISH</b>	24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently?	
For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____



## Part A.II. Information About Your Spouse and Children

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

1. Alien Registration Number (A-Number) <i>(if any)</i> 249307473		2. Passport/ID Card Number <i>(if any)</i> N09125972		3. Date of Birth <i>(mm/dd/yyyy)</i> 07/03/1987		4. U.S. Social Security Number <i>(if any)</i>	
5. Complete Last Name RODRIGUEZ CASTILLO			6. First Name ALBERTO		7. Middle Name		8. Other names used <i>(include maiden name and aliases)</i>
9. Date of Marriage <i>(mm/dd/yyyy)</i> 04/12/2023			10. Place of Marriage SA LUIS RIO COLORADO, MEXICO			11. City and Country of Birth YURECUARO, MEXICO	
12. Nationality <i>(Citizenship)</i> MEXICAN			13. Race, Ethnic, or Tribal Group HISPANIC			14. Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
15. Is this person in the U.S.? <input checked="" type="checkbox"/> Yes <i>(Complete Blocks 16 to 24.)</i> <input type="checkbox"/> No <i>(Specify location):</i>							
16. Place of last entry into the U.S. SAN LUIS AZ		17. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> 12/16/2023		18. I-94 Number <i>(if any)</i>		19. Status when last admitted <i>(Visa type, if any)</i> PAROLE	
20. What is your spouse's current status? PALOREE		21. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> 12/13/2024		22. Is your spouse in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		23. If previously in the U.S., date of previous arrival <i>(mm/dd/yyyy)</i>	
24. If in the U.S., is your spouse to be included in this application? <i>(Check the appropriate box.)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

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

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

I have children. Total number of children: 4

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

1. Alien Registration Number (A-Number) <i>(if any)</i> 249307475		2. Passport/ID Card Number <i>(if any)</i>		3. Marital Status <i>(Married, Single, Divorced, Widowed)</i> SINGLE		4. U.S. Social Security Number <i>(if any)</i>	
5. Complete Last Name NAVARRO TAMAYO			6. First Name JOSEFINA		7. Middle Name		8. Date of Birth <i>(mm/dd/yyyy)</i> 02/17/2016
9. City and Country of Birth SAN LUIS RIO COLORADO, MEXICO			10. Nationality <i>(Citizenship)</i> MEXICAN		11. Race, Ethnic, or Tribal Group HISPANIC		12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
13. Is this child in the U.S. ? <input checked="" type="checkbox"/> Yes <i>(Complete Blocks 14 to 21.)</i> <input type="checkbox"/> No <i>(Specify location):</i>							
14. Place of last entry into the U.S. SANLUIAZ		15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> 12/16/2023		16. I-94 Number <i>(If any)</i>		17. Status when last admitted <i>(Visa type, if any)</i> PAROLE	
18. What is your child's current status? PAROLE		19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i> 12/13/2024		20. Is your child in Immigration Court proceedings? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? <i>(Check the appropriate box.)</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							



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

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i> <b>SINGLE</b>	4. U.S. Social Security Number <i>(if any)</i> <b>606-75-8467</b>
5. Complete Last Name <b>NAVARRO TAMAYO</b>	6. First Name <b>YAZMIN</b>	7. Middle Name <b>LIZBETH</b>	8. Date of Birth <i>(mm/dd/yyyy)</i> <b>02/19/2009</b>
9. City and Country of Birth <b>LONG BEACH, USA</b>	10. Nationality <i>(Citizenship)</i> <b>AMERICAN</b>	11. Race, Ethnic, or Tribal Group <b>HISPANIC</b>	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

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

14. Place of last entry into the U.S. <b>SAN LUIS AZ</b>	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>12/16/2023</b>	16. I-94 Number <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i> <b>US CITIZEN</b>
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18. What is your child's current status? <b>US CITIZEN</b>	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

1. Alien Registration Number (A-Number) <i>(if any)</i>	2. Passport/ID Card Number <i>(if any)</i>	3. Marital Status <i>(Married, Single, Divorced, Widowed)</i> <b>SINGLE</b>	4. U.S. Social Security Number <i>(if any)</i> <b>604-63-2704</b>
5. Complete Last Name <b>NAVARRO TAMAYO</b>	6. First Name <b>IZAYANA</b>	7. Middle Name <b>GUADALUPE</b>	8. Date of Birth <i>(mm/dd/yyyy)</i> <b>03/09/2007</b>
9. City and Country of Birth <b>LONG BEACH, USA</b>	10. Nationality <i>(Citizenship)</i> <b>AMERICAN</b>	11. Race, Ethnic, or Tribal Group <b>HISPANIC</b>	12. Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

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

14. Place of last entry into the U.S. <b>SAN LUIS AZ</b>	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i> <b>12/16/2023</b>	16. I-94 Number <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i> <b>US CITIZEN</b>
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18. What is your child's current status? <b>US CITIZEN</b>	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

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

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

14. Place of last entry into the U.S.	15. Date of last entry into the U.S. <i>(mm/dd/yyyy)</i>	16. I-94 Number <i>(If any)</i>	17. Status when last admitted <i>(Visa type, if any)</i>
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18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? <i>(mm/dd/yyyy)</i>	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No
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21. If in the U.S., is this child to be included in this application? *(Check the appropriate box.)*  
 Yes  
 No

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