U.S. Postal Service (USPS):

USCIS
Attn: 1367
P.O. Box 20020
Phoenix, AZ 85036-0020

**RE: I-360 Petition for Amerasian, Widow or Special Immigrant.**
Petitioner: Reginaldo De Paula Da Silva

**Dear Immigration Officer,**

I am writing to present the case of my client, Reginaldo De Paula Da Silva, who is seeking approval of his Violence Against Women Act (VAWA) green card application. Based on the client's comprehensive declaration and a thorough psychological evaluation conducted by Dr. Louisa Lurkis, Ph.D., it is evident that Mr. De Paula Da Silva's situation fulfills all the necessary elements for VAWA relief, warranting your favorable consideration.

**Qualifying Relationship:**

Mr. De Paula Da Silva married his U.S. citizen spouse, Ms. Yvette Jackson, in July 2024. They remain legally married at the time of this petition, as Mr. De Paula Da Silva has been unable to pursue divorce proceedings due to the severe psychological toll of the abuse and ongoing threats from Ms. Jackson. The marriage took place after a period of traveling between California and Atlanta; ultimately, at Ms. Jackson's insistence, Mr. De Paula Da Silva decided to permanently relocate to Atlanta, Georgia, leaving behind his life, employment, and personal belongings to build a future with her.

Following the marriage, the applicant filed a family-based petition and an accompanying Application to Register Permanent Residence or Adjust Status (Form I-485) under Receipt Number IOE0929532011; however, this application was denied on June 16, 2025. Due to the increasing instability of the marriage and the profound psychological fragility caused by the ongoing abuse, the applicant did not seek an appeal or motion to reopen the decision at that time.

This qualifying relationship subjected him to a sustained pattern of severe emotional, psychological, and financial abuse, as well as threats to his immigration status, abuse that caused profound suffering and compelled him to seek safety and protection under the VAWA provisions.

**Abuse or Extreme Cruelty:**

The declaration provided by Mr. De Paula Da Silva outlines a harrowing account of emotional, psychological, and financial abuse inflicted upon him by his U.S. citizen spouse. The abuse included:

- Constant verbal humiliation and emasculation, including being told he was not man enough, weak, and a coward;
- Deliberate comparisons to her abusive ex-husband, designed to demean and control him;

- Threats to report him to immigration authorities if he did not comply with her financial demands or refused to give her money;
- Infidelity with her ex-husband, discovered when Mr. De Paula Da Silva found them together in the marital home;
- Aggressive and violent outbursts, including breaking glass objects (cups, bottles, table glass) in his presence;
- Ongoing harassment via phone calls and text messages, including insults, threats, and demands for money, even after separation;
- Isolation and control tactics, including accusations of infidelity whenever he traveled, and manipulation designed to make him feel guilty and dependent.

The attached psychological evaluation, conducted by Dr. Louisa Lurkis, Ph.D., further substantiates the profound psychological trauma endured by Mr. De Paula Da Silva as a direct consequence of the abuse. The evaluation documents clinically significant symptoms consistent with:

- Major Depressive Disorder, Moderate (DSM-5 F33.1)
- Generalized Anxiety Disorder (DSM-5 300.02)
- Posttraumatic stress symptoms (PCL-5 score: 47/80, indicating clinically significant PTSD symptoms)
- Severe anxiety (GAD score: 21/21, endorsing all items in the most severe range)
- Moderate depressive symptoms (PHQ-9 score: 17/27)
- Moderate anxiety symptoms (BAI score: 24/63)

Dr. Lurkis's evaluation confirms that Mr. De Paula Da Silva experiences intrusive thoughts, flashbacks, nightmares, hypervigilance, poor concentration, social isolation, loss of interest in previously enjoyed activities, poor sleep (4–5 hours per night), poor appetite, significant weight loss (approximately 18–20 pounds), feelings of shame and embarrassment, self-blame, fear for his safety and immigration status, and suicidal ideation. These symptoms are directly linked to the prolonged abuse suffered at the hands of Ms. Jackson and her ex-husband, who also verbally assaulted and threatened Mr. De Paula Da Silva with racial slurs and physical violence.

The severity of the abuse and its detrimental impact on Mr. De Paula Da Silva's mental, emotional, and physical well-being is unmistakable. His daily functioning across social, occupational, and psychological domains has been significantly impaired, underscoring the urgent need for protection and relief under VAWA.

