

**April 02, 2026**

Department of Homeland Security  
Immigration and Customs Enforcement  
Office of the Principal Legal Advisor  
55 E. Monroe Street, Suite 1400  
Chicago, IL 60603

**RE: SERVICE OF MOTION TO REOPEN REMOVAL PROCEEDINGS AND  
REQUEST FOR STAY OF REMOVAL**

**Respondent:** Mauro Antonio Lopez Hernandez

**A-Number:** 099-666-221

**Type of proceedings:** Removal

**Immigration Court:** Chicago, IL

Dear Counsel,

Please find enclosed the Respondent's **Motion to Reopen Removal Proceedings and Request for Stay of Removal**, filed with the **Immigration Court in Chicago**, Illinois.

The enclosed filings includes the following documents:

1. Form EOIR-28 - Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court;
2. Motion to Reopen Removal Proceedings Under INA § 240(c)(7) and VAWA Special Rule, INA § 240(c)(7)(C)(iv), with Request for Stay of Removal;
3. Application for Cancellation of Removal (Form EOIR-42B);
4. Exhibits - supporting documentation;
5. Biometric Services Fee.

This correspondence is provided to you pursuant to the applicable service requirements.

Thank you for your attention to this matter.

Respectfully submitted,

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**Natalia Vieira Santanna, SBN#337502**

P.O. Box 7528  
Oakland, CA 94601  
(510) 922-0154

**Notice of Entry of Appearance as Attorney or Representative Before the Immigration Court**

<b>(Type or Print)</b> <b>NAME AND ADDRESS OF REPRESENTED PARTY</b>			<b>A-NUMBER</b> (Provide Alien ("A") number of the party represented in this case.)
Mauro	Antonio Lopez Hernandez		099666221
(First)	(Middle Initial)	(Last)	
450 Entrada Dr	74		<b>Entry of appearance for</b> (please check <u>one</u> of the following):
(Number and Street)	(Apt. No.)		<input type="checkbox"/> All proceedings
Novato	CA	94949	<input type="checkbox"/> Custody and bond proceedings only
(City)	(State)	(Zip Code)	<input checked="" type="checkbox"/> All proceedings other than custody and bond proceedings

**Attorney or Representative (please check one of the following):**

I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following states(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia (use additional space on reverse side if necessary), and I am not subject to any order disbaring, suspending, enjoining, restraining or otherwise restricting me in the practice of law in any jurisdiction (if subject to such an order, do not check this box and explain on reverse).

Full Name of Court California Bar Number (if applicable) 337502

I am a representative accredited to appear before the Executive Office for Immigration Review as defined in 8 C.F.R. § 1292.1(a)(4) with the following recognized organization: \_\_\_\_\_

I am a law student or law graduate of an accredited U.S. law school as defined in 8 C.F.R. § 1292.1(a)(2).

I am a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3) and I am appearing without direct or indirect remuneration. I am providing further information in the Additional Information box below.

I am an accredited foreign government official, as defined in 8 C.F.R. § 1291.1(a)(5), from \_\_\_\_\_ (country).

I am a person who was authorized to practice on December 23, 1952, under 8 C.F.R. § 1292.1(b).

**Attorney or Representative (please check one of the following):**

I hereby enter my appearance as attorney or representative for, and at the request of, the party named above.

EOIR has ordered the provision of a Qualified Representative for the party named above and I appear in that capacity.

I have read and understand the statements provided on the reverse side of this form that set forth the regulations and conditions governing appearances and representations before the Immigration Court. By signing this form, I consent to publication of my name and any findings of misconduct by EOIR, should I become subject to any public discipline by EOIR pursuant to the rules and procedures at 8 C.F.R. 1003.101 *et seq.* I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

<b>SIGNATURE OF ATTORNEY OR REPRESENTATIVE</b>	<b>EOIR ID NUMBER</b>	<b>DATE</b>
<b>X</b> _____		

**NAME OF ATTORNEY OR REPRESENTATIVE, ADDRESS, FAX & PHONE NUMBERS, & EMAIL ADDRESS**

Name: Natalia V Santanna  
(First) (Middle Initial) (Last)

Law Firm/Organization Santanna Law Offices

Address: P.O. Box 7528  
(Number and Street)

Oakland CA 94601  
(City) (State) (Zip Code)

Telephone: (510) 922-0154 Facsimile: N/A Email: natalia@santannalaw.com

Check here if new address

**Indicate Type of Appearance:** You must designate primary or non-primary unless you are appearing in an "on behalf of" capacity for another attorney for a specific hearing. Only the primary attorney/representative will receive mailings from the Immigration Court. All attorneys/representatives regardless of type of appearance are practitioners of record and are individually responsible as representatives for the respondent. Circumstances may arise that require the Immigration Court to designate a primary and/or switch service of mailings from the primary to a non-primary.

Primary Attorney/Representative       Non-Primary Attorney/Representative  
 On behalf of \_\_\_\_\_ (Attorney's Name) for the following hearing: \_\_\_\_\_ (Date)  
I am providing pro bono representation. Check one:  yes  no

### Proof of Service

I (Name) Natalia Vieira Santanna mailed, emailed or delivered a copy of this Form EOIR-28 on (Date) \_\_\_\_\_ to the DHS (U.S. Immigration and Customs Enforcement – ICE) at 55 E. Monroe Street, Suite 1400, Chicago, IL 60603.

No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

X \_\_\_\_\_  
Signature of Person Serving

**APPEARANCES** - A practitioner of record is authorized to appear on behalf of a respondent, to file documents on behalf of a respondent, and to accept service of process of all documents filed in the proceedings before the Immigration Court. See 8 C.F.R. § 1003.17(a). An attorney or Accredited Representative (with full accreditation) must register with the EOIR eRegistry in order to practice before the Immigration Court (see 8 C.F.R. § 1292.1(f)). Registration must be completed online on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir). To perform the functions of and become the practitioner of record, the practitioner must file a separate Form EOIR-28 for each represented party in each case before an Immigration Judge (see 8 C.F.R. § 1003.17). A Form EOIR-28 shall be filed either as an electronic form, or as a paper form, as appropriate (for further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir)). The attorney or representative must check the box indicating whether the entry of appearance is for custody and bond proceedings only, for all proceedings other than custody and bond, or for all proceedings including custody and bond. When an appearance as a practitioner of record is made by a person acting in a representative capacity, his/her personal appearance or signature constitutes a representation that, under the provisions of 8 C.F.R. part 1003, he/she is authorized and qualified to represent individuals and will comply with the EOIR Rules of Professional Conduct in 8 C.F.R. § 1003.102. Thereafter, substitution or withdrawal may be permitted upon the approval of the Immigration Judge of a request by the attorney or practitioner of record in accordance with 8 C.F.R. § 1003.17(b). Please note that although separate appearances in custody and non-custody proceedings are permitted, appearances for limited purposes within those proceedings – other than for document assistance to an unrepresented or pro se respondent – are not permitted. See 8 C.F.R. § 1003.2(g)(1), 1003.38(g)(2); see also *Matter of Velasquez*, 19 I&N Dec. 377, 384 (BIA 1986). A Form EOIR-61, not a Form EOIR-28, is required for the entry of a limited appearance for document assistance on an application, brief, motion, or other document before the Immigration Court. A separate appearance form (Form EOIR-27) must be filed with an appeal to the Board of Immigration Appeals (see 8 C.F.R. § 1003.38(g)). Note: Attorneys and Accredited Representatives (with full accreditation) must first update their address in eRegistry before filing a Form EOIR-28 that reflects a new address.

**FREEDOM OF INFORMATION ACT** - This form may not be used to request records under the Freedom of Information Act or the Privacy Act. The manner of requesting such records is in 28 C.F.R. §§ 16.1-16.11 and appendices. For further information about requesting records from EOIR under the Freedom of Information Act, see How to File a Freedom of Information Act (FOIA) Request With the Executive Office for Immigration Review, available on EOIR's website at <https://www.justice.gov/eoir>.

**PRIVACY ACT NOTICE** - The information requested on this form is authorized by 8 U.S.C. §§ 1229(a), 1362 and 8 C.F.R. § 1003.17 in order to enter an appearance to represent a party before the Immigration Court. The information you provide is mandatory and required to enter an appearance. Failure to provide the requested information will result in an inability to represent a party or receive notice of actions in a proceeding. EOIR may share this information with others in accordance with approved routine uses described in EOIR's system of records notice, EOIR-001, Records and Management Information System, 69 Fed. Reg. 26,179 (May 11, 2004), or its successors and EOIR-003, Practitioner Complaint-Disciplinary Files, 64 Fed. Reg. 49237 (September 1999). Furthermore, the submission of this form acknowledges that an attorney or representative will be subject to the disciplinary rules and procedures at 8 C.F.R. 1003.101et seq., including, pursuant to 8 C.F.R. §§ 292.3(h)(3), 1003.108(c), publication of the name of the attorney or representative and findings of misconduct should the attorney or representative be subject to any public discipline by EOIR.

**CASES BEFORE EOIR** - Automated information about cases before EOIR is available by calling (800) 898-7180 or (304) 625-2050 or by checking online at <https://acis.eoir.justice.gov>. For further information, please see the Immigration Court Practice Manual, which is available on the EOIR website at [www.justice.gov/eoir](http://www.justice.gov/eoir).

**ADDITIONAL INFORMATION:** If you are filing this form as a reputable individual as defined in 8 C.F.R. § 1292.1(a)(3), please provide a statement below how you meet that criteria, including that you are appearing on an individual basis at the request of the person entitled to representation and describing your pre-existing relationship or connection to that person.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is six (6) minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

**Santanna Law Offices PC  
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**Non-Detained**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
55 E Monroe, Suite 1500  
Chicago, IL 60603**

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**In the Matter of** )  
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**Mauro Antonio Lopez Hernandez** )  
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**In Removal Proceedings** )  

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**File No. A 099-666-221**

Immigration Judge: N/A

Next Hearing Date: N/A

**RESPONDENT'S MOTION TO REOPEN REMOVAL PROCEEDINGS AND  
REQUEST FOR STAY OF REMOVAL**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
55 E Monroe, Suite 1500  
Chicago, IL 60603**

	)	
<b>In the Matter of</b>	)	
	)	
<b>Mauro Antonio Lopez Hernandez</b>	)	<b>File No. A 099-666-221</b>
	)	
<b>In Removal Proceedings</b>	)	
	)	

**RESPONDENT'S MOTION TO REOPEN REMOVAL PROCEEDINGS AND  
REQUEST FOR STAY OF REMOVAL**

**I. INTRODUCTION**

Respondent, Mauro Antonio Lopez-Hernandez (A# 099-666-221), respectfully moves this Honorable Court to reopen his removal proceedings pursuant to INA § 240(c)(7) and the VAWA special rule, INA § 240(c)(7)(C)(iv), so that he may apply for VAWA Cancellation of Removal under INA § 240A(b)(2), 8 U.S.C. § 1229b(b)(2).

Respondent's initial master calendar hearing was scheduled for April 18, 2006, in Chicago, Illinois. Respondent did not appear, and the Immigration Court entered an in absentia order of removal on that date. *See* Exhibit 2. Respondent is now a survivor of battery and extreme cruelty by his U.S. citizen spouse, and he presents compelling, corroborated evidence of severe coercive control, threats of deportation, and significant trauma-related mental health impairment.

A licensed therapist found Respondent to be a credible reporter and diagnosed him with Severe Depression, Moderate Anxiety, and symptoms meeting criteria for PTSD, with

a documented history of suicidal ideation in the context of ongoing domestic abuse. *See* Exhibit 9.

Respondent requests reopening under the VAWA special rule and also requests that the Court exercise its discretion to stay removal pending final adjudication of this motion, because Respondent has demonstrated a strong likelihood of success on reopening and faces severe and irreparable harm if removed before the Court can adjudicate his statutory VAWA protection claims.

## **II. STATEMENT OF THE LAW**

### **A. Motions to Reopen Before the Immigration Court**

An Immigration Judge has authority to adjudicate motions to reopen in cases within the Court's jurisdiction. *See* 8 C.F.R. § 1003.23(b)(1). Generally, a motion to reopen must be filed within 90 days of a final administrative order, subject to statutory and regulatory exceptions. INA § 240(c)(7); 8 U.S.C. § 1229a(c)(7).

### **B. VAWA “Special Rule” Motion to Reopen Under INA § 240(c)(7)(C)(iv) (Statutory Requirements; Deadline Limitations Exception; One-Year Provision and Waiver)**

Congress created a special rule for certain survivors of battery or extreme cruelty that provides: “Any limitation under this section on the deadlines for filing such motions shall not apply” where the statutory requirements of INA § 240(c)(7)(C)(iv)(I)–(IV) are satisfied. INA § 240(c)(7)(C)(iv), 8 U.S.C. § 1229a(c)(7)(C)(iv).

Under the statute, the special-rule deadline limitations exception applies where: (I) the basis for reopening is to apply for enumerated relief, including VAWA Cancellation of Removal under INA § 240A(b)(2); (II) the motion is accompanied by a cancellation of removal application to be filed with the Attorney General (or a copy of a VAWA self-petition that has been or will be filed with USCIS upon the granting of reopening); (III) the motion is filed within one year of the final order, unless the one-year limitation is waived by the Attorney General, in the exercise of discretion, upon a showing of extraordinary circumstances (or

extreme hardship to the alien's child); and (IV) the movant is physically present in the United States at the time of filing. INA § 240(c)(7)(C)(iv)(I)–(IV), 8 U.S.C. § 1229a(c)(7)(C)(iv)(I)–(IV).

As set forth below, Respondent satisfies the requirements of INA § 240(c)(7)(C)(iv)(I)–(IV). This Motion is accompanied by Respondent's completed Form EOIR-42B (VAWA Cancellation of Removal), and Respondent requests that the Court reopen proceedings so Respondent may file and litigate that application in reopened proceedings.

### **C. VAWA Cancellation of Removal**

VAWA Cancellation of Removal is available to a noncitizen who demonstrates, *inter alia*: (1) a qualifying relationship to a U.S. citizen or lawful permanent resident spouse or parent; (2) that the applicant has been battered or subjected to extreme cruelty by that qualifying relative; (3) continuous physical presence in the United States for at least three years immediately preceding the application; (4) good moral character during that period; (5) that removal would result in extreme hardship to the applicant, the applicant's child, or the applicant's parent; and (6) that relief is warranted in the exercise of discretion. INA § 240A(b)(2), 8 U.S.C. § 1229b(b)(2).

### **D. Stay of Removal Pending Adjudication; Discretionary Stay Requested**

The regulations provide that, except where a motion to reopen is filed to rescind an *in absentia* order pursuant to INA § 240(b)(5)(C) and 8 C.F.R. § 1003.23(b)(4)(ii), the filing of a motion to reopen or a motion to reconsider before the Immigration Court does not automatically stay the execution of a removal order, and execution proceeds unless a stay is specifically granted by the Immigration Judge, the Board, or an authorized DHS officer. *See* 8 C.F.R. § 1003.23(b)(1)(v).

An automatic stay is expressly provided for a motion to reopen to rescind an *in absentia* order filed under 8 C.F.R. § 1003.23(b)(4)(ii) (implementing INA § 240(b)(5)(C)). *See* 8 C.F.R. § 1003.23(b)(4)(ii); *see also* EOIR Immigration Court Practice Manual, ch. 5.9(d)(4).

Respondent is not seeking rescission of the in absentia order under INA § 240(b)(5)(C). Rather, Respondent seeks reopening under the distinct statutory framework of the VAWA special rule, INA § 240(c)(7)(C)(iv), to pursue VAWA Cancellation of Removal under INA § 240A(b)(2). Accordingly, Respondent requests that the Court exercise its discretionary authority to grant a stay of removal under 8 C.F.R. § 1003.23(b)(1)(v).

Additionally, INA § 240(c)(7)(C)(iv) contains a limited statutory stay framework for certain special-rule motions conditioned on the motion establishing that the movant is a “qualified alien” as defined by statute. Without relying solely on that provision, Respondent respectfully requests a discretionary stay under 8 C.F.R. § 1003.23(b)(1)(v). *See* INA § 240(c)(7)(C)(iv) (final paragraph); 8 U.S.C. § 1229a(c)(7)(C)(iv).

### **III. PROCEDURAL HISTORY**

On February 24, 2006, the Department of Homeland Security (DHS) personally served Respondent with a Notice to Appear (NTA), charging him as removable under INA § 212(a)(6)(A)(i) as an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General. The NTA lists Respondent’s address as 1375 Dove Rd., Hebron, Nebraska 68370, and reflects service in Spanish. *See* Exhibit 1; Mauro Decl. ¶ 6.

Respondent’s removal proceedings were scheduled before the Immigration Court in Chicago, Illinois, and the record reflects an in absentia hearing date of April 18, 2006. *See* Exhibit 1.

On April 18, 2006, the Immigration Court (Immigration Judge Craig M. Zerbe) entered an in absentia order of removal to El Salvador. The Immigration Court’s mailing cover sheet reflects that the written decision was sent to Respondent’s address of record at 1375 Dove Rd., Hebron, Nebraska 68370, but was returned as undeliverable with the notation ‘UNABLE TO FORWARD – NO ADDRESS PROVIDED.’ *See* Exhibit 2.

Respondent has remained continuously in the United States since 2006 and has not

departed at any time. *See* Mauro Decl. ¶ 13.

As described in Section IV.A, Respondent later learned that an in absentia removal order had been entered and, to the best of his recollection, was informed around 2010 by an attorney that he had a removal order. *See* Mauro Decl. ¶ 12.

#### **IV. STATEMENT OF THE FACTS**

##### **A. Respondent's Entry, Relocation, and Failure to Appear**

Respondent entered the United States in or around February 2006. Shortly after entry, while in DHS custody near the border, Respondent provided 1375 Dove Rd., Hebron, Nebraska as the address where he believed he would reside after release, based on the plan he had at the time. Respondent was then scheduled to appear before the Immigration Court at 55 East Monroe St., Suite 1900, Chicago, Illinois, on April 18, 2006, at 9:00 a.m. *See* Mauro Decl. ¶ 6.

However, immediately after entry, the plan to go to Nebraska collapsed because the individual who was supposed to receive Respondent and help him obtain work stopped answering, and Respondent could not confirm that he had anywhere to go in Nebraska. Respondent was newly arrived, young, and without meaningful resources: he lacked money, reliable phone access, transportation, and anyone to guide him through the immigration court system. With no viable alternative, Respondent relocated to California to stay with his brother and focused on working and stabilizing his life. *See* Mauro Decl. ¶¶ 7–8.

By the time the hearing date arrived, Respondent was no longer in Nebraska. Respondent had no attorney and did not understand the immigration court system or the implications of failing to appear. He did not know what steps to take or how to contact the Immigration Court to request guidance. For the same reasons, he did not file a change of address. Respondent's situation changed immediately after release and he did not have a stable address in Nebraska. He was newly arrived, unrepresented, and focused on basic survival. He did not understand the obligation or procedure to notify the Immigration Court of a change of

address, nor was he advised in a manner he could meaningfully comprehend. *See* Mauro Decl. ¶¶ 9–10.

Because the removal order was entered in absentia, Respondent was not present to receive the decision in court. The record reflects that the Immigration Court mailed the written in absentia decision to Respondent’s address of record (1375 Dove Rd., Hebron, Nebraska), but it was returned as undeliverable with the notation ‘UNABLE TO FORWARD – NO ADDRESS PROVIDED.’ *See* Exhibit 2.

As a result, Respondent did not receive the written order and for many years did not have actual notice or a meaningful understanding that a final removal order had been entered in his case.occurred in his case, and his focus remained on survival, work, and supporting his family in El Salvador. *See* Mauro Decl. ¶ 11.

Respondent has remained continuously in the United States since 2006 and has not departed at any time. *See* Mauro Decl. ¶ 13.

To the best of Respondent’s recollection, around 2010, Respondent spoke with an attorney in San Francisco who told him that he had a ‘deportation’ (removal) order. Respondent did not understand what that meant in a way that enabled him to take effective action, and he did not have the money to retain an attorney to investigate further or pursue relief at that time. *See* Mauro Decl. ¶ 12.

For many years thereafter, Respondent did not understand that there were immigration protections for abused spouses, and he was isolated and ashamed. His spouse’s deportation threats and her control over money and property made it extremely difficult for him to seek help, and he also had negative experiences attempting to obtain legal assistance in the past, including paying significant money to an attorney who promised results and did not resolve his situation. *See* Mauro Decl. ¶ 42.

Respondent now files this Motion with counsel and submits corroborating evidence, including a psychological evaluation documenting trauma symptoms. *See* Exhibit 9; *see* also

Mauro Decl. ¶ 39.

### **B. Qualifying Relationship and Family Background**

Respondent is a native and citizen of El Salvador, born on May 7, 1977. (Mauro Decl. ¶1.) Respondent and his spouse, Yansi Elizabeth Sandoval Mejia, share two children: Gerardo Antonio, born in El Salvador in 2001, and Damaris Elizabeth, born in El Salvador in 2003. Both children are now adults. *See* Exhibit 7; Mauro Decl. ¶ 1–3.

Respondent first formed his relationship and family with Ms. Sandoval Mejia in El Salvador. Mauro Decl. ¶14. Respondent came to the United States first and worked for years while sending financial support to Ms. Sandoval Mejia and their children in El Salvador. Mauro Decl. ¶16. Ms. Sandoval Mejia and the children later came to the United States in approximately 2012 through a family-based immigration process initiated by her father, and the family resided together in California after their arrival. Mauro Decl. ¶¶ 17–18. After living together in the United States, Respondent and Ms. Sandoval Mejia formalized their relationship and married in September 2019. *See* Exhibits 5; Mauro Decl. ¶ 18.

Respondent understands that Ms. Sandoval Mejia is a United States citizen and she naturalized in 2021. *See* Exhibit 6; Mauro Decl. ¶ 40.

Respondent has no criminal history and reports that he has never been arrested or convicted of any crime. *See* Exhibit 12; Mauro Decl. ¶ 43.

### **C. Battery and Extreme Cruelty / Coercive Control by U.S. Citizen Spouse**

Over time, Respondent's spouse subjected him to battery and extreme cruelty and exercised coercive control. Respondent explains that it took him years to understand that what was occurring was not normal marital conflict but psychological abuse and domestic violence, and he describes a pattern of escalation consistent with a classic cycle of abuse, an incident, followed by apology or reconciliation, a brief calm period, and then renewed tension and escalation. Mauro Decl. ¶¶ 19–21.

Respondent reports ongoing verbal degradation and humiliation, including screaming,

insults, belittling comments about his intelligence and earnings, and humiliation in front of family members. He describes modifying his behavior, staying quiet, avoiding speaking, leaving the home at times, and trying to “keep the peace”, to prevent his spouse from escalating further. Mauro Decl. ¶¶ 22–23.

Respondent also describes physical violence and intimidation. He reports being slapped and hit with objects, and describes a significant incident in or about August 2024 in Novato, California, when his spouse slapped him and threw food at him. He further describes incidents involving his phone, including an incident in or about October 2024 when his spouse grabbed his phone and broke it against his chest, an act of physical violence and coercive control. *See* Mauro Decl. ¶28. Respondent also reports repeated threats involving knives, including threats made in front of their children, and describes an incident on or about February 1, 2025 in which his spouse threatened him with a knife and tried to push the knife toward his stomach. Respondent states that he feared he would be stabbed or seriously injured if he did not deflect the knife, and that he struck her arm to push the knife away and protect himself. *See* Mauro Decl. ¶ 29.

Respondent states that his spouse has used his immigration status as a means of coercion and intimidation, repeatedly invoking deportation and telling him she hopes he will be deported and will not obtain immigration documents, including threats at their home in Novato, California in or about October 2022 and again in or about December 2023. Mauro Decl. ¶24. Respondent explains that these threats were used to silence him, scare him, and deter him from seeking help, and that his fear is heightened by past gang threats in El Salvador, a history his spouse knows and has leveraged to keep him quiet and feeling trapped. Mauro Decl. ¶ 25.

Respondent further reports financial and property-based control, including his spouse moving money from his account to her account and stating she could leave him with nothing, as well as threats involving transportation because his truck is in her name despite his labor and

payments toward it. Respondent explains that the risk of losing transportation compounded his isolation and fear of losing work and stability. Mauro Decl. ¶¶ 26–27. He also reports forced displacement from the bedroom and, at times, from the home, resulting in him sleeping in the living room or in his truck to avoid escalation and to remain safe. Mauro Decl. ¶ 30.

Critically, Ms. Sandoval Mejia’s coercive control, including repeated immigration-related threats, intimidation, and efforts to isolate Respondent, directly contributed to Respondent’s inability to safely and effectively seek legal counsel earlier. Respondent describes that his spouse used deportation threats to silence him, control his behavior, and keep him from seeking help, and that she also exercised control over money, property, and transportation in ways that made it harder for him to leave, access resources, or pursue assistance. *See* Mauro Decl. ¶¶ 24–27, 30, 41–42.

These dynamics, coupled with Respondent’s trauma symptoms and shame, substantially impaired his capacity to take timely legal action in his immigration case. *See* Exhibit 9; *see* also Mauro Decl. ¶¶ 32–39, 42.

Finally, Respondent reports an especially acute marker of danger and fear: his spouse went to a clinic and told a doctor that she sometimes wanted to hurt him in his sleep, which resulted in police involvement. Respondent reports that since that incident, his fear at night and inability to sleep safely have significantly worsened. Mauro Decl. ¶ 37.

#### **D. Documented Mental Health Harm and Trauma Symptoms**

Respondent has suffered significant psychological harm and trauma symptoms as a result of the prolonged abuse, intimidation, and coercive control in his home. He reports hypervigilance, sleep disturbance, startle response, intrusive fear responses, shame, isolation, difficulty concentrating and remembering, and depressed and anxious mood with low energy, as well as a history of suicidal ideation. *See* Mauro Decl. ¶¶ 32–38.

This psychological harm is corroborated by a trauma-informed psychological evaluation. Respondent completed a psychological evaluation on September, 2025, with Lena

Nicodemus, LMFT. *See* Exhibit 9; Mauro Decl. ¶39. In a report dated September 17, 2025, the evaluator assessed Respondent as a credible reporter and documented clinically significant findings, including a PHQ-9 score consistent with Severe Depression, a GAD-7 score consistent with Moderate Anxiety, and trauma symptom screening consistent with PTSD symptomatology.

Respondent reports a history of suicidal ideation, including an incident in which he began driving toward the Golden Gate Bridge intending self-harm, but was interrupted by a protective call from his brother, Jose Walberto Lopez. Mauro Decl. ¶ 38.

Finally, the evaluator explained that removal to El Salvador in Respondent's current condition would likely jeopardize Respondent's physical and psychological well-being, including due to the loss of his primary support system and the destabilization of housing and economic stability. *See* Exhibit 9.

#### **E. Extreme Hardship to Respondent if Removed**

Respondent states that removal to El Salvador would cause him extreme hardship, including severe deterioration of his mental health and functioning. His children and close family in the United States are his primary reasons for living and his main emotional support, and that separation from them would be devastating. *See* Mauro Decl. ¶¶ 3, 44.

As set forth in Section D, Respondent has documented trauma-related symptoms and a history of suicidal ideation that have already significantly impaired his well-being and day-to-day functioning. *See* Mauro Decl. ¶¶ 32–38. In light of these vulnerabilities, removal would place Respondent at heightened risk of destabilization and worsening symptoms, particularly because it would sever his current support network and disrupt housing and economic stability. *See* Exhibit 9; *see also* Mauro Decl. ¶ 44.

The psychological evaluator specifically explained that removal to El Salvador in Respondent's current condition would likely jeopardize Respondent's physical and psychological well-being, for these reasons. *See* Exhibit 9.

## **V. RESPONDENT IS ELIGIBLE TO REOPEN REMOVAL PROCEEDINGS**

### **A. Respondent Satisfies INA § 240(c)(7)(C)(iv)(I)–(IV)**

Respondent satisfies the statutory requirements for a special-rule VAWA motion to reopen under INA § 240(c)(7)(C)(iv):

1. INA § 240(c)(7)(C)(iv)(II) — Motion “accompanied by” application. This Motion is accompanied by Respondent’s completed Form EOIR-42B (VAWA Cancellation of Removal), submitted with this Motion to satisfy INA § 240(c)(7)(C)(iv)(II).
2. INA § 240(c)(7)(C)(iv)(III) — One-year provision and waiver. Because Respondent’s final order was entered on April 18, 2006, Respondent seeks the statute’s discretionary waiver of the one-year provision based on extraordinary circumstances, as discussed below. *See* INA § 240(c)(7)(C)(iv)(III).
3. INA § 240(c)(7)(C)(iv)(IV) — Physical presence at filing. Respondent is physically present in the United States at the time of filing this Motion. *See* Exhibit 15.

### **B. Respondent Seeks Reopening Under the VAWA Special Rule to Apply for VAWA Cancellation**

Respondent moves to reopen under INA § 240(c)(7)(C)(iv) to apply for VAWA Cancellation under INA § 240A(b)(2). Respondent has presented substantial evidence that:

1. **He has a qualifying relationship as the spouse of a U.S. citizen**, supported by documentary proof of the marriage and the spouse’s U.S. citizenship. *See* Exhibits 5-6.
2. **He has been battered or subjected to extreme cruelty** by his U.S. citizen spouse, as shown through a detailed declaration and corroborated by a licensed clinician’s trauma-informed evaluation documenting domestic violence dynamics, weapon threats, and immigration coercion.
3. **He satisfies continuous physical presence** (at least three years) and asserts he has

remained in the United States since 2006 without departure.

4. This Motion is accompanied by Respondent's completed Form EOIR-42B (VAWA Cancellation of Removal).
5. **He is a person of good moral character**, with no criminal history. *See* Exhibit 12.
6. **Removal would cause extreme hardship**, including severe psychological harm and destabilization, given his PTSD, depression, and anxiety symptoms; separation from his key support system; and the documented risk of significant regression in mental health functioning.

At minimum, Respondent has established a **prima facie** case for eligibility sufficient to warrant reopening so that the Court may adjudicate the merits of his VAWA Cancellation application on a full record.

### **C. The One-Year Filing Limitation Should Be Waived Due to Extraordinary Circumstances**

Because Respondent's final order was entered on April 18, 2006, this Motion is filed more than one year after the final order. Respondent therefore respectfully requests a discretionary waiver under INA § 240(c)(7)(C)(iv)(III) based on extraordinary circumstances and due diligence..

Respondent was informed around 2010 that he had a removal order, but he did not understand the legal consequences in a way that enabled him to take effective action and he lacked the financial ability to retain counsel at that time. *See* Mauro Decl. ¶ 12. Later, in or about 2021, as Respondent attempted to regularize his status, he came to better understand and confront the existence of the in absentia order, while he was experiencing ongoing battery and extreme cruelty, including immigration-status coercion, weapon threats, financial and property control, and forced displacement and sleep deprivation. *See* Mauro Decl. ¶¶ 24–27, 28–29, 32–39, 41–42. These circumstances caused severe trauma-related impairment—including clinically documented PTSD symptomatology, severe depression, moderate anxiety,

hypervigilance, sleep disturbance, impaired concentration and memory, isolation, and shame, which substantially impaired Respondent's ability to safely seek help, disclose abuse, and take timely legal action. *See* Exhibit 9; *see* also Mauro Decl. ¶¶ 32–39, 42.

Once Respondent was able to obtain meaningful support and competent legal guidance, he understood that he could pursue reopening under the VAWA special-rule framework and seek VAWA Cancellation of Removal with counsel's assistance, and he acted with due diligence. He obtained a trauma-informed psychological evaluation, prepared a detailed declaration, and compiled corroborating evidence in support of this Motion and the accompanying Form EOIR-42B. *See* Exhibits 9–15; *see* also Mauro Decl. ¶¶ 39, 42, 45.

Under these circumstances, particularly the severe coercive control tied directly to immigration-status threats and the clinician's findings regarding functional impairment, Respondent has met his burden to demonstrate extraordinary circumstances and due diligence warranting waiver and reopening so he may pursue humanitarian relief.

#### **D. Equities and Discretion Strongly Favor Reopening**

Reopening is warranted as a matter of discretion. Respondent has resided in the United States for approximately two decades, has significant family ties and support here, has no criminal history, and presents compelling humanitarian factors, including severe mental health harm arising from ongoing domestic violence. The primary negative factors, failure to appear and failure to update address, are acknowledged, explained in context, and outweighed by the humanitarian purpose of the VAWA special rule and Respondent's strong prima facie eligibility for relief.

### **VI. RESPONDENT IS ELIGIBLE TO HAVE HIS REMOVAL STAYED UNTIL FINAL ADJUDICATION OF THIS MOTION.**

The filing of a motion to reopen does not automatically stay execution of a removal order; however, an automatic stay may apply where a motion seeks rescission of an in absentia order under 8 C.F.R. § 1003.23(b)(4)(ii). Accordingly, Respondent respectfully requests that this Court issue a discretionary stay of removal while this Motion is pending. In the alternative,

if the Court grants reopening, Respondent requests that the stay of removal remain in effect during the pendency of the reopened proceedings, including adjudication of Respondent's application for VAWA Cancellation of Removal.

A stay is warranted here because Respondent has demonstrated: (1) a substantial likelihood of success on reopening under the VAWA special rule; (2) irreparable harm absent a stay; and (3) that the balance of equities and the public interest favor maintaining the status quo so the Court may adjudicate Congress's humanitarian protections for survivors of domestic violence.

**A. Respondent has shown substantial grounds for reopening under the VAWA special rule.**

Respondent seeks reopening under INA § 240(c)(7)(C)(iv) in order to apply for VAWA Cancellation of Removal under INA § 240A(b)(2). Respondent has presented strong evidence of battery and extreme cruelty by his U.S. citizen spouse, including weapon threats, physical violence, immigration-status coercion, financial control, and forced displacement/sleep deprivation. A licensed mental health professional assessed Respondent to be a credible reporter and documented clinically significant trauma-related impairment, including PTSD symptomatology, severe depression, moderate anxiety, hypervigilance, sleep disturbance, impaired concentration/memory, and past suicidal ideation.

Although Respondent was informed around 2010 that he had a "deportation" (removal) order, he did not understand the consequences in a way that enabled him to take effective action and lacked the resources to retain counsel at that time. Later, in or about 2021, in connection with attempts to regularize his status through a family-based process, Respondent more fully understood and confronted the existence and practical impact of the in absentia removal order. During this period, Respondent's continued abuse and trauma-related symptoms substantially impaired his ability to take timely legal action. Respondent's spouse used Respondent's immigration status as a tool of intimidation and control, repeatedly invoking

deportation during arguments, and also exercised financial and property control. Once Respondent was able to obtain support and understand that immigration protections exist for abused spouses, he took concrete steps to secure counsel, obtain a clinical evaluation, and compile corroborating evidence. These facts support reopening and the requested waiver under INA § 240(c)(7)(C)(iv)(III) based on extraordinary circumstances.

**B. Respondent faces severe and irreparable harm absent a stay.**

If Respondent is removed while this Motion is pending, he will suffer irreparable harm that cannot be remedied later, including:

1. **Severe psychological harm and destabilization** in light of documented PTSD symptomatology, severe depression, and anxiety, including past suicidal ideation.

Removal would cut Respondent off from critical family support in the United States and would reasonably be expected to cause significant regression and worsening of symptoms.

2. **Separation of the family unit.** Removal would irreparably separate Respondent from his adult children and destabilize the family unit. Respondent has remained present in the home, in part, to support his children and de-escalate conflict and abuse; he fears that removal would leave them without his day-to-day support and abandon the family unit in a home environment that has been marked by abuse and volatility.

3. **Loss of meaningful access to statutory humanitarian protection.** Removal before adjudication would effectively deprive Respondent of the opportunity to pursue Congress's intended relief for abused spouses and would render the reopening request largely moot as a practical matter.

4. **Risk of execution of a longstanding order** in light of DHS's historical enforcement posture in this case, including the Warrant of Removal/Deportation dated June 29, 2006. *See* Exhibit 3.

**C. The balance of equities and the public interest strongly favor granting the**

**requested stay.**

The equities favor a stay because it will prevent execution of the removal order while the Court adjudicates Respondent's statutory VAWA-based reopening request and accompanying application for relief. Respondent has lived in the United States since 2006, has significant family ties and support, has no criminal history, and presents compelling humanitarian factors supported by credible, corroborated evidence, including severe abuse and documented trauma-related mental health impairment.

The public interest is served by ensuring that domestic violence survivors can meaningfully access the protections Congress enacted and by allowing the Immigration Court to adjudicate such claims on a full record without premature removal.

**D. Requested relief.**

For the foregoing reasons, Respondent respectfully requests that the Court:

1. **Grant a stay of removal pending final adjudication of this Motion** pursuant to 8 C.F.R. § 1003.23(b)(1)(v); and
2. **In the alternative**, if the Court grants reopening, order that DHS **not execute removal** and that the stay (or equivalent order preventing execution of the prior order) **remain in effect pending completion of the reopened proceedings**, including adjudication of Respondent's application for VAWA Cancellation of Removal.
3. Grant expedited consideration of the stay request, given the existence of a prior Warrant of Removal/Deportation and the severe, documented mental health consequences that would result from removal before adjudication.

**CONCLUSION**

WHEREFORE, Respondent respectfully requests that the Court:

1. Grant this Motion to Reopen under INA § 240(c)(7)(C)(iv);
2. Reopen proceedings to permit Respondent to apply for VAWA Cancellation of

Removal under INA § 240A(b)(2) and to present evidence in support; and

3. Grant a discretionary stay of removal pending final adjudication of this motion (and any reopened proceedings), and grant such other and further relief as the Court deems just and proper.

Respectfully submitted,

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**Natalia Vieira Santanna (Bar N. 337502)**  
**Attorney at Law**  
**P.O. Box 7528**  
**Oakland, CA 94601**  
*Counsel for Respondent*

**Application for Cancellation of Removal and Adjustment  
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**ADVICE TO APPLICANT**

*PLEASE READ CAREFULLY. FEES WILL NOT BE RETURNED.*

- I. Aliens Eligible for Cancellation of Removal:** You may be eligible to have your removal cancelled under section 240A(b) of the Immigration and Nationality Act (INA). To qualify for this benefit, you must establish in a hearing before an Immigration Judge that:
- A.**
1. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for ten (10) years or more, and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
  2. You have not been convicted of an offense covered under sections 212(a)(2), 237(a)(2), or 237(a)(3) of the INA; and
  3. Your removal would result in exceptional and extremely unusual hardship to your United States citizen or lawful permanent resident spouse, parent, or child, and you are deserving of a favorable exercise of discretion on your application.

**OR**

- B.**
1. You have been battered or subjected to extreme cruelty in the United States by your United States citizen or lawful permanent resident spouse or parent, or you are the parent of a child of a United States citizen or lawful permanent resident and the child has been battered or subjected to extreme cruelty in the United States by such citizen or lawful permanent resident parent;
  2. Prior to the service of the Notice to Appear, you have maintained continuous physical presence in the United States for three (3) years or more and you have been a person of good moral character as defined in section 101(f) of the INA during such period;
  3. You are not inadmissible under sections 212(a)(2) or 212(a)(3) of the INA, you are not deportable under section 237(a)(1)(G) or sections 237(a)(2)-(4) of the INA, and you have not been convicted of an aggravated felony as defined under the INA;
  4.
    - a. Your removal would result in extreme hardship to you or your child who is the child of a United States citizen or lawful permanent resident; or
    - b. You are a child whose removal would result in extreme hardship to you or your parent; and
  5. You are deserving of a favorable exercise of discretion on your application.

**Note:** If you have served on active duty in the Armed Forces of the United States for at least 24 months, you do not have to meet the requirements of continuous physical presence in the United States. You must, however, have been in the United States when you entered the Armed Forces. If you are no longer in the Armed Forces, you must have been separated under honorable conditions.

- II. Aliens NOT Eligible for Cancellation of Removal:** You are not eligible for cancellation of removal under section 240A(b)(1) of the INA if you:

- A.** Entered the United States as a crewman after June 30, 1964;

**Application for Cancellation of Removal and Adjustment  
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- B. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA in order to receive graduate medical education or training, regardless of whether you are subject to or have fulfilled the 2-year foreign residence requirement of section 212(e) of the INA;
- C. Were admitted to the United States as, or later became, a nonimmigrant exchange alien as defined in section 101(a)(15)(J) of the INA, other than to receive graduate medical education or training, and are subject to the 2-year foreign residence requirement of section 212(e) of the INA, but have neither fulfilled nor obtained a waiver of that requirement;
- D. Are an alien who is either inadmissible under section 212(a)(3) of the INA or deportable under section 237(a)(4) of the INA;
- E. Are an alien who ordered, incited, assisted, or otherwise participated in the persecution of an individual because of the individual's race, religion, nationality, membership in a particular social group, or political opinion; or
- F. Are an alien who was previously granted relief under section 212(c) of the INA, or section 244(a) of the INA as such sections were in effect prior to the enactment of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, whose removal has previously been cancelled under section 240A of the INA.

**III. How to Apply for Cancellation of Removal:**

If you believe that you have met all the requirements for cancellation of removal, you must answer all the questions on the attached Form EOIR-42B fully and accurately. You must pay the filing and biometrics fees and comply with the Department of Homeland Security (DHS) instructions for providing biometric and biographic information to USCIS, [available at <http://uscis.gov>]. You must also serve a copy of your application on the Assistant Chief Counsel for the DHS, U.S. Immigration and Customs Enforcement (ICE) as required in the proof of service on page 8 of this application, if applicable, and you must file your application with the appropriate Immigration Court. Please read the following instructions carefully before completing your application.

**Application for Cancellation of Removal and Adjustment  
of Status for Certain Nonpermanent Residents**

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**INSTRUCTIONS**

**1. PREPARATION OF APPLICATION.**

To apply for cancellation of removal under section 240A(b) of the Immigration and Nationality Act (INA), you must fully and accurately answer all questions on the attached Form EOIR-42B. You must also comply with all of the instructions contained in this form. These instructions have the force of law. A separate application must be prepared and executed for each person applying for cancellation of removal. An application on behalf of an alien who is mentally incompetent or is a child under 14 years of age shall be executed by a parent or guardian.

Your responses must be typed or printed legibly in ink. Do not leave any questions unanswered or blank. If any questions do not apply to you, write "none" or "not applicable" in the appropriate space.

To the extent possible, answer all questions directly on the form. If there is insufficient room to respond fully to a question, please continue your response on an additional sheet of paper. Please indicate the number of the question being answered next to your response on the additional sheet, write your alien registration number, print your name, and sign, date, and securely attach each additional sheet to the Form EOIR-42B.

**2. BURDEN OF PROOF.**

The burden of proof is on you to prove that you meet all of the statutory requirements for cancellation of removal for certain nonpermanent resident aliens under section 240A(b) of the INA and that you are entitled to such relief as a matter of discretion. To meet this burden, your responses to the questions on the application should be as detailed and complete as possible. You should also attach to your application any documents that demonstrate your eligibility for cancellation of removal (see "SUPPORTING DOCUMENTS" below).

**3. SUPPORTING DOCUMENTS.**

You should submit documentary evidence to show that you have maintained continuous physical presence in the United States for the required period. Documents which may show evidence of your physical presence in the United States include, but are not limited to, bankbooks, leases, deeds, licenses, receipts, letters, birth records, church records, school records, employment records, and evidence of tax payments.

You should submit documents which help to show that you are, and have been, a person of good moral character during the entire period of continuous physical presence in the United States required for eligibility for cancellation of removal. You should submit police records from each jurisdiction in which you resided during such period. To show good moral character, it is recommended that you submit the affidavits of witnesses attesting to your good moral character, preferably citizens of the United States, and if you are employed, your employer. The affidavit from your employer should include information regarding the nature and duration of your employment and your earnings.

You should submit official certification to establish your relationship to those you claim would suffer hardship by your removal, and if such persons are citizens of the United States or lawful permanent residents, evidence of their citizenship or lawful permanent resident status. Documentary evidence of such relationships may include, but are not limited to, birth records, marriage certificates, proof of divorce or termination of marriage, and death certificates.

You should also submit with your application copies of any documents which the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service, issued to you. You should also submit all documents which reflect payment of taxes, your criminal history, including all conviction records, and payment of child support during your physical presence in the United States. The Immigration Judge may require you to submit additional records relating to your request for cancellation of removal.

The original of all supporting documents must be available for inspection at the hearing. If you wish to have the original documents returned to you, you should also present reproductions.

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#### 4. REQUIRED BIOMETRIC AND BIOGRAPHIC INFORMATION.

Each applicant 14 years of age or older must also comply with the requirement to supply biometric and biographic information. You will be given instructions on how to complete this requirement. You will be notified in writing of the location of the Application Support Center (ASC) or the designated Law Enforcement Agency where you must go to provide biometric and biographic information. You will also be given a date and time for the appointment. It is important to furnish all the required information. Failure to comply with this requirement may result in a delay in your application or in your application being deemed abandoned and dismissed by the Immigration Court.

#### 5. TRANSLATIONS.

Any document in a foreign language must be accompanied by an English language translation and a certificate signed by the translator stating that he/she is competent to translate the document and that the translation is true and accurate to the best of the translator's abilities. Such certification must be printed legibly or typed.

#### 6. PHOTOGRAPHS.

Unless you are incarcerated or detained in a facility which prevents your compliance with this instruction, you must submit two glossy, unretouched, color photographs of yourself taken within 30 days of the date of this application. These photos must have a white background and must not be mounted. The dimension of your facial image in the photograph should be about one (1) inch from the chin to the top of your hair and you should be shown in full frontal/passport-style view with your eyes open. Using a pencil or felt pen, you should lightly print your name and alien registration number on the back of each photograph.

#### 7. FEES.

Before you file your Form EOIR-42B with the Immigration Court, you must pay the required \$100 filing fee and the biometrics fee to the DHS. Evidence of payment of these fees in the form of a copy of the DHS, U.S. Citizenship and Immigration Services (USCIS) ASC notice of fee receipt and biometrics appointment instructions must accompany your Form EOIR-42B. These fees will not be refunded, regardless of the action taken on your application. Therefore, it is important that you read the advice, instructions, and application carefully before responding. **If you are unable to pay the filing fee, you may ask the Immigration Judge to permit you to file your Form EOIR-42B without fee (fee waiver).**

**DO NOT SEND CASH.** All fees must be submitted in the exact amount. Remittance may be made by personal check, cashier's check, certified bank check, bank international money order, or foreign draft drawn on a financial institution in the United States and payable to the "Department of Homeland Security" in United States currency. If the applicant resides in the Virgin Islands, the check or money order must be payable to the "Commissioner of Finance of the Virgin Islands." If the applicant resides in Guam, the check or money order must be made payable to the "Treasurer, Guam." Personal checks are accepted subject to collectibility. An uncollectible check will render the application and any documents issued pursuant thereto invalid. A charge of \$30.00 will be imposed if a check in payment of a fee is not honored by the bank on which it is drawn. When the check is drawn on an account of a person other than the applicant, the name and alien registration number of the applicant must be entered on the face of the check. All checks must be drawn on a bank located in the United States.

#### 8. SERVING & FILING YOUR APPLICATION.

- A. You must first comply with the DHS instructions for providing biometric and biographic information to USCIS, which involves sending a copy of the application to the appropriate USCIS Service Center. The DHS instructions also address payment of the application fees.
- B. You must then serve the following documents on the Assistant Chief Counsel for DHS, U.S. Immigration and Customs Enforcement (ICE):

## Application for Cancellation of Removal and Adjustment of Status for Certain Nonpermanent Residents

- a copy of your Form EOIR-42B, Application for Cancellation of Removal, with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- the original Biographical Information Form G-325A; and
- a photograph of you which meets the requirements of instruction #6 above.

**Note: Electronic filers are not required to serve the opposing party if the opposing party is participating in ECAS. EOIR's ECAS system will provide an electronic service notification to participating parties.**

You must file the following documents with the appropriate Immigration Court:

- the original Form EOIR-42B with all supporting documents and additional sheets;
- a copy of the USCIS ASC notice of fee receipt and biometrics appointment instructions;
- a copy of Biographical Information Form G-325A;
- a photograph of you which meets the requirements of instruction #6 above; and
- a completed certificate showing service of these documents (See Part 10 of the Application on page 8) on the ICE Assistant Chief Counsel or affirmation that the documents were electronically filed through ECAS, unless service is made on the record at the hearing.

Retain your USCIS ASC biometrics confirmation document or a copy of your Fingerprint Card, FD-258, if applicable, as proof that your biometrics were taken, and bring it to your future Immigration Court hearings.

### 9. PENALTIES.

You must answer all questions on Form EOIR-42B truthfully and submit only genuine documents in support of your application. **You will be required to swear or affirm that the contents of your application and the supporting documents are true to the best of your knowledge.** Your answer to the questions on this form and the supporting documents you present will be used to determine whether your removal should be cancelled and whether you should be permitted to adjust your status. Any answer you give and any supporting document you present may also be used as evidence in any proceeding to determine your right to be admitted or readmitted, re-enter, pass through, or reside in the United States. Your application may be denied if any of your answers or supporting documents are found to be false.

Presenting false answers or false documents may also subject you to criminal prosecution under 18 U.S.C. section 1546 and/or subject you to civil penalties under 8 U.S.C. section 1324c if you submit your application knowing that the application, or any supporting document, contains any false statement with respect to a material fact, or if you swear or affirm that the contents of your application and the supporting documents are true, knowing that the application or any supporting documents contain any false statement with respect to a material fact. If convicted, you could be fined up to \$250,000, imprisoned for up to ten (10) years, or both. 18 U.S.C. sections 1546(a), 3559(a)(4), 3571(b)(3). If it is determined you have violated the prohibition against document fraud and a final order is entered against you, you could be subject to a civil penalty up to \$2,000 for each document used or created for the first offense, and up to \$5,000 for any second, or subsequent offense. In addition, if you are the subject of a final order for violating 8 U.S.C. section 1324c, relating to civil penalties for document fraud, you will be removable from the United States.

### 10. PAPERWORK REDUCTION ACT NOTICE.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can easily be understood, and which impose the least possible burden on you to provide us with information. Often, this process is difficult because some immigration laws are very complex. The reporting burden for this collection of information is computed as follows: (1) learning about the form, 50 minutes, (2) completing the form, 2 hours, and (3) assembling and filing the form, 3 hours, for an average of 5 hours, 50 minutes per application. If you have comments regarding the accuracy of this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, you may write to the U.S. Department of Justice, Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041

**Application for Cancellation of Removal and Adjustment  
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**PLEASE READ ADVICE AND INSTRUCTIONS  
BEFORE FILLING IN FORM**

Fee Stamp (Official Use Only)

**PLEASE TYPE OR PRINT**

1) My present true name is: <i>(Last, First, Middle)</i> Lopez Hernandez, Mauro Antonio		2) Alien Registration (or "A") Number(s): A099666221		
3) My name given at birth was: <i>(Last, First, Middle)</i> Lopez Hernandez, Mauro Antonio		4) Birth Place: <i>(City and Country)</i> El Achiotal, El Salvador		
5) Date of Birth: <i>(Month, Day, Year)</i> 05/07/1977	6) Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	7) Height: 5,08 feet	8) Hair Color: Black	9) Eye Color: Brown
10) Current Nationality and Citizenship: Salvadoran	11) Social Security Number: N/A	12) Home Phone Number: +14157562663	13) Work Phone Number: N/A	
14) I currently reside at: 450 Entrada Dr, Apt. 74 - Novato, CA, 94949 - United States		15) I have been known by these additional name(s): N/A		

16) I have resided in the following locations in the United States: (List PRESENT ADDRESS FIRST, and work back in time for at least 10 years.)

Street and Number - Apt. or Room # - City or Town - State - Zip Code	Resided From: <i>(Month, Day, Year)</i>	Resided To: <i>(Month, Day, Year)</i>
450 entrada Dr - Apt. #74 - Novato - CA - 94949	05/01/2019	PRESENT
15 Labrea Way - Apt. #5 - San Rafael - CA - 94903	07/01/2012	05/01/2019
N/A		
N/A		
N/A		

17) I, the undersigned, hereby request that my removal be cancelled under the provisions of section 240A(b) of the Immigration and Nationality Act (INA). I believe that I am eligible for cancellation of removal because: (Check all that apply.)

My removal would result in exceptional and extremely unusual hardship to my:

	UNITED STATES CITIZEN	LAWFUL PERMANENT RESIDENT
<input type="checkbox"/> spouse, who is a	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> father, who is a	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> mother, who is a	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> child/children, who is/are a	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I, or my child, have been battered or subject to extreme cruelty by a United States citizen or lawful permanent resident spouse or parent.

With the exception of absences described in question #23, I have resided in the United States since: 02/24/2006  
*(Month, Day, Year)*

**PART 3 - INFORMATION ABOUT YOUR PRESENCE IN THE UNITED STATES**

18) I first arrived in the United States under the name of: *(Last, First, Middle)*

Lopez Hernandez, Mauro Antonio

19) I first arrived in the United States on: *(Month, Day, Year)*

02/24/2006

20) Place or port of first arrival: *(Place or Port, City, and State)*

Hidalgo, TX

21) I:  was inspected and admitted.

I entered using my Lawful Permanent Resident card which is valid until \_\_\_\_\_  
 Category on Lawful Permanent Resident card \_\_\_\_\_ *(Month, Day, Year)*

I entered using a \_\_\_\_\_ visa which is valid until \_\_\_\_\_  
*(Specify Type of Visa)* *(Month, Day, Year)*

was not inspected and admitted.

I entered without documents. Explain: \_\_\_\_\_

I entered without inspection. Explain: I entered the USA near Hidalgo, Texas, in 02/2006, without inspection by an immigration officer.

Other. Explain: \_\_\_\_\_

22) I applied on \_\_\_\_\_ *(Month, Day, Year)* for additional time to stay and it was  granted on \_\_\_\_\_ *(Month, Day, Year)*

and valid until \_\_\_\_\_ *(Month, Day, Year)*, or  denied on \_\_\_\_\_ *(Month, Day, Year)*

23) Since the date of my first entry, I departed from and returned to the United States at the following places and on the following dates:  
*(Please list all departures regardless of how briefly you were absent from the United States.)*

*If you have never departed from the United States since your original date of entry, please mark an X in this box:*

1	Port of Departure <i>(Place or Port, City and State)</i> N/A	Departure Date <i>(Month, Day, Year)</i> N/A	Purpose of Travel N/A	Destination N/A
	Port of Return <i>(Place or Port, City and State)</i> N/A	Return Date <i>(Month, Day, Year)</i> N/A	Manner of Return N/A	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
2	Port of Departure <i>(Place or Port, City and State)</i> N/A	Departure Date <i>(Month, Day, Year)</i> N/A	Purpose of Travel N/A	Destination N/A
	Port of Return <i>(Place or Port, City and State)</i> N/A	Return Date <i>(Month, Day, Year)</i> N/A	Manner of Return N/A	Inspected and Admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No

24) Have you ever departed the United States: a) under an order of deportation, exclusion, or removal? .....  Yes  No

b) pursuant to a grant of voluntary departure? .....  Yes  No

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE *(Continued on page 3)***

25) I am not married:

I am married:

26) If married, the name of my spouse is: *(Last, First, Middle)*

Sandoval Mejia, Yansi, Elizabeth

27) My spouse's name before marriage was:

Yansi Elizabeth Sandoval Mejia

28) The marriage took place in: *(City and Country)*

San Rafael, United States

29) Date of marriage: *(Month, Day, Year)*

08/17/2019

30) My spouse currently resides at:

Apt. #74

*Apt. number and/or in care of*

450 entrada Dr

*Number and Street*

Novato

*City or Town*

CA

94949

*State/Country Zip Code*

31) Place and date of birth of my spouse: *(City & Country; Month, Day, Year)*

Usulután, El Salvador; 11/27/1981

32) My spouse is a citizen of: *(Country)*

United States

33) If your spouse is other than a native born United States citizen, answer the following:

He/she arrived in the United States at: *(Place or Port, City and State)* New York, NY

He/she arrived in the United States on: *(Month, Day, Year)* 03/07/2012

His/her alien registration number(s) is: A# 062359029

He/she was naturalized on: *(Month, Day, Year)* 03/24/2021 at San Francisco, California *(City and State)*

34) My spouse  - is  - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week <i>(Approximate)</i>
Deer Park Retirement Community, 646 Canyon Rd, Novato, CA, 94947	\$ 1000
	\$
	\$

*Please continue answers on a separate sheet as needed.*

**PART 4 - INFORMATION ABOUT YOUR MARITAL STATUS AND SPOUSE (Continued)**

35) I  - have  - have not been previously married: (If previously married, list the name of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:
N/A	N/A	N/A	N/A
	N/A	N/A	N/A

36) My present spouse  - has  - has not been previously married: (If previously married, list the names of each prior spouse, the dates on which each marriage began and ended, the place where the marriage terminated, and describe how each marriage ended.)

Name of prior spouse: (Last, First, Middle)	Date marriage began: Date marriage ended:	Place marriage ended: (City and Country)	Description or manner of how marriage was terminated or ended:
N/A	N/A	N/A	N/A
	N/A	N/A	N/A

37) Have you been ordered by any court, or are otherwise under any legal obligation, to provide child support and/or spousal maintenance as a result of a separation and/or divorce?  Yes  No

**PART 5 - INFORMATION ABOUT YOUR EMPLOYMENT AND FINANCIAL STATUS**

38) Since my arrival into the United States, I have been employed by the following named persons or firms: (Please begin with present employment and work back in time. Any periods of unemployment or school attendance should be specified. Attach a separate sheet for additional entries if necessary.)

Full Name and Address of Employer	Earnings Per Week (Approximate)	Type of Work Performed	Employed From: (Month, Day, Year)	Employed To: (Month, Day, Year)
Self-Employed - Mauro Landscaping & Gardening 450 Entrada Dr, Apt #74, Novato - CA - 94949	\$ 950.00	Landscaping and Gardening	03/15/2006	PRESENT
Dan Fix Landscape Construction Co. 125 Mitchell Blvd Suite D, San Rafael, CA 94903	\$ 500.00	Gardener / Route Supervisor	03/10/2006	09/18/2015
N/A	\$ N/A	N/A	N/A	N/A
N/A				

39) If self-employed, describe the nature of the business, the name of the business, its address, and net income derived therefrom:

Self-Employed - Mauro Landscaping & Gardening - 450 Entrada Dr, Apt #74; Earnings Per Week (Approximate): \$950

40) My assets (and if married, my spouse's assets) in the United States and other countries, not including clothing and household necessities, are:

Self	Jointly Owned With Spouse
Cash, Stocks, and Bonds..... \$ N/A	Cash, Stocks, and Bonds..... \$ 3500
Real Estate..... \$ N/A	Real Estate..... \$ 60000
Auto (dollar value minus amount owed)..... \$ N/A	Auto (dollar value minus amount owed)..... \$ 28000
Other (describe on line below)..... \$ 5000	Other (describe on line below)..... \$ 8000
Jewelry, computer, and electronics (\$5,000) TOTAL \$ 5000	Personal property including clothing and personal effects (\$8,000) TOTAL \$ 99500

41) I  - have  - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If you have, please give full details including the type of relief or assistance received, date for which relief or assistance was received, place, and total amount received during this time: N/A

42) Please list each of the years in which you have filed an income tax return with the Internal Revenue Service: 2006 2007 2008 2009 2010 2011

2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025

**PART 6 - INFORMATION ABOUT YOUR FAMILY** *(Continued on page 5)*

43) I have 2 *(Number of)* children. Please list information for each child below, include assets and earnings information for children over the age of 16 who have separate incomes:

Name of Child: <i>(Last, First, Middle)</i> Child's Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Now Residing At: <i>(City and Country)</i> Birth Place: <i>(City and Country)</i>	Immigration Status of Child
Lopez Sandoval, Gerardo Antonio A#: 062-359-030	El Salvador 12/02/2001	Novato, USA San Salvador, El Salvador	Lawful Permanent Resident
Estimated Total of Assets: \$55000		Estimated Average Weekly Earnings: \$700	
Lopez Sandoval, Damaris Elizabeth A#: 062-359-031	El Salvador 08/18/2003	Novato, USA San Salvador, El Salvador	U.S Citizen
Estimated Total of Assets: \$22000		Estimated Average Weekly Earnings: \$500	
N/A A#:	N/A N/A	N/A N/A	N/A
Estimated Total of Assets: \$N/A		Estimated Average Weekly Earnings: \$N/A	

44) If your application is denied, would your spouse and all of your children accompany you to your:

- Country of Birth -  Yes  No
- Country of Nationality -  Yes  No
- Country of Last Residence -  Yes  No

If you answered "No" to any of the responses, please explain: My wife and daughter are U.S. citizens and my son is a U.S resident. They would not accompany me because they already have their lives established here. They have their own jobs and academic goals that they are pursuing. In addition, in my home country, the lack of job opportunities and the high levels of poverty would make it extremely difficult for them to continue their studies and careers.

45) Members of my family, including my spouse and/or child(ren)  - have  - have not received public or private relief or assistance (e.g., Welfare, Unemployment Benefits, Medicaid, TANF, AFDC, etc.). If any member of your immediate family has received such relief or assistance, please give full details including identity of person(s) receiving relief or assistance, dates for which relief or assistance was received, place, and total amount received during this time: N/A

46) Please give the requested information about your parents, brothers, sisters, aunts, uncles, and grandparents, living or deceased. As to residence, show street address, city, and state, if in the United States; otherwise show only country:

Name: <i>(Last, First, Middle)</i> Alien Registration Number:	Citizen of What Country: Birth Date: <i>(Month, Day, Year)</i>	Relationship to Me: Birth Place: <i>(City and Country)</i>	Immigration Status of Listed Relative
Lopez Perez, Rosa A#: N/A	El Salvador 01/13/1939	Mother La Paz, El Salvador	N/A
Complete Address of Current Residence, if Living: <u>El Salvador</u>			
Hernandez, Manuel Rafael A#: N/A	El Salvador 1947	Father Santa Maria, El Salvador	Deceased
Complete Address of Current Residence, if Living: <u>Deceased (11/15/2015)</u>			

**PART 6 - INFORMATION ABOUT YOUR FAMILY (Continued)**

**IF THIS APPLICATION IS BASED ON HARDSHIP TO A PARENT OR PARENTS, QUESTIONS 47-50 MUST BE ANSWERED.**

47) If your parent is not a citizen of the United States, give the date and place of arrival in the United States including full details as to the date, manner, and terms of admission into the United States: N/A

48) My father  - is  - is not employed. If employed, please give salary and the name and address of the place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
N/A	\$ N/A

49) My mother  - is  - is not employed. If employed, please give salary and the name and address of place(s) of employment.

Full Name and Address of Employer	Earnings Per Week (Approximate)
N/A	\$ N/A

50) My parent's assets in the United States and other countries not including clothing and household necessities are:

**Assets of father consist of the following:**

Cash, Stocks, and Bonds..... \$ N/A  
 Real Estate..... \$ N/A  
 Auto (dollar value minus amount owed)..... \$ N/A  
 Other (describe on line below)..... \$ N/A  
N/A **TOTAL** \$ N/A

**Assets of mother consist of the following:**

Cash, Stocks, and Bonds..... \$ N/A  
 Real Estate..... \$ N/A  
 Auto (dollar value minus amount owed)..... \$ N/A  
 Other (describe on line below)..... \$ N/A  
N/A **TOTAL** \$ N/A

**PART 7 - MISCELLANEOUS INFORMATION (Continued on page 6)**

51) I  - have  - have not entered the United States as a crewman after June 30, 1964.

52) I  - have  - have not been admitted as, or after arrival in the United States acquired the status of, an exchange alien.

53) I  - have  - have not submitted address reports as required by section 265 of the Immigration and Nationality Act.

54) I  - have  - have never (either in the United States or in any foreign country) been arrested, summoned into court as a defendant, convicted, fined, imprisoned, placed on probation, or forfeited collateral for an act involving a felony, misdemeanor, or breach of any public law or ordinance (including, but not limited to, traffic violations or driving incidents involving alcohol). (If answer is in the affirmative, please give a brief description of each offense including the name and location of the offense, date of conviction, any penalty imposed, any sentence imposed, and the time actually served. You are required to submit documentation of any such occurrences.)

N/A

55) Have you ever served in the Armed Forces of the United States?  Yes  No. If "Yes" please state branch (Army, Navy, etc.) and service number: N/A

Place of entry on duty: (City and State) N/A

Date of entry on duty: (Month, Day, Year) N/A

Date of discharge: (Month, Day, Year) N/A

Type of discharge: (Honorable, Dishonorable, etc.) N/A

I served in active duty status from: (Month, Day, Year) N/A

to (Month, Day, Year) N/A

56) Have you ever left the United States or the jurisdiction of the district where you registered for the draft to avoid being drafted into the military or naval forces of the United States?

Yes  No

Please continue answers on a separate sheet as needed.

Form EOIR-42B  
Rev. Feb. 2025

**PART 7 - MISCELLANEOUS INFORMATION (Continued)**

57) Have you ever deserted from the military or naval forces of the United States while the United States was at war?  Yes  No

58) If male, did you register under the Military Selective Service Act or any applicable previous Selective Service (Draft) Laws?  Yes  No  
 If "Yes," please give date, Selective Service number, local draft board number, and your last draft classification: \_\_\_\_\_

59) Were you ever exempted from service because of conscientious objection, alienage, or any other reason?  Yes  No

60) Please list your present or past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or any other place since your 16<sup>th</sup> birthday. Include any foreign military service in this part. If none, write "None." Include the name of the organization, location, nature of the organization, and the dates of membership.

Name of Organization	Location of Organization	Nature of Organization	Member From: <i>(Month, Day, Year)</i>	Member To: <i>(Month, Day, Year)</i>
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A

61) Have you ever:

- Yes  No been ordered deported, excluded, or removed?
- Yes  No overstayed a grant of voluntary departure from an Immigration Judge or the Department of Homeland Security (DHS), formerly the Immigration and Naturalization Service (INS)?
- Yes  No failed to appear for removal or deportation?

62) Have you ever been:

- Yes  No a habitual drunkard?
- Yes  No one whose income is derived principally from illegal gambling?
- Yes  No one who has given false testimony for the purpose of obtaining immigration benefits?
- Yes  No one who has engaged in prostitution or unlawful commercialized vice?
- Yes  No involved in a serious criminal offense and asserted immunity from prosecution?
- Yes  No a polygamist?
- Yes  No one who brought in or attempted to bring in another to the United States illegally?
- Yes  No a trafficker of a controlled substance, or a knowing assister, abettor, conspirator, or colluder with others in any such controlled substance offense (not including a single offense of simple possession of 30 grams or less of marijuana)?
- Yes  No inadmissible or deportable on security-related grounds under sections 212(a)(3) or 237(a)(4) of the INA?
- Yes  No one who has ordered, incited, assisted, or otherwise participated in the persecution of an individual on account of his or her race, religion, nationality, membership in a particular social group, or political opinion?
- Yes  No a person previously granted relief under sections 212(c) or 244(a) of the INA or whose removal has previously been cancelled under section 240A of the INA?

If you answered "Yes" to any of the above questions, explain: N/A

**PART 7 - MISCELLANEOUS INFORMATION (Continued)**

63) Are you the beneficiary of an approved visa petition?  Yes  No

If yes, can you arrange a trip outside the United States to obtain an immigrant visa?  Yes  No If no, please explain:

N/A

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64) Name of School, Type of School, Degree Earned / Date (if any), Location (City/Country), Attended From (MM/YY) To (MM/YY)

Escuela Rural Mixta - El Achiotal, El Salvador - From 1984 to 1990.

65) The following certificates or other supporting documents are attached as part of this document. : (Refer to the Instructions for documents which should be attached.)

N/A

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**PART 8 - SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT**

*(Read the following information and sign below)*

I declare that I have prepared this application at the request of the person named in Part 1, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in a language the applicant speaks fluently for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form EOIR-42B may subject me to civil penalties under 8 U.S.C. §1324c.

Signature of Preparer:	Print Name: <b>Natalia Vieira Santanna</b>	Date:
Daytime Telephone#: <b>5109220154</b>	Address of Preparer: <i>(Number and Street, City, State, Zip Code)</i> <b>P.O. BOX 7528, Oakland, CA, 94601</b>	

*Please continue answers on a separate sheet as needed.*

**PART 9 - SIGNATURE**

**APPLICATION NOT TO BE SIGNED BELOW UNTIL APPLICANT APPEARS BEFORE AN IMMIGRATION JUDGE**

I swear or affirm that I know the contents of this application that I am signing, including the attached documents and supplements, and that they are all true to the best of my knowledge, taking into account the correction(s) numbered \_\_\_\_\_ to \_\_\_\_\_, if any, that were made by me or at my request.

\_\_\_\_\_  
*(Signature of Applicant or Parent or Guardian)*

Subscribed and sworn to before me by the above-named applicant at \_\_\_\_\_

\_\_\_\_\_  
*Immigration Judge*

\_\_\_\_\_  
*Date (Month, Day, Year)*

**PART 10 - PROOF OF SERVICE**

I hereby certify that a copy of the foregoing Form EOIR-42B was:  - delivered in person  - mailed first class, postage prepaid

on \_\_\_\_\_ to the Assistant Chief Counsel for the DHS (U.S. Immigration and Customs Enforcement - ICE)  
*(Month, Day, Year)*

at 55 E. Monroe Street Suite 1400 Chicago, IL 60603  
\_\_\_\_\_  
*(Number and Street, City, State, Zip Code)*

No service needed. I electronically filed this document, and the opposing party is participating in ECAS.

\_\_\_\_\_  
*Signature of Applicant (or Attorney or Representative)*

# Exhibit list

Exhibits:

Pages:

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**Exhibit 1 - Mauro Antonio Lopez Hernandez's Identification Documents**

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Mauro Antonio Lopez Hernandez's Driver's License 15

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**Exhibit 2 - Notice to Appear - NTA;**

Notice to Appear - NTA 16-18

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**Exhibit 3 - Decision of the Immigration Judge - Order of Removal;**

Decision of the Immigration Judge - Order of Removal 19-20

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**Exhibit 4 - Warrant of Removal/Deportation;**

Warrant of Removal/Deportation 21-24

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**Exhibit 5 - Mauro Antonio Lopez Hernandez Declaration of Support of Motion to Reopen and VAWA Cancellation of Removal with English Translation;**

Mauro Antonio Lopez Hernandez Declaration of Support of Motion to Reopen and VAWA Cancellation of Removal with English Translation; 25-46

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**Exhibit 6 - Evidence of Qualifying Relationship to a U.S. Citizen - Mauro Antonio Lopez Hernandez and Yansi Elizabeth Sandoval Mejia's Marriage Certificate;**

Evidence of Qualifying Relationship to a U.S. Citizen - Mauro Antonio Lopez Hernandez and Yansi Elizabeth Sandoval Mejia's Marriage Certificate 47

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**Exhibit 7 - Proof of Yansi Elizabeth Sandoval Mejia's U.S. Citizenship Status**

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**Exhibit 8 - Evidence of Battery or Extreme Cruelty - Mauro Antonio Lopez Hernandez's Psychological Evaluation of Mauro Antonio Lopez Hernandez by Lena Nicodemus, LMFT.**

Evidence of Battery or Extreme Cruelty - Mauro Antonio Lopez Hernandez's Psychological Evaluation by Lena Nicodemus, LMFT	57-63
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**Exhibit 9 - Evidence of Battery or Extreme Cruelty - Yansi Elizabeth Sandoval Mejia's Medical and Hospital Records;**

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**Exhibit 10 - Evidence of Battery or Extreme Cruelty - Screenshots of Conversations Between Mauro Antonio Lopez Hernandez and Yansi Elizabeth Sandoval Mejia with English Translation.**

Evidence of Battery or Extreme Cruelty - Screenshots of Conversations Between Mauro Antonio Lopez Hernandez and Yansi Elizabeth Sandoval Mejia with English Translation	78-94
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**Exhibit 12 - Evidence of Bona Fide Marriage and Extreme Hardship upon Removal - Children's Birth Certificate;**

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**Exhibit 13 - Evidence of Good Moral Character - FBI Background Check**

Evidence of Good Moral Character - FBI Background Check 122-126

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Letter of Support Provided by Martha Guadalupe Orellana Ramirez. 139-141

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**Exhibit 15 - Biometrics Fee Payment Receipt**

Biometrics Fee Payment Receipt 142-145

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**Exhibit 1 - Mauro  
Antonio Lopez  
Hernandez's  
Identification  
Documents**



En el nombre de la REPÚBLICA DE EL SALVADOR, La Dirección General de Migración y Extranjería, pide a todas las autoridades civiles y militares de los Países amigos permitir al portador del presente pasaporte pasar libremente sin ningún obstáculo y prestarle la debida protección y asistencia siempre que sea necesario

In the name of the REPUBLIC OF EL SALVADOR, the Department of Immigration requests all Authorities civilian and military of Friendly Countries to allow the bearer of the present passport to pass freely without let or hindrance and to afford the bearer every assistance and protection which may be necessary



**CENTROAMÉRICA  
REPÚBLICA DE EL SALVADOR**



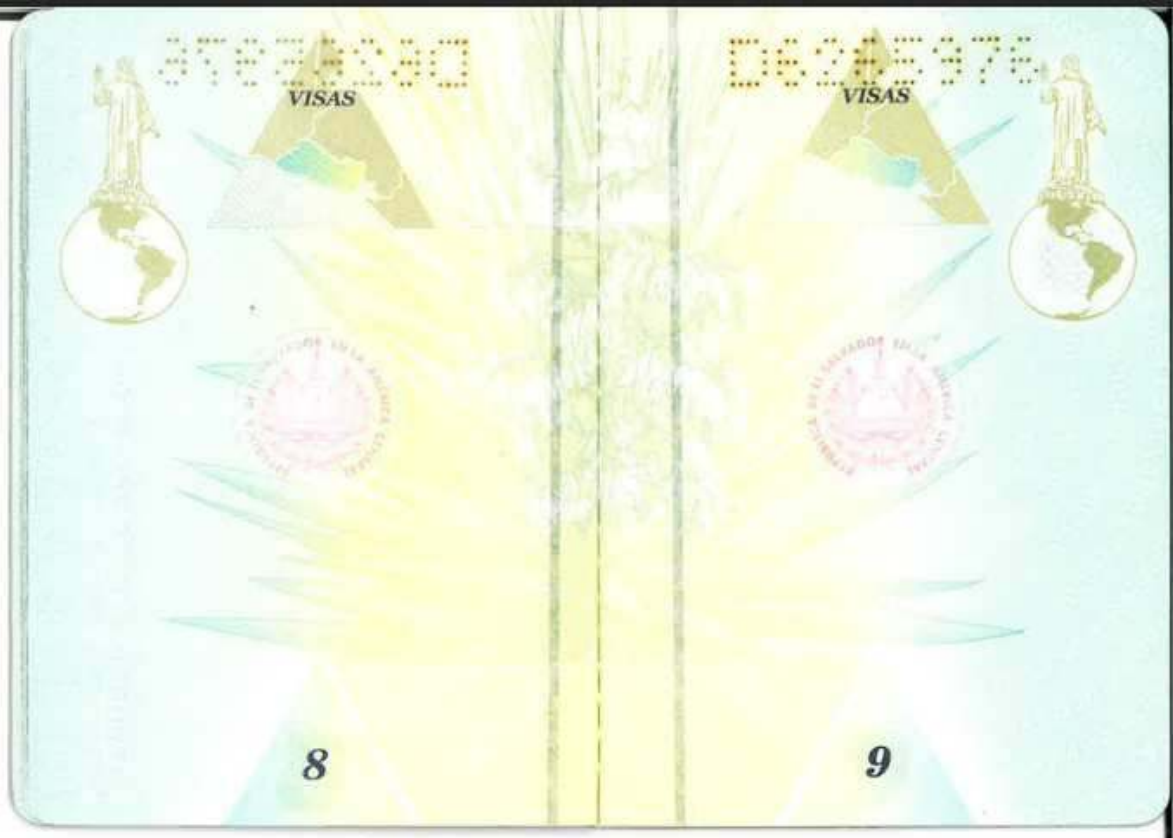
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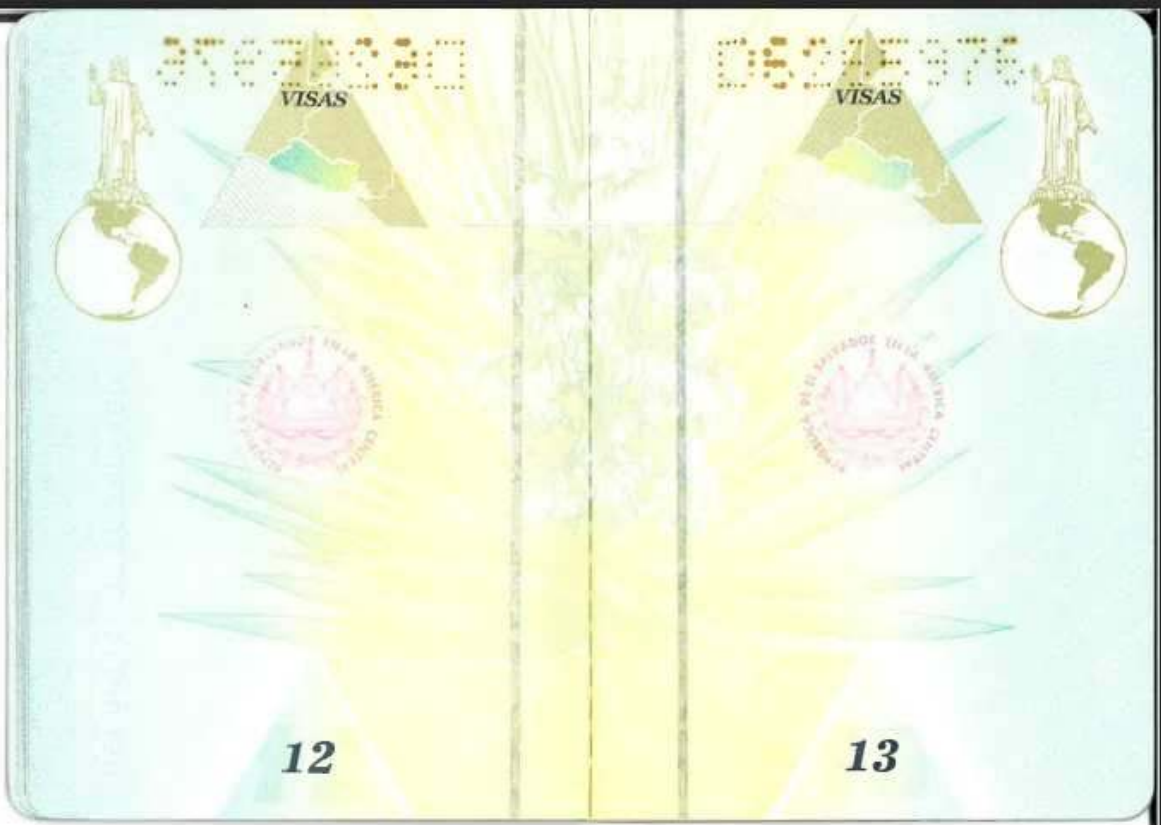
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**1**