**Good Moral Character:**

Throughout his time in the United States since June 2013, Mr. De Paula Da Silva has consistently demonstrated good moral character. Aside from minor traffic records, he has no criminal convictions or any activity that reflects negatively on his character, as confirmed by the Federal Bureau of Investigation (FBI) (see Exhibit 4). He has been a law-abiding resident, adhering to the laws and regulations of this country. Despite the severe emotional and psychological toll of the abuse, he has sought help through his church community, family support, and professional psychological evaluation, demonstrating resilience and a commitment to healing and rebuilding his life.

In light of the compelling evidence presented—including Mr. De Paula Da Silva's detailed declaration, the comprehensive psychological evaluation by Dr. Louisa Lurkis, and supporting documentation—it is my fervent request that you grant approval of Mr. Reginaldo De Paula Da Silva's VAWA-based adjustment of status without delay. The information provided clearly demonstrates the veracity of his claims, the severity of the abuse he endured, and the urgent need for protection from the abusive environment inflicted upon him by his U.S. citizen spouse.

Thank you for your prompt attention to this matter. I trust that you will exercise your discretion in accordance with the provisions and spirit of the Violence Against Women Act. We look forward to a favorable adjudication of this petition.

Please find enclosed Form I-360 Petition for Amerasian, Widow or Special Immigrant and all requisite documentation, filed by counsel on behalf of Reginaldo De Paula Da Silva:

**Forms and Primary Filings**

- **Form G-28**, Notice of Entry of Appearance as Attorney or Accredited Representative
- **Form I-360**, Petition for Amerasian, Widow or Special Immigrant
- **Form I-485**, Application to Register Permanent Residence or Adjust Status
- **Form I-765**, Application for Employment Authorization
- **Form I-131**, Application for Travel Document
- **Form I-693**, Report of Immigration Medical Examination and Vaccination Record
- Two (2) Passport-style Photographs of Reginaldo De Paula Da Silva

**I. Reginaldo De Paula Da Silva's identification documents;**

- Reginaldo De Paula Da Silva's Valid Passport;
- Reginaldo De Paula Da Silva's Birth Certificate with English Translation;
- Reginaldo De Paula Da Silva's Expired Passport;
- Reginaldo De Paula Da Silva's Copy of I-94;

**II. Reginaldo De Paula Da Silva and Yvette Jackson's Marriage Certificate;**

- Marriage Certificate between Reginaldo De Paula Da Silva and Yvette Jackson;

**III. Evidence of the abusive relative's U.S. citizenship status - Yvette Jackson's Identification Documents;**

- Yvette Jackson's Birth Certificate;
- Yvette Jackson's Driver's License;

**IV. Evidence of abuse committed by Evidence of abuse committed by Yvette Jackson;**

- Reginaldo De Paula Da Silva's Personal Declaration;
- Reginaldo De Paula Da Silva's Psychological Evaluation;
- Letter of Support Delivered By Alessandra Alves Purcina;
- Letter of Support Delivered By Flavia Guimarães Tarrant;

- Letter of Support Delivered By Hadia Dayane Goulart;
- Letter of Support Delivered By Alex Renato de Matos;
- Letter of Support Delivered By Rogerio Silva de Azevedo;
- Letter of Support Delivered By Enivaldo Vieira Nunes;
- Letter of Support Delivered by Evaldo Alves Martins Junior;
- Letter of Support Delivered by Monica Franco;
- Screenshots of WhatsApp Messages from Ms. Yvette Jackson Requesting and Pressuring for Money;
- Summary of Financial Abuse: Transfers to Ms. Yvette Jackson and Her Family Resulting from Threats and Pressure;

**V. Evidence of Bona Fide Marriage;**

- Letter of Support Submitted During the Family-Based Immigration Process delivered by Ludimilla Beatriz Jardim;
- Letter of Support Submitted During the Family-Based Immigration Process delivered by Carlos Ferreira;
- Letter of Support Submitted During the Family-Based Immigration Process delivered by Cassio Laerte de Paris;
- Letter of Support Submitted During the Family-Based Immigration Process delivered by Charlleny Gonçalves;
- Residential Lease Agreement in the Names of Reginaldo De Paula Da Silva and Yvette Jackson;
- Correspondence Addressed to Reginaldo De Paula Da Silva and Yvette Jackson at the Same Residential Address;
- Reginaldo De Paula Da Silva and Yvette Jackson's Photos Together;

**VI. Evidence of Good Moral Character**

- FBI Background Check Records – Reginaldo De Paula Da Silva

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

Sincerely,

_____ 02/23/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law
510-241-9336

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

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

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

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

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

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

### *Address of Attorney or Accredited Representative*

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

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

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

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

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

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

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

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

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

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

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

Select **all applicable** items.