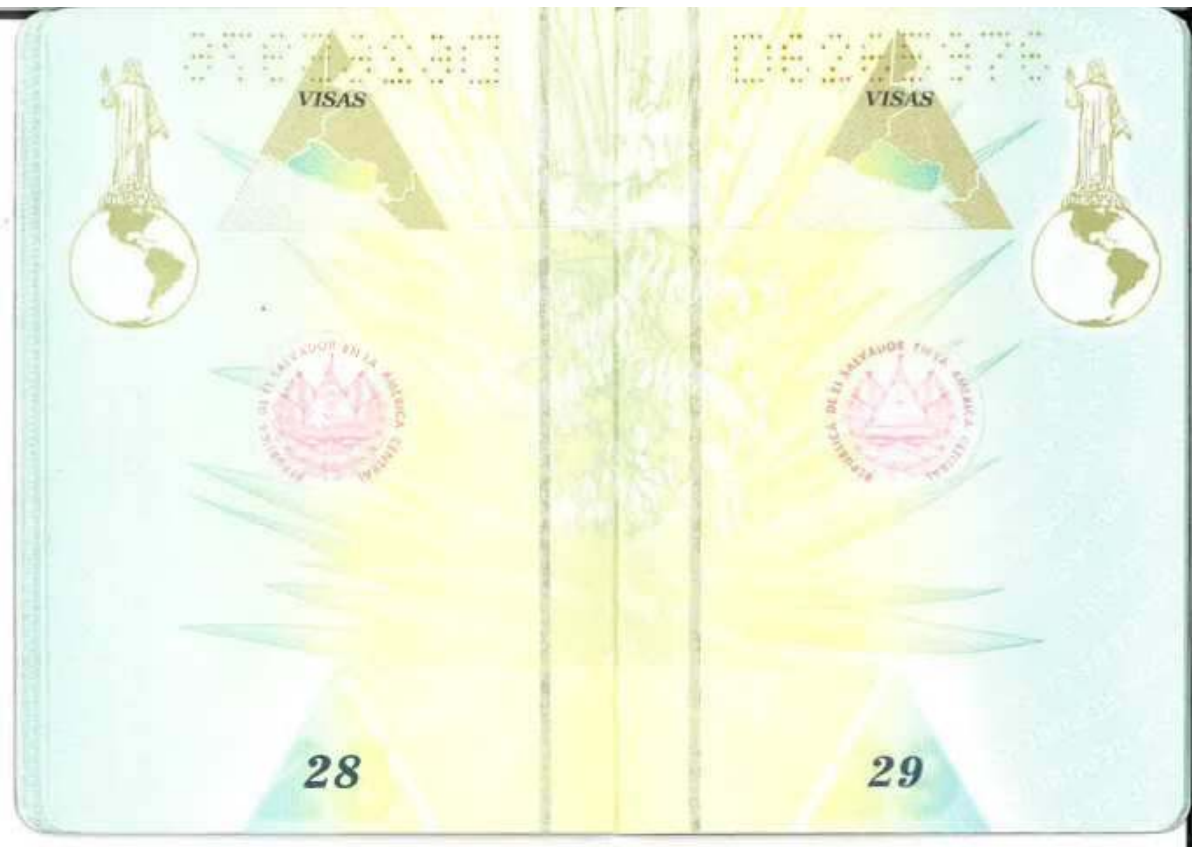




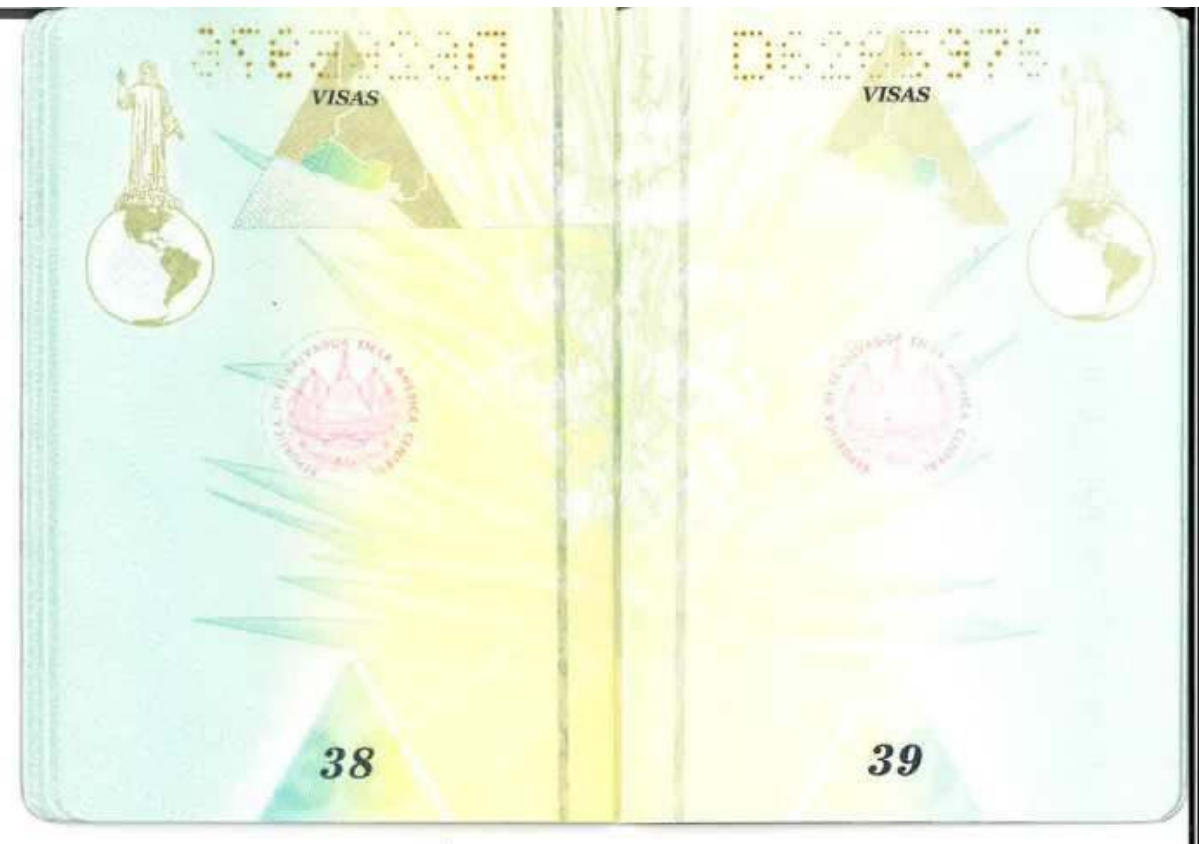
















**IMPORTANTE  
IMPORTANT**

Este pasaporte contiene 48 páginas numeradas correlativamente, su vigencia es de seis (6) AÑOS a partir de la fecha de su expedición y puede revalidarse una sola vez por seis (6) AÑOS más.

Alteraciones o cambios de cualquier clase, ANULAN este pasaporte.

El titular debe guardar este documento en un lugar seguro y avisar por separado SU NÚMERO Y FECHA DE EXPEDICIÓN. La pérdida o destrucción de este documento debe notificarse de inmediato a la DIRECCIÓN GENERAL DE MIGRACIÓN Y EXTRANJERÍA o al CONSULADO DE LA REPÚBLICA DE EL SALVADOR más cercano, cuando su titular se encuentre fuera del país. Se avisa a las personas que encuentren este documento, hacerlo llegar a las autoridades antes mencionadas.

*This Passport contains 48 numbered pages and is valid for SIX (6) YEARS from the date of issue and it may be RENEWED for one additional period of SIX (6) YEARS.*

*Any alteration or change to this passport will render it INVALID. If this document is lost, or destroyed, return the same to the nearest CONSULATE or to The Directorate of Migration EL SALVADOR, CENTROAMÉRICA.*

Todo Ciudadano salvadoreño residente en el extranjero deberá registrarse en la Oficina Consular más cercana, previa comprobación de su nacionalidad, identidad y filiación. Este registro tiene por objeto facilitar la protección legal debida a los salvadoreños en el extranjero.

Dicho registro y certificación que del mismo se expidiere no causará derecho consular alguno.

48



REPÚBLICA DE EL SALVADOR	REPÚBLICA DE EL SALVADOR	REPÚBLICA DE EL SALVADOR
SECRETARÍA DE ESTADO	SECRETARÍA DE ESTADO	SECRETARÍA DE ESTADO
DIRECCIÓN GENERAL DE MIGRACIÓN Y EXTRANJERÍA	DIRECCIÓN GENERAL DE MIGRACIÓN Y EXTRANJERÍA	DIRECCIÓN GENERAL DE MIGRACIÓN Y EXTRANJERÍA
AVILA 100	AVILA 100	AVILA 100
TELEFONO (503) 2411-1111	TELEFONO (503) 2411-1111	TELEFONO (503) 2411-1111
FAX (503) 2411-1111	FAX (503) 2411-1111	FAX (503) 2411-1111
WWW.MIGRACION.GOV.SV	WWW.MIGRACION.GOV.SV	WWW.MIGRACION.GOV.SV

California

USA

DRIVER LICENSE

FEDERAL  
LIMITS  
APPLY



DL **Y2461426**

CLASS C

EXP **05/07/2026**

END NONE

LN **LOPEZ HERNANDEZ**

FN **MAURO ANTONIO**

450 ENTRADA DR APT 74  
NOVATO, CA 94949

DOB **05/07/1977**

RSTR NONE

05071977

**DONOR**



SEX: M

HAIR: BLK

EYES: BRN

HGT: 5'-08"

WGT: 195 lb

ISS

DD 06/01/2021686H1/36FD/26

06/07/2021

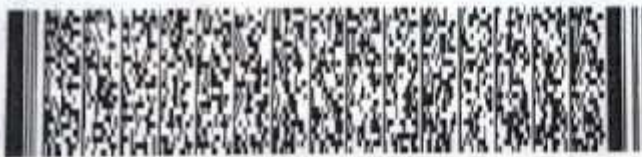
*Mauro*



CLASS: C - Veh w/GVWR ≤26000, No MC

ENDORSEMENTS: None

RESTRICTIONS: None



This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

050777

*Mauro*

Rev 08/29/2017

21158Y2461-250401

# **Exhibit 2 - Notice to Appear - NTA;**

In removal proceedings under section 240 of the Immigration and Nationality Act

File No: A099 666 221  
Case No: MCS0602000639  
FIN #: 18456235

In the Matter of:

Respondent: Mauro Antonio LOPEZ-Hernandez currently residing at:  
1375 DOVE RD  
HEBRON NEBRASKA 68370  
(Number, street, city, state and ZIP code) (Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled. Service on: EOIR
- 3. You have been admitted to the United States, but are deportable for the reasons stated below. Original Served On EOIR/CHI

Date: 03 30 06 PM  
File: A 99 666 221

The Service alleges that you:

- 1) You are not a citizen or national of the United States;
- 2) You are a native of EL SALVADOR and a citizen of EL SALVADOR;
- 3) You arrived in the United States at or near Hidalgo, Texas, on or about February 24, 2006;
- 4) You were not then admitted or paroled after inspection by an Immigration Officer.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

212(a)(6)(A)(i) of the Immigration and Nationality Act, as amended, in that you are an alien present in the United States without being admitted or paroled, or who arrived in the United States at any time or place other than as designated by the Attorney General.

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to:  8 CFR 208.30(f)(2)  8 CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: 55 East Monroe Street Suite 1900 Chicago ILLINOIS US 60603

on April 18, 2006 at 09:00 a.m. to show why you should not be removed from the United States based on the charge(s) set forth above.  
(Date) (Time)

*Lazaro Alvarez by TR*  
LAZARO ALVAREZ  
SUPERVISORY BORDER PATROL AGENT  
(Signature and Title of Issuing Officer)

Date: February 24, 2006 MCALLEN, TEXAS  
(City and State)

See reverse for important information

# Notice of Custody Determination

**Mauro Antonio LOPEZ-Hernandez**  
1375 DOVE RD  
HEBRON, NE 68370

Case No: MCS0602000639  
File No: A099 666 221  
Date: 02/24/2006  
FIN #: 18456235

Pursuant to the authority contained in section 236 of the Immigration and Nationality Act and part 236 of title 8, Code of Federal Regulations, I have determined that pending a final determination by the immigration judge in your case, and in the event you are ordered removed from the United States, until you are taken into custody for removal, you shall be:

- detained in the custody of this Service.
- released under bond in the amount of \$\_\_\_\_\_.
- released on your own recognizance.

- You may request a review of this determination by an immigration judge.
- You may not request a review of this determination by an immigration judge because the Immigration and Nationality Act prohibits your release from custody.

*Lazaro Alvarez by TR*  
LAZARO ALVAREZ  
(Signature of authorized officer)

SUPERVISORY BORDER PATROL AGENT  
(Title of authorized officer)

McALLEN, TEXAS  
(INS office location)

- I do  do not request a redetermination of this custody decision by an immigration judge.
- I acknowledge receipt of this notification.

*p [Signature]*  
(Signature of respondent)

*02/24/06*  
(Date)

### RESULT OF CUSTODY REDETERMINATION

On \_\_\_\_\_, custody status/conditions for release were reconsidered by:

- Immigration Judge       District Director       Board of Immigration Appeals

The results of the redetermination/reconsideration are:

- No change - Original determination upheld.
- Detain in custody of this Service.
- Bond amount reset to \_\_\_\_\_
- Release-Order of Recognizance
- Release-Personal Recognizance
- Other: \_\_\_\_\_

\_\_\_\_\_  
(Signature of officer)

## Notice to Respondent

**Warning:** Any statement you make may be used against you in removal proceedings.

**Alien Registration:** This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

**Representation:** If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this Notice.

**Conduct of the hearing:** At the time of your hearing, you should bring with you any affidavits or other documents which you desire to have considered in connection with your case. If any document is in a foreign language, you must bring the original and a certified English translation of the document. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or deportable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear, of any relief from removal for which you may appear eligible including the privilege of departing voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

**Failure to appear:** You are required to provide the INS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the INS.

### Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to have a 10-day period prior to appearing before an immigration judge.

\_\_\_\_\_  
(Signature of Respondent)

Before:

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of INS Officer)

### Certificate of Service

This Notice to Appear was served on the respondent by me on February 24, 2006, in the following manner and in compliance with section 239(a)(1)(F) of the Act:

(Date)

- in person       by certified mail, return receipt requested       by regular mail  
 Attached is a credible fear worksheet.  
 Attached is a list of organizations and attorneys which provide free legal services.

The alien was provided oral notice in the SPANISH language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

*[Handwritten Signature]*

\_\_\_\_\_  
(Signature of Respondent if Personally Served)

*[Handwritten Signature]*  
THELMA RUIZ  
SENIOR PATROL AGENT

\_\_\_\_\_  
(Signature and Title of Officer)

**Exhibit 3 - Decision of  
the Immigration  
Judge - Order of  
Removal;**

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION COURT  
CHICAGO, IL

IN THE MATTER OF:

MAURO ANTONIO LOPEZ-HERNANDEZ )

)

IN REMOVAL PROCEEDINGS

)

FILE: A99-666-221 )

)

DOCKET: CHICAGO, IL

DECISION OF THE IMMIGRATION JUDGE

Jurisdiction was established in this cause by the issuance of a Notice to Appear and personal service upon the respondent. See Exhibit 1.

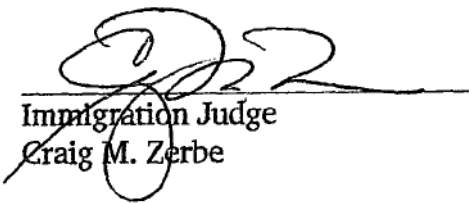
Notice that this removal hearing was to be conducted on this date was given to the parties. The respondent had a reasonable opportunity to be present, but did not appear. No reasonable cause has been advanced as to why the respondent was absent. This hearing was, therefore, conducted in-absentia pursuant to Sec. 240(b) of the Immigration and Nationality Act.

- The Respondent has previously admitted the allegations of fact in the Notice to Appear and conceded removability.
- The DHS has submitted for the record Form I-213 (Record of Deportable/Inadmissible Alien) which establishes the allegations contained in the Notice to Appear by clear and convincing evidence.
- The DHS has submitted for the record Form I-589 (Application for Asylum) which establishes the allegations contained in the Notice to Appear by clear and convincing evidence.

The court finds that the respondent is removable as charged. Any pending applications are considered abandoned. See Matter of Pearson, 13 I&N Dec. 152 (BIA 1969). CF. Matter of Jean, 17 I&N Dec. 100 (BIA 1979).

ORDER:

IT IS HEREBY ORDERED that the respondent shall be removed to EL SALVADOR on the charge(s) contained in the Notice to Appear.

  
Immigration Judge  
Craig M. Zerbo

DATE: 4/18/06

CC: DHS District Counsel

Respondent

Respondent's Attorney

UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT  
CHICAGO, ILLINOIS

LOPEZ-HERNANDEZ, MAURO ANTONIO  
1375 DOVE RD.  
HEBRON NE 68370

IN THE MATTER OF FILE A 99-666-221 DATE: Apr 18, 2006  
LOPEZ-HERNANDEZ, MAURO ANTONIO

\_\_\_ UNABLE TO FORWARD - NO ADDRESS PROVIDED

\_\_\_ ATTACHED IS A COPY OF THE DECISION OF THE IMMIGRATION JUDGE. THIS DECISION IS FINAL UNLESS AN APPEAL IS FILED WITH THE BOARD OF IMMIGRATION APPEALS WITHIN 30 CALENDAR DAYS OF THE DATE OF THE MAILING OF THIS WRITTEN DECISION. SEE THE ENCLOSED FORMS AND INSTRUCTIONS FOR PROPERLY PREPARING YOUR APPEAL. YOUR NOTICE OF APPEAL, ATTACHED DOCUMENTS, AND FEE OR FEE WAIVER REQUEST MUST BE MAILED TO:  
BOARD OF IMMIGRATION APPEALS  
OFFICE OF THE CLERK  
P.O. BOX 8530  
FALLS CHURCH, VA 22041

*u* ATTACHED IS A COPY OF THE DECISION OF THE IMMIGRATION JUDGE AS THE RESULT OF YOUR FAILURE TO APPEAR AT YOUR SCHEDULED DEPORTATION OR REMOVAL HEARING. THIS DECISION IS FINAL UNLESS A MOTION TO REOPEN IS FILED IN ACCORDANCE WITH SECTION 242B(c)(3) OF THE IMMIGRATION AND NATIONALITY ACT, 8 U.S.C. SECTION 1252B(c)(3) IN DEPORTATION PROCEEDINGS OR SECTION 240(c)(6), 8 U.S.C. SECTION 1229a(c)(6) IN REMOVAL PROCEEDINGS. IF YOU FILE A MOTION TO REOPEN, YOUR MOTION MUST BE FILED WITH THIS COURT:

IMMIGRATION COURT  
55 EAST MONROE ST., SUITE 1900  
CHICAGO, IL 60603

\_\_\_ OTHER: \_\_\_\_\_  
\_\_\_\_\_

*ilc*  
\_\_\_\_\_  
COURT CLERK  
IMMIGRATION COURT

FF

CC: MICHEAL L. HARPER, ASST. CHIEF COUNSEL (DHS)  
55 EAST MONROE, STE. 1700  
CHICAGO, IL, 60603

JV4

# **Exhibit 4 - Warrant of Removal/Deportation;**

**Warrant of Removal/Deportation**

File No: MCS0602000639  
A099 666 221

Date: JUNE 29, 2006

**FINS:** 18456235

To any officer of the United States Immigration and Naturalization Service:

Mauro Antonio LOPEZ-Hernandez  
(Full name of alien)

who entered the United States at Hidalgo, Texas on February 24, 2006  
(Place of entry) (Date of entry)


is subject to removal/deportation from the United States, based upon a final order by:

- an immigration judge in exclusion, deportation, or removal proceedings
- a district director or a district director's designated official
- the Board of Immigration Appeals
- a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:  
**Section 212 (a) (6) (A) (i)**

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:  
**Salaries and Expenses, Immigration and Customs Enforcement, 2006.**

**UNDER DOCKET CONTROL  
AT OMAHA NEBRASKA  
1717 Avenue H  
Omaha, NE 68110**

  
JEFFREY LYNCH  
 (Signature of INS official)

ADFOD  
 (Title of INS official)

JUNE 29, 2006, Omaha, Nebraska  
 (Date and office location)

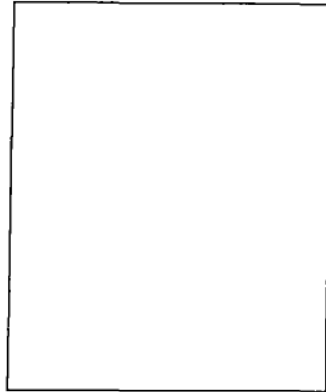
To be completed by Service officer executing the warrant:

Name of alien being removed:

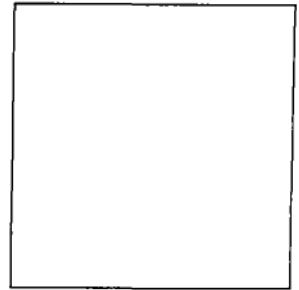
Mauro Antonio LOPEZ-Hernandez

A 99 666221

Port, date, and manner of removal: \_\_\_\_\_



Photograph of alien removed



Right index fingerprint of alien removed

\_\_\_\_\_  
(Signature of alien being fingerprinted)

\_\_\_\_\_  
(Signature and title of INS official taking print)

**UNDER DOCKET CONTROL  
AT OMAHA NEBRASKA  
1717 Avenue H  
Omaha, NE 68110**

Departure witnessed by: \_\_\_\_\_  
(Signature and title of INS official)

If actual departure is not witnessed, fully identify source or means of verification of departure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If self-removal (self-deportation), pursuant to 8 CFR 241.7, check here.

Departure Verified by: \_\_\_\_\_  
(Signature and title of INS official)

**Warrant of Removal/Deportation**

File No: MCS0602000639  
A099 666 221

**FINS:** Date: JUNE 29, 2006  
18456235

**To any officer of the United States Immigration and Naturalization Service:**

Mauro Antonio LOPEZ-Hernandez  
(Full name of alien)

who entered the United States at Hidalgo, Texas on February 24, 2006  
(Place of entry) (Date of entry)


is subject to removal/deportation from the United States, based upon a final order by:

- an immigration judge in exclusion, deportation, or removal proceedings
- a district director or a district director's designated official
- the Board of Immigration Appeals
- a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:  
**Section 212 (a) (6) (A) (i)**

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Attorney General under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:  
**Salaries and Expenses, Immigration and Customs Enforcement, 2006.**

**UNDER DOCKET CONTROL  
AT OMAHA NEBRASKA  
1717 Avenue H  
Omaha, NE 68110**

  
JEFFREY LYNCH  
 (Signature of INS official)

ADFOD  
 (Title of INS official)

JUNE 29, 2006, Omaha, Nebraska  
 (Date and office location)

**COPY**

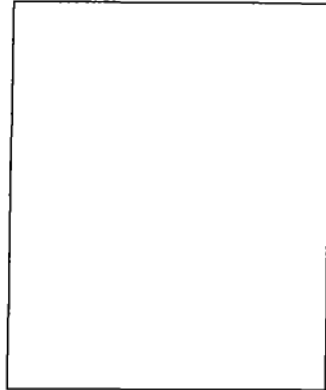
To be completed by Service officer executing the warrant:

Name of alien being removed:

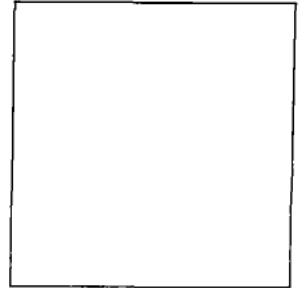
Mauro Antonio LOPEZ-Hernandez

A99 666 221

Port, date, and manner of removal: \_\_\_\_\_



Photograph of alien removed



Right index fingerprint of alien removed

\_\_\_\_\_  
(Signature of alien being fingerprinted)

\_\_\_\_\_  
(Signature and title of INS official taking print)

**UNDER DOCKET CONTROL  
AT OMAHA NEBRASKA  
1717 Avenue H  
Omaha, NE 68110**

Departure witnessed by: \_\_\_\_\_  
(Signature and title of INS official)

If actual departure is not witnessed, fully identify source or means of verification of departure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If self-removal (self-deportation), pursuant to 8 CFR 241.7, check here.

Departure Verified by: \_\_\_\_\_  
(Signature and title of INS official)

**Exhibit 5 - Mauro  
Antonio Lopez  
Hernandez**

**Declaration of  
Support of Motion to  
Reopen and VAWA  
Cancellation of  
Removal with English  
Translation;**

**UNITED STATES DEPARTMENT OF JUSTICE  
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
IMMIGRATION COURT**

**DECLARATION OF MAURO ANTONIO LOPEZ HERNANDEZ IN SUPPORT OF  
HIS VAWA CANCELLATION OF REMOVAL**

I, Mauro Antonio Lopez Hernandez, declare as follows:

1. My name is Mauro Antonio Lopez Hernandez. I was born on May 7, 1977, in El Salvador. I am a native and citizen of El Salvador. I am married to Yansi Elizabeth Sandoval Mejia, with whom I have shared a relationship for over 25 years, having formed our family together since our youth in our home country.
2. I make this declaration in support of my Motion to Reopen and my application for VAWA Cancellation of Removal. This statement describes my life's journey, from the family I built in El Salvador to the challenges and the domestic environment of abuse and control I have endured from my U.S. citizen spouse. I am telling my story in my own words based on my personal knowledge and memory.
3. I have two children with my spouse. Our son, Gerardo Antonio, was born in El Salvador in 2001, and our daughter, Damaris Elizabeth, was born in El Salvador in 2003. They were very young when I first left for the United States to build a future for them, and they are my reason for living and the main reason I have endured the situation in my home for so long. Even though my children are adults, the abuse in our home has made me feel that I need to stay and be present. When my spouse has an outburst, I try to calm her down and de-escalate the situation so it does not get worse. I try to keep the peace in our home. Many times, I feel like I take the anger on myself so it does not fall on my children or turn into something more dangerous.

4. I was born and raised in Cantón El Achiotal, La Paz, El Salvador. I grew up in a low-income family and I started working very young to help support my family. When I was a young man, I tried to enter the police academy in El Salvador. I was threatened by gang members because they believed I was part of the police. I did not feel protected by anyone, and I left the academy because I feared for my life.
5. Around 2001, there was a major earthquake that destroyed my home. After that, I struggled even more to rebuild and support my family.
6. After I entered the United States in or around February 2006, I was given a date to appear before an Immigration Judge at 55 East Monroe St., Suite 1900, Chicago, Illinois, on April 18, 2006, at 9:00 a.m. At that time, the address I gave and expected to go to was 1375 Dove Rd., Hebron, Nebraska. That was where I believed I would live after I entered the United States, and it was the address I provided to the immigration officers when I was detained at the border shortly after I entered.
7. I came to the United States with hope that I could arrive at that address, get settled, and find work so I could send money back to support my family in El Salvador, especially Yansi and our children. But after I entered, I tried to reach the contact I had for that plan and I stopped getting answers. The plan fell apart, and I could not confirm that I could go there anymore. I was young, newly arrived, and I did not have money, reliable phone access, or anyone to guide me.
8. When I realized I had nowhere to go in Nebraska, I had no real choice but to go to California to stay with family. I stayed with my brother and focused on working and trying to stabilize my life so I could support my family.

9. When the court date arrived, I was no longer in Nebraska. At that time, I did not understand the immigration court system, and I had no attorney to guide me. I did not realize how serious it was to miss court, and I did not know what steps to take or how to contact the Court to ask for help or instructions.
10. For the same reasons, I did not update my address with the Immigration Court. I did not know how or where to do it, I did not know the area, I did not have transportation, and I did not have the knowledge or resources to report a change of address.
11. For many years after my 2006 hearing date, I did not receive the removal order in a way that I understood, and I did not know what had happened in my case. I did not understand the immigration court process or the consequences of missing court. During that time, my focus was on surviving, working, and sending money to support my family in El Salvador, especially Yansi and our children.
12. To the best of my recollection, around 2010, I spoke with an attorney in San Francisco, and the attorney told me that I had a “deportation” (removal) order. The attorney did not explain what that meant in a way that I understood, and I did not have the money to hire an attorney to help me fix my case.
13. Since 2006, I have remained in the United States and I have not departed the United States at any time.
14. To understand my situation today, it is important to look back at the history of my relationship with my spouse. I met Yansi Elizabeth Sandoval Mejia, in El Salvador when I was in my early twenties. We began a relationship and formed a family. In El Salvador, our relationship was mostly loving and stable, and in many ways she was a caring and loving partner. There were serious incidents there, but at the time I

believed they were isolated moments and not the pattern of our relationship. For example, in or about July 2002 there was an incident involving a knife, and in or about August 2004 she hit me with a bottle and it cut my face under my right eye.

15. After those incidents, she apologized, and in the time that followed she again acted like a loving partner and things improved for periods of time. Because of that, I kept trying to hold our family together. I did not think my life would become what it is now.
16. I came to the United States first and spent years working hard and sending money back to my spouse and children in El Salvador so they could live and so I could prepare for them to join me. I sent money regularly and tried to be responsible.
17. My spouse and our children came to the United States in approximately 2012 through a process connected to her father's petition. While she and the children were able to obtain legal status through that process, I remained in an uncertain immigration status. After they arrived, our family lived together in California.
18. After we were reunited as a family in the United States, we focused on building a stable life together. I worked hard and tried to provide for my spouse and our children, because my intention has always been to support my family and keep us together. We had been together for many years and were already living as a committed couple and as a family before we were able to formally marry. Later, after we had been living together for some time in the United States, we decided to formalize our relationship, and we married in September 2019.
19. Our marriage was the reflection of nearly 20 years of history. Our relationship has had repeated highs and lows, and during that time my spouse appeared calmer and more

supportive. I genuinely believed she wanted to formalize the marriage so we could rebuild trust, become closer as a family, and move forward together. We also wanted stability and a lawful way forward as a family, so at different times we tried to follow the legal process and seek immigration help for me, including pursuing a family-based petition.

20. Over time in the United States, my spouse changed drastically. She struggled with depression and stress. She also has health issues, including a history of a stroke when she was young, headaches, and later menopause symptoms. I understand that stress and illness can affect people, and for a long time I tried to help her and I kept telling myself that her behavior was only because she was suffering. But her health issues do not excuse what she has done to me.
21. It took me years to understand that what was happening was not normal conflict, but psychological abuse and domestic violence. Accepting that she was abusing me, and that I was a victim, was extremely painful for me, and it also took me a long time to understand the symptoms I developed from living in that environment.
22. Over time, I came to understand that my spouse has become my abuser. The abuse includes extreme cruelty, intimidation, threats, humiliation, and physical violence. The abuse has escalated over time and has followed a cycle where she explodes, then later apologizes, then things are calm for a short period, and then the tension builds again and the abuse returns.
23. Over the years, my spouse has regularly screamed at me, insulted me, and belittled me. She tells me I am not smart enough and that I do not make enough money. She has humiliated me in front of family. Relatives have witnessed how she cuts me off

when I speak and how I look down and stay quiet because I feel ashamed and because I am trying to keep the argument from getting worse.

24. She attacks my dignity and my identity. She has said horrible things about my mother and my family. There are days when she comes home angry and demands everything be perfect. If the house is not perfectly clean, she yells at me and blames me, even when our children also live there. To avoid provoking her anger, I have tried to clean and do chores, and at times I have left the house so my children would not have to hear her insults toward me.
25. My spouse has also used my immigration status to control me and intimidate me for years. Over time, as she had lawful status and later became a U.S. citizen, those threats felt more real to me and she used that power against me. During arguments, she has repeatedly talked about deportation and told me she hopes I get deported and that I do not get my documents. She has told me to go back to my country. For example, at our home at 450 Entrada Dr., Apt. 74, Novato, California, she threatened to call immigration in or about October 2022 and again in or about December 2023. These threats have been used to silence me, scare me, and keep me from seeking help.
26. When she threatens deportation, my fear is not only of leaving the United States, but also of being sent back to El Salvador. I was threatened by gang members in El Salvador because they believed I was connected to the police, and those threats still affect me. This makes her deportation threats even more frightening and keeps me afraid to seek help. She knows about what happened to me in El Salvador, and she uses that fear to keep me quiet and to make me feel trapped.
27. She has also used financial control as a weapon. Over the years, she has taken money from my account and moved it to her account. She has said she can leave me with

nothing whenever she wants. She has pressured me to pay bills and demanded money in ways that make me feel trapped and powerless.

28. She has also threatened to deny me access to my own possessions and transportation. I have a truck that I have worked for and paid for, but it is in her name, and she has threatened to take it away from me. Because of my immigration situation, I felt that she had even more power to do that and I was afraid of being left without any way to get around. This control over transportation has made me feel isolated and trapped. It has made it harder for me to leave the house safely, to get to work, or to go get help, because I fear she could take away my transportation and make me lose my job and my ability to support my family.
29. The physical violence has been real and terrifying. Over the years, my spouse has slapped me and hit me with objects. For example, in or about August 2024, at our home in Novato, California, she slapped me and threw food at me. She has also been violent with my phone on two occasions. The worst incident was in or about October 2024, also at home, when she grabbed my phone and broke it against my chest. These are not accidents. They are acts of violence and control, and they are examples of a pattern that became worse and more frequent over time.
30. The most frightening abuse involves weapons. My spouse has threatened me with a knife multiple times, including in front of our children. On at least one occasion, she tried to push a knife toward my stomach. For example, on or about February 1, 2025, at our home in California, she threatened me with a knife when she was in a state of intense depression and “nerves.” I instinctively moved her arm away to deflect the knife and protect myself, and I stopped as soon as I could. After that incident, she

appeared to have a severe nervous episode and chest pain, and we were afraid for her health. Even after incidents like this, the abuse did not stop.

31. My spouse has thrown me out of our bedroom and told me to sleep in the living room. She has thrown me out of the house even though I pay the rent. For example, she expelled me from the home in or about October 2022 and again in or about August 2024 at 450 Entrada Dr., Apt. 74, Novato, California. To avoid escalation and to keep my children from being pulled into the conflict, I have slept in my truck at night. I slept in my truck parked on Entrada Dr., on the street in front of a shopping center, approximately 500 feet from our home. I have felt like I have no safe place in my own home.
32. My children know the pattern. They know that when my spouse comes home angry, she will focus her anger on me. Sometimes they try to calm her down. Sometimes she yells at them too, slams doors, locks herself in a room, and escalates. I have told my children not to confront her too directly because I fear the conflict will become more dangerous.
33. The abuse has affected every part of my life. I do not feel secure at home anymore. Even when I am calm, I feel like my spouse has “a different heart now,” and I am always waiting for the next explosion. I feel hypervigilant for my safety.
34. I have had intrusive thoughts and fear that come without warning when something reminds me of her anger. I startle easily. I have trouble concentrating and I forget things.
35. I have felt deep shame. I stopped going out and I withdrew from family and social life because I felt humiliated and because I did not want people to see what was

happening. I used to enjoy activities like running and going to the gym, but I lost interest and I feel discouraged.

36. The stress and trauma have harmed my physical health. I suffer from psoriasis and skin rashes that get worse when the conflict and abuse intensify. Family members have noticed the changes in me, including weight loss, rashes on my arms, and becoming more serious and withdrawn.
37. The abuse has severely harmed my mental health. I have felt depressed, anxious, tired, and without energy. I have felt like I am not the same person anymore. I have blamed myself for enduring it and for what my children have been exposed to in our home.
38. I have been afraid to sleep. I have worried about my spouse hurting me while I am asleep. A few months ago, she went to a clinic and told a doctor that sometimes she wants to hurt me in my sleep, and the police were called. Since then, my fear at night has been even worse.
39. There was a time when I felt so desperate that I considered ending my life. After an incident when she hurt me, I got into my truck and began driving toward the Golden Gate Bridge intending to take my life. My brother, Jose Walberto Lopez, called me worried about my children, and his call saved me. My children and my brother are the strongest protective factors in my life. I also pray and read the Bible to try to survive emotionally.
40. On September 2, 2025, I completed a psychological evaluation with a licensed therapist, Lena Nicodemus, LMFT, in Spanish via telemedicine. The evaluation concluded that I was a credible reporter and documented severe depression, moderate

anxiety, and symptoms consistent with post-traumatic stress disorder. The evaluation describes how the abuse and intimidation by my spouse have caused trauma symptoms, including hypervigilance, sleep disturbance, startle response, shame, isolation, difficulty trusting others, loss of interest in activities, and suicidal thoughts in the past.

41. I understand that my spouse is a United States citizen. To the best of my knowledge, she became a U.S. citizen in 2021. The abuse did not end after she became a U.S. citizen. It continued and has included threats, intimidation, humiliation, and violence in the years after 2021.
42. I remained in the relationship for years because I was afraid of retaliation and afraid of losing everything I had built, and because I did not want to abandon my children. I also worried about my spouse's health and feared what might happen if I left. I felt responsible to keep the family together and to protect my children. At the same time, I felt trapped and emotionally crushed.
43. For many years I did not understand that there were immigration protections for abused spouses. I was isolated and ashamed. My spouse's threats about deportation and her control over money and property made it extremely difficult for me to seek help. I also had negative experiences trying to obtain legal help in the past, including paying significant money to an attorney who promised results and did not resolve my situation. These barriers kept me from acting sooner.
44. I have no criminal history. I have never been arrested and I have never been convicted of a crime. I have worked in manual labor and tried to live responsibly and support my family.

45. If I am removed to El Salvador, I will suffer extreme hardship. My mental health and trauma symptoms would worsen. My children are my reason for living, and separation from them would be devastating. I would lose the support of my close family in the United States, and I fear a serious decline in my psychological stability and functioning.
46. I respectfully ask the Court to reopen my case so that I can apply for VAWA Cancellation of Removal and present my evidence fully.

I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.

/Signature/

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MAURO ANTONIO LOPEZ HERNANDES

DATE: 02/09/2026

**I, ANDRE PENNA MELLO, 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.**



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**Date: February 09, 2026**

**DEPARTAMENTO DE JUSTICIA DE LOS ESTADOS UNIDOS**

**OFICINA EJECUTIVA DE REVISIÓN DE INMIGRACIÓN**

**TRIBUNAL DE INMIGRACIÓN**

**DECLARACIÓN DE MAURO ANTONIO LOPEZ HERNANDEZ EN APOYO DE  
SU CANCELACIÓN DE REMOCIÓN BAJO VAWA**

Yo, Mauro Antonio Lopez Hernandez, declaro lo siguiente:

1. Mi nombre es Mauro Antonio Lopez Hernandez. Nací el 7 de mayo de 1977, en El Salvador. Soy nativo y ciudadano de El Salvador. Estoy casado con Yansi Elizabeth Sandoval Mejia, con quien he compartido una relación por más de 25 años, habiendo formado nuestra familia juntos desde nuestra juventud en nuestro país de origen.
2. Hago esta declaración en apoyo de mi Moción para Reabrir y mi solicitud de Cancelación de Remoción bajo VAWA. Esta declaración describe el recorrido de mi vida, desde la familia que formé en El Salvador hasta los desafíos y el entorno doméstico de abuso y control que he soportado por parte de mi esposa ciudadana estadounidense. Estoy contando mi historia con mis propias palabras, basada en mi conocimiento personal y mi memoria.
3. Tengo dos hijos con mi cónyuge. Nuestro hijo, Gerardo Antonio, nació en El Salvador en 2001, y nuestra hija, Damaris Elizabeth, nació en El Salvador en 2003. Ellos eran muy pequeños cuando yo salí por primera vez hacia los Estados Unidos para construir un futuro para ellos, y ellos son mi razón para vivir y la principal razón por la que he soportado la situación en mi hogar durante tanto tiempo. Aunque mis hijos son adultos, el abuso en nuestro hogar me ha hecho sentir que necesito quedarme y estar presente. Cuando mi cónyuge tiene un arrebato, trato de calmarla y de bajar la tensión para que la situación no empeore. Trato de mantener la paz en nuestro hogar. Muchas

veces, siento que yo recibo el enojo para que no caiga sobre mis hijos o no se convierta en algo más peligroso.

4. Nací y me crié en Cantón El Achiotal, La Paz, El Salvador. Crecí en una familia de bajos ingresos y comencé a trabajar muy joven para ayudar a mantener a mi familia. Cuando era un joven, intenté ingresar a la academia de policía en El Salvador. Fui amenazado por pandilleros porque creían que yo era parte de la policía. No me sentía protegido por nadie, y dejé la academia porque temía por mi vida.
5. Alrededor de 2001, hubo un gran terremoto que destruyó mi casa. Después de eso, tuve aún más dificultades para reconstruir y mantener a mi familia.
6. Después de entrar a los Estados Unidos en o alrededor de febrero de 2006, me dieron una fecha para comparecer ante un Juez de Inmigración en 55 East Monroe St., Suite 1900, Chicago, Illinois, el 18 de abril de 2006, a las 9:00 a.m. En ese momento, la dirección que di y a la que esperaba ir era 1375 Dove Rd., Hebron, Nebraska. Allí creía que viviría después de entrar a los Estados Unidos, y fue la dirección que proporcioné a los oficiales de inmigración cuando fui detenido en la frontera poco después de entrar.
7. Vine a los Estados Unidos con la esperanza de poder llegar a esa dirección, establecerme y encontrar trabajo para poder enviar dinero de regreso y mantener a mi familia en El Salvador, especialmente a Yansi y a nuestros hijos. Pero después de entrar, traté de comunicarme con el contacto que tenía para ese plan y dejé de recibir respuestas. El plan se desmoronó, y no pude confirmar que todavía pudiera ir allí. Yo era joven, recién llegado, y no tenía dinero, acceso telefónico confiable, ni nadie que me guiara.

8. Cuando me di cuenta de que no tenía adónde ir en Nebraska, no tuve otra opción real que ir a California para quedarme con mi familia. Me quedé con mi hermano y me enfoqué en trabajar y tratar de estabilizar mi vida para poder mantener a mi familia.
9. Cuando llegó la fecha de la corte, yo ya no estaba en Nebraska. En ese momento, yo no entendía el sistema del tribunal de inmigración, y no tenía un abogado que me guiara. No me di cuenta de lo grave que era faltar a la corte, y no sabía qué pasos tomar ni cómo comunicarme con el Tribunal para pedir ayuda o instrucciones.
10. Por las mismas razones, no actualicé mi dirección con el Tribunal de Inmigración. No sabía cómo o dónde hacerlo, no conocía el área, no tenía transporte, y no tenía el conocimiento ni los recursos para reportar un cambio de dirección.
11. Durante muchos años después de mi fecha de audiencia de 2006, no recibí la orden de remoción de una manera que yo entendiera, y no supe qué había pasado en mi caso. No entendía el proceso del tribunal de inmigración ni las consecuencias de faltar a la corte. Durante ese tiempo, mi enfoque era sobrevivir, trabajar, y enviar dinero para mantener a mi familia en El Salvador, especialmente a Yansi y a nuestros hijos.
12. Hasta donde recuerdo, alrededor de 2010, hablé con un abogado en San Francisco, y el abogado me dijo que yo tenía una orden de “deportación” (remoción). El abogado no me explicó lo que eso significaba de una manera que yo entendiera, y no tenía el dinero para contratar a un abogado que me ayudara a arreglar mi caso.
13. Desde 2006, he permanecido en los Estados Unidos y no he salido de los Estados Unidos en ningún momento.
14. Para comprender mi situación actual, es importante mirar hacia atrás en la historia de mi relación con mi esposa. Conocí a Yansi Elizabeth Sandoval Mejia en El Salvador

cuando yo tenía veintitantos años. Comenzamos una relación y formamos una familia. En El Salvador, nuestra relación fue en su mayor parte amorosa y estable, y en muchos sentidos ella era una pareja cariñosa y amorosa. Hubo incidentes serios allí, pero en ese momento yo creía que eran momentos aislados y no el patrón de nuestra relación. Por ejemplo, en o alrededor de julio de 2002 hubo un incidente que involucró un cuchillo, y en o alrededor de agosto de 2004 ella me golpeó con una botella y me cortó la cara debajo del ojo derecho.

15. Después de esos incidentes, ella se disculpó, y en el tiempo que siguió nuevamente actuó como una pareja amorosa y las cosas mejoraron por períodos de tiempo. Debido a eso, yo seguí tratando de mantener a nuestra familia unida. No pensé que mi vida se convertiría en lo que es ahora.
16. Yo vine primero a los Estados Unidos y pasé años trabajando duro y enviando dinero de regreso a mi cónyuge e hijos en El Salvador para que pudieran vivir y para poder prepararme para que se reunieran conmigo. Envié dinero regularmente y traté de ser responsable.
17. Mi cónyuge y nuestros hijos vinieron a los Estados Unidos aproximadamente en 2012 mediante un proceso relacionado con la petición de su padre. Mientras ella y los niños pudieron obtener estatus legal a través de ese proceso, yo permanecí en una situación migratoria incierta. Después de que llegaron, nuestra familia vivió junta en California.
18. Después de que nos reunimos como familia en los Estados Unidos, nos enfocamos en construir una vida estable juntos. Trabajé duro y traté de proveer para mi cónyuge y nuestros hijos, porque mi intención siempre ha sido apoyar a mi familia y mantenernos unidos. Habíamos estado juntos por muchos años y ya vivíamos como una pareja comprometida y como familia antes de poder casarnos formalmente. Más

tarde, después de haber estado viviendo juntos por algún tiempo en los Estados Unidos, decidimos formalizar nuestra relación y nos casamos en Septiembre de 2019.

19. Nuestro matrimonio fue el reflejo de casi 20 años de historia. Nuestra relación ha tenido altibajos repetidos, y durante ese tiempo mi cónyuge parecía más tranquila y comprensiva. Sinceramente creí que ella quería formalizar el matrimonio para que pudiéramos reconstruir la confianza, acercarnos más como familia y seguir adelante juntos. También queríamos estabilidad y una vía legal para avanzar como familia, por lo que en diferentes momentos intentamos seguir el proceso legal y buscar ayuda migratoria para mí, incluyendo la presentación de una petición basada en la familia.
19. Con el tiempo en los Estados Unidos, mi cónyuge cambió drásticamente. Ella luchó con depresión y estrés. También tiene problemas de salud, incluyendo un historial de un accidente cerebrovascular cuando era joven, dolores de cabeza, y más tarde síntomas de la menopausia. Entiendo que el estrés y la enfermedad pueden afectar a las personas, y durante mucho tiempo traté de ayudarla y seguí diciéndome que su comportamiento era solo porque ella estaba sufriendo. Pero sus problemas de salud no excusan lo que me ha hecho.
20. Me tomó años entender que lo que estaba pasando no era un conflicto normal, sino abuso psicológico y violencia doméstica. Aceptar que ella me estaba abusando, y que yo era una víctima, fue extremadamente doloroso para mí, y también me tomó mucho tiempo entender los síntomas que desarrollé por vivir en ese ambiente.
21. Con el tiempo, llegué a entender que mi cónyuge se ha convertido en mi abusadora. El abuso incluye crueldad extrema, intimidación, amenazas, humillación y violencia física. El abuso se ha intensificado con el tiempo y ha seguido un ciclo en el que ella

explota, luego más tarde se disculpa, luego las cosas están calmadas por un corto periodo, y luego la tensión vuelve a acumularse y el abuso regresa.

22. A lo largo de los años, mi cónyuge regularmente me ha gritado, insultado y menospreciado. Ella me dice que no soy lo suficientemente inteligente y que no gano suficiente dinero. Me ha humillado frente a la familia. Los familiares han presenciado cómo ella me interrumpe cuando hablo y cómo yo agacho la cabeza y me quedo callado porque me siento avergonzado y porque estoy tratando de evitar que la discusión empiece.
23. Ella ataca mi dignidad y mi identidad. Ha dicho cosas horribles sobre mi madre y mi familia. Hay días en que ella llega a casa enojada y exige que todo esté perfecto. Si la casa no está perfectamente limpia, me grita y me culpa, incluso cuando nuestros hijos también viven allí. Para evitar provocar su enojo, he tratado de limpiar y hacer tareas del hogar, y a veces he salido de la casa para que mis hijos no tengan que escuchar sus insultos hacia mí.
24. Mi cónyuge también ha usado mi estatus migratorio para controlarme e intimidarme por años. Con el tiempo, a medida que ella tenía estatus legal y luego se convirtió en ciudadana estadounidense, esas amenazas se sintieron más reales para mí y ella usó ese poder en mi contra. Durante discusiones, ella repetidamente ha hablado de deportación y me ha dicho que espera que me deporten y que yo no obtenga mis documentos. Me ha dicho que regrese a mi país. Por ejemplo, en nuestra casa en 450 Entrada Dr., Apt. 74, Novato, California, ella amenazó con llamar a inmigración en o alrededor de octubre de 2022 y nuevamente en o alrededor de diciembre de 2023. Estas amenazas han sido usadas para silenciarme, asustarme y evitar que yo busque ayuda.

25. Cuando ella amenaza con deportación, mi miedo no es solo el de salir de los Estados Unidos, sino también el de ser enviado de regreso a El Salvador. Fui amenazado por pandilleros en El Salvador porque creían que yo estaba conectado con la policía, y esas amenazas aún me afectan. Esto hace que sus amenazas de deportación sean aún más aterradoras y me mantiene con miedo de buscar ayuda. Ella sabe lo que me pasó en El Salvador, y usa ese miedo para mantenerme callado y para hacerme sentir atrapado.
26. Ella también ha usado el control financiero como un arma. A lo largo de los años, ha sacado dinero de mi cuenta y lo ha transferido a su cuenta. Ha dicho que puede dejarme sin nada cuando quiera. Me ha presionado para pagar facturas y ha exigido dinero de maneras que me hacen sentir atrapado y sin poder.
27. Ella también ha amenazado con negarme acceso a mis propias pertenencias y transporte. Tengo una camioneta por la que he trabajado y pagado, pero está a su nombre, y ella ha amenazado con quitármela. Debido a mi situación migratoria, sentí que ella tenía aún más poder para hacer eso y tuve miedo de quedarme sin ninguna manera de moverme. Este control sobre el transporte me ha hecho sentir aislado y atrapado. Me ha hecho más difícil salir de la casa de manera segura, ir al trabajo o ir a buscar ayuda, porque temo que ella pueda quitarme mi transporte y hacer que pierda mi trabajo y mi capacidad de mantener a mi familia.
28. La violencia física ha sido real y aterradora. A lo largo de los años, mi cónyuge me ha abofeteado y me ha golpeado con objetos. Por ejemplo, en o alrededor de agosto de 2024, en nuestra casa en Novato, California, ella me abofeteó y me arrojó comida. También ha sido violenta con mi teléfono en dos ocasiones. El peor incidente fue en o alrededor de octubre de 2024, también en casa, cuando ella agarró mi teléfono y lo

rompió contra mi pecho. Estos no son accidentes. Son actos de violencia y control, y son ejemplos de un patrón que se volvió peor y más frecuente con el tiempo.

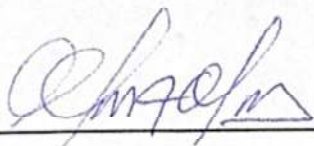
29. El abuso más aterrador involucra armas. Mi cónyuge me ha amenazado con un cuchillo múltiples veces, incluso frente a nuestros hijos. En al menos una ocasión, ella trató de empujar un cuchillo hacia mi estómago. Por ejemplo, el 1 de febrero de 2025, aproximadamente, en nuestra casa en California, ella me amenazó con un cuchillo cuando estaba en un estado de depresión intensa y “nervios”. Instintivamente moví su brazo para desviar el cuchillo y protegerme, y me detuve tan pronto como pude. Después de ese incidente, ella pareció tener un episodio nervioso severo y dolor de pecho, y temimos por su salud. Incluso después de incidentes como este, el abuso no se detuvo.
30. Mi cónyuge me ha sacado de nuestro dormitorio y me ha dicho que duerma en la sala. Me ha echado de la casa aunque yo pago la renta. Por ejemplo, ella me expulsó de la casa en o alrededor de octubre de 2022 y nuevamente en o alrededor de agosto de 2024 en 450 Entrada Dr., Apt. 74, Novato, California. Para evitar que la situación se intensifique y para evitar que mis hijos sean arrastrados al conflicto, he dormido en mi camioneta por la noche. Dormí en mi camioneta estacionada en Entrada Dr., en la calle frente a un centro comercial, aproximadamente a 500 pies de nuestra casa. He sentido que no tengo un lugar seguro en mi propio hogar.
31. Mis hijos conocen el patrón. Ellos saben que cuando mi cónyuge llega a casa enojada, enfocará su enojo en mí. A veces tratan de calmarla. A veces ella también les grita, azota puertas, se encierra en un cuarto y se intensifica. Les he dicho a mis hijos que no la enfrenten demasiado directamente porque temo que el conflicto se vuelva más peligroso.

32. El abuso ha afectado cada parte de mi vida. Ya no me siento seguro en casa. Incluso cuando estoy calmado, siento que mi cónyuge tiene “un corazón diferente ahora”, y siempre estoy esperando la próxima explosión. Me siento hipervigilante por mi seguridad.
33. He tenido pensamientos intrusivos y miedo que vienen sin advertencia cuando algo me recuerda su enojo. Me sobresalto fácilmente. Tengo dificultad para concentrarme y se me olvidan las cosas.
34. He sentido una vergüenza profunda. Dejé de salir y me alejé de la familia y la vida social porque me sentía humillado y porque no quería que la gente viera lo que estaba pasando. Antes disfrutaba actividades como correr e ir al gimnasio, pero perdí el interés y me siento desanimado.
35. El estrés y el trauma han dañado mi salud física. Sufro de psoriasis y erupciones en la piel que empeoran cuando el conflicto y el abuso se intensifican. Los familiares han notado los cambios en mí, incluyendo pérdida de peso, erupciones en mis brazos, y que me he vuelto más serio y retraído.
36. El abuso ha dañado severamente mi salud mental. Me he sentido deprimido, ansioso, cansado y sin energía. He sentido que ya no soy la misma persona. Me he culpado por soportarlo y por lo que mis hijos han estado expuestos en nuestro hogar.
37. He tenido miedo de dormir. Me he preocupado de que mi cónyuge me lastime mientras duermo. Hace unos meses, ella fue a una clínica y le dijo a un doctor que a veces quiere lastimarme mientras duermo, y la policía fue llamada. Desde entonces, mi miedo por la noche ha sido aún peor.

38. Hubo un tiempo en que me sentí tan desesperado que consideré quitarme la vida. Después de un incidente cuando ella me lastimó, me subí a mi camioneta y empecé a manejar hacia el Puente Golden Gate con la intención de quitarme la vida. Mi hermano, Jose Walberto Lopez, me llamó preocupado por mis hijos, y su llamada me salvó. Mis hijos y mi hermano son los factores protectores más fuertes en mi vida. También oro y leo la Biblia para tratar de sobrevivir emocionalmente.
39. El 2 de septiembre de 2025, completé una evaluación psicológica con una terapeuta licenciada, Lena Nicodemus, LMFT, en español por telemedicina. La evaluación concluyó que yo era un informante creíble y documentó depresión severa, ansiedad moderada y síntomas consistentes con trastorno de estrés postraumático. La evaluación describe cómo el abuso y la intimidación por parte de mi cónyuge han causado síntomas de trauma, incluyendo hipervigilancia, alteración del sueño, respuesta de sobresalto, vergüenza, aislamiento, dificultad para confiar en otros, pérdida de interés en actividades y pensamientos suicidas en el pasado.
40. Entiendo que mi cónyuge es ciudadana de los Estados Unidos. Hasta donde sé, ella se convirtió en ciudadana estadounidense en 2021. El abuso no terminó después de que ella se convirtió en ciudadana estadounidense. Continuó e incluyó amenazas, intimidación, humillación y violencia en los años después de 2021.
41. Permanecí en la relación durante años porque tenía miedo de represalias y miedo de perder todo lo que había construido, y porque no quería abandonar a mis hijos. También me preocupaba la salud de mi cónyuge y temía lo que podría pasar si me iba. Me sentía responsable de mantener a la familia unida y de proteger a mis hijos. Al mismo tiempo, me sentía atrapado y emocionalmente destruido.

42. Durante muchos años no entendí que existían protecciones migratorias para cónyuges maltratados. Estaba aislado y avergonzado. Las amenazas de mi cónyuge sobre la deportación y su control sobre el dinero y la propiedad hicieron extremadamente difícil que yo buscara ayuda. También tuve experiencias negativas al tratar de obtener ayuda legal en el pasado, incluyendo pagar una suma significativa de dinero a un abogado que prometió resultados y no resolvió mi situación. Estas barreras me impidieron actuar antes.
43. No tengo antecedentes penales. Nunca he sido arrestado y nunca he sido condenado por un delito. He trabajado en labores manuales y he tratado de vivir responsablemente y mantener a mi familia.
44. Si soy removido a El Salvador, sufriré dificultad extrema. Mi salud mental y mis síntomas de trauma empeorarían. Mis hijos son mi razón para vivir, y la separación de ellos sería devastadora. Perdería el apoyo de mi familia cercana en los Estados Unidos, y temo un declive serio en mi estabilidad psicológica y mi funcionamiento.
45. Respetuosamente le pido al Tribunal que reabra mi caso para que pueda solicitar la Cancelación de Remoción bajo VAWA y presentar plenamente mi evidencia.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto según mi leal saber y entender.



MAURO ANTONIO LOPEZ HERNANDES

FECHA: 09/02/2026

**Exhibit 6 - Evidence  
of Qualifying  
Relationship to a U.S.  
Citizen - Mauro  
Antonio Lopez  
Hernandez and Yansi  
Elizabeth Sandoval  
Mejia's Marriage  
Certificate;**

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF MARIN**

SAN RAFAEL, CALIFORNIA

**LICENSE AND CERTIFICATE OF MARRIAGE**  
 MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS  
 USE DARK INK ONLY

4 2019 21000681

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER				
<input type="checkbox"/> Groom <input checked="" type="checkbox"/> Bride FIRST PERSON DATA	1A. FIRST NAME <b>YANSI</b>		1B. MIDDLE <b>ELIZABETH</b>			
	1C. CURRENT LAST <b>SANDOVAL MEJIA</b>		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) ---			
	2. DATE OF BIRTH (MM/DD/CCYY) <b>11/27/1981</b>	3. STATE/COUNTRY OF BIRTH <b>EL SALVADOR</b>	4. # PREV. MARRIAGES/SRDP <b>00</b>	5A. LAST MARRIAGE/SRDP ENDED BY: -- <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input checked="" type="checkbox"/> NA 5B. DATE ENDED (MM/DD/CCYY) ---/---/----		
	6. ADDRESS <b>450 ENTRADA DR. APT. #74</b>		7. CITY <b>NOVATO</b>	8. STATE/COUNTRY <b>CA</b>	9. ZIP CODE <b>94949</b>	
	10A. FULL BIRTH NAME OF FATHER/PARENT <b>JOSE ANTONIO SANDOVAL RAMOS</b>		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>EL SALVADOR</b>			
	11A. FULL BIRTH NAME OF MOTHER/PARENT <b>MARIA DE LA PAZ MEJIA</b>		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>EL SALVADOR</b>			
	<input type="checkbox"/> Groom <input checked="" type="checkbox"/> Bride SECOND PERSON DATA	12A. FIRST NAME <b>MAURO</b>		12B. MIDDLE <b>ANTONIO</b>		
		12C. CURRENT LAST <b>LOPEZ HERNANDEZ</b>		12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) ---		
		13. DATE OF BIRTH (MM/DD/CCYY) <b>05/07/1977</b>	14. STATE/COUNTRY OF BIRTH <b>EL SALVADOR</b>	15. # PREV. MARRIAGES/SRDP <b>00</b>	16A. LAST MARRIAGE/SRDP ENDED BY: -- <input type="checkbox"/> DEATH <input type="checkbox"/> DISSO <input type="checkbox"/> ANNULMENT <input type="checkbox"/> TERM SRDP <input checked="" type="checkbox"/> NA 16B. DATE ENDED (MM/DD/CCYY) ---/---/----	
		17. ADDRESS <b>450 ENTRADA DR. APT. #74</b>		18. CITY <b>NOVATO</b>	19. STATE/COUNTRY <b>CA</b>	20. ZIP CODE <b>94949</b>
21A. FULL BIRTH NAME OF FATHER/PARENT <b>MAURO FRANCISCO CASTANEDA</b>		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>EL SALVADOR</b>				
22A. FULL BIRTH NAME OF MOTHER/PARENT <b>ROSA LOPEZ PEREZ</b>		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>EL SALVADOR</b>				
WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.						
23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D <i>[Signature]</i>		24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>[Signature]</i>				
I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 420. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS, REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.						
25A. ISSUE DATE (MM/DD/CCYY) <b>06/12/2019</b>		25B. EXPIRES AFTER (MM/DD/CCYY) <b>09/09/2019</b>	25C. NAME OF COUNTY CLERK <b>SHELLY SCOTT</b>	25D. SIGNATURE OF CLERK OR DEPUTY CLERK BY: <i>[Signature]</i>		
25E. MARRIAGE LICENSE NUMBER <b>C-11921000442</b>		25F. COUNTY OF ISSUE <b>MARIN</b>	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): <b>3501 CIVIC CENTER DR RM 232, SAN RAFAEL, CA 94903</b>			
WITNESSES) (ONE REQUIRED; NO MORE THAN TWO ALLOWED)	26A. SIGNATURE OF WITNESS <i>[Signature]</i>		26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Jose Walberto Lopez</b>			
	26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>15 Jabrea Way Apt 43 San Rafael CA 94903</b>					
	27A. SIGNATURE OF WITNESS <i>[Signature]</i>		27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Wendy Lopez</b>			
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>11 Herrydale Rd. Apt. 1 San Rafael CA 94903</b>						
CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE	28A. DATE OF MARRIAGE (MM/DD/CCYY) <b>8 2 08-17-2019</b>		28B. CITY/TOWN OF MARRIAGE <b>San Rafael</b>	28C. COUNTY OF MARRIAGE <b>Marin</b>		
	28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE BY: <i>[Signature]</i>		28B. RELIGIOUS DENOMINATION (IF CLERGY) <b>Pentecostal christian</b>			
	28C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) <b>Ramon Alcidias Hernandez</b>		28D. OFFICIAL TITLE <b>ordained Minister</b>			
	28E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE <b>260 Corte Colina novato CA 94949</b>					
NEW NAMES (IF ANY)	NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)		NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)			
	30A. FIRST - MUST BE SAME AS 1A ---	30B. MIDDLE ---	30C. LAST ---	31A. FIRST - MUST BE SAME AS 12A ---	31B. MIDDLE ---	
LOCAL REGISTRAR	32A. NAME OF LOCAL REGISTRAR <i>[Signature]</i>		32B. SIGNATURE OF CLERK OR DEPUTY CLERK BY: <i>[Signature]</i>	32C. DATE ACCEPTED FOR REGISTRATION <b>SEP - 5 2019</b>		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

CERTIFIED COPY OF VITAL RECORD  
 STATE OF CALIFORNIA, COUNTY OF MARIN



This is a true and exact reproduction of the document officially registered and placed on file in the office of the Marin County Assessor-Recorder-County Clerk.

DATE ISSUED **SEP 5 2019** BY *[Signature]*, Deputy

*[Signature]*  
 SHELLY SCOTT  
 ASSESSOR-RECORDER-COUNTY CLERK

This copy is not valid unless prepared on an engraved border displaying the seal, date and original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAMARIN-02

**Exhibit 7 - Proof of  
Yansi Elizabeth  
Sandoval Mejia's U.S.  
Citizenship Status**

THE UNITED STATES OF AMERICA



No. 42504644

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: NOVEMBER 27, 1981

Sex: FEMALE

Height: 5 feet 01 inches

Marital status: MARRIED

Country of former nationality: EL SALVADOR

USCIS Registration No. A062 359 029

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

*[Handwritten signature]*

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: SAN FRANCISCO, CALIFORNIA

The Secretary having found that:

YANSI ELIZABETH SANDOVAL MEJIA

residing at:

NOVATO, CALIFORNIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: SAN FRANCISCO, CALIFORNIA on: MARCH 24, 2021

such person is admitted as a citizen of the United States of America.

*[Signature of Joseph Reraud]*

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-520 (REV. 10/17)



## PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S ADDRESS IN THE UNITED STATES:  
ADRESSE DU TITULAIRE AUX ETATS-UNIS:  
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

\_\_\_\_\_

BEARER'S FOREIGN ADDRESS:  
ADRESSE DU TITULAIRE A L'ETRANGER:  
DIRECCION DEL PORTADOR EN EL EXTRANJERO:

\_\_\_\_\_

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT AT 202-647-5225, AND THE EMERGENCY CONTACT YOU NAME BELOW.

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202-647-5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCAÑO O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISES, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202-647-5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre:

Address / Adresse / Dirección:

Telephone / Téléphone / Teléfono:

4

## IMPORTANT INFORMATION REGARDING YOUR PASSPORT

THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at [www.travel.state.gov](http://www.travel.state.gov).

**U.S. GOVERNMENT PROPERTY** This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

**LOSS OR THEFT** The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

**ALTERATION OR MUTILATION OF PASSPORT** This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining **PERSONAL DATA AND EMERGENCY CONTACT** page.

5

The principle of free governments adheres to the American

## IMPORTANT INFORMATION

**1. TRAVEL INFORMATION:** Consult our Consular Information Sheets, Travel Warnings, and Public Announcements at <http://travel.state.gov>.

**2. HEALTH AND VACCINATIONS:** Contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 or [www.cdc.gov](http://www.cdc.gov).

**3. HEALTH INSURANCE:** Medicare/Medicaid does not cover healthcare costs outside the U.S. Does your insurance apply overseas, including medical evacuation, payment to a hospital or doctor overseas, or reimbursement to you later? See our brochure "Medical Information For Americans Traveling Abroad," or consult <http://travel.state.gov>.

**4. YOUR PASSPORT:** Make sure you have a signed, valid passport, and foreign entry visas, if required. Make two photocopies of your passport data page. Carry one copy with you in a separate place from your passport. Leave one at home with family/friends, along with a copy of your proposed travel itinerary.

**5. EMERGENCY CONTACT:** Use a pencil to fill in the **PERSONAL DATA AND EMERGENCY CONTACT** information requested on page 4 of this passport.

**6. AVOID VIOLATING FOREIGN LAWS:** Remember, while in a foreign country, you are subject to its laws. Penalties for violating local laws, even unknowingly, can be more severe than in the U.S. for similar offenses. Deal only with authorized agents when exchanging money, or purchasing souvenirs. If in trouble, contact the nearest U.S. embassy or consulate. If you are arrested, demand to see the U.S. Consul.

**7. ILLEGAL DRUGS:** Do not carry packages abroad or to the U.S. at the request of or as a favor to a stranger. Penalties for possession or trafficking in illegal drugs, even unknowingly, are strict and convicted offenders can expect prison sentences and heavy fines.

**8. SAFETY:** Avoid becoming a target. Do not wear conspicuous clothing or expensive jewelry, and do not carry excessive amounts of money or unnecessary credit cards. Consular Information Sheets include a security and crime section that discusses conditions in specific countries. Consult "A Safe Trip Abroad" at <http://travel.state.gov>.

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soil. It is bedded in it, immovable as its mountains.

*Daniel Webster*

**9. BE MINDFUL OF SECURITY THREATS:** Do not leave luggage unattended in public areas, nor accept packages from strangers.

**10. DISASTERS AND CATASTROPHIC EVENTS:** If a catastrophic event occurs, call home to let family and friends know you are okay. If you require assistance, contact the nearest U.S. embassy or consulate.

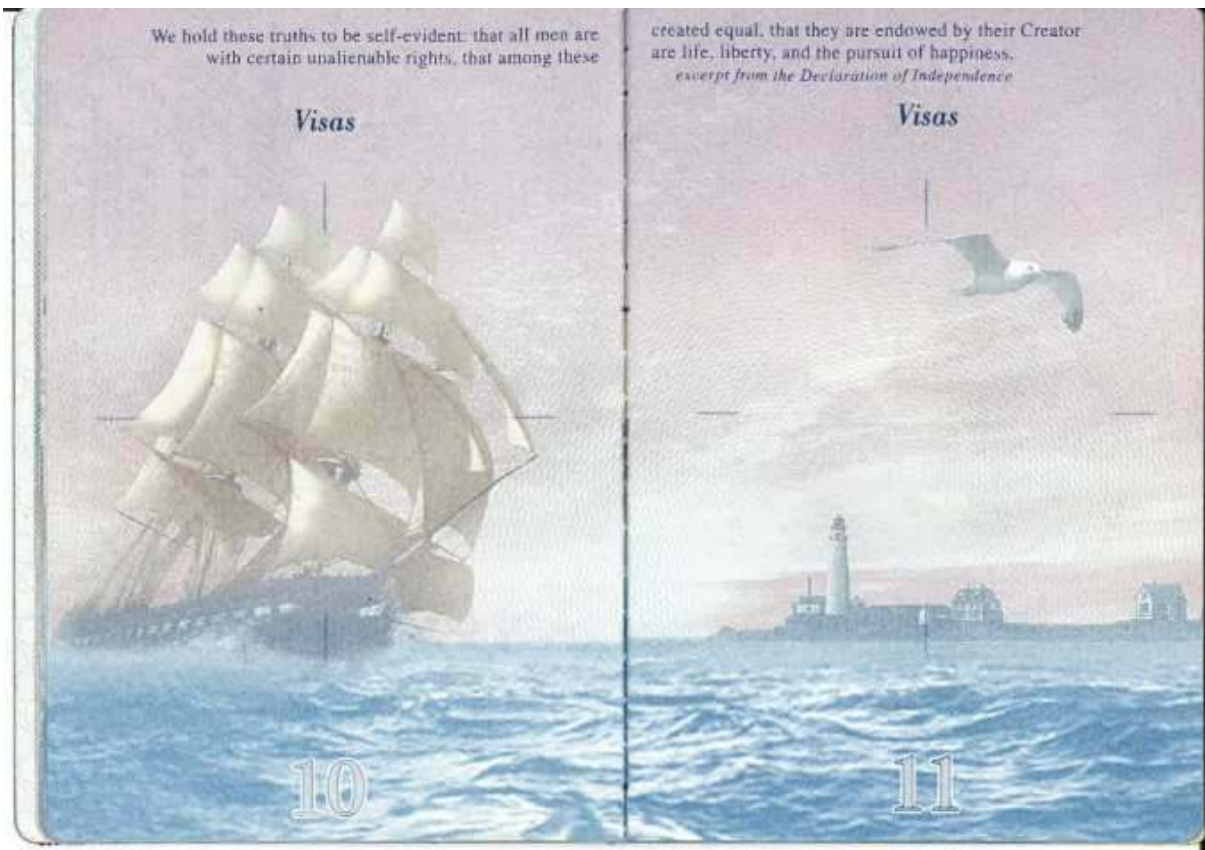
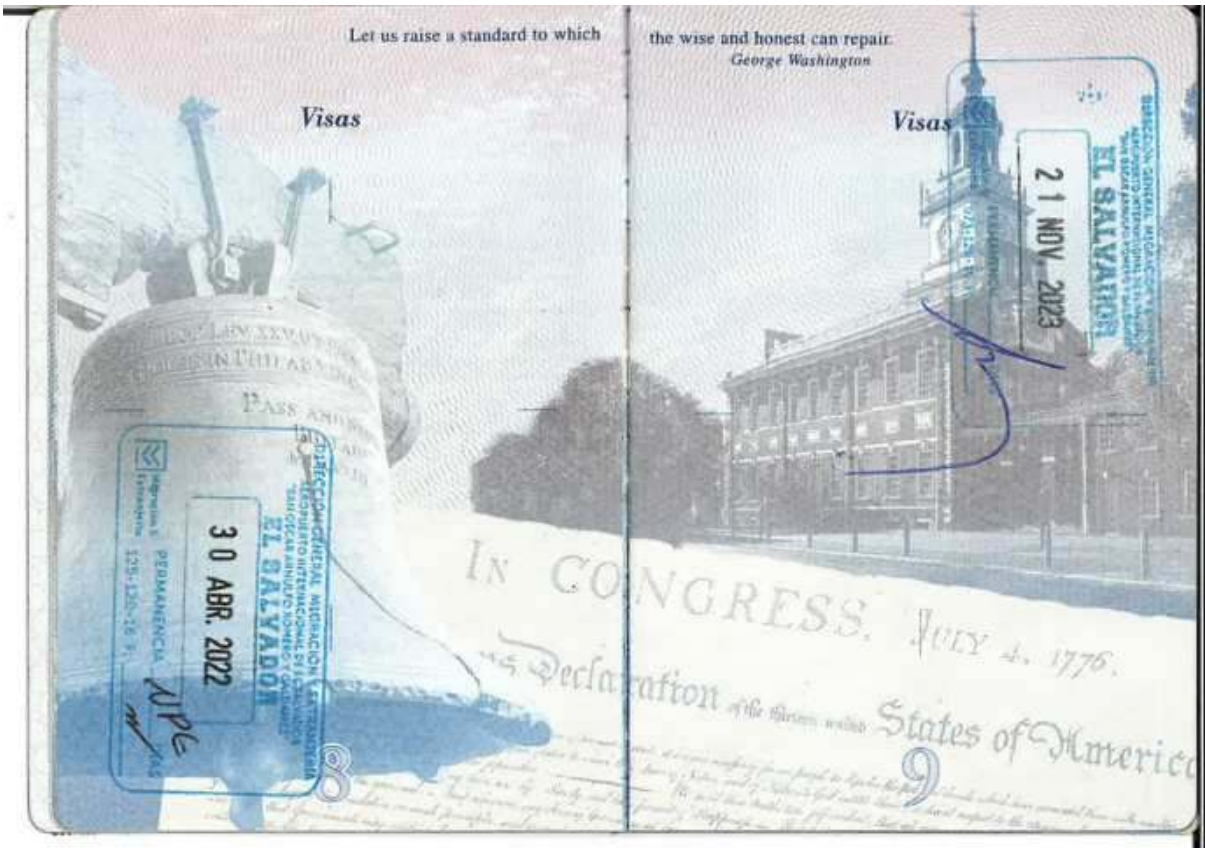
**11. REGISTER WITH U.S. EMBASSY:** When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, or in person or register online through the Department's Registration Home Page at <http://travelregistration.state.gov/brn>.