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

Licensing Authority: California

**1.b.** Bar Number (if applicable): 343486

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

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

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

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

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

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

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

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

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

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

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

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

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

I-765 I-131 I-360 I485

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

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

N/A

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

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

N/A

**4.** Receipt Number (if any)

► N / A

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

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

**6.a.** Family Name (Last Name) DE PAULA DA SILVA

**6.b.** Given Name (First Name) Reginaldo

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

**7.a.** Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- 2 3 5 4 9 0 7 6 8

### *Client's Contact Information*

**10.** Daytime Telephone Number

6503851839

**11.** Mobile Telephone Number (if any)

6503851839

**12.** Email Address (if any)

reginaldopaulabr@gmail.com

### *Mailing Address of Client*

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

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

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

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

**13.d.** State CA **13.e.** ZIP Code 92169

**13.f.** Province N/A

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

**13.h.** Country

USA

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

### *Consent to Representation and Release of Information*

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

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

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

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

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

**1.a.** ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

**1.b.** ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

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

**1.c.** ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

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

**2.a.** Signature of Client or Authorized Signatory for an Entity

➡ [signature]

**2.b.** Date of Signature (mm/dd/yyyy) 01/02/2026

## Part 5. Signature of Attorney or Accredited Representative

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

**1. a.** Signature of Attorney or Accredited Representative

[signature]

**1.b.** Date of Signature (mm/dd/yyyy) 01/02/2026

**2.a.** Signature of Law Student or Law Graduate

**2.b.** Date of Signature (mm/dd/yyyy) N/A

## Part 6. Additional Information

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

**1.a** Family Name (Last Name): DE PAULA DA SILVA

**1.b.** Given Name (First Name): Reginaldo

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

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

**2.d.** N/A

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

**3.d.** N/A

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

**4.d.** N/A

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

**5.d.** N/A

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

**6.d.** N/A

# Petition for Amerasian, Widow(er), or Special Immigrant

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

**USCIS**
**Form I-360**
OMB No. 1615-0020
Expires 03/31/2027

| For USCIS Use Only | | Fee Stamp | Action Block |
|---|---|---|---|
| Returned | | | |
| Resubmitted | | | |
| Relocated | Received | | |
| | Sent | | |
| Remarks: | ☐ Petitioner/Applicant Interviewed<br>☐ Interviewed Beneficiary Interviewed<br>☐ I-485 Filed Concurrently<br>☐ Bene "A" File Reviewed | Classification<br>Consulate | Priority Date |

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

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

## Part 1. Information About Person or Organization Filing This Petition

**NOTE:** You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1., Item Number 7.**

**1.** Your Full Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

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

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

**4.** Alien Registration Number (A-Number) (if any)
► A-235490768

**5.** Individual IRS Tax Number (if any)
► N/A

**6.** Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Organization Name (if applicable)
N/A

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| PO Box 90487 | ☐ ☐ ☐ | N/A |

| City or Town | State | ZIP Code |
|---|---|---|
| San Diego | CA | 92169 |

| Province | Postal Code | Country |
|---|---|---|
| N/A | N/A | USA |

## Part 1. Information About Person or Organization Filing This Petition (continued)

**7.** Alternate and/or Safe Mailing Address

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

Country

N/A

## Part 2. Classification Requested

Select **only one** box.

**1.**

**A.** ☐ Amerasian

**B.** ☐ Widow(er) of a U.S. citizen

**C.** ☐ Special Immigrant Juvenile

**D.** ☐ Special Immigrant Religious Worker

**(1)** Will the beneficiary be working as a minister? ☐ Yes ☐ No

**E.** ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone

**F.** ☐ Special Immigrant Physician

**G.** ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member

**H.** ☐ Special Immigrant Armed Forces Member

**I.** ☒ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident

**J.** ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident

**K.** ☐ VAWA Self-Petitioning Parent of a U.S. citizen son or daughter

**L.** ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator

**M.** ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government

**N.** ☐ Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan

**O.** ☐ Broadcasters

**P.** ☐ Other

Provide the name of the classification below.

N/A

## Part 3. Information About the Person for Whom This Petition Is Being Filed

**NOTE:** On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3.**

**1.** Your Full Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

**2.** Mailing Address

In Care Of Name (if any): Otavio Haverroth Silva

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| P.O Box 90487 | ☐ ☐ ☐