**12. PARENTAL CHILD ABDUCTION:** For information on prevention of international child abduction, or help if your child has been taken, contact the Department of State's Office of Children's Issues at 1-202-732-7000, or consult our home page at <http://travel.state.gov>.

**13. LOSS OF U.S. CITIZENSHIP:** Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. Consult the nearest U.S. embassy or consulate, or contact the Office of American Citizens Services and Crisis Management, Department of State, 5A-29, 4th Floor, 2201 E Street NW, Washington DC 20520, or call 1-202-647-5225. Toll free hot-line 1-888-407-4747, or if calling from outside the U.S., 1-317-472-2338.

**14. DUAL CITIZENS:** A person who has the citizenship of more than one country at the same time is considered a dual citizen. A dual citizen may be subject to the laws of the other country that considers that person its citizen while in that country's jurisdiction, including conscription for military service. Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad should contact the nearest U.S. embassy or consulate.

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We have a great dream. It started way back in 1776,

and God grant that America will be true to her dream.

*Martin Luther King, Jr.*

*Visas*

*Visas*



12

13

Let every nation know, whether it wishes us well or any hardship, support any friend, oppose any foe, in

order to assure the survival and the success of liberty.

*John F. Kennedy*

*Visas*

*Visas*



14

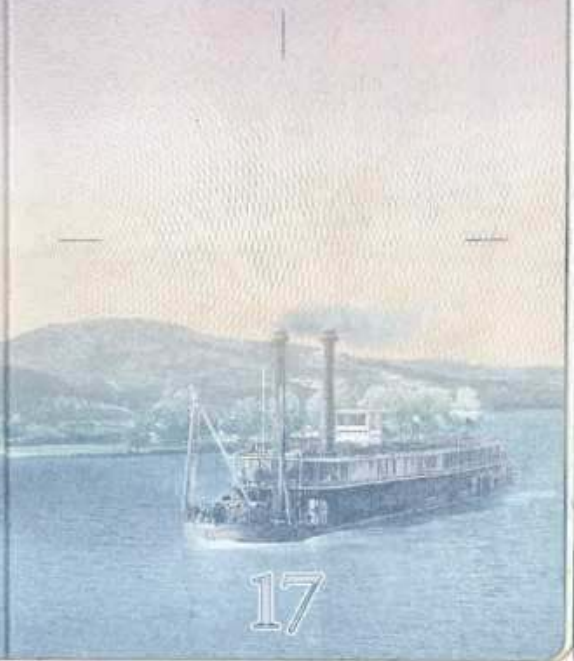
15

This is a new nation, based on a mighty continent, of boundless possibilities.  
*Theodore Roosevelt*

*Visas*



*Visas*

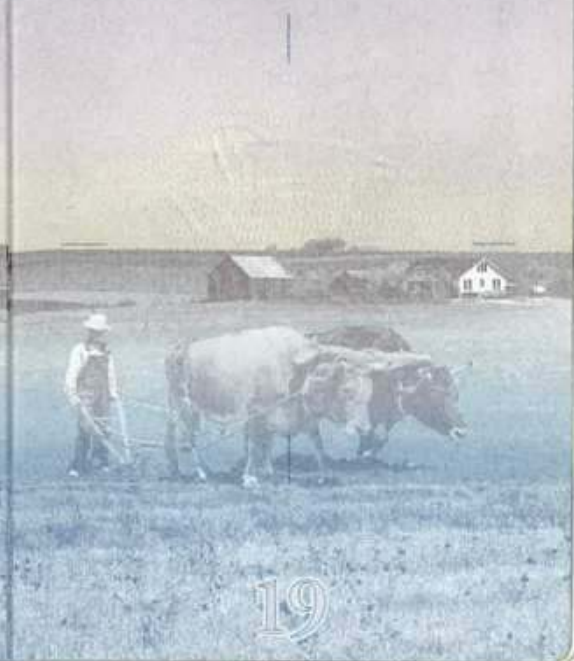


Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.  
*Dwight D. Eisenhower*

*Visas*



*Visas*

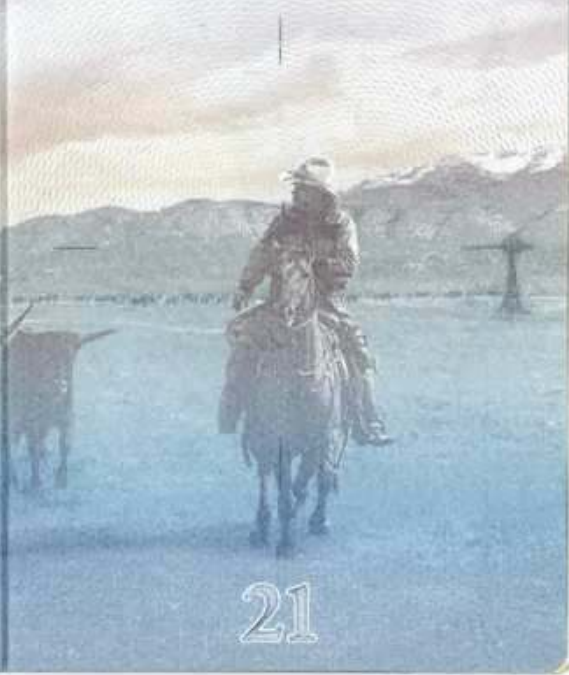
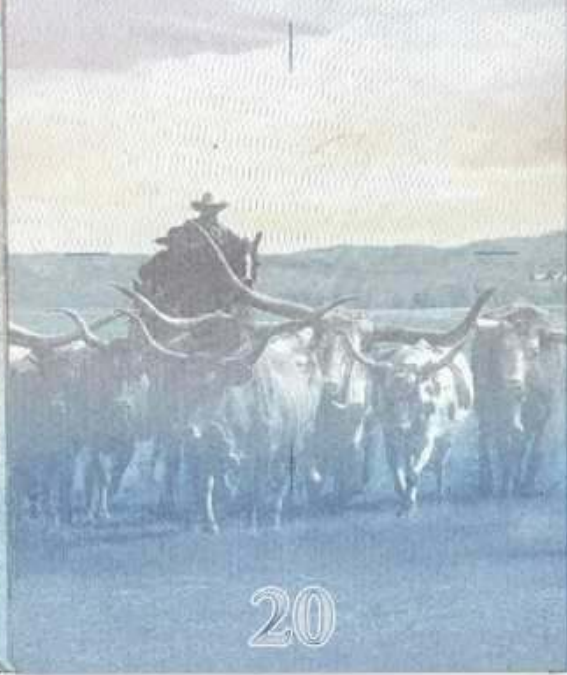


For this is what America is all about. It is the increased  
is not reached and the harvest sleeping in the unplowed  
Is a new world coming? We welcome it — and we will

desert and the unclimbed ridge. It is the star that  
ground. Is our world gone? We say "Farewell,"  
send it to the hopes of man. *Lyndon B. Johnson*

*Visas*

*Visas*



20

21

May God continue the unity of our country as the

railroad unites the two great oceans of the world.  
*inscribed on the Golden Spike, Promontory Point, 1869*

*Visas*

*Visas*

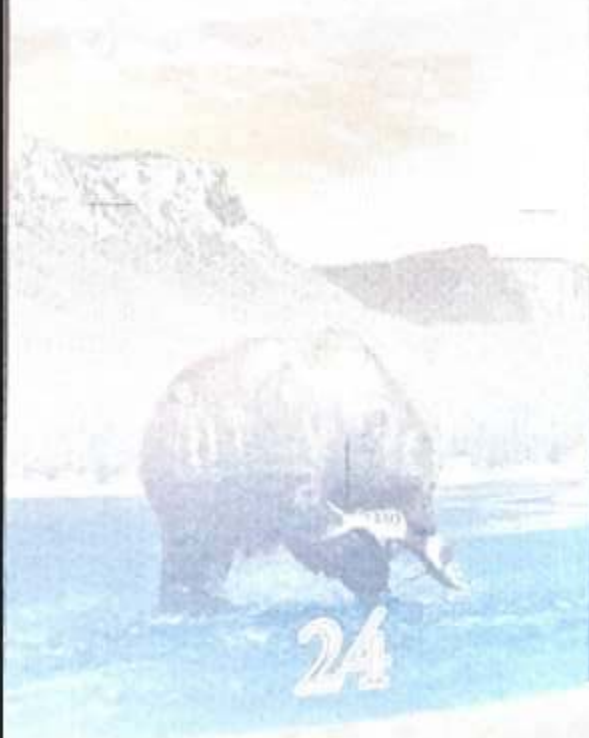


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23

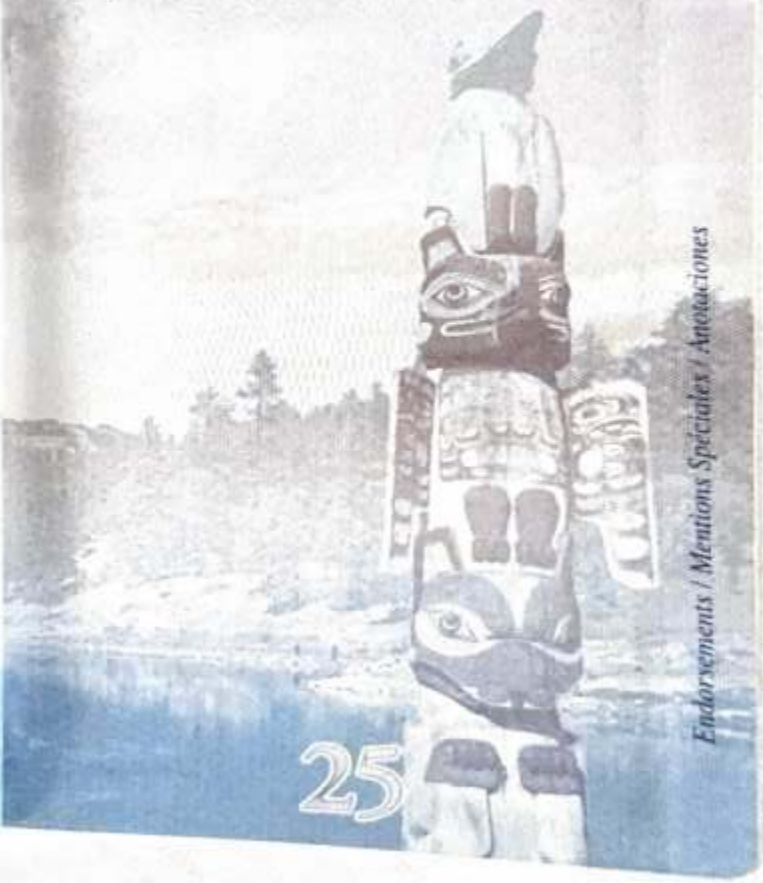
We send thanks to all the Animal life in the world.  
We are glad they are still here and

### Visas

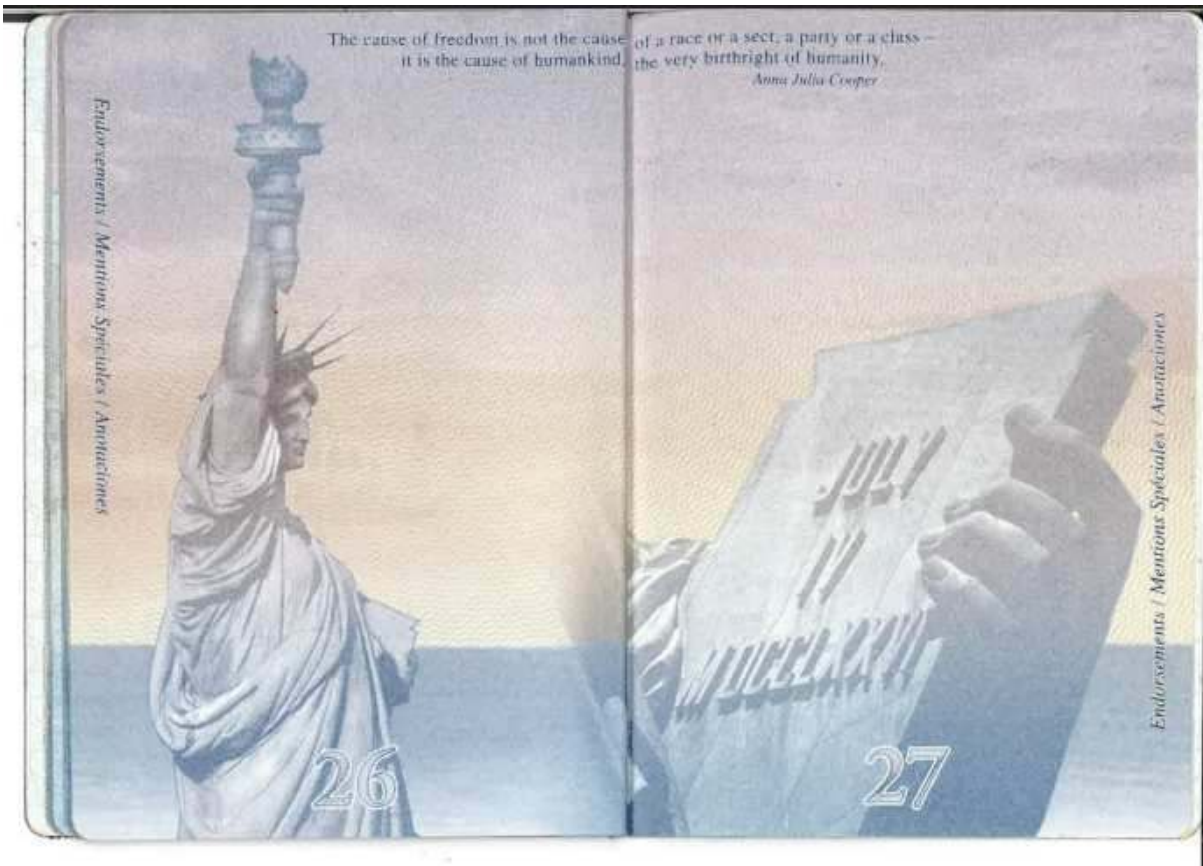


They have many things to teach us as people.  
we hope it will always be so.

*Excerpt from the Thanksgiving Address, Mohawk version*



*Endorsements / Mentions Spéciales / Anotaciones*



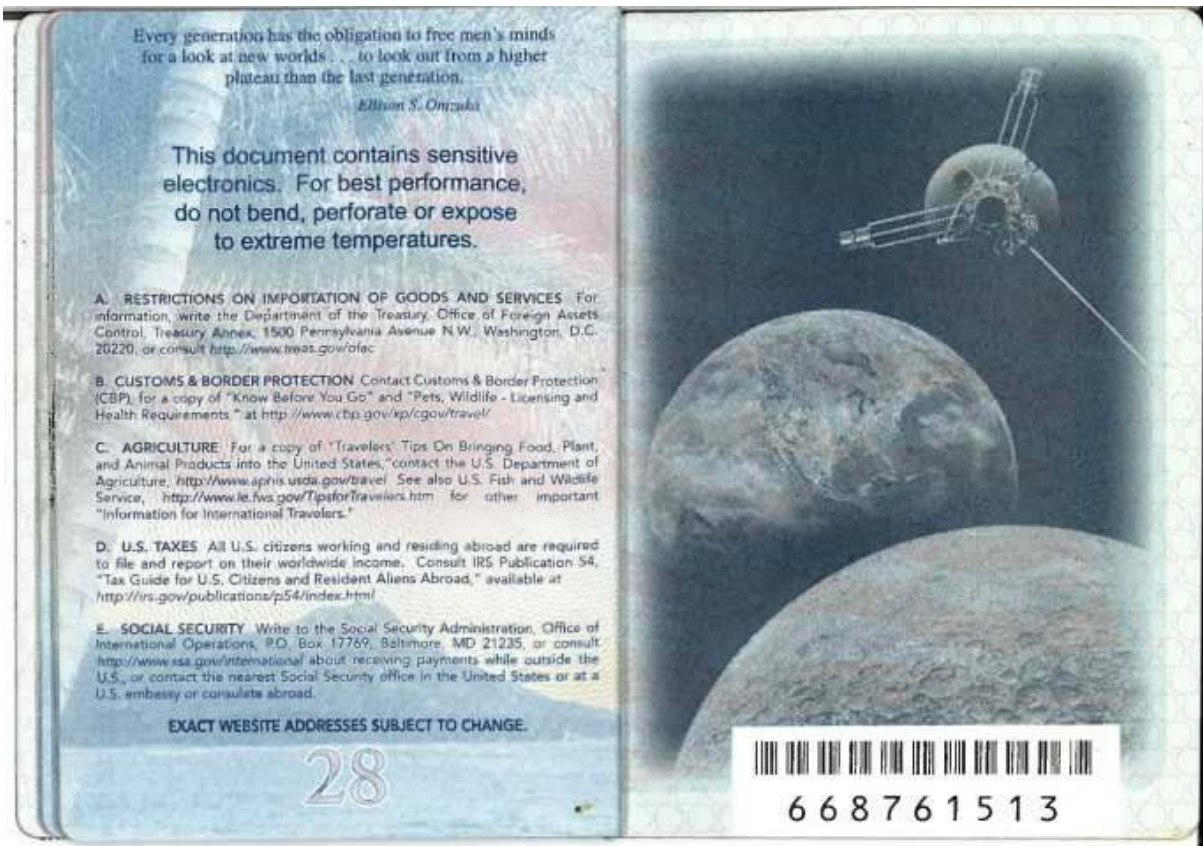
The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity,  
*Anna Julia Cooper*

Endorsements / Mentions Spéciales / Anotaciones

Endorsements / Mentions Spéciales / Anotaciones

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Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.

*Ellison S. Onizuka*

**This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.**

**A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES:** For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220, or consult <http://www.treas.gov/ofac>

**B. CUSTOMS & BORDER PROTECTION:** Contact Customs & Border Protection (CBP) for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements" at <http://www.cbp.gov/kp/cgo/travel/>

**C. AGRICULTURE:** For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, <http://www.aphis.usda.gov/travel/> See also U.S. Fish and Wildlife Service, <http://www.le.fws.gov/TipsforTravelers.htm> for other important "Information for International Travelers."

**D. U.S. TAXES:** All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at <http://irs.gov/publications/p54/index.html>

**E. SOCIAL SECURITY:** Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21225, or consult <http://www.ssa.gov/international> about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.

**EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE.**

28



668761513

**Exhibit 8 - Evidence  
of Battery or Extreme  
Cruelty - Mauro  
Antonio Lopez  
Hernandez's  
Psychological  
Evaluation of Mauro  
Antonio Lopez  
Hernandez by Lena  
Nicodemus, LMFT.**



## **Mental Health Report**

September 17, 2025

Otavio Haverroth Silva  
PO Box 90487  
San Diego, California 92169

Reference: Mauro Antonio Lopez Hernandez (DOB: 05/07/1977)

### **Professional Qualifications**

I am a Licensed Marriage and Family Therapist with 7 years of experience working in immigrant communities in the San Francisco Bay Area. I have worked in community mental health for over 10 years in a variety of settings. I have thorough and culturally competent mental health training in administering assessments, diagnosing, treatment planning, and providing trauma-informed therapy. I am licensed by the Board of Behavioral Sciences in California. I attend regular monthly group and individual professional consultation, in addition to other relevant continuing education, for maintaining my professional license and certifications. I am fluent in English, Spanish, and Brazilian Portuguese.

### **Purpose of Evaluation**

Otavio Haverroth Silva referred Mr. Lopez Hernandez for a mental health evaluation. Prior to the interview, Mr. Lopez Hernandez was informed of the purposes of the evaluation, the limitations of confidentiality, and the probable uses of the information derived from the interview. Mr. Lopez Hernandez agreed to the interview.

The interview took place on September 2, 2025 via a secure telemedicine platform. The client's identity was verified with a valid photo ID. During the course of the interview a history was taken, including a trauma history. A thorough assessment of symptomatology and functional status was completed as well as an assessment for Malingering. The evaluation was conducted in Spanish. The following report summarizes the relevant content discussed. Any quotations used in this report are a paraphrased translation of the client's words.

### **Statement of Credibility**

Mr. Lopez Hernandez was assessed to be a credible reporter as evidenced by the following: Mr. Lopez Hernandez demonstrated consistency in details (vivid believable imagery and realistic symptom description) while describing his lived experiences and internal experiences. There did not appear to be any indications of symptom magnification, malingering, or feigning emotional distress. Mr. Lopez

Hernandez's symptoms were consistent with emotional expression and his report was consistent with the assessment tools administered.

### **Identifying Information and Behavioral Observations**

Mr. Lopez Hernandez is a 48-year-old Salvadorean man. He appears his stated age, is dressed casually and appropriately, and presents with dysphoric mood and congruent affect. There does not appear to be a history of homicidal ideation, hallucinations, or delusions. Mr. Lopez Hernandez completed symptoms screenings and the results are as follows: Patient Health Questionnaire (**PHQ9**) = 16 (positive for Severe Depression), Anxiety Questionnaire (**GAD7**) = 13 (positive for Moderate Anxiety), Trauma Symptom Inventory (**PCL-5**) = 58 (positively/negatively correlated with Post Traumatic Stress Disorder), Adverse Childhood Experiences Questionnaire (**ACE**) = 6 (client reports having experienced 6 different types of adverse experiences in childhood).

### **Background**

Mr. Lopez Hernandez reported that he was born and raised in Cantón, El Achiotal, La Paz, El Salvador, one of 8 children to unmarried parents. Mr. Lopez Hernandez reported that his family was of low socioeconomic status; his father worked in agriculture and his mother was a homemaker. Mr. Lopez Hernandez reported that his father left the family when Mr. Lopez Hernandez was 10 years old and Mr. Lopez Hernandez left school to start working to support the family. Mr. Lopez Hernandez reported that in 2006 he decided to immigrate to the United States in search of a better life. Mr. Lopez Hernandez reported that he currently lives in Novato, California with his wife and two adult children. Mr. Lopez Hernandez reported that he works in manual labor.

Mr. Lopez Hernandez reported that he met his wife, Yansi Elizabeth Sandoval Mejia, in El Salvador when he was in his early 20's. He reported that they have a 24-year-old son and a 22-year-old daughter. He reported that his wife is a U.S. citizen and they were married on August 17, 2019.

### **Clinical Interview**

#### **Qualifying Domestic Violence Relationship**

Mr. Lopez Hernandez reported that his wife is physically abusive, including slapping him, hitting him with objects, and threatening him with weapons. He reported that this is also frequently accompanied by intimidation from Mrs. Sandoval Mejia and threats to have Mr. Lopez Hernandez deported. (*"In front of my kids, she threatens me sometimes with a knife and tells me that she hopes that they deport me and that I don't get my documents. She's always very aggressive with me. Once she hit me with a telephone...she grabbed my phone and broke it on my chest...Once she hit me with a bottle. She has slapped me, thrown food at me..."*)

Mr. Lopez Hernandez reported that his wife is also verbally abusive, regularly screaming at, insulting, and belittling Mr. Lopez Hernandez. He reported that this is also frequently accompanied by intimidation from Mrs. Sandoval Mejia and threats to have Mr. Lopez Hernandez deported. (*"There are days that she insults*

*me and throws me out of the house and talks about deportation... Yesterday she came home really angry. I was lying on my bed hurting because I injured my knee and she was really angry that I wasn't helping with the cleaning. She told me to go sleep in the living room. She said bad things about my mother, my family, and everything. I try to leave the house so my kids don't hear this. I try to clean the house to make her happy. Even my kids know that if she comes home and things are not perfectly in order, she will yell at me and only me."*)

Mr. Lopez Hernandez also reported that another form of intimidation that his wife enacts against him is denying Mr. Lopez Hernandez access to his possessions due to his immigration status. (*"I have a truck that I've been paying off and she threatens to take it from me once I'm done paying it off because it's in her name and she can have me deported."*)

Mr. Lopez Hernandez reported that he has stayed in his current living situation out of fears of his wife's retaliation if he does leave, and out of concern for any hardship his children might face if he leaves his wife. Mr. Lopez Hernandez reported concerns about Mrs. Sandoval Mejia retaliating against Mr. Lopez Hernandez for leaving by having him deported. (*"She's told me that she's only with me because I pay the rent. She said she hasn't called deportation because of that. I'm here for my kids. I put up with this for them and I will continue to do so. It hurts me sometimes though what she says to me...It's really hard but my kids are working and studying hard for a better life and I want to stay here to support them. It hurts me to think about her wanting to call immigration because this situation is difficult. I don't think I can go through being deported at my age. I don't know if I would be able to come back. But my kids are here. If it wasn't for my kids, I would have left her a long time ago."*)

Mr. Lopez Hernandez reported that his wife's behavior follows a typical cycle of abuse, in which, after an incident, the abuser attempts to reconcile with the victim by apologizing; this is then followed by a reduction in abusive behavior before tensions begin building again. (*"My kids try to talk to her about the situation and it'll be a few days where things are okay but then it gets bad again. I have had to sleep in my truck to get out of the house and she'll call me asking me to forgive her."*)

Mr. Lopez Hernandez reported that he has noticed a significant increase in the abuse over time, which is a common characteristic of abusive relationships. (*"Our relationship didn't start like this. We had a relationship of love and I know she went through a lot as a child. I try to understand her and to forgive her but she's been through a really drastic change in the past 4 years. I try not to fight with her and leave the house instead because she has no patience."*)

### Affective and Behavioral Observations

Mr. Lopez Hernandez presented with depressive features throughout the interview, including presenting with sadness, tearfulness, difficulty making eye contact, and overall depressed mood.

### History of Trauma

Mr. Lopez Hernandez reported that he experienced various forms of trauma in childhood, including witnessing domestic violence, physical abuse, being raised by a parent who struggled with addiction, parental neglect, and parental abandonment. Mr. Lopez Hernandez reported that his current traumatic stress symptoms are not associated with his trauma history. He reported that it is due in part to his trauma history that he is fighting to improve his situation and reduce his traumatic stress. (*“I don’t want to do the same to my kids that my dad did to us. I want my kids to know that they have my support in everything that I can give them.”*)

### Inventory of Current Symptoms

Mr. Lopez Hernandez reported that he regularly experiences intrusive thoughts about his wife that come to his mind without warning in response to cues that remind him of her. He reported that these intrusive thoughts are regularly accompanied by a feeling of hypervigilance for his safety. (*“Even when I feel calm, I know that she has a different heart now so I don’t feel the same security at home anymore.”*)

Mr. Lopez Hernandez reported that he tries to avoid thinking about his current situation in attempts to avoid intrusive thoughts or any emotions associated with the abusive relationship. (*“It’s really hard to think about all this. I try not to think about it. We haven’t had a true relationship in a long time.”*)

Mr. Lopez Hernandez reported that he has noticed a significant negative change in his overall mood since the abuse in the relationship began. (*“This has all affected me greatly. I don’t feel like the same person anymore. I get really emotional sometimes. I try to walk a little with my dog to feel better. I try to go out when she is here and not be around. It has affected me a lot.”*) Mr. Lopez Hernandez reported that the abusive relationship has negatively impacted his sense of self. Mr. Lopez Hernandez also reported that he experiences an increased difficulty in trusting others as a result of the relationship. (*“I feel like it’s hard to trust other people. I feel ashamed or something, I don’t know. She has humiliated me in front of our family and I have never said anything but I don’t like to go out as a result. I don’t really have relationships with other people anymore as a result.”*) Mr. Lopez Hernandez reported that he has lost interest in activities that he previously used to enjoy. (*“I used to like to go out running and things like that. I feel discouraged. I used to go to the gym and I don’t like going anymore.”*) Mr. Lopez Hernandez reported that he experiences a persistent negative emotional state and an inability to experience positive emotions. (*“It’s much harder for me to feel happy like I did before. I feel days where I don’t feel any happiness. I just feel stress and anxiety. I feel tired all the time and like I don’t have energy for anything.”*) Mr. Lopez Hernandez reported that he blames himself for the abusive relationship, a common negative cognitive distortion for abuse victims. (*“I feel like I’m to blame for putting up with this...I think about how my kids are still with us and I worry about them witnessing all of this. I feel like I can’t do this anymore but I don’t want to leave my kids.”*) Mr. Lopez Hernandez reported that he experiences an inability to remember significant aspects of his abusive relationship with his wife. (*“I often forget things that happen with her because there’s been so many things that have happened.”*)

Mr. Lopez Hernandez reported experiencing significant hypervigilance as a result of continuing to be exposed to the abuse that has led to his traumatic stress symptoms. He reported that as a result, he experiences significant sleep disturbance. (*“Sometimes I worry about her doing something to me when I’m home but I know that my kids are there and they will step in to prevent something from happening. But I can’t sleep at night...I can’t fall asleep because I feel scared. A few months ago, she went to the clinic and told the doctor that sometimes she wants to hurt me in my sleep and they called the police. I can’t sleep because she goes to sleep angry and I feel scared about something happening while I’m asleep.”*) Mr. Lopez Hernandez also reported feeling frequently jumpy and experiencing an exaggerated startle response. (*“I am much more jumpy. Last week I was at home by myself and my daughter went out with her friend and I was about to go to sleep and heard a knock on the door. I jumped out of bed and checked the cameras but there was no one there. Sometimes I’ll scare easily like that and swear I hear something.”*) Mr. Lopez Hernandez reported that he struggles with concentration difficulties. (*“It’s much harder for me to concentrate now. I forget things very easily.”*)

Mr. Lopez Hernandez reported that he has experienced suicidal ideation as a result of the stress caused by the relationship, but reported no current ideation or planning. He reported that his brother and children are a significant protective factor in his desire to continue living. (*“Once when she hurt me with the phone, I got into my truck and started driving to the Golden Gate to take my life, but my brother called me worried about my kids and he convinced me not to do it. Now sometimes I feel really depressed but I try to pray to God or read the bible.”*)

#### Risks of Returning to Country of Origin

Mr. Lopez Hernandez reported that his primary concern of returning to El Salvador is separation from his children, and stated that his main motivation for remaining in the United States is maintaining contact with his children. Mr. Lopez Hernandez reported concerns about the worsening of his traumatic stress symptoms if he were forcefully separated from his children. (*“It’s so far away. My children are my reason for living, so if I were far from them I don’t know what I would do. I don’t know how I would be able to go on.”*)

#### Summary

Mr. Lopez Hernandez currently meets criteria for Posttraumatic Stress Disorder (PTSD). The essential feature of PTSD, as described in the DSM 5, is the development of characteristic symptoms following exposure to an extreme traumatic event involving actual or threatened death, serious injury, or sexual violence. In order to meet criteria for a diagnosis of PTSD, symptoms resulting from exposure to the trauma must include a requisite number of symptoms in the following categories:

1. *At least one Intrusion Symptom (e.g. thoughts or images that come into the person’s mind without warning, flashbacks, or nightmares, psychological or physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event).*

Mr. Lopez Hernandez reported experiencing intrusive thoughts that come into his mind without warning in response to cues that symbolize or resemble aspects of the traumatic event.

2. *At least one Avoidance Symptom (e.g. avoidance or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event or external reminders that arouse distressing memories, thoughts or feelings)*

Mr. Lopez Hernandez reported engaging in efforts to avoid distressing memories, thoughts, and feelings associated with the traumatic event.

3. *At least two symptoms of Negative Alterations in Cognition or Mood (e.g. inability to remember significant aspects of the trauma; persistent negative beliefs about oneself, others, or the world; persistent negative cognitions about the cause or the consequences of the traumatic event that lead the individual to blame him/herself or others; persistent negative emotional state; diminished interest in significant activities; feelings of detachment from others, persistent inability to experience positive emotions)*

Mr. Lopez Hernandez reported experiencing an inability to remember significant aspects of the trauma, persistent negative beliefs about himself, persistent negative cognitions about the cause of the traumatic event that lead him to blame himself, persistent negative emotional state, diminished interest in significant activities

4. *At least two Hyperarousal Symptoms (e.g. feeling jumpy, irritable/angry, reckless/self-destructive, hypervigilance, exaggerated startle response, sleep disturbance).*

Mr. Lopez Hernandez reported experiencing significant hypervigilance, sleep disturbance, as well as frequently feeling jumpy and demonstrating an exaggerated startle response.

Although PTSD does not manifest in all people and each person's reaction to trauma is dependent upon multiple biological and psycho-social factors, the diagnosis is an accepted way to describe the effect a trauma has had on a person's mood and functioning, even if the trauma occurred in the remote past. The diagnosis can be present after only one traumatic event or after many, though if a person has experienced multiple traumas, their symptoms tend to be compounded and become more severe.

Should Mr. Lopez Hernandez be forced to return to El Salvador in this state, it is reasonable to expect that his physical and psychological well being would likely be in jeopardy, as he would be separated from his children, who are his primary motivator for recovering from his traumatic stress symptoms. The negative impact of being forced to return to El Salvador should not be understated given Mr. Lopez Hernandez's current psychological presentation. Being forced to return to El Salvador would cause significant psychological harm. It is likely that Mr. Lopez Hernandez would experience a significant regression in his psychological state and an increase in trauma-related symptoms, placing him at additional risk given that

his primary social supports reside in the United States. He would also be leaving behind his stable housing and economic stability, creating a situation in El Salvador that leaves him with limited economic resources, limited employment opportunities, and thus, a likely poor outcome for his standard of living.

Mr. Lopez Hernandez would benefit from trauma-informed psychotherapy related to this incident to better target and treat the trauma symptoms that persist and for which he meets criteria for Posttraumatic Stress Disorder.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lena Nicodemus".

Lena Nicodemus, LMFT (September 17, 2025)  
Licensed Marriage and Family Therapist  
#LMFT101557

**Exhibit 9 - Evidence  
of Battery or Extreme  
Cruelty - Yansi  
Elizabeth Sandoval  
Mejia's Medical and  
Hospital Records;**



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone:  
 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

Referrals (continued)

REFERRAL TO PSYCHIATRY (Active) [1086529240]

Electronically signed by: **Alexander Chavarria on 09/12/25 1650** Status: Active  
 Ordering user: Alexander Chavarria 09/12/25 1650  
 Ordering provider: Alexander Chavarria  
 Auth: Signed by: Alexander Chavarria  
 Ordering mode: Standard  
 Frequency: Urgent 09/12/25 -  
 Class: Internal Referral  
 Quantity: 1  
 Diagnoses

Current severe episode of major depressive disorder without psychotic features without prior episode (CMS & HHS-HCC) [F32.2]  
 H/O domestic violence [Z87.898]

Provider Details

Provider	NPI
Alexander Chavarria	1013529338

Order comments: Urgent due to pt's hx and DV context. Pt has hx of aggression, DV, SI and HI. Pt was sent to csu by this bhp during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx. Pt does not report si/hi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ moods.

Referral Details

Referred By	Diagnoses	Referred To	Type	Priority
Alexander Chavarria 3260 Kerner Blvd San Rafael CA 94901-4840 Phone: 415-448-1500 Fax: 415-448-1503	Current severe episode of major depressive disorder without psychotic features without prior episode (CMS & HHS-HCC) H/O domestic violence Order: Referral To Psychiatry Reason: Mental Health	MCC San Rafael Clinic 3110 Kerner Blvd San Rafael CA 94901-5411 Phone: 415-448-1500 Fax: 415-528-8553 Specialty: Psychiatry	Psychiatry	Urgent

Comment: Urgent due to pt's hx and DV context.

Pt has hx of aggression, DV, SI and HI.

Pt was sent to csu by this bhp during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx.

Pt does not report si/hi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ moods.

Referral

Patient Demographics

Patient Name	MRN	Legal Sex	DOB	Address	Phone
Sandoval Mejia, Yansi	52986	Female	11/27/1981	450 Entrada Dr Apt 74 NOVATO CA 94949	415-532-9389 (Mobile) *Preferred*

Guarantor Information

Guarantor	Address	Sex	DOB	Phone
Sandoval Mejia, Yansi	450 Entrada Dr Apt #74 Novato, CA 94949	Female	11/27/1981	415-532-9389 (Home)

Insurance Payors as of 9/12/2025

O/P MEDI-CAL DENTAL

Plan: DENTAL, O/P MEDI-CAL PLAN	Member: 90330813F	Effective from: 2/1/2023
Subscriber: SANDOVAL MEJIA, YANSI	Subscriber ID: 90330813F	Guarantor: SANDOVAL MEJIA, YANSI

Insurance Authorization

Authorization Number:  
 Auth Comments:



Referrals (continued)

**Referral - Psychiatry #31003801**

Reason: Mental Health  
Class: Internal  
Status updated on: 9/17/2025

Priority: Urgent  
Status: Closed - Scheduled  
Valid dates: From 9/12/2025 to 9/12/2026

**Referred From**

Location: MCC San Rafael Clinic  
Department phone: 415-448-1500  
Provider phone: 415-448-1500

Department: MCC SAN RAFAEL BH  
Provider: Alexander Chavarria  
Provider address: 3260 Kerner Blvd San Rafael CA 94901-4840

**Referred To**

Location: MCC San Rafael Clinic  
Department phone: 415-448-1500

Department: MCC SAN RAFAEL BH  
Specialty: Psychiatry

**Visits**

Requested: 1                      Authorized: 1                      Completed: 0                      Scheduled: 0

**Procedures**

**REFERRAL TO PSYCHIATRY**

Number requested: 1                      Number approved: 1

**Diagnoses**

- F32.2 (ICD-10-CM) - 296.23 (ICD-9-CM) - Current severe episode of major depressive disorder without psychotic features without prior episode (CMS & HHS-HCC)
- Z87.898 (ICD-10-CM) - V16.41 (ICD-9-CM) - H/O domestic violence

**Referral Notes**

**Provider Comments by Alexander Chavarria at 9/12/2025 1650**

Summary: Provider Comments

Urgent due to pt's hx and DV context.

Pt has hx of aggression, DV, SI and HI.

Pt was sent to cau by this bhp during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx.

Pt does not report si/hi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ mood.

**Order**

**REFERRAL TO PSYCHIATRY [1086529246]**

Electronically signed by: Alexander Chavarria on 09/12/25 1650                      Status: Active  
Ordering user: Alexander Chavarria 09/12/25 1650                      Ordering provider: Alexander Chavarria  
Authorized by: Alexander Chavarria  
Diagnoses  
Current severe episode of major depressive disorder without psychotic features without prior episode (CMS & HHS-HCC) [F32.2]



**Marin  
Community  
Clinics**

MCC ROI DEPARTMENT  
9 Commercial Blvd, Ste 100  
NOVATO CA 94949  
Phone: 415-448-1500  
Fax: 415-798-3104

Sandoval Mejia, Yansi  
MRN: 52986, DOB: 11/27/1981, Legal Sex: F

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**Referrals (continued)**

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H/O domestic violence [287.898]

Order comments: Urgent due to pt's hx and DV context. Pt has hx of aggression, DV, SI and HI. Pt was sent to csu by this bh during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx. Pt does not report sihi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ mood.

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**Order Scanned Documents — Order Level:**

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Order Scanned Documents: None found at the order level.



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

**Referral: Psychiatry - From Alexander Chavarria to MCC San Rafael Behavioral Health (Closed)**

**Referral Info**

**Psychiatry #31093801**

Reason: Mental Health  
 Class: Internal  
 Status updated on: 9/17/2025

Priority: Urgent  
 Status: Closed - Scheduled  
 Valid dates: **From 9/12/2025 to 9/12/2025**

**Referred From**

Location: MCC San Rafael Clinic  
 Department phone: 415-448-1500  
 Provider phone: 415-448-1500

Department: MCC SAN RAFAEL BH  
 Provider: Alexander Chavarria  
 Provider address: 3260 Kerner Blvd San Rafael CA 94901-4540

**Referred To**

Location: MCC San Rafael Clinic  
 Department phone: 415-448-1500

Department: MCC SAN RAFAEL BH  
 Specialty: Psychiatry

**Visits**

Requested: 1                      Authorized: 1                      Completed: 0                      Scheduled: 0

**Referral Notes**

**Provider Comments by Alexander Chavarria at 9/12/2025 1650**

Summary: Provider Comments

Urgent due to pt's hx and DV context.

Pt has hx of aggression, DV, SI and HI.

Pt was sent to csu by this bhp during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx.

Pt does not report si/hi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ moods.

**Referral Order**

**REFERRAL TO PSYCHIATRY**

Electronically signed by: **Alexander Chavarria on 09/12/25 1650**

Status: Active

Ordering user: Alexander Chavarria 09/12/25 1650

Ordering provider: Alexander Chavarria

Authorized by: Alexander Chavarria

Ordering mode: Standard

Frequency: Urgent 09/12/25 -

Class: Internal Referral

Quantity: 1

Diagnoses

Current severe episode of major depressive disorder without psychotic features without prior episode (CMS & HHS-HCC) [F32.2]  
 H/O domestic violence [Z87.898]

**Provider Details**

Provider	NPI
Alexander Chavarria	1013529338

Order comments: Urgent due to pt's hx and DV context. Pt has hx of aggression, DV, SI and HI. Pt was sent to csu by this bhp during first session due to disclosure of both planning to cause harm to self and due to steps taken to kill spouse. Pt also has hx of suicide attempts due to childhood trauma hx. Pt does not report si/hi at this time but reports continued aggression and DV. Pt reports desire for bh meds to assist w/ moods.



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
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 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansel  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

**05/23/2025 - Office Visit in MCC Campus Clinic Primary Care (continued)**

**Visit Information**

**Provider Information**

Encounter Provider	Authorizing Provider
John R. Spurzem, MD	John R. Spurzem, MD

**Department**

Name	Address	Phone	Fax
MCC Campus Clinic Primary Care	3260 Kerner Blvd San Rafael CA 94901-4840	415-448-1500	415-755-2550

**Questionnaires**

**PROGRAM AREA**

Prog Area	Primary Care Other [7]
	Entered by Tatiana Mendoza Entered on 5/23/2025 4:40 PM

**PLACE OF SERVICE**

POS	MCC Campus Clinic [169002]
	Entered by Tatiana Mendoza Entered on 5/23/2025 4:40 PM

**CVR QUESTIONNAIRE**

Number of times pregnant	0

**Level of Service**

Level of Service
OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN

**Progress Notes**

**Progress Notes**

**Tatiana Mendoza at 5/23/2025 1640**

Author: Tatiana Mendoza	Service: —	Author Type: Medical Assistant
Filed: 5/23/2025 5:15 PM	Encounter Date: 5/23/2025	Creation Time: 5/22/2025 3:17 PM
Status: Signed	Editor: Tatiana Mendoza (Medical Assistant)	

**MA PREVISIT NOTE**

**REASON FOR VISIT**

Follow Up (Per pt states that she's doing better , per pt says a nurse called her and told her they found something in her blood pt is requesting for dr to go over labs if possible )

**FEVER , FLANK PAIN, URINATION PAIN AND FREQUENCY , CHEST PAIN**

ER f/u from NCH? MGH? Seen on? c/o? NCH 5/18/25

Symptoms improving now? YES

Diagnostic studies and labs done during ER visit? LABS , EKG

Final diagnosis: Pyelonephritis



Progress Notes (continued)

Discharge medications: **UNKNOWN**

**MAMMO- Pt declined**

ACES | TB Risk | Audit-C Screen / Full Audit | ASSIST-Lite | GAD-7 | PHQ-2/9 | Columbia

**HEALTH MAINTENANCE**

Health Maintenance Due

Topic	Date Due
• Imm-Hepatitis B (3 of 3 - 19+ 3-dose series)	11/16/2023
• Dental Examination	03/29/2024
• Dental Prophyl	03/29/2024
• Imm-Influenza (1)	09/01/2024
• Imm-COVID-19 (3 - 2024-25 season)	09/01/2024
• Relationship Safety Screening/Counseling	03/25/2025
• Depression Monitoring	05/04/2025
• Breast Cancer Screening (Mammogram)	06/15/2025

HM Items Addressed Today: **8**

**IMMUNIZATIONS**

Reviewed CAIR: **Yes**

Vaccines Due: **HEP B, FLU, COVID**

Immunizations Review: **Patient wants to DEFER ALL immunizations:**

Administration completed during rooming

**FUTURE APPOINTMENTS**

Electronically signed by Tatiana Mendoza at 5/23/2025 5:15 PM

**John R. Spurzem, MD at 5/23/2025 1705**

Author: John R. Spurzem, MD  
Filed: 5/23/2025 5:15 PM  
Status: Signed

Service: ---  
Encounter Date: 5/23/2025  
Editor: John R. Spurzem, MD (Physician)

Author Type: Physician  
Creation Time: 5/23/2025 5:05 PM



PATIENT: Yansi Sandoval Mejia  
DATE OF BIRTH: 11/27/1981  
PCP: Ellen Rosenthal, MD  
VISIT DATE: 5/23/2025  
VISIT TYPE: Office Visit  
VISIT PROVIDER: John R. Spurzem, MD



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1961, Legal Sex: F

Progress Notes (continued)

HISTORIAN: Self

## Assessment and Plan

### 1. Urinary tract infection without hematuria, site unspecified (Primary)

Comment: she appears recovered, no fever or pain, the UA today was normal, the blood culture was a coag neg staph, likely contaminant.

#### Follow-Up

No follow-ups on file.

**Interpreter:** Telephone interpretation was used to facilitate communication between the patient and the healthcare team. The interpreter was present for all parts of the visit where interpretation services were needed which could include eliciting the patient history, discussing the medical plan, and answering patient questions. The patient's understanding of the visit and any instructions provided was confirmed with the interpreter.

## Subjective

### PATIENT HISTORY:

Yansi Sandoval Mejia is a 43 year old female that was in the ED on May 18 with probable UTI, pyelo, was febrile. But UA was not that abnormal so no urine culture, treated with augmentin. She was called back by the ED and did go back today, I think this was because one bottle of the blood cultures drawn May 18 was positive, it turned out to be coag neg staph epi. So likely a contaminant. They did repeat a UA today and it was normal. She is no longer having back and flank pain or fever.

## Additional/Supplemental Information

### MEDICATIONS PRIOR TO VISIT

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• meclizine (ANTIVERT) 25 mg tablet	Take 1 Tablet by mouth 3 (three) times daily as needed for dizziness	30 Tablet	0
• SUMatriptan succinate (IMITREX) 100 mg tablet	Take 0.5-1 tab PO at onset of migraine. May repeat in 2 hours. Max 2 tabs daily	9 Tablet	3
• chlorhexidine (PERIDEX) 0.12 % solution	Swish and spit 15 mL 2 (two) times daily	210 mL	3



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
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 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yessil  
 MRN: 52988, DOB: 11/27/1981, Legal Sex: F

**Progress Notes (continued)**

- |  |  |               |          |
|--|--|---------------|----------|
| <ul style="list-style-type: none"> <li>• arm brace</li> </ul>                              | <p>L wrist guard, and left tennis elbow brace dispensed from clinic supply</p> | <p>2 Each</p> | <p>0</p> |
| <ul style="list-style-type: none"> <li>• omeprazole (PRILOSEC) 20 mg DR capsule</li> </ul> | <p>Take 1 Capsule by mouth once daily 30 minutes to 1 hour before a meal</p>   |               |          |

No current facility-administered medications on file prior to visit.

**ALLERGIES**

No Known Allergies.

**HISTORIES**

**Patient Active Problem List**

Diagnosis

- Chronic low back pain
- H/O: tubal ligation
- Obesity
- Carpal tunnel syndrome
- Acute stress reaction

Documentation Reviewed by Any User: Tobacco | Allergies | Soc Hx

**Objective**

**VS:** BP 119/64 (Right Arm, Sitting, Regular Adult) | Pulse 68 | Temp 98.1 °F (36.7 °C) | Ht 5' 1.81" (1.565 m) | Wt 155 lb 6.4 oz (70.5 kg) | LMP 05/19/2025 (Exact Date) | SpO2 100% | BMI 28.78 kg/m² | OB Status Having periods | Smoking Status Never | BSA 1.75 m²

**BMI:** Body mass index is 28.78 kg/m².

**Smoking Status:**

- Tobacco History
- Tobacco Use
- Smoking status: Never
- Passive exposure: Never
- Smokeless tobacco: Never

**PHYSICAL EXAM**

Physical Exam

Constitutional:

Appearance: Normal appearance. She has obesity

HENT:

Mouth/Throat:

Mouth: Mucous membranes are moist.

Pharynx: Oropharynx is clear.



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 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

**Progress Notes (continued)**

Cardiovascular:

Rate and Rhythm: Normal rate and regular rhythm.

Pulmonary:

Effort: Pulmonary effort is normal.

Abdominal:

General: Abdomen is flat.

Palpations: Abdomen is soft.

Tenderness: There is no right CVA tenderness or left CVA tenderness.

Neurological:

Mental Status: She is alert.

**RESULTS**

No results found for this visit on 05/23/25.

**PROCEDURES & IMMUNIZATIONS**

**Procedures**

Immunizations Administered on Date of Encounter -  
 05/23/2025

Never Reviewed

No immunizations on file.

**Note to Patient:** The 21st Century Cures Act makes clinical notes like these available to you. This note is a clinical document. Clinical documents include relevant health information and the clinical opinion of the practitioner. The clinical note is meant to communicate healthcare information between professional members of your health care team. The note may appear blunt or direct because is written in clinical language, which might include abbreviations or terms that are unfamiliar to you. If you have questions, please reach out to your provider.

Electronically signed by John R. Spurzem, MD at 5/23/2025 5:15 PM

**02/04/2025 - Office Visit in MCC Campus Clinic Obstetrics & GYN**

**Visit Information**

**Provider Information**

**Encounter Provider**  
 Ann Reppun, NP

**Authorizing Provider**  
 Ann Reppun, NP

**Department**

Name	Address	Phone	Fax
MCC Campus Clinic Obstetrics & GYN	3260 Kerner Blvd San Rafael CA 94901-4840	415-448-1500	415-755-2550

**Questionnaires**



**02/04/2025 - Office Visit in MCC Campus Clinic Obstetrics & GYN (continued)**

Visit Information (continued)

**PROGRAM AREA**

Prog Area

**WH/GYN [411]**

Entered by Kathryn-Rose Fegan  
Entered on 2/4/2025 10:38 AM

**PLACE OF SERVICE**

POS

**MCC Campus Clinic [168002]**

Entered by Kathryn-Rose Fegan  
Entered on 2/4/2025 10:38 AM

**CVR QUESTIONNAIRE**

Number of times pregnant

**0**

**Level of Service**

Level of Service

**OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20 MIN**

**Progress Notes**

**Progress Notes**

**Kathryn-Rose Fegan at 2/4/2025 1000**

Author: Kathryn-Rose Fegan  
Filed: 2/4/2025 12:59 PM  
Status: Signed

Services: —  
Encounter Date: 2/4/2025  
Editor: Kathryn-Rose Fegan (Medical Assistant)

Author Type: Medical Assistant  
Creation Time: 1/31/2025 8:18 AM

**MA PREVISIT NOTE**

**REASON FOR VISIT**

Irregular Periods (43 yo female present for irregular periods)

PHQ2: 2

PHQ9: 12

GAD7: 20

Patient would like BH services

Last pap: 09/13/2022 NILM HPV-

Hx of abnormal pap: No

FMH Breast CA: Yes. Aunt, cousin (had breast cancer), other cousin (had ovarian cancer)

BCM: none

LMP: unknown

Sexually active: Yes

How long with current partner: 25 yrs

How many partners in the last 6 months: 1

Age of first menarche: 14 yo



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

Progress Notes (continued)

Age of first birth: **20 yo**  
 Desire more children in future: timeframe: **No**

**G: 2 P: 2**

ACES | TB Risk | Audit-C Screen / Full Audit | GAD-7 | PHQ-2/9 | Columbia

**HEALTH MAINTENANCE**

Health Maintenance Due

Topic	Date Due
• Imm-Hepatitis B (3 of 3 - 19+ 3-dose series)	11/16/2023
• Dental Examination	03/29/2024
• Dental Prophylaxis	03/29/2024
• Imm-Influenza (1)	09/01/2024
• Imm-COVID-19 (3 - 2024-25 season)	09/01/2024

HM Items Addressed Today:

**FUTURE APPOINTMENTS**

Electronically signed by Kathryn-Ross Fagan at 2/4/2025 12:59 PM

**Ann Reppun, NP at 2/4/2025 1240**

Author: Ann Reppun, NP  
 Filed: 2/4/2025 12:59 PM  
 Status: Signed

Service: —  
 Encounter Date: 2/4/2025  
 Editor: Ann Reppun, NP (Nurse Practitioner)

Author Type: Nurse Practitioner  
 Creation Time: 2/4/2025 12:40 PM



PATIENT: Yansi Sandoval Mejia  
 DATE OF BIRTH: 11/27/1981  
 PCP: Ellen Rosenthal, MD  
 VISIT DATE: 02/04/25  
 VISIT TYPE: Gynecology Visit  
 VISIT PROVIDER: Ann Reppun, NP  
 HISTORIAN: Historian: self

**ASSESSMENT / PLAN**

**1. Acute stress reaction (Primary)**

Assessment & Plan:

2/4/25 Pt reports suicide ideas to the Medical Assistant=> Care Nav to the room=> Phone conversation with acute episode BH provider. Pt reports homicidal and suicidal ideations=> Crisis team to the clinic and to the room. Pt left with Crisis team.



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansel  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

Progress Notes (continued)

Immunizations Administered on Date of Encounter -  
 02/04/2025

Never Reviewed

No immunizations on file.

**Follow-Up Appointment**

No follow-ups on file.

Appointments for the next 13 months

None

**SUBJECTIVE**

Concerns or Questions?

Irregular Periods (43 yo female present for irregular periods)

Pt reports suicide ideas to the Medical Assistant=> Care Nav to the room=> Phone conversation with acute episode BH provider=> Crisis team to the clinic and to the room. Pt left with Crisis team.

Will reschedule perimenopausal concerns.

Procedures

**MEDICATION AND HISTORIES**

**CURRENT MEDICATIONS**

Current Medications

Medication	Sig
• meclizine (ANTIVERT) 25 mg tablet	Take 1 Tablet by mouth 3 (three) times daily as needed for dizziness
• SUMATriptan succinate (IMITREX) 100 mg tablet	Take 0.5-1 tab PO at onset of migraine. May repeat in 2 hours. Max 2 tabs daily
• chlorhexidine (PERIDEX) 0.12 % solution	Swish and spit 15 mL 2 (two) times daily
• arm brace	L wrist guard, and left tennis elbow brace dispensed from clinic supply
• omeprazole (PRILOSEC) 20 mg DR capsule	Take 1 Capsule by mouth once daily 30 minutes to 1 hour before a meal

**ALLERGIES**

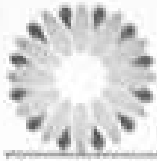
No Known Allergies

**HISTORIES ( Review / Update )**

Patient Active Problem List

Diagnosis

Printed at Marin Community Clinic [415-448-1500]



**Progress Notes (continued)**

- Chronic low back pain
- H/O: tubal ligation
- Obesity
- Carpal tunnel syndrome
- Acute stress reaction

The following additional histories were reviewed/updated today:

**OBJECTIVE**

**VS:** BP 133/80 (Right Arm, Sitting, Regular Adult) | Pulse 72 | Temp 97.3 °F (36.3 °C) | Ht 5' 1.61" (1.565-m) | Wt 157 lb 3.2 oz (71.3 kg) | LMP 11/18/2024 (Approximate) | SpO2 99% | BMI 29.12 kg/m<sup>2</sup> | OB Status Having periods | Smoking Status Never | BSA 1.76 m<sup>2</sup>

**PHYSICAL EXAM**

Physical Exam

**RESULTS**

No results found for this visit on 02/04/25.

**Behavioral Health Screening Tools**

PHQ-9 Total Score (Auto Calculated): (!) 12

Depression Severity:: Moderate

GAD-7 Total: (!) 20

Anxiety Severity:: Severe Anxiety

**Note to Patient:** The 21st Century Cures Act makes clinical notes like these available to you. This note is a clinical document. Clinical documents include relevant health information and the clinical opinion of the practitioner. The clinical note is meant to communicate healthcare information between professional members of your health care team. The note may appear blunt or direct because is written in clinical language, which might include abbreviations or terms that are unfamiliar to you. If you have questions, please reach out to your provider.

Electronically signed by Ann Reppun, NP at 2/4/2025 12:59 PM

**11/04/2024 - Telemedicine Visit in MCC Campus Clinic Primary Care**

**Visit Information**

**Provider Information**

**Encounter Provider**  
Elen Rosenthal, MD

**Authorizing Provider**  
Elen Rosenthal, MD

**Department**



MCC ROI DEPARTMENT  
 9 Commercial Blvd, Ste 100  
 NOVATO CA 94949  
 Phone: 415-448-1500  
 Fax: 415-798-3104

Sandoval Mejia, Yansi  
 MRN: 52986, DOB: 11/27/1981, Legal Sex: F

11/04/2024 - Telemedicine Visit in MCC Campus Clinic Primary Care (continued)

Visit Information (continued)

Name	Address	Phone	Fax
MCC Campus Clinic Primary Care	3260 Kerner Blvd San Rafael CA 94901-4840	415-448-1500	415-755-2550

Questionnaires

PROGRAM AREA

Prog Area

Primary Care Other [7]

Entered by Jacqueline Garcia Gonzales  
 Entered on 11/4/2024 10:22 AM

PLACE OF SERVICE

POS

MCC Campus Clinic [169002]

Entered by Jacqueline Garcia Gonzales  
 Entered on 11/4/2024 10:21 AM

CVR QUESTIONNAIRE

Number of times pregnant

0

Level of Service

Level of Service

NO CHARGE VISIT

Log History

LOS History

Progress Notes

Progress Notes

Jacqueline Garcia Gonzales at 11/4/2024 1140

Author: Jacqueline Garcia Gonzales  
 Filed: 11/5/2024 5:53 PM  
 Status: Signed

Service: —  
 Encounter Date: 11/4/2024  
 Editor: Jacqueline Garcia Gonzales (Medical Assistant)

Author Type: Medical Assistant  
 Creation Time: 11/4/2024 10:20 AM

MA PREVISIT NOTE

REASON FOR VISIT

Lab F/u

Recent ER visit? No

Rx refills: no

Pending Referrals: none

[ACES](#) | [TB Risk](#) | [Audit-C Screen / Full Audit](#) | [GAD-7](#) | [PHQ-2/9](#) | [Columbia](#)

HEALTH MAINTENANCE

Health Maintenance Due

Printed at Marin Community Clinic [415-448-1500]

**Exhibit 10 - Evidence  
of Battery or Extreme  
Cruelty - Screenshots  
of Conversations  
Between Mauro  
Antonio Lopez  
Hernandez and Yansi  
Elizabeth Sandoval  
Mejia with English  
Translation.**

10:09 p.m.



< 365



Yansi >



Apr 12, 2023, 09:07 a.m.

Thanks

Have a nice day

I know you're upset



I'm sorry baby, I know I'm a bad woman

Apr 12, 2023, 04:06 p.m.

Ok, don't answer me with any bullshit

You want a divorce then, so you don't think you're the one doing it, I'll do it myself; you even change the passcode on your cell

Well, what have I done to you? I haven't done anything to you

You offend me

I offended you yesterday? omg

Yes, love, it was just a question and you come at me all angry

It bothers you that I call you

I was messed up on Wednesday, I had a high fever and you come at me all angry; do you think I didn't feel bad that you get angry with me in front of the people who are there with you?



iMessage



09:47 p.m.



< 365



Yansi >



Jun 6, 2024, 08:58 p.m.

Hi baby, what's up?

I'm resting now

I'm tired

Jun 7, 2024, 06:35 p.m.

I arrived now, love

Hi baby

I'm on my break

Enjoy your meal, love

Jun 9, 2024, 08:09 a.m.

I'm sorry love if I made you feel bad but that wasn't my intention

Jun 9, 2024, 11:59 p.m.

Where are you?

Ok, I'm going to block your cell

That's why you didn't go with me and just pretended to be asleep

Where the fuck could you be at this hour

Jun 10, 2024, 10:58 a.m.



iMessage



08:49 p.m.



< 365



Yansi >

Sat, Jun 7, 09:45 a.m.

Do you think I don't feel bad that you said that day that you were only with me because I paid the rent.

Ok, don't worry, if you want to leave, you won't have to pay it anymore, ok

I can pay it here with my children

See, that's what I'm telling you. You're the one who says these things to me and then you blame me; who can understand you, love?

You just get together with that woman and you start with your stuff

Because if you think that, it's fine, I'm not a support for you, that's all

I'm driving and turned on a Focus mode. I'll read your message when I arrive at my destination

Which woman?

I haven't said anything to you, love

Who is the one starting the fights?

It's just that I see things differently and you don't, sometimes I feel like you want us to do things the way you say and...



iMessage



08:57 p.m.



< 365



Yansi >



...que vamos a ser

We're on our way there, love

With whom?

They say they're going to admit you

For 3 days

They have me in psychology

They haven't told me anything

But they can't come here, they can't come in

They told Damaris

We're going to get the car

They called her from the clinic

Omg this is bad

I don't want to be here anymore, I'm scared

I have to work

I'm driving and turned on a Focus mode. I'll read your message when I arrive at my destination

We're coming right now

That they're going to lock me up, because I'm crazy

They're already here



iMessage



08:58 p.m.



< 365



Yansi >



Tue, Feb 4, 02:13 p.m.

I don't know what they're going to do

We're on our way there, love

With whom?

They say they're going to admit you

For 3 days

They have me in psychology

They haven't told me anything

But they can't come here, they can't come in

They told Damaris

We're going to get the car

They called her from the clinic

Omg this is bad

I don't want to be here anymore, I'm scared

I have to work

I'm driving and turned on a Focus mode. I'll read your message when I arrive at my destination

We're coming right now

That they're going to lock me up, because I'm crazy



iMessage



08:59 p.m.



< 365



Yansi >



Bc they gave me a psychological exam and they're going to do an exam and I failed and they're taking me to the hospital for some head scans

Don't call me, ok

Bc my cell is going to die

Bc I've had a lot of depression and that makes me feel bad

Right nearby

I'm going to the hospital

Really, love?

God willing everything will be okay

Yes, they are taking me

Ok, love

They say that my life is in danger, that I could suffer irreversible trauma

But I'm fine, ok

And before anything else happens, they're going to do some exams

No, love, God willing nothing is going to happen to you



iMessage



09:00 p.m.



< 365



Yansi >



I arrived 15 minutes late

I'm already inside

They've already seen me

Yes, sorry love, ok, they're going to take care of you

Ok, love

Yes, I have to pay

For everything

Nothing I can do now

Yes, how much?

Wut?

How much are you going to pay?

Tue, Feb 4, 12:34 p.m.

I don't know, they took me to the hospital for a checkup, I'll call you in a bit

To Marín Hospital?

Yeah. I'll call you

Bc they gave me a psychological exam and they're going to do an exam and I failed and they're taking me to the hospital for some ...



iMessage



06:38 p.m



< 384



Yansi >



Still saying you're working and here I am, chasing after you

I don't understand your way of being

You don't know how much I love you and you're turning my heart into shit

You like to play with me

But I entrust you to God

May He make you a good person someday, even if you're no longer by my side; maybe you won't make the next one suffer like you've done with me

I don't care about anything or anyone, I don't even have love for my own life

I'm only asking you for one favor, to wait for me until I finish paying off my truck and I'll give you the phones; right now I'll be using them with my lawyer, then I'll give them to you or I'll pay you for them

So I don't matter to you

So, when I'm no longer by your side, I don't want you guys to cry

I'm telling you, I don't even care about myself

This life is shit for me

I'm already tired 🥲



iMessage



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: February 6, 2026.

22:09



< 365



Yansi >

abr 12, 2023, 09:07

Gracias

Feliz día

Yo se q estás molesto 😡

Lo siento papi yo se que soy una mala mujer

abr 12, 2023, 16:06

Ok no me contestes ni mierda

Quieres el divorcio asi para que no pienses que lo q ases tú lo ago yo, asta la clave le cambias al cell

Apues yo q t echo no t echo nada

Tu me ofendes

Yo te ofendí ayer omg

Si amor yo nomás era una pregunta y tú me sales enojada

T molesta q yo t llame

Yo bien echo miércoles con una gran fiebre q estaba y tu me sales bien enojada tu cres q no me sentí mal q enfrente d los q están ahí con tigo me sales enojada



iMessage





jun 6, 2024, 20:58

Hi papi que tal

Ya estoy descansando

Estoy cansada

jun 7, 2024, 16:35

Ya yegue amor

Hi papi

Estoy en mi bracke

Buen provecho amor

jun 9, 2024, 08:09

Lo siento amor si te ise sentir mal pero no era esa mi intención

jun 9, 2024, 23:59

Dónde andas

Ok te voy a bloquear el cell

X eso no fuistes con migo y solo te insistes el dormido

Donde putas puedes estar a esta hora

jun 10, 2024, 10:58



iMessage



20:49



< 365



Yansi >

sáb, jun 7, 09:45

Tu piensas q yo no me siento mal que dijiste aquel día q solo q pagaba la renta estabas con migo

Ok no se preocupe si se quiere ir ya no la va a pagar más ok

Acá yo la puedo pagar con mis hijos

Vaya no te digo pues tu misma sales diciéndome las cosas y luego me echas las culpas ami quien te entiende amor

No más te juntas con esa mujer y empiezas con tus cosas

Xq si piensas eso está bien yo no soy un apoyo para ti es todo

Voy al volante y activé un enfoque. Leo tu mensaje cuando llegue a mi destino.

Cuál mujer

Yo  
Te dicho nada amor

Quien comienza los pleitos

Es que yo veo de otra manera las cosas y tú no, aveces siento que tú quieres que hagamos lo que tú dices y



iMessage



20:57



< 365



Yansi >

No se que van a ser

Ya vamos para aya amor

Con quien

Disen q teban a dejar internada

3 días

Me tienen en psicologia

No me an dicho nada ami

Pero no vengan acá no pueden entrar

A Damaris le dijeron

Bamos ir por el carro

De la clínica le llamaron

Omg esto está mal

Yo ya no quiero estar acá tengo miedo

Yo tengo q trabajar

Voy al volante y activé un enfoque. Leo tu mensaje cuando llegue a mi destino.

Ahorita bamos

Que me ensierren que estoy loca

Ya están acá



iMessage



20:58



< 365



Yansi >

mar, feb 4, 14:13

No se que vallan a ser

Ya vamos para aya amor

Con quien

Disen q teban a dejar internada

3 días

Me tienen en cicolojia

No me an dicho nada ami

Pero no vengan acá no pueden entrar

A Damaris le dijeron

Bamos ir por el carro

De la clínica le llamaron

Omg esto está mal

Yo ya no quiero estar acá tengo miedo

Yo tengo q trabajar

Voy al volante y activé un enfoque. Leo tu mensaje cuando llegue a mi destino.

Ahorita bamos

Que me ensierren que estov loca



iMessage



20:59



< 365



Yansi >



Xq me hicieron un examen sicólogo y me van a ser un examen y salí mal y me llevan al hospital para unos exámenes en la cabeza

No me llames ok

Xf el cell se va a pagar

Xq no tenido mucha depresión y eso me pone mal

Ahí serca

Yo voy para el hospital

Enserio amor

Primero Dios todo esté bien

Si me están llevando ellos

Ok amor

Disen de que corro peligro con mi vida que puedo sufrir un trauma irrebesible

Pero yo estoy bien ok

Y q antes que pase más me van a ser unos exámenes

No amor primero Dios q no te va pasar



iMessage



21:00



< 365



Yansi >



Llegué 15 minutos tarde

Estoy acá dentro ya

Ya me atendieron

Si sorry amor ok te ban atender

Ok amor

Si tengo que pagar

Todo

Ya ni modo

Si cuánto

Q

Cuánto vas a pagar

mar, feb 4, 12:34

No se me llevaron al hospital para un chequeo y te llamo al rato

Al hospital de Marín

Suyo. Te llamo

Xq me isieron un examen sicólogo y me van a ser un examen y salí mal y me llevan al hospital para unos



iMessage



18:38



< 384



Yansi >

Todavía diciendo q estás trabajando y yo detrás de ti

No entiendo tu forma de ser

Yo no sabes cuánto te amo y tú me ases mierda mi corazón

Te gusta jugar con migo

Pero te encomiendo a Dios

Q el algún día te aga una buena persona aun q ya no estés ami lado talvez el otro no lo ases sufrir como lo as echo con migo

Ami no me importa nada ni nadie ni a mi vida le tengo amor

Solo un favor te pido q me esperes q termine de pagar mi trocka y te doy los teléfonos ahorita lo estaré usando con mi abogado luego t lo doy o t lo pago

Yo q no te importo

Entonces cuando yo ya no esto a sus lados no quiero que lloren

Te digo que ni yo me importo

Está vida es una mierda para mi

Ya estoy cansada 😞



iMessage



**Exhibit 11 - Evidence  
of Bona Fide  
Marriage and  
Continuous Physical  
Presence in the  
United States**

## RENTAL AGREEMENT (Month-to-Month)

THIS AGREEMENT between Phillip Chang & Sons "Landlord",  
(Name of Landlord)

and Yamsi E Sandoval & Mauro A Lopez  
(List all Residents who will sign this Agreement)

"Resident" is effective when fully executed by all parties. The Owner's obligation to deliver possession to Resident is conditioned on Resident making all payments due at or prior to move-in under this Agreement.

### THE PARTIES AGREE AS FOLLOWS:

1. **RENTAL UNIT:** Subject to the terms and conditions of this Agreement, Landlord rents to Resident and Resident rents from Landlord for residential use only, the premises located at:

450 Entrada Dr, Unit # (if applicable), 74  
(Street Address)

Novato CA, 94949  
(City) (Zip)

2. **TERM:** The term of this Agreement is month-to-month. Except as prohibited by law, this Agreement may be terminated by Resident after service of a written 30-day notice of termination of tenancy, in accordance with California law. Except as prohibited by law, this Agreement may be terminated by the Landlord by service upon the Resident of a written 60-day notice of termination of tenancy. However, Civil Code Section 1946.1 provides that "if any tenant or resident has resided in the dwelling for less than one year", the Landlord may terminate this Agreement by service upon the Resident of a written 30-day notice. Any holding over by the Resident after termination shall entitle the Landlord to initiate legal proceedings to recover possession of the premises. Resident shall be liable to Landlord for daily rental damages equal to the current fair rental value of the unit, divided by 30, in addition to any other damages allowed by law.

3. **RENT:** Rent is due in advance on the 1st day of each and every month, at **\$2550**  
per month. Tenancy start date: 5/01/2019. Rent for any partial month shall be prorated at the amount of  
(Date)  
1/30<sup>th</sup> of the monthly rent per day.

a. **Prorated Rent (if applicable)**

The tenancy did not start on the rent due date specified above. Resident is to pay:

One month's rent at move-in: \$ \_\_\_\_\_  
(Full rent amount)

Prorated rent of \$ \_\_\_\_\_ on \_\_\_\_\_  
(Amount of prorated rent) (Date)

The regular rent of \$ \_\_\_\_\_, each month, beginning \_\_\_\_\_.



**b. Payment Methods**

Payments made in person may be delivered between the hours of 8 am and 9 pm on the following days of the week:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  Other \_\_\_\_\_

Acceptable methods of payment:

Personal Check  Cashier's Check  Money Order  EFT/Credit Card (see Landlord for details) and  Cash

**c. Rent Payee and Location**

Rent is to be paid to \_\_\_\_\_ Office Dropbox  
(Name to whom rent payment should be made)

and is to be delivered to \_\_\_\_\_ Manager  
(Name to whom rent should be delivered)

at \_\_\_\_\_ 450 Entrada Ave  
(Address where payments should be delivered)

Telephone number for above address: \_\_\_\_\_ 415-664-8432

**4. SECURITY DEPOSIT:** Resident shall deposit with Landlord, as a security deposit, the sum of \$ \$2575, as follows:

prior to taking possession of the unit (If no box is checked, this provision applies).

at the time this Agreement is signed.

Resident shall not use the security deposit to pay any month's rent. Landlord may withhold from the security deposit only such amounts as are reasonably necessary to remedy Resident defaults including, but not limited to, the following:

- (a) defaults in the payment of rent,
- (b) to repair damages to the premises caused by Resident, exclusive of ordinary wear and tear, and/or
- (c) to clean the premises, if necessary, upon termination of the tenancy in order to return the unit to the same level of cleanliness it was in at the inception of the tenancy, and/or
- (d) to restore, replace, or return personal property or appurtenances, exclusive of ordinary wear and tear.

No later than 21 calendar days after Landlord has regained possession of the premises, Landlord shall return any remaining portion of such security deposit to Resident. Any remaining portion of the security deposit shall be returned in the form of a single check made out to all Residents listed above. After either the Landlord or the Resident provides notice to terminate the tenancy, the Landlord and Resident may mutually agree to have the Landlord deposit any remaining portion of the security deposit electronically to a bank account or other financial institution designated by the Resident or to another form or method of return.

**5. UTILITIES:** Resident shall pay for all utilities, services and charges, if any, made payable by or based upon occupancy of Resident, **except:** \_\_\_\_\_ water & Garabage

Resident shall have the following utilities connected at all times during the tenancy (check as applicable):

Gas  Electric  Water  Trash  Sewer  Other: \_\_\_\_\_

Disconnection of utilities due to non-payment is a material violation of this Agreement.

Resident shall not use common area utilities (such as water or electricity) for the Resident's personal use, without prior written permission from the Landlord.



6. **LATE FEES AND INSUFFICIENT FUNDS:** If rent is paid after the 5 th of the month, there will be a late charge of \$ 125 assessed. This late charge does not establish a grace period. The parties agree that this late fee is presumed to be the amount of damage resulting from the late payment of rent. It would be impracticable or extremely difficult to fix the actual damage. This sum represents a reasonable endeavor by the Landlord to estimate fair average compensation for any loss that may be sustained as a result of late payment of rent. Failure to pay the fee is a material breach of this Agreement. Pursuant to California law, if Resident passes a check on insufficient funds, Resident will be liable to Landlord for the amount of the check and a service charge of \$ 65, not to exceed \$25 for the first check passed on insufficient funds, and \$35 for each subsequent check passed on insufficient funds.
7. **PAYMENTS:** In the event of roommates, or another form of multiple occupancy, Resident understands and agrees that rent shall be paid with a single payment and that it is up to Resident to collect individual checks or other payments in order to submit a single rent payment. If payment by mail is allowed, Resident bears the risk of loss or delay of any payment made by mail and Landlord must receive mailed rent payments on or before the due date, except as otherwise provided by law. In the absence of a signed acknowledgement that complies with Civil Code 1947.3, Landlord will accept rent payments only from the Resident. Landlord may require a signed acknowledgement for each rent payment made by a third party. Rent tendered by a Non-Resident shall be deemed rent tendered on behalf of Resident only and not on behalf of the Non-Resident. Should the Landlord elect to accept a payment that does not comply with this paragraph, this shall not be construed as a waiver of this provision. If Resident pays online or by direct deposit, such payment shall be deemed to come from Resident regardless of the source of the payment. Payment online or by direct deposit may be rejected or returned by Landlord during the pendency of any legal action, or in anticipation of legal action. Failure or refusal by Resident to cash Landlord's rent refund check shall not defeat Landlord's rejection of the rent being refunded.
8. **CHANGE TO PAYMENT METHOD.** The Landlord may refuse certain payment methods listed in the paragraph entitled "RENT," above, as the form of payment to cure a Three-Day Notice to Pay Rent or Quit, Three-Day Notice to Perform Conditions and/or Covenants or Quit, a check passed on insufficient funds or dishonored for any other reason, or a stopped payment and may refuse certain methods for future rent payments thereafter. Notwithstanding the provisions above, the Landlord may demand or require cash as the exclusive form of payment of rent or security deposit if the Resident has previously attempted to pay the Landlord with a check drawn on insufficient funds or the Resident has stopped payment on a check, draft, or money order. If the Landlord chooses to demand or require cash payment under these circumstances, the Landlord shall give the Resident a written notice stating that the payment instrument was dishonored and informing the Resident that the Resident shall pay in cash for a period determined by Landlord, not to exceed three months, and attach a copy of the dishonored instrument to the notice.
9. **RENTAL UNIT AVAILABILITY:** In the event the unit is not available on the move-in date due to a prior Resident holding over, or other cause not within the control of Landlord, Resident's damages will be limited to a return of the security deposit, any holding or other deposits and any advance payment of rent.
10. **ACCEPTANCE OF PREMISES:** Resident has inspected the premises, furnishings and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.
11. **OCCUPANTS:** Premises shall be occupied only by the following named person(s):

Gerardo A Lopez 05/07/1977  
Name Birthdate

Mauro Lopez  
Name Birthdate

Damarius Sandoval  
Name Birthdate

\_\_\_\_\_  
Name Birthdate

Yansi Sandoval 11/27/81  
Name Birthdate

\_\_\_\_\_  
Name Birthdate



12. **GUEST(S):** Except as otherwise provided by prior written agreement, any person who is not listed as an Occupant on this Agreement is a Guest. A Guest may not stay on the premises for more than 3 consecutive days, or a total of 14 days in a 12-month period. At the discretion of Landlord, Guest(s) who overstay this limit may be required to go through the application process, and if approved, must sign a Rental/Lease Agreement. Resident is responsible for any violation of this Rental/Lease Agreement by Resident's Guests.

13. **RENTERS INSURANCE:** Resident's property is not insured by Landlord. Landlord recommends that Resident obtain coverage for Resident's personal property. Resident is not a co-insured and is expressly excluded from coverage under any insurance policy held by Landlord which is now in effect or becomes effective during the term of this Agreement. A renter's liability insurance policy such as the one that may be required below, benefits both the Landlord and the Resident.

- Resident is encouraged but not required to obtain renters liability insurance.  
 Resident is required to maintain renter's liability insurance for the benefit of the Landlord and the Resident throughout the duration of the tenancy as specified below. Resident must provide proof of such insurance to the Landlord on demand. Failure to comply with this requirement is a material violation of the Rental/Lease Agreement.

- (1) Coverage of at least \$ \_\_\_\_\_ in personal liability (bodily injury and property damage) for each occurrence.  
(2) The premises listed above must be listed as the location of the Resident insured.  
(3) Landlord and any person listed in Paragraph 40(b) must be listed as Certificate Holder (i.e., a person entitled to proof of insurance).  
(4) The carrier must provide 30-days' notice of cancellation, non-renewal or material change in coverage to the Landlord and any person listed in Paragraph 40(b).  
(5) Resident must obtain insurance:  
 within 30 days of the inception of the tenancy.  
 prior to occupancy.  
 by \_\_\_\_\_ (date)

14. **KEYS:** Resident has received 2 sets of keys for the premises. If needed, additional keys may be requested from the Landlord. There may be a charge. Keys to the premises are the exclusive property of Landlord. All keys must be returned to Landlord when Resident vacates. Resident shall be charged for the cost of new locks and keys if all keys are not returned. In the event that any keys to the premises or the building are lost or consigned, Resident shall be liable for the entire cost of all key and lock replacement, at the discretion of Landlord, as required for the security of the Premises, the Building, and Building occupants. This may include the costs of re-keying the entire Building if Landlord, at Landlord's sole discretion, deems such action is necessary. Resident should take care not to lock himself/herself out of the Premises. If Landlord is required to assist any Resident in gaining entry to the Premises, Resident may be assessed a charge for the actual costs, including out of pocket expenses, incurred by Landlord and Landlord may require Resident to contract with a professional locksmith.

15. **PARKING (CHECK ONE):**

- This Agreement does not provide for parking of any motor vehicle or motorcycle anywhere in or about the Premises, the Building, and/or the driveway(s). (If no box is checked, this provision applies.)  
 This property's policy with respect to parking and/or garage use is in the attached addendum.  
 This property's policy with respect to parking and/or garage use is as follows:

Number of parking spaces assigned to Resident's unit 1. Only one passenger vehicle or motorcycle may be parked in each space. Resident shall only use assigned parking spaces and shall ensure that guests park only in unassigned areas or designated guest parking areas. Resident may not use any parking space for recreational vehicles, boats, busses, trailers or similar non-passenger vehicles. The parking area may not be used for storage without prior written permission. Resident may not use any parking space to wash or repair vehicles, to change oil in vehicles or for any purpose other than parking.



The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original.

05/01/2019  
Date

Resident \_\_\_\_\_

05/15/19  
Date

Resident [Signature]

\_\_\_\_\_  
Date

Resident \_\_\_\_\_

05/01/2019  
Date

Resident Miguel Lopez  
[Signature]  
Yansi Sandoval

\_\_\_\_\_  
Date

Resident \_\_\_\_\_

\_\_\_\_\_  
Date

Resident \_\_\_\_\_

Phillip Chang & Sons

Landlord

by

[Signature]  
Individual Signing for Landlord

Management Co. (If Applicable)

Agent for Landlord

05/01/2019  
Date

Phillip Chang & Sons

Landlord

by

Individual Signing for Landlord

Management Co. (If Applicable)

Agent for Landlord

\_\_\_\_\_  
Date



**CASHIER'S CHECK**

0073842

11-24

Office AU #

1210(8)

Remitter: MAURO LOPEZ  
Purchaser: MAURO LOPEZ  
Purchaser Account: xxxxxx4989  
Operator I.D.: k156221  
Funding Source: Electronic Item(s)

SERIAL #: 7384211321

ACCOUNT#: 4861-511467

January 5, 2026

PAY TO THE ORDER OF \*\*\*LA CASA APARTMENTS\*\*\*

**\*\*Two Thousand Seven Hundred Fifty and 00/100 -US Dollars \*\***

**\*\*\$2,750.00\*\***

Payee Address: 450 ENTRADA DR APT 74 NOVATO CA 94949- US  
Memo: JANUARY RENT

VOID IF OVER US \$ 2,750.00

WELLS FARGO BANK, N.A.  
5820 NAVE DR  
NOVATO, CA 94949  
FOR AUTOMATED CHECK VERIFICATION  
CALL: (480) 394-3122

NON-NEGOTIABLE

Purchaser Copy - Page 1 of 2

## IMPORTANT - Please Read

Outstanding cashier's checks are subject to state or territorial unclaimed property laws.

If the cashier's check is lost, stolen, or destroyed, you may request a stop payment and reissuance. A stop payment and reissuance can only be completed within a branch location. As a condition of stop payment and reissuance, Wells Fargo Bank will require an indemnity agreement. In addition, for cashier's checks over \$1,000.00, the waiting period before the stop payment and reissuance of an outstanding cashier's check may be processed is 90 days (30 days in the state of Wisconsin and 91 days in the state of New York). The waiting period can be avoided with the purchase of an acceptable surety bond. This can be purchased through Wells Fargo's approved insurance carrier or through an insurance carrier of the customer's choice. The cost of a surety bond varies depending on the amount of the bond and the insurer used. Surety bonds are subject to the insurance carrier's underwriting requirements before issuance. If the surety bond is not provided, the waiting period applies.

Purchaser Copy - Page 2 of 2

0073842 Office AU #	11-24 1210(B)	<b>CASHIER'S CHECK</b>	SERIAL #: 7384211452
Remitter: Purchaser: Purchaser Account: Operator I.D.: Funding Source:	MAURO LOPEZ MAURO LOPEZ xxxxxx4989 K150394 Electronic Item(s)		ACCOUNT#: 4861-511467
PAY TO THE ORDER OF ***LA CASA APARTMENTS***			March 6, 2026
<b>**Two Thousand Seven Hundred Fifty and 00/100 -US Dollars**</b>			<b>**\$2,750.00**</b>
Payee Address: 450 ENTRADA DR APT 74 NOVATO CA 94949- Memo: MARCH RENT			VOID IF OVER US \$ 2,750.00
WELLS FARGO BANK, N.A. 5820 NAVE DR NOVATO, CA 94949 FOR AUTOMATED CHECK VERIFICATION CALL: (480) 394-3122			<b>NON-NEGOTIABLE</b>
<b>Purchaser Copy - Page 1 of 2</b>			

10/19 (10/19) MARS 40138438



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

### California Evidence of Liability Insurance

**NAMED INSURED**  
YANSI SANDOVAL  
MAURO LOPEZ HERNANDEZ

**POLICY #**  
CAAS204854386

**EFFECTIVE DATE**  
May 03, 2025

*There may be other drivers listed on your policy.*

**EXPIRATION DATE**  
May 03, 2026

**KEEP THIS COPY IN YOUR VEHICLE**

**VEHICLE YEAR / MAKE / MODEL**

▶ 2018 TOYO TUNDRA

**VEHICLE ID #**

5TFRY5F12JX231911

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

**IMPORTANT! THIS INSURANCE IDENTIFICATION CARD IS NOT PART OF YOUR POLICY AND IS VALID ONLY WHILE YOUR POLICY IS IN FORCE AND YOUR PREMIUMS ARE PAID.**

AA10XX 10 24



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

### California Evidence of Liability Insurance

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AA10XX 10 24

Fold line



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

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MAURO LOPEZ HERNANDEZ

**POLICY #**  
CAAS204854386

**EFFECTIVE DATE**  
May 03, 2025

*There may be other drivers listed on your policy.*

**EXPIRATION DATE**  
May 03, 2026

**KEEP THIS COPY IN YOUR VEHICLE**

**VEHICLE YEAR / MAKE / MODEL**

▶ 2021 TOYO VENZA

**VEHICLE ID #**

JTEAAAHA2MJ068047

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

**IMPORTANT! THIS INSURANCE IDENTIFICATION CARD IS NOT PART OF YOUR POLICY AND IS VALID ONLY WHILE YOUR POLICY IS IN FORCE AND YOUR PREMIUMS ARE PAID.**

AA10XX 10 24



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

### California Evidence of Liability Insurance

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MAURO LOPEZ HERNANDEZ

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**VEHICLE ID #**

JTEAAAHA2MJ068047

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AA10XX 10 24

Fold line



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

### California Evidence of Liability Insurance

**NAMED INSURED**  
YANSI SANDOVAL  
MAURO LOPEZ HERNANDEZ

**POLICY #**  
CAAS204854386

**EFFECTIVE DATE**  
May 03, 2025

*There may be other drivers listed on your policy.*

**EXPIRATION DATE**  
May 03, 2026

**KEEP THIS COPY IN YOUR VEHICLE**

**VEHICLE YEAR / MAKE / MODEL**

▶ 2020 TOYO COROLLA

**VEHICLE ID #**

5YFEPRAE7LP125099



CSAA Insurance Exchange / NAIC # 15539  
P.O. Box 22221, Oakland, CA 94623-2221  
800.922.8228

### California Evidence of Liability Insurance

**NAMED INSURED**  
YANSI SANDOVAL  
MAURO LOPEZ HERNANDEZ

**POLICY #**  
CAAS204854386

**EFFECTIVE DATE**  
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**EXPIRATION DATE**  
May 03, 2026

**KEEP THIS COPY IN YOUR VEHICLE**

**VEHICLE YEAR / MAKE / MODEL**

▶ 2020 TOYO COROLLA

**VEHICLE ID #**

5YFEPRAE7LP125099

Fold line



FasTrak Customer Service Center  
 PO Box 26926  
 San Francisco, CA 94126  
 www.bayareafastrak.org  
 1-877-BAY-TOLL (1-877-229-8655)  
 Fax 1-415-974-6356



0002169-0004740 PDF 001 ----- 679100 STM  
 MAURO LOPEZ  
 450 ENTRADA DR  
 APT 74  
 NOVATO CA 94949-5544

<b>Statement Date:</b>	08/12/2024
<b>Account Number:</b>	117161257
<b>Statement Period:</b>	07/08/24-08/07/24
<b>Replenishment Method:</b>	VISA
<b>Replenishment Amount:</b>	\$85.00

## Account Summary

Please review your statement promptly. Toll and other charges not questioned within 30 days will be deemed valid.

Posting Date	Transaction Date	Tag/Plate Transaction	Agency	Entry Plaza	Entry Time	Entry Lane	Exit Plaza	Exit Lane	Beginning Balance	Tolls/Charges	Credits	Ending Balance
		Beginning Balance							\$70.40			
07/08/24	07/07/24	01010001621360	CALT	RSR	23:03	02				\$7.00		\$63.40
07/11/24	07/10/24	01010000750939	CALT	CAR	22:12	03				\$7.00		\$56.40
07/16/24	07/15/24	01010002573254	GGBD	GGB	17:43	06				\$9.25		\$47.15
07/20/24	07/20/24	01010000750940	CALT	BAY	07:07	07				\$7.00		\$40.15
07/20/24	07/20/24	Payments									\$85.00	\$125.15
07/21/24	07/21/24	01010000750940	CALT	BAY	07:33	10				\$7.00		\$118.15
07/24/24	07/19/24	CA8NQL355	CALT	RSR	16:18	02				\$7.00		\$111.15
07/30/24	07/29/24	01010002573254	GGBD	GGB	15:39	02				\$9.25		\$101.90
07/31/24	07/31/24	01010002573254	CALT	BAY	15:05	09				\$7.00		\$94.90
07/31/24	07/31/24	01010002573254	CALT	RSR	18:29	03				\$7.00		\$87.90
08/01/24	07/31/24	01010002573254	CALT	RSR	18:29	03				\$-1.00		\$88.90
08/04/24	08/04/24	01010000750940	CALT	BAY	07:40	10				\$7.00		\$81.90
08/04/24	08/04/24	01010000750940	CALT	RSR	12:05	01				\$7.00		\$74.90
08/06/24	08/02/24	CA8NQL355	CALT	RSR	16:48	02				\$7.00		\$67.90

**Plaza Descriptions:**

RSR - Richmond-San Rafael Bridge      CAR - Carquinez Bridge  
 GGB - Golden Gate Bridge                BAY - Bay Bridge

PREPAID TOLL BALANCE	
Beginning Balance	\$70.40
Tolls/Charges	-\$87.50
Credits	+\$85.00
Ending Balance	\$67.90
TAG SUMMARY	
Tag Deposit	\$5.00

New toll rates on the Golden Gate Bridge went in effect July 1, 2024. Please visit [www.goldengate.org](http://www.goldengate.org) for details. Remember, you can use FasTrak for quick and convenient payments at all Bay Area bridges!

**EASY WAYS TO MANAGE YOUR ACCOUNT**  
WITH 24-HOUR ACCESS

<ul style="list-style-type: none"> <li>✓ Update credit card info</li> <li>✓ Add or delete vehicles</li> <li>✓ Update your address</li> <li>✓ Check toll activity</li> </ul>	<p><b>LOG ONTO</b> <a href="http://www.bayareafastrak.org">www.bayareafastrak.org</a></p>	<p>Call our Automated Phone Service at 1-877-229-8655</p>
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## APPLICATION AND LICENSE AGREEMENT Effective 3/31/22

Please read this Application and License Agreement carefully. By opening a FasTrak® account and using the FasTrak® Toll Tag or FasTrak® Flex Toll Tag, you agree to the following terms:

**General:** This FasTrak® License Agreement ("Agreement") with the Bay Area Toll Authority ("BATA") and the Golden Gate Bridge, Highway and Transportation District ("District"), collectively referred to in this Application and License Agreement as "the Agencies," allows you to use the FasTrak® or FasTrak® Flex Toll Tag through toll lanes of the State-owned toll bridges in the Bay Area (Antioch, Benicia-Martinez, Carquinez, Dumbarton, Richmond-San Rafael, San Francisco-Oakland Bay, San Mateo-Hayward bridges), the Golden Gate Bridge, the Bay Area Express Lanes, and FasTrak® authorized parking facilities. Unless otherwise specified, FasTrak® and FasTrak® Flex Toll Tags are commonly referred to in this Agreement as Toll Tags. This Agreement accompanies and is part of each FasTrak® Application. Your submittal of a FasTrak® Application constitutes your acknowledgement and consent to the terms of this Agreement. This Agreement is a license only and the Toll Tag remains the property of BATA.

### You agree to:

- Pay all the tolls charged to your FasTrak® account.
- Install and use the Toll Tag in accordance with instructions provided to you in your Toll Tag package.
- Obey all applicable laws, regulations, ordinances, and policies relating to the State-owned toll bridges, the Golden Gate Bridge, Bay Area Express Lanes and all other FasTrak® facilities while observing posted speed limits on all FasTrak® toll facilities.
- Set the self-declaration switch on your FasTrak® Flex Toll Tag in accordance with applicable laws, regulations, ordinances and policies prior to traveling on the Bay Area Express Lanes.
- Promptly review your statement and notify the FasTrak® Customer Service Center of any questions regarding charges. Charges not questioned within 30 days of notice will be deemed valid.

Report any changes to your name, mailing address, telephone number, vehicles, license plate numbers, and, if applicable, credit card number and expiration date when that new information is first known. (See contact information below). However, where a credit card number is associated with your account, the FasTrak® Customer Service Center will attempt to obtain an updated expiration date from BATA's credit card processing contractor before the credit card expires. If the attempt fails, you will be notified at the address listed on your account and requested to provide the updated expiration date. You remain liable for all tolls charged to the vehicle on your account until you have notified the Customer Service Center of any changes in vehicle ownership.

**Interoperability with FasTrak® System:** Your Toll Tag may be used to pay tolls on any Toll Facility bearing the FasTrak® logo, which presently includes the SR-241, SR-133, SR-73, SR-91, I-15, I-10, I-110, SR-125, Golden Gate Bridge, the seven State-owned toll bridges, and the Bay Area Express Lanes. If you drive on any FasTrak® Toll Facility in a vehicle with your Toll Tag, your Toll Tag will be read by that Toll Facility's electronic toll equipment, and a record of your transaction will be created. These tolls will be charged to your account in accordance with the rules, regulations and procedures of that FasTrak® Toll Facility. It is your responsibility to be aware of and comply with such rules, regulations, and procedures. If you use your Toll Tag on a FasTrak® Toll Facility, you agree to pay the tolls charged by that FasTrak® Toll Facility, whether billed by one of the Agencies or any other FasTrak® Toll Facility. You agree that the Agencies may share with the operator of such FasTrak® Toll Facility and its agents any information contained in this Application and License Agreement for purposes of processing and collecting tolls or penalties, and enforcing Agency policies.

**Toll Tag Use at Eligible Parking Facilities:** Your Toll Tag may also be used to pay parking fees at eligible parking facilities provided that you have not opted-out of the parking program and you have provided a valid credit card for your FasTrak® account.

### Minimum Account Balances, Fees and Charges:

You agree to maintain your prepaid toll account balance as described in this Agreement.

- If you select the credit card option, your account will be charged an initial prepaid balance of \$25 per Toll Tag. In addition, you authorize BATA to replenish your account by charging a minimum of \$25 or the higher average monthly usage to your credit card each time your toll account balance falls below your replenishment threshold (initially \$15).
- If you select the cash or check option, you agree to make a prepayment of \$25 per Toll Tag. In addition, you agree to make a minimum cash or check payment of \$40 each time your toll account balance falls below your replenishment threshold (initially \$30). You agree that such payment will be received by the Customer Service Center prior to your account reaching a zero balance.
- You agree that your replenishment amount and replenishment threshold are both subject to change based on your average monthly usage.
- If you select the credit card option, unless you opt out during the enrollment process, you are automatically opted-in to use your Toll Tag to pay parking fees at eligible parking facilities. Parking fees less than or equal to \$10 will be paid from your prepaid balance. You authorize BATA to charge your credit card for parking fees greater than \$10. If you select the cash or check option, you are not eligible to use your Toll Tag to pay for parking fees. You may opt-out of the parking program at any time by contacting the FasTrak® Customer Service Center at [www.bayareafastrak.org](http://www.bayareafastrak.org) and updating your account information.
- You agree that a \$25 fee may be charged to your account for checks returned by your bank or financial institution.
- You agree that BATA may charge a fee for providing extra statements. Please see our website for current fee amounts.
- You agree to waive all interest or benefits, if any, that may accrue on any prepaid balances or Toll Tag deposits.

Failure to maintain the required balance or properly maintain your account may result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law. In addition, failure to maintain the required balance or properly maintain your account may result in closure of your account and, in the case of negative account balance, may result in collection actions for any unpaid balance.

### Toll Tags:

- In addition to any prepaid account balance(s), you agree to pay a \$5 deposit for each Toll Tag licensed to you. BATA will refund the deposit without interest if you return the Toll Tag(s) in good working condition. No deposit shall be required for the first three Toll Tags issued to a credit card account. If you choose the credit card payment option, you agree that BATA may charge your credit card for the amount of the Toll Tag deposit(s) for each Toll Tag(s) not returned in good working condition.
- If a Toll Tag fails to operate for reasons other than abuse or improper use and is returned to the FasTrak® Customer Service Center, we will replace that Toll Tag at no charge.
- If a Toll Tag is lost or stolen, please call the FasTrak® Customer Service Center immediately by telephone at (877) 229-8655. You remain liable for all tolls charged to your Toll Tag until you have notified the Customer Service Center that your Toll Tag has been lost or stolen. In addition, you will be charged \$5 for each Toll Tag entrusted to your possession that has been stolen unless an official police report is provided.
- If you purchased your Toll Tag from a retail store, you agree that \$5 will be held as a deposit and the remaining balance of your purchase price will be available as prepaid tolls until the Toll Tag is registered. Upon registration using a credit card, the \$5 deposit will be applied to your prepaid toll balance. If registration is by cash/check, the \$5 will remain as a deposit. If you do not register your Toll Tag within seven (7) business days from first use, or if your prepaid toll balance becomes negative, the Toll Tag will become invalid and your tag deposit will be forfeited. Using an invalid Toll Tag on bridges will result in transactions being processed as invoice transactions. Unpaid invoice transactions will be processed as violations that are subject to fees, fines and penalties as provided by law. Using an invalid Toll Tag on express lanes will result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law.

**Termination:** The Agencies may terminate this Agreement at any time and for any reason. If the Agencies request, or if you wish to terminate this Agreement, you must return all of the issued Toll Tag(s) to the FasTrak® Customer Service Center. Upon termination and your return of your Toll Tag(s), your toll account balance and Toll Tag deposit(s) (if paid in advance) will be refunded to you within thirty (30) days without interest by check or credit card, less any amounts owed to the Agencies, Bay Area Express Lanes Facilities, or other FasTrak® Toll Facility or parking facility. Following any termination, you remain responsible for payments owed under this Agreement. If your toll account balance is insufficient to cover outstanding charges, you will remain liable for all such amounts. If such unpaid charges are not promptly remitted, you may become liable for additional service charges, fines, or penalties, in accordance with applicable law and you may be subject to collection actions for any unpaid balance.

**Changes:** The Agencies reserve the right to change the terms of this Agreement and these policies at any time by providing written notice on the FasTrak® website at [www.bayareafastrak.org](http://www.bayareafastrak.org). You will be deemed to have received such notice thirty (30) days after posting of that notice on the FasTrak® website. You agree to all changes when you use your Toll Tag after that date.

**Release and Indemnity:** You hereby release the Agencies and their directors, commissioners, officers, employees and agents from all loss, damage, or injury whatsoever, known or unknown, arising out of or in any manner connected with the use or performance of the Toll Tag(s) issued to you. You agree that neither the Agencies nor their directors, officers, employees nor agents will incur any obligation or liability for any such loss, damage or injury. Your sole and exclusive remedy against the Agencies will be replacement of any defective Toll Tag(s). You agree to indemnify, protect, and hold harmless the Agencies and their directors, commissioners, officers, employees, and agents from all liability for any loss, damage or injury to persons or property arising from or related to the use of the Toll Tag(s) issued to you.

**Failure to Comply** with any portion of this Agreement may result in your transactions being processed as violations under California Vehicle Code Section 40250 et seq. and any other applicable law. If violations occur, you will be subject to all fees, fines and penalties, and unpaid violations may be referred to collection or result in the DMV withholding your vehicle registrations, as provided by law. BATA and the District reserve the right to debit your account for unpaid violations including fees and fines.

**Personal Information Notice:** Agencies' treatment of personally identifiable information is described in the Privacy Policy available at [www.bayareafastrak.org](http://www.bayareafastrak.org) and is consistent with Federal and State laws governing an individual's rights to privacy. Your disclosure of personally identifiable information related to this program is voluntary. Failure to provide the information requested may result in delays in the processing of your enrollment application or in providing updated account information to you. Personally identifiable information provided by you and any data developed as a byproduct of your use of the electronic toll collection program will not be made available to third parties except as described in our Privacy Policy. You retain the right to inspect all personally identifiable information pertaining to your account. Any inquiry or request to obtain information, in accordance with the above provisions, should be directed in writing to the FasTrak® Customer Service Center, along with your name, address, and account number.

**Governing Law:** This Agreement shall be interpreted in accordance with the laws of the State of California. If any term of this Agreement is found to be invalid, such invalidity shall not affect the validity of the remaining terms.

**Communications:** Please address all inquiries and notices to:

FasTrak® Customer Service Center, P.O. Box 26926, San Francisco, CA 94126 Telephone: 1-877-BAY-TOLL (1-877-229-8655), (1-415-486-8655) Outside the United States Fax: 1-415-956-1663 Website: [www.bayareafastrak.org](http://www.bayareafastrak.org)



FasTrak Customer Service Center  
 PO Box 26926  
 San Francisco, CA 94126  
 www.bayareafastrak.org  
 1-877-BAY-TOLL (1-877-229-8655)  
 Fax 1-415-974-6356

0001997-0004349 PDF 001 ----- 824109 STM  
 MAURO LOPEZ  
 450 ENTRADA DR  
 APT 74  
 NOVATO CA 94949-5544

**Statement Date:** 09/09/2025  
**Account Number:** 117161257  
**Statement Period:** 08/08/25-09/07/25  
**Replenishment Method:** VISA  
**Replenishment Amount:** 125.00

## Account Summary

Please review your statement promptly. Toll and other charges not questioned within 30 days will be deemed valid.

Posting Date	Transaction Date	Tag/Plate Transaction	Agency	Entry Plaza	Entry Time	Entry Lane	Exit Plaza	Exit Lane	Beginning Balance	Tolls/Charges	Credits	Ending Balance
		Beginning Balance							\$137.90			
08/08/25	08/08/25	Statement Fees								\$1.00		\$136.90
08/09/25	08/08/25	01010001621360	CALT	RSR	23:01	02				\$8.00		\$128.90
08/14/25	08/13/25	01010002573254	GGBD	GGB	08:54	02				\$7.75		\$121.15
08/14/25	08/14/25	01010001621360	CALT	RSR	20:04	02				\$8.00		\$113.15
08/16/25	08/16/25	01010000750940	CALT	BAY	07:52	07				\$8.00		\$105.15
08/16/25	08/16/25	01010000750940	CALT	RSR	12:25	01				\$8.00		\$97.15
08/17/25	08/16/25	01010002573254	GGBD	GGB	17:32	02				\$9.75		\$87.40
08/18/25	08/17/25	01010001621360	GGBD	GGB	17:20	06				\$9.75		\$77.65
08/23/25	08/22/25	01010002573254	GGBD	GGB	21:54	06				\$9.75		\$67.90
08/24/25	08/23/25	01010001621360	CALT	RSR	20:17	02				\$8.00		\$59.90
08/24/25	08/24/25	Payments									\$125.00	\$184.90
08/30/25	08/30/25	01010000750940	CALT	BAY	07:54	09				\$8.00		\$176.90
09/01/25	08/31/25	01010002573254	GGBD	GGB	17:56	06				\$9.75		\$167.15
09/05/25	09/05/25	01010002573254	CALT	RSR	12:31	03				\$8.00		\$159.15
09/06/25	09/02/25	CA9JZV719	CALT	RSR	23:48	02				\$8.00		\$151.15

**Plaza Descriptions:**

RSR - Richmond-San Rafael Bridge      GGB - Golden Gate Bridge  
 BAY - Bay Bridge

PREPAID TOLL BALANCE	
Beginning Balance	\$137.90
Tolls/Charges	-\$111.75
Credits	+\$125.00
Ending Balance	\$151.15
TAG SUMMARY	
Tag Deposit	5.00

New toll rates on the Golden Gate Bridge are now in effect. Please visit [www.goldengate.org](http://www.goldengate.org) for details. Remember, you can use FasTrak for quick and convenient payments at all Bay Area bridges!



FasTrak Account # : 117161257

**EASY WAYS TO MANAGE YOUR ACCOUNT**

WITH 24-HOUR ACCESS

- ✓ Update credit card info
- ✓ Add or delete vehicles
- ✓ Update your address
- ✓ Check toll activity

**LOG ONTO**  
[www.bayareafastrak.org](http://www.bayareafastrak.org)

Call our  
Automated Phone Service  
at 1-877-229-8655



## APPLICATION AND LICENSE AGREEMENT Effective 3/31/22

Please read this Application and License Agreement carefully. By opening a FasTrak® account and using the FasTrak® Toll Tag or FasTrak® Flex Toll Tag, you agree to the following terms:

**General:** This FasTrak® License Agreement ("Agreement") with the Bay Area Toll Authority ("BATA") and the Golden Gate Bridge, Highway and Transportation District ("District"), collectively referred to in this Application and License Agreement as "the Agencies," allows you to use the FasTrak® or FasTrak® Flex Toll Tag through toll lanes of the State-owned toll bridges in the Bay Area (Antioch, Benicia-Martinez, Carquinez, Dumbarton, Richmond-San Rafael, San Francisco-Oakland Bay, San Mateo-Hayward bridges), the Golden Gate Bridge, the Bay Area Express Lanes, and FasTrak® authorized parking facilities. Unless otherwise specified, FasTrak® and FasTrak® Flex Toll Tags are commonly referred to in this Agreement as Toll Tags. This Agreement accompanies and is part of each FasTrak® Application. Your submittal of a FasTrak® Application constitutes your acknowledgement and consent to the terms of this Agreement. This Agreement is a license only and the Toll Tag remains the property of BATA.

### You agree to:

- Pay all the tolls charged to your FasTrak® account.
- Install and use the Toll Tag in accordance with instructions provided to you in your Toll Tag package.
- Obey all applicable laws, regulations, ordinances, and policies relating to the State-owned toll bridges, the Golden Gate Bridge, Bay Area Express Lanes and all other FasTrak® facilities while observing posted speed limits on all FasTrak® toll facilities.
- Set the self-declaration switch on your FasTrak® Flex Toll Tag in accordance with applicable laws, regulations, ordinances and policies prior to traveling on the Bay Area Express Lanes.
- Promptly review your statement and notify the FasTrak® Customer Service Center of any questions regarding charges. Charges not questioned within 30 days of notice will be deemed valid.

Report any changes to your name, mailing address, telephone number, vehicles, license plate numbers, and, if applicable, credit card number and expiration date when that new information is first known. (See contact information below). However, where a credit card number is associated with your account, the FasTrak® Customer Service Center will attempt to obtain an updated expiration date from BATA's credit card processing contractor before the credit card expires. If the attempt fails, you will be notified at the address listed on your account and requested to provide the updated expiration date. You remain liable for all tolls charged to the vehicle on your account until you have notified the Customer Service Center of any changes in vehicle ownership.

**Interoperability with FasTrak® System:** Your Toll Tag may be used to pay tolls on any Toll Facility bearing the FasTrak® logo, which presently includes the SR-241, SR-133, SR-73, SR-91, I-15, I-10, I-110, SR-125, Golden Gate Bridge, the seven State-owned toll bridges, and the Bay Area Express Lanes. If you drive on any FasTrak® Toll Facility in a vehicle with your Toll Tag, your Toll Tag will be read by that Toll Facility's electronic toll equipment, and a record of your transaction will be created. These tolls will be charged to your account in accordance with the rules, regulations and procedures of that FasTrak® Toll Facility. It is your responsibility to be aware of and comply with such rules, regulations, and procedures. If you use your Toll Tag on a FasTrak® Toll Facility, you agree to pay the tolls charged by that FasTrak® Toll Facility, whether billed by one of the Agencies or any other FasTrak® Toll Facility. You agree that the Agencies may share with the operator of such FasTrak® Toll Facility and its agents any information contained in this Application and License Agreement for purposes of processing and collecting tolls or penalties, and enforcing Agency policies.

**Toll Tag Use at Eligible Parking Facilities:** Your Toll Tag may also be used to pay parking fees at eligible parking facilities provided that you have not opted-out of the parking program and you have provided a valid credit card for your FasTrak® account.

### Minimum Account Balances, Fees and Charges:

You agree to maintain your prepaid toll account balance as described in this Agreement.

- If you select the credit card option, your account will be charged an initial prepaid balance of \$25 per Toll Tag. In addition, you authorize BATA to replenish your account by charging a minimum of \$25 or the higher average monthly usage to your credit card each time your toll account balance falls below your replenishment threshold (initially \$15).
- If you select the cash or check option, you agree to make a prepayment of \$25 per Toll Tag. In addition, you agree to make a minimum cash or check payment of \$40 each time your toll account balance falls below your replenishment threshold (initially \$30). You agree that such payment will be received by the Customer Service Center prior to your account reaching a zero balance.
- You agree that your replenishment amount and replenishment threshold are both subject to change based on your average monthly usage.
- If you select the credit card option, unless you opt out during the enrollment process, you are automatically opted-in to use your Toll Tag to pay parking fees at eligible parking facilities. Parking fees less than or equal to \$10 will be paid from your prepaid balance. You authorize BATA to charge your credit card for parking fees greater than \$10. If you select the cash or check option, you are not eligible to use your Toll Tag to pay for parking fees. You may opt-out of the parking program at any time by contacting the FasTrak® Customer Service Center at [www.bayareafastrak.org](http://www.bayareafastrak.org) and updating your account information.
- You agree that a \$25 fee may be charged to your account for checks returned by your bank or financial institution.
- You agree that BATA may charge a fee for providing extra statements. Please see our website for current fee amounts.
- You agree to waive all interest or benefits, if any, that may accrue on any prepaid balances or Toll Tag deposits.

Failure to maintain the required balance or properly maintain your account may result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law. In addition, failure to maintain the required balance or properly maintain your account may result in closure of your account and, in the case of negative account balance, may result in collection actions for any unpaid balance.

### Toll Tags:

- In addition to any prepaid account balance(s), you agree to pay a \$5 deposit for each Toll Tag licensed to you. BATA will refund the deposit without interest if you return the Toll Tag(s) in good working condition. No deposit shall be required for the first three Toll Tags issued to a credit card account. If you choose the credit card payment option, you agree that BATA may charge your credit card for the amount of the Toll Tag deposit(s) for each Toll Tag(s) not returned in good working condition.
- If a Toll Tag fails to operate for reasons other than abuse or improper use and is returned to the FasTrak® Customer Service Center, we will replace that Toll Tag at no charge.
- If a Toll Tag is lost or stolen, please call the FasTrak® Customer Service Center immediately by telephone at (877) 229-8655. You remain liable for all tolls charged to your Toll Tag until you have notified the Customer Service Center that your Toll Tag has been lost or stolen. In addition, you will be charged \$5 for each Toll Tag entrusted to your possession that has been stolen unless an official police report is provided.
- If you purchased your Toll Tag from a retail store, you agree that \$5 will be held as a deposit and the remaining balance of your purchase price will be available as prepaid tolls until the Toll Tag is registered. Upon registration using a credit card, the \$5 deposit will be applied to your prepaid toll balance. If registration is by cash/check, the \$5 will remain as a deposit. If you do not register your Toll Tag within seven (7) business days from first use, or if your prepaid toll balance becomes negative, the Toll Tag will become invalid and your tag deposit will be forfeited. Using an invalid Toll Tag on bridges will result in transactions being processed as invoice transactions. Unpaid invoice transactions will be processed as violations that are subject to fees, fines and penalties as provided by law. Using an invalid Toll Tag on express lanes will result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law.

**Termination:** The Agencies may terminate this Agreement at any time and for any reason. If the Agencies request, or if you wish to terminate this Agreement, you must return all of the issued Toll Tag(s) to the FasTrak® Customer Service Center. Upon termination and your return of your Toll Tag(s), your toll account balance and Toll Tag deposit(s) (if paid in advance) will be refunded to you within thirty (30) days without interest by check or credit card, less any amounts owed to the Agencies, Bay Area Express Lanes Facilities, or other FasTrak® Toll Facility or parking facility. Following any termination, you remain responsible for payments owed under this Agreement. If your toll account balance is insufficient to cover outstanding charges, you will remain liable for all such amounts. If such unpaid charges are not promptly remitted, you may become liable for additional service charges, fines, or penalties, in accordance with applicable law and you may be subject to collection actions for any unpaid balance.

**Changes:** The Agencies reserve the right to change the terms of this Agreement and these policies at any time by providing written notice on the FasTrak® website at [www.bayareafastrak.org](http://www.bayareafastrak.org). You will be deemed to have received such notice thirty (30) days after posting of that notice on the FasTrak® website. You agree to all changes when you use your Toll Tag after that date.

**Release and Indemnity:** You hereby release the Agencies and their directors, commissioners, officers, employees and agents from all loss, damage, or injury whatsoever, known or unknown, arising out of or in any manner connected with the use or performance of the Toll Tag(s) issued to you. You agree that neither the Agencies nor their directors, officers, employees nor agents will incur any obligation or liability for any such loss, damage or injury. Your sole and exclusive remedy against the Agencies will be replacement of any defective Toll Tag(s). You agree to indemnify, protect, and hold harmless the Agencies and their directors, commissioners, officers, employees, and agents from all liability for any loss, damage or injury to persons or property arising from or related to the use of the Toll Tag(s) issued to you.

**Failure to Comply** with any portion of this Agreement may result in your transactions being processed as violations under California Vehicle Code Section 40250 et seq. and any other applicable law. If violations occur, you will be subject to all fees, fines and penalties, and unpaid violations may be referred to collection or result in the DMV withholding your vehicle registrations, as provided by law. BATA and the District reserve the right to debit your account for unpaid violations including fees and fines.

**Personal Information Notice:** Agencies' treatment of personally identifiable information is described in the Privacy Policy available at [www.bayareafastrak.org](http://www.bayareafastrak.org) and is consistent with Federal and State laws governing an individual's rights to privacy. Your disclosure of personally identifiable information related to this program is voluntary. Failure to provide the information requested may result in delays in the processing of your enrollment application or in providing updated account information to you. Personally identifiable information provided by you and any data developed as a byproduct of your use of the electronic toll collection program will not be made available to third parties except as described in our Privacy Policy. You retain the right to inspect all personally identifiable information pertaining to your account. Any inquiry or request to obtain information, in accordance with the above provisions, should be directed in writing to the FasTrak® Customer Service Center, along with your name, address, and account number.

**Governing Law:** This Agreement shall be interpreted in accordance with the laws of the State of California. If any term of this Agreement is found to be invalid, such invalidity shall not affect the validity of the remaining terms.

**Communications:** Please address all inquiries and notices to:

FasTrak® Customer Service Center, P.O. Box 26926, San Francisco, CA 94126 Telephone: 1-877-BAY-TOLL (1-877-229-8655), (1-415-486-8655) Outside the United States Fax: 1-415-956-1663 Website: [www.bayareafastrak.org](http://www.bayareafastrak.org)



FasTrak Customer Service Center  
 PO Box 26926  
 San Francisco, CA 94126  
 www.bayareafastrak.org  
 1-877-BAY-TOLL (1-877-229-8655)  
 Fax 1-415-974-6356

0001906-0004084 PDPF 001 ----- 891352 STM  
 MAURO LOPEZ  
 450 ENTRADA DR  
 APT 74  
 NOVATO CA 94949-5544

**Statement Date:** 01/27/2026  
**Account Number:** 117161257  
**Statement Period:** 12/08/25-01/07/26  
**Replenishment Method:** VISA  
**Replenishment Amount:** 105.00

## Account Summary

Please review your statement promptly. Toll and other charges not questioned within 30 days will be deemed valid.

Posting Date	Transaction Date	Tag/Plate Transaction	Agency	Entry Plaza	Entry Time	Entry Lane	Exit Plaza	Exit Lane	Beginning Balance	Tolls/Charges	Credits	Ending Balance
		Beginning Balance							\$92.15			
12/12/25	12/12/25	01010000750940	CALT	RSR	18:27	02				\$8.00		\$84.15
12/13/25	12/13/25	01010001621360	CALT	RSR	20:16	02				\$8.00		\$76.15
12/14/25	12/14/25	01010000750940	CALT	BAY	08:31	09				\$8.00		\$68.15
12/15/25	12/11/25	CA9JZV719	CALT	RSR	01:45	03				\$8.00		\$60.15
12/22/25	12/21/25	01010001621360	CALT	RSR	21:57	02				\$8.00		\$52.15
12/23/25	12/23/25	Payments									\$105.00	\$157.15
12/28/25	12/27/25	01010001621360	CALT	BEN	21:37	13				\$8.00		\$149.15
01/07/26	01/07/26	Statement Fees								\$1.00		\$148.15

**Plaza Descriptions:**

RSR - Richmond-San Rafael Bridge      BAY - Bay Bridge  
 BEN - Benicia-Martinez Bridge

PREPAID TOLL BALANCE	
Beginning Balance	\$92.15
Tolls/Charges	-\$49.00
Credits	+\$105.00
Ending Balance	\$148.15
TAG SUMMARY	
Tag Deposit	5.00


Tolls are going up on all bridges except the Golden Gate Bridge Jan. 1, 2026. The increase will be 50 cents for two-axle vehicles and an additional 50 cents for each additional axle. The toll increase is to pay for maintenance, rehabilitation, and operation of the region's seven state-owned bridges. Carpool rules are also changing. Go to bayareafastrak.org for info.

**EASY WAYS TO MANAGE YOUR ACCOUNT**  
 WITH 24-HOUR ACCESS

- ✓ Update credit card info
- ✓ Add or delete vehicles
- ✓ Update your address
- ✓ Check toll activity

**LOG ONTO**  
[www.bayareafastrak.org](http://www.bayareafastrak.org)

Call our  
 Automated Phone Service  
 at 1-877-229-8655



**FASTRAK LICENSE AGREEMENT AND CUSTOMER TERMS AND CONDITIONS** Effective 10/1/2025

Please read this Application and License Agreement carefully. By opening a FasTrak® account and using the FasTrak® Toll Tag or FasTrak® Flex Toll Tag, you agree to the following terms:

**General:** This FasTrak® License Agreement ("Agreement") with the Bay Area Toll Authority ("BATA") and the Golden Gate Bridge, Highway and Transportation District ("District"), collectively referred to in this Application and License Agreement as "the Agencies," allows you to use the FasTrak® or FasTrak® Flex Toll Tag through toll lanes of the State-owned toll bridges in the Bay Area (Antioch, Benicia-Martinez, Carquinez, Dumbarton, Richmond-San Rafael, San Francisco-Oakland Bay, San Mateo-Hayward bridges), the Golden Gate Bridge, and the Bay Area Express Lanes. Unless otherwise specified, FasTrak® and FasTrak® Flex Toll Tags are commonly referred to in this Agreement as Toll Tags. This Agreement accompanies and is part of each FasTrak® Application. Your submittal of a FasTrak® Application constitutes your acknowledgement and consent to the terms of this Agreement. This Agreement is a license only and the Toll Tag remains the property of BATA.

**You agree to:**

- Pay all the tolls charged to your FasTrak® account.
- Install and use the Toll Tag in accordance with instructions provided to you in your Toll Tag package.
- Obey all applicable laws, regulations, ordinances, and policies relating to the State-owned toll bridges, the Golden Gate Bridge, Bay Area Express Lanes and all other FasTrak® facilities while observing posted speed limits on all FasTrak® toll facilities.
- Set the self-declaration switch on your FasTrak® Flex Toll Tag in accordance with applicable laws, regulations, ordinances and policies prior to traveling on the Bay Area Express Lanes.
- Promptly review your statement and notify the FasTrak® Customer Service Center of any questions regarding charges. Charges not questioned within 30 days of notice will be deemed valid.

Report any changes to your name, mailing address, telephone number, vehicles, license plate numbers, and, if applicable, credit card number and expiration date when that new information is first known. (See contact information below). However, where a credit card number is associated with your account, the FasTrak® Customer Service Center will attempt to obtain an updated expiration date from BATA's credit card processing contractor before the credit card expires. If the attempt fails, you will be notified at the email address listed on your account or via mail if no email address is available or if you have indicated mail is preferred, and you will be requested to provide the updated expiration date. You remain liable for all tolls charged to the vehicle on your account until you have notified the Customer Service Center of any changes in vehicle ownership.

**Interoperability with FasTrak® System:** Your Toll Tag may be used to pay tolls on any Toll Facility bearing the FasTrak® logo, which presently includes the Southern California toll roads: SR-241, SR-261, SR-133, SR-73, SR-91, I-15, I-10, I-110, I-405, and SR-125, the Golden Gate Bridge, the seven State-owned toll bridges, and the Bay Area Express Lanes. If you drive on any FasTrak® Toll Facility in a vehicle with your Toll Tag, your Toll Tag will be read by that Toll Facility's electronic toll equipment, and a record of your transaction will be created. These tolls will be charged to your account in accordance with the rules, regulations and procedures of that FasTrak® Toll Facility. It is your responsibility to be aware of and comply with such rules, regulations, and procedures. If you use your Toll Tag on a FasTrak® Toll Facility, you agree to pay the tolls charged by that FasTrak® Toll Facility, whether billed by one of the Agencies or any other FasTrak® Toll Facility. You agree that the Agencies may share with the operator of such FasTrak® Toll Facility and its agents any information contained in this Application and License Agreement for purposes of processing and collecting tolls or penalties, and enforcing Agency policies.

**Minimum Account Balances, Fees and Charges:** You agree to maintain your prepaid toll account balance as described in this Agreement.

If you select the credit card option, your account will be charged an initial prepaid balance of \$25 per Toll Tag. In addition, you authorize BATA to replenish your account by charging a minimum of \$25 or the higher average monthly usage to your credit card each time your toll account balance falls below your replenishment threshold (initially \$15).

If you select the cash or check option, you agree to make a prepayment of \$25 per Toll Tag. In addition, you agree to make a minimum cash or check payment of \$25 each time your toll account balance falls below your replenishment threshold (initially \$15). You agree that such payment will be received by the Customer Service Center prior to your account reaching a zero balance.

You agree that your replenishment amount and replenishment threshold are both subject to change based on your average monthly usage.

You agree that a \$25 fee may be charged to your account for checks returned by your bank or financial institution.

You agree that BATA may charge a fee for providing extra statements. Please see our website for current fee amounts.

You agree to waive all interest or benefits, if any, that may accrue on any prepaid balances or Toll Tag deposits.

Failure to maintain the required balance or properly maintain your account may result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law. In addition, failure to maintain the required balance or properly maintain your account may result in closure of your account and, in the case of negative account balance, may result in collection actions for any unpaid balance.

**Toll Tags:** In addition to any prepaid account balance(s), you agree to pay a \$5 deposit for each Toll Tag licensed to you. BATA will refund the deposit without interest if you return the Toll Tag(s) in good working condition. No deposit shall be required for the first three Toll Tags issued to a credit card account. If you choose the credit card payment option, you agree that BATA may charge your credit card for the amount of the Toll Tag deposit(s) for each Toll Tag(s) not returned in good working condition. If a Toll Tag fails to operate for reasons other than abuse or improper use and is returned to the FasTrak® Customer Service Center, we will replace that Toll Tag at no charge.

If a Toll Tag is lost or stolen, please call the FasTrak® Customer Service Center immediately by telephone at (877) 229-8655. You remain liable for all tolls charged to your Toll Tag until you have notified the Customer Service Center that your Toll Tag has been lost or stolen. In addition, you will be charged \$5 for each Toll Tag entrusted to your possession that has been stolen unless an official police report is provided.

If you purchased your Toll Tag from a retail store, you agree that \$5 will be held as a deposit and the remaining balance of your purchase price will be available as prepaid tolls until the Toll Tag is registered. Upon registration using a credit card, the \$5 deposit will be applied to your prepaid toll balance. If registration is by cash/check, the \$5 will remain as a deposit. If you do not register your Toll Tag within seven (7) business days from first use, or if your prepaid toll balance becomes negative, the Toll Tag will become invalid and your tag deposit will be forfeited. Using an invalid Toll Tag on bridges will result in transactions being processed as invoice transactions. Unpaid invoice transactions will be processed as violations that are subject to fees, fines and penalties as provided by law. Using an invalid Toll Tag on express lanes will result in transactions being processed as violations that are subject to fees, fines and penalties as provided by law.

**Improper Use of Account:** Any attempt to use the account for purposes other than paying tolls, may result in the termination of the account. The agency reserves the right to suspend, or terminate, accounts involved in such activity.

**Termination:** The Agencies may terminate this Agreement at any time and for any reason including a lack of activity on your FasTrak® account for a period of 36 months. If the Agencies request, or if you wish to terminate this Agreement, you must return all of the issued Toll Tag(s) to the FasTrak® Customer Service Center within ten days of the termination request. Upon termination and your return of your Toll Tag(s), your toll account balance and Toll Tag deposit(s) (if paid in advance) will be refunded to you within thirty (30) days without interest by check or credit card, less any amounts owed to the Agencies, Bay Area Express Lanes Facilities, or other FasTrak® Toll Facility. Following any termination, you remain responsible for payments owed under this Agreement. If your toll account balance is insufficient to cover outstanding charges, you will remain liable for all such amounts. If such unpaid charges are not promptly remitted, you may become liable for additional service charges, fines, or penalties, in accordance with applicable law and you may be subject to collection actions for any unpaid balance.

**Changes:** The Agencies reserve the right to change the terms of this Agreement and these policies at any time by providing written notice on the FasTrak® website at [www.bayareafastrak.org](http://www.bayareafastrak.org). You will be deemed to have received such notice thirty (30) days after posting of that notice on the FasTrak® website. You agree to all changes when you use your Toll Tag after that date.

**Release and Indemnity:** You hereby release the Agencies and their directors, commissioners, officers, employees and agents from all loss, damage, or injury whatsoever, known or unknown, arising out of or in any manner connected with the use or performance of the Toll Tag(s) issued to you. You agree that neither the Agencies nor their directors, officers, employees nor agents will incur any obligation or liability for any such loss, damage or injury. Your sole and exclusive remedy against the Agencies will be replacement of any defective Toll Tag(s). You agree to indemnify, protect, and hold harmless the Agencies and their directors, commissioners, officers, employees, and agents from all liability for any loss, damage or injury to persons or property arising from or related to the use of the Toll Tag(s) issued to you.

**Failure to Comply** with any portion of this Agreement may result in your transactions being processed as violations under California Vehicle Code Section 40250 et seq. and any other applicable law. If violations occur, you will be subject to all fees, fines and penalties, and unpaid violations may be referred to collection or result in the DMV withholding your vehicle registrations, as provided by law. BATA and the District reserve the right to debit your account for unpaid violations including fees and fines.

**Personal Information Notice:** Agencies' treatment of personally identifiable information is described in the Privacy Policy available at [www.bayareafastrak.org](http://www.bayareafastrak.org) and is consistent with Federal and State laws governing an individual's rights to privacy. Your disclosure of personally identifiable information related to this program is voluntary. Failure to provide the information requested may result in delays in the processing of your enrollment application or in providing updated account information to you. Personally identifiable information provided by you and any data developed as a byproduct of your use of the electronic toll collection program will not be made available to third parties except as described in our Privacy Policy. You retain the right to inspect all personally identifiable information pertaining to your account. Any inquiry or request to obtain information, in accordance with the above provisions, should be directed in writing to the FasTrak® Customer Service Center, along with your name, address, and account number.

**Governing Law:** This Agreement shall be interpreted in accordance with the laws of the State of California. If any term of this Agreement is found to be invalid, such invalidity shall not affect the validity of the remaining terms.

**Communications:** Please address all inquiries and notices to:  
FasTrak® Customer Service Center, P.O. Box 26926, San Francisco, CA 94126, Telephone: 877-BAY-TOLL (877-229-8655), Outside California: 415-486-8655  
Telecommunications Relay Services: Dial 711/Fax: 415-956-1663  
Website: [www.bayareafastrak.org](http://www.bayareafastrak.org)

Updated 10/1/2025

0001906-0004085

Page 2 of 2

## **Photographs of the Couple Demonstrating Bona Fide Marriage and Shared Life**

The following photographs document the relationship between the Respondent and the abuser during the marriage and illustrate the bona fide nature of the marital relationship prior to the escalation of abuse.



**El Salvador - November, 1999**



**El Salvador - December 10, 2001**



**San Rafael, CA, USA - August 17, 2019**



**San Rafael, CA, USA - August 17, 2019**



**San Francisco, CA, USA - August 17, 2019**



**San Francisco, CA, USA - August 17, 2019**

**Exhibit 12 - Evidence  
of Bona Fide  
Marriage and  
Extreme Hardship  
upon Removal -  
Children's Birth  
Certificate;**



"D" SERIES  
No. 232075



San Salvador City Hall

Births

**FAMILY STATUS REGISTRY**

BOOK: 058  
PAGE: FOUR HUNDRED  
AND SEVENTY-FOUR

REGISTRATION NUMBER FOUR HUNDRED AND SEVENTY-TWO.....  
 GERARDO ANTONIO.....  
 male.....  
 born in SAN SALVADOR.....  
 at the Social Security Hospital.....  
 at three hours and twenty-three minutes p.m. ....  
 on the second day of December two thousand and one.....  
 son of: YANSI ELIZABETH, SANDOVAL MEJIA.....  
 Socially known as:  
 twenty years of age. Housewife.....  
 residing at SAN PEDRO MASAHUAT.....  
 of SALVADORAN nationality.....  
 who presented her Personal Identity Card.....  
 number zero eight - zero four - zero zero one eight six five five.....  
 document issued in SAN PEDRO MASAHUAT.....  
 and of: MAURO ANTONIO, LOPEZ HERNÁNDEZ.....  
 Socially known as:  
 twenty-four years of age, Employee.....  
 residing at SAN PEDRO MASAHUAT.....  
 of SALVADORAN nationality.....  
 who presented his Personal Identity Card.....  
 number zero eight - zero four - zero zero one six six one nine.....  
 document issued in SAN PEDRO MASAHUAT.....  
 PROVIDED THE FOLLOWING INFORMATION: MAURO ANTONIO LOPEZ HERNÁNDEZ.....  
 Father of the Registered Person.....  
 CITY HALL, San Salvador, the fourth day of December two thousand and one

*[Signature]*

Declarant

/m.h.h

*[Signature]*  
LIC. CAROL MARY DEL ROSARIO

Head of the Family  
Status Registry

\*Translator's Note: The watermark in the document's background reads "Ministry of Finance".

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: February 9, 2026.



SERIE " D "
No. 232075



Alcaldia Municipal de San Salvador

NACIMIENTOS

REGISTRO DEL ESTADO FAMILIAR

LIBRO : 068
FOLIO : CUATROCIENTOS
SETENTA Y CUATRO

PARTIDA NUMERO CUATROCIENTOS SETENTA Y DOS.
GERARDO ANTONIO,
sexo masculino,
nació en SAN SALVADOR,
en Hospital del Seguro Social,
a las quince horas veintitres minutos,
del día dos de diciembre de dos mil uno,
hijo de : YANSI ELIZABETH, SANDOVAL MEJIA,
Conocida socialmente como:
de veinte años de edad, Oficios del Hogar,
del domicilio de SAN PEDRO MASAHUAT,
de nacionalidad SALVADOREÑA,
quien exhibió su Cedula de Identidad Personal,
número cero ocho - cero cuatro - cero cero uno ocho seis cinco cinco,
documento expedido en SAN PEDRO MASAHUAT,
y de : MAURO ANTONIO, LOPEZ HERNANDEZ,
Conocido socialmente como:
de veinticuatro años de edad, Empleado,
del domicilio de SAN PEDRO MASAHUAT,
de nacionalidad SALVADOREÑA,
quien exhibió su Cedula de Identidad Personal,
número cero ocho - cero cuatro - cero cero uno seis seis uno nueve,
documento expedido en SAN PEDRO MASAHUAT,
DIO ESTOS DATOS : MAURO ANTONIO LOPEZ HERNANDEZ,
Padre del inscrito,
ALCALDIA MUNICIPAL, San Salvador, cuatro de diciembre de dos mil uno

[Signature]
Informante

[Signature]
Jefe del Registro
del Estado Familiar

/m.h.h

"D" SERIES

No. 232074



San Salvador City Hall

Births

FAMILY STATUS REGISTRY

BOOK: 058  
PAGE: FORTY-TWO

REGISTRATION NUMBER FORTY.....  
 DAMARIS ELIZABETH.....  
 female.....  
 born in SAN SALVADOR.....  
 at the Maternity Hospital.....  
 at ten hours and ten minutes p.m. ....  
 on the eighteenth day of August two thousand and three.....  
 daughter of: YANSI ELIZABETH, SANDOVAL MEJIA.....  
 Socially known as:  
 Twenty-one years of age. Housewife.....  
 residing at SAN PEDRO MASAHUAT.....  
 of SALVADORAN nationality.....  
 who presented her Personal Identity Card.....  
 number zero two nine five seven four zero six - eight.....  
 document issued in ZACATECOLUCA.....  
 and of: MAURO ANTONIO, LOPEZ HERNÁNDEZ.....  
 Socially known as:  
 twenty-six years of age, Employee.....  
 residing at SAN PEDRO MASAHUAT.....  
 of SALVADORAN nationality.....  
 who presented his Personal Identity Card.....  
 number zero zero nine zero seven six three three - three.....  
 document issued in SAN SALVADOR.....  
 PROVIDED THE FOLLOWING INFORMATION: MAURO ANTONIO LOPEZ HERNÁNDEZ.....  
 Father of the Registered Person.....  
 CITY HALL, San Salvador, the first day of September two thousand and three

*[Signature]*

Declarant

*[Signature]*  
LIS ANGELA MARIA DELGON DE ROS

Head of the Family  
Status Registry

l.r.h

\*Translator's Note: The watermark in the document's background reads "Ministry of Finance".

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: February 9, 2026.

SERIE " D "
No. 232074



Alcaldia Municipal de San Salvador

NACIMIENTOS

REGISTRO DEL ESTADO FAMILIAR

LIBRO : 036
FOLIO : CUARENTA
Y DOS

PARTIDA NUMERO CUARENTA
DAMARIS ELIZABETH
sexo femenino
nació en SAN SALVADOR
en Hospital de Maternidad
a las veintidos horas diez minutos
del día dieciocho de agosto de dos mil tres
hija de : YANSI ELIZABETH SANDOVAL MEJIA
Conocida socialmente como:
de veintun años de edad, Ofiidos del Hogar
del domicilio de SAN PEDRO MASAHUAT
de nacionalidad SALVADOREÑA
quien exhibió su Documento Unico de Identidad
número cero dos nueve cinco siete cuatro cero seis - ocho
documento expedido en ZACATECOLUCA
y de : MAURO ANTONIO LOPEZ HERNANDEZ
Conocido socialmente como:
de veintiseis años de edad, Empleado
del domicilio de SAN PEDRO MASAHUAT
de nacionalidad SALVADOREÑA
quien exhibió su Documento Unico de Identidad
número cero cero nueve cero siete seis tres tres - tres
documento expedido en SAN SALVADOR
DIO ESTOS DATOS : MAURO ANTONIO LOPEZ HERNANDEZ
Padre de la inscrita
ALCALDIA MUNICIPAL, San Salvador, primero de septiembre de dos mil tres

Informante

LIS ANELA MARIA DELGON DE ROS
Jefe del Registro
del Estado Familiar

l.r.h

**Exhibit 13 - Evidence  
of Good Moral  
Character - FBI  
Background Check**



**U.S. Department of Justice**  
 Federal Bureau of Investigation  
 Criminal Justice Information Services Division  
 Clarksburg, WV 26306

MAURO ANTONIO LOPEZ HERNANDEZ  
 ATTN: OTIS C LANDERHOLM ESQ  
 C/O: LANDERHOLM IMMIGRATION APC  
 1900 EMBARCADERO #310  
 OAKLAND, CA 94606

Date: 12-15-2021

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

MAURO ANTONIO LOPEZ HERNANDEZ

Search Completed Result

12-15-2021 E2021349000000246033

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.


Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at [www.fbi.gov/checks](http://www.fbi.gov/checks) for further instructions.

  
 Scott A. Rago  
 Section Chief  
 Biometric Services Section  
 Criminal Justice Information  
 Services Division

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E2021349000000246033

DC000001Z  
DO 556-73 REQ  
FBI-CJIS-WV  
BIOMETRIC TECHNOLOGY CTR  
1000 CUSTER HOLLOW RD  
CLARKSBURG, WV 26306

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z  
TCN WVFBIJMOZ-20211215170207-EDO-0000-55330  
AGENCY CASE D74396121349

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH  
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME LOPEZ HERNANDEZ, MAURO ANTONIO

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	U	1977/05/07	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	EL SALVADOR

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)  
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z

NCN E2021349000000246033

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY  
SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE  
DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

\*\*\*\*NOTICE\*\*\*\*

SUBJECT OF RECORD IS WANTED  
SEE END OF RECORD FOR MORE INFORMATION

\*\*\*\*NOTICE\*\*\*\*

SUBJECT OF RECORD IS AN IMMIGRATION VIOLATOR  
SEE END OF RECORD FOR MORE INFORMATION

NAME	FBI UCN	DATE REQUESTED
LOPEZ-HERNANDEZ, MAURO ANTONIO	428167LC6	2021/12/15

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1977/05/07	509	170	BRO	BLK

BIRTH PLACE  
EL SALVADOR

PATTERN CLASS	CITIZENSHIP
LS AU LS AU LS AU AU LS LS LS	EL SALVADOR

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION  
CLARKSBURG, WV 26306

DC000001Z  
PART 2

NCN E2021349000000246033

- FBI IDENTIFICATION RECORD - FBI UCN-428167LC6

1-ARRESTED OR RECEIVED 2006/02/24  
AGENCY-CBP-OBP STATION MCALLEN (TXCBP6700)  
AGENCY CASE-43543747

FINGERPRINT INFORMATION  
BSI/2000109772241  
PRINT DATE/2006/02/24

PHOTO INFORMATION - 1 PHOTOS AVAILABLE  
BSI/40033709805  
POSE/ DESC/  
PHOTO DATE/2006/02/24

CHARGE 1-ALIEN REMOVAL UNDER SECTION 212 AND 237

COURT- (  
DISPOSITION-OTHER  
CHARGE-DSPE/ALIEN REMOVAL UNDER SECTION 212 AND 237  
DSPE/WARRANT OF ARREST/NOTICE TO APPEAR

-----  
\* IMMIGRATION VIOLATOR INFORMATION \*  
\* \*  
\* THE SUBJECT OF THIS RECORD IS LISTED AS AN IMMIGRATION VIOLATOR \*  
\* WITH THE FOLLOWING AGENCY: \*  
\* \*  
\* AGENCY-DHS LAW ENF SS WILLISTON (VTICE0900) \*  
\* AGENCY CASE - A099666221 \*  
\* NCIC NUMBER - NIC/N210491289 \*  
\* OFFENSE - CHG/ALIEN UNLAWFULLY PRESENT DUE TO ORDER OF REMOVAL OR EXCLUSION \*  
FROM THE USA\*  
\* DATE LISTED - 2014/09/07 \*  
-----

RECORD UPDATED 2021/12/15

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON  
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL  
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

# **Exhibit 14 - Letters of Support**

Jose W. Lopez  
1400 Technology Ln.  
Petaluma, C.A 94954  
(415)686-4086

To Whom It May Concern,

My name is Jose W. Lopez, and I am a United States citizen. I am writing this letter in support of my brother, Mauro Antonio Lopez, as part of his immigration case. I respectfully ask that this letter be considered as a sincere account of Mauro's character, his importance to our family, and the positive role he plays in our lives.

Mauro is a hardworking, calm, family-oriented, and helpful person. He consistently shows responsibility and dedication in both his work and his personal life. He is someone our family relies on because of his steady nature, kindness, and willingness to help others without expecting anything in return.

Over the years, I have served as a mentor and source of guidance for Mauro, particularly during difficult times in his life. One of the most challenging periods occurred in October 2022, when Mauro was experiencing a severe episode of depression. During that time, he confided in me that he was struggling emotionally and had thoughts of harming himself. I took this situation very seriously and made sure he was not alone.

I provided constant emotional support by spending time with him, checking in regularly, listening to his concerns, and reminding him of his value, his family, and the importance of his life. Through consistent encouragement and family support, Mauro was able to overcome this difficult period. Since then, I have seen him grow stronger emotionally and mentally, focusing on his well-being, his work, and maintaining a stable and positive life.

This experience showed me Mauro's resilience, humility, and willingness to accept help, as well as his desire to move forward in a healthy and responsible way. He continues to be a positive

presence in our family and community.

Additionally, Mauro has a meaningful and positive impact on those around him. He brings peace rather than conflict, supports family members when they are in need, shows respect to elders, and sets a positive example through his calm demeanor and strong work ethic. His presence is deeply valued, and his absence would cause significant emotional and practical hardship to our family.

I strongly believe that Mauro deserves the opportunity to remain with his family and continue building a stable life. He is not only my brother, but someone I deeply care for and am proud to support. I respectfully ask that you consider this letter and view Mauro Antonio Lopez as the compassionate, hardworking, and valuable individual that he is.

Thank you for your time and consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Mauro Antonio Lopez', written in a cursive style.



Luis Corena  
2531 26th Ave, Apt D  
Oakland, CA 94601  
(415) 716-6530

USCIS

January 10, 2025

RE: Letter of Support for Mauro Lopez

To Whom It May Concern:

My name is Luis Corena and I was born on June 18, 1988, in San Francisco, California. My phone number is (415) 716-6530.

I am writing this letter in support of Mauro Lopez. He is my uncle.

I first met my uncle when he visited us after he came from El Salvador. My first impression of him is that he was a good guy, hardworker, responsible because he was supporting his family back in El Salvador.

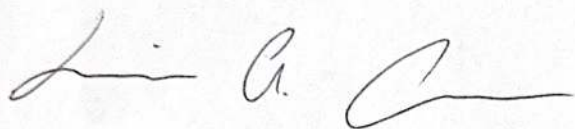
I knew he had a wife and kids back in El Salvador, but I had never met them. All I knew is that he provided for them by sending them money so they could live comfortably.

A few years after my uncle started coming around, his wife Elizabeth Sandoval and his kids joined him. He introduced us to them and we welcomed them with open arms. It wasn't long after his wife came that I started to see less of my uncle. He then stopped coming around completely. I saw him at our nieces fifteenth birthday. At this point, it had been about two years since I had last seen him. When I saw him, I was shocked. He had lost weight and his demeanor was more serious and he was no longer the same. I noticed he didn't talk as much and when he did his wife would cut him off. I noticed that she belittled him by saying that they didn't have certain things because he wasn't smart enough or because he didn't have enough money. My uncle would only look down and wouldn't say anything. On the handful of occasions when he came around she acted the same way towards him.

I swear under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. Please feel free to contact me at (415) 716-6530 if you have any questions. Thank you for considering this letter of support.

Sincerely,

Luis Corena

A handwritten signature in black ink, appearing to read "Luis Corena". The signature is fluid and cursive, with a long horizontal stroke at the end.



Vanesa Corena  
2531 26th Ave, Apt D  
Oakland, CA 94601  
(415) 374-5549

USCIS

January 10, 2025

RE: Letter of Support for Mauro Lopez

To Whom It May Concern:

My name is Vanesa Corena and I was born on March 28, 1988, Jalisco, Mexico. My phone number is (415) 374-5549.

I am writing this letter in support of Mauro Lopez. He is my uncle in law.

I first met him when he visited us after he came from El Salvador. My first impression of him is that he was a good guy, hardworker, responsible because he was supporting his family back in El Salvador.

I knew he had a wife and kids back in El Salvador, but I had never met them. All I knew is that he provided for them by sending them money so they could live comfortably.

A few years after my uncle started coming around, his wife Elizabeth Sandoval and his kids joined him. He introduced us to them and we welcomed them with open arms. It wasn't long after his wife came that I started to see less of my uncle. He then stopped coming around completely. I saw him at our nieces fifteenth birthday. At this point, it had been about two years since I had last seen him. When I saw him, I was shocked. He had lost weight and his demeanor was more serious and he was no longer the same. I noticed he didn't talk as much and when he did his wife would cut him off. I noticed that she belittled him by saying that they didn't have certain things because he wasn't smart enough or because he didn't have enough money. My uncle would only look down and wouldn't say anything. On the handful of occasions when he came around she acted the same way towards him.

I swear under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. Please feel free to contact me at (415) 374-5549 if you have any questions. Thank you for considering this letter of support.

Sincerely,

Vanesa Corena

A handwritten signature in cursive script that reads "Vanesa Corena". The signature is written in dark ink and is positioned below the printed name.



Anabel Ramirez  
2021 84th Ave  
Oakland, CA 94621  
(415) 900-9595

USCIS

September 10, 2025

RE: Letter of Support for Mauro Lopez

To Whom It May Concern:

My name is Anabel Ramirez. I was born on November 15, 1967 in El Salvador. My phone number is (415) 900-9595.

I am writing this letter in support of Mauro Lopez. He is my brother.

I first met my brother after I found out he had come from El Salvador. My brother and I are siblings through our father, so they we have much of a relationship while growing up because my mom came to the United States when I was a teenager and brought me along with her.

When I first met my brother, he was alone. I knew he had a wife and kids back in El Salvador, but I had never met them. All I knew is that he provided for them by sending them money so they could live comfortably. I always admired him for that because even though they were far away from each other, he never abandoned them. My brother was a lot like me in that we are the life of a party. We always used to joke around. We grew close and we have always respected each other and respected each other's families.

A few years after my brother started coming around, his wife Elizabeth Sandoval and my niece and nephew joined him. He introduced us to them and we welcomed them with open arms. At first his wife was quiet and would only observe us while we were talking. After a few months of her being with him, we started noticing differences in my brother. He wouldn't come around as much and would only give me the excuse that he was busy with work which was understandable. This went on for awhile until he completely stopped coming around. My daughter invited him to my granddaughter's fifteenth birthday and it surprised me when she told me that he told her that he would try to come. At this point, it

had been about two years since I had last seen him. When I saw him, I was shocked. He had lost weight and he had rashes on his arms. I noticed he didn't talk as much and when he did his wife would cut him off. I noticed that she belittled him by saying that they didn't have certain things because he wasn't smart enough or because he didn't have enough money. My brother would only look down and wouldn't say anything. On the handful of occasions when he came around she acted the same way towards him. I called him once and asked him what was going on. He told me that he was stressing out a lot because he felt he wasn't good enough and that sometimes he didn't even know how to approach her because she would yell at him or argue about the smallest things. I told him to leave but he said he couldn't because of their kids. There is no question that this was emotional and psychological abuse.

I swear under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. Please feel free to contact me at (415) 900-9595 if you have any questions. Thank you for considering this letter of support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anabel Ramirez', written in a cursive style.

Anabel Ramirez



Martha Orellana  
2021 84th Ave  
Oakland, CA 94621  
(510) 424-8643

USCIS

September 10, 2025

RE: Letter of Support for Mauro Lopez

To Whom It May Concern:

My name is Martha Orellana. I was born on January 20, 1986 in San Francisco, California. My phone number is (510) 424-8643 and my e-mail address is [martha\\_orellano34@gmail.com](mailto:martha_orellano34@gmail.com).

I am writing this letter in support of Mauro Lopez. He is my uncle. He is my mother's brother and I have known him for about 15 years.

I first met my uncle when he visited my mother at her after being estranged from her. My mother and uncle are siblings through their dad, so they didn't have much of a relationship while growing up because my mom came to the United States when she was a teenager.

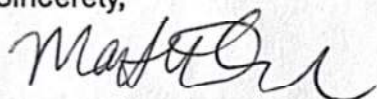
When I first met my uncle, he was alone. I knew he had a wife and kids back in El Salvador, but I had never met them. All I knew is that he provided for them by sending them money so they could live comfortably. I always admired him for that because even though they were far away from each other, he never abandoned them. My uncle was always joking around and always made me feel comfortable around him. He grew close to us and I have always respected him as my uncle. He would always speak his mind and joined us at family events.

A few years after my uncle started coming around, his wife Elizabeth Sandoval and both of their kids joined him. He introduced us to them and we welcomed them with open arms. At first his wife was quiet and would only observe us while we were talking. After a few months of her being with him, we started noticing differences in my uncle. He wouldn't come around and would sometimes ignore our calls. This went on for awhile until he completely stopped coming around. It was after I reached out to him to invite him and his family's to

my daughter's fifteenth birthday that he finally responded to one of my text messages and told me that he would see if he could make it. At this point, it had been about two years since I had last seen him. When I saw him, I was shocked. He had lost weight and he had rashes on his arms. I noticed he didn't talk as much and when he did his wife would cut him off. I noticed that she belittled him by saying that they didn't have certain things because he wasn't smart enough or because he didn't have enough money. My uncle would only down and wouldn't say anything. On the handful of occasions when he came around she acted the same way towards him. There is no question that this was emotional and psychological abuse.

I swear under penalty of perjury, that the foregoing is true and correct to the best of my knowledge. Please feel free to contact me at (510) 424-8643 if you have any questions. Thank you for considering this letter of support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Martha Orellana', written in a cursive style.

Martha Orellana

THIS PASSPORT IS A REPLACEMENT FOR A LOST PASSPORT



*Martha Ramirez*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSEPORT / PASAPORTE

# THE UNITED STATES OF AMERICA

Type/Type/Tipo      Code/Code/Código      Passport No./No. du Passeport/No. de Pasaporte  
P                              USA                              A29476498

USA

Surname/Nom/Apellidos  
**ORELLANA-RAMIREZ**  
Given names/Prénoms/Nombres  
**MARTHA GUADALUPE**

Nationality/Nationalité/Nacionalidad  
**UNITED STATES OF AMERICA**

Date of birth/Date de naissance/Fecha de nacimiento  
**20 JAN 1986**

Sex/Sexe/Sexo  
**F**

Place of birth/Lieu de naissance/Lugar de nacimiento  
**CALIFORNIA, U.S.A.**

Date of issue/Date de délivrance/Fecha de expedición  
**03 NOV 2023**

Date of expiration/Date d'expiration/Fecha de caducidad  
**02 NOV 2033**

Authority/Autorité/Autoridad

**UNITED STATES DEPARTMENT OF STATE**



USA  
A29476498  
03 NOV 2023  
02 NOV 2033

P<USAORELLANA<RAMIREZ<<MARTHA<GUADALUPE<<<<<  
A294764983USA8601207F3311020353522379<805578

**Exhibit 15 -  
Biometrics Fee  
Payment Receipt**



[Browse Payments](#) [See All Forms](#) [Help](#) [About Us](#)

For your security, we recommend you close your browser when you complete your payment.

## Payment Confirmation - DHS-EOIR Biometric Services Fee



Before You Begin



Complete Agency Form



Enter Payment Info



Review & Submit



Confirmation

### Need Help?



**Contact:**  
Shaunise Cook

**Email:**  
[Click to email](#)

### Your payment is complete

You will not be able to access this receipt once you leave this page. A confirmation email has been sent to [finance@yousalaw.com](mailto:finance@yousalaw.com), [luisa.ravagnani@yousalaw.com](mailto:luisa.ravagnani@yousalaw.com).

### Because you are not signed in:

This payment will not show in your payment activity. You can sign in or create an account now and Pay.gov will have a record of your payment.

### To confirm your payment went through:

Contact the federal government agency you paid. Pay.gov is unable to cancel this transaction.

**We value your feedback!**

Do you have any feedback regarding your Pay.gov experience? [Please share it here.](#)

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 USCIS takes on an application, petition, or request. You must submit all fees in the exact amounts.

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.

**Tracking Information**

Pay.gov Tracking ID: 280U1H6F

Agency Tracking ID: 77340941681

Form Name: DHS-EOIR Biometric Services Fee

Application Name: DHS-EOIR Biometric Services Fee

**Payment Information**

Payment Type: Debit or credit card

Payment Amount: \$30.00

Transaction Date: 03/30/2026 10:38:56 AM EDT

Payment Date: 03/30/2026

Name: Mauro Antonio, Lopez Hernandez

Address: 450 Entrada Dr, apto 74, Novato, CA, 94949

Date of Birth: 05/07/1977

Country of Birth: SLV

Email: finance@yousalaw.com

Form Filed: EOIR 42B

Receipt #:

### Account Information

Cardholder Name: Otavio H Silva

Card Type: American Express

Card Number: \*\*\*\*\*1003

## Sign In to your Pay.gov account!

[Sign In](#)

*With a Pay.gov account you can manage payments and view history. If you don't have an existing account, you will have the option to create an account on the sign-in page.*

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**CERTIFICATE OF SERVICE**

On \_\_\_\_\_ 2026, I, Natalia Vieira Santanna, served, by priority mail, a copy of the **Motion to Reopen Removal Proceedings and Request for Stay of Removal and Fee Waiver Requests** to the **US Department of Homeland Security (Office of the Principal Legal Advisor)** at the following mailing address: 55 E. Monroe Street, Suite 1400, Chicago, IL 60603.

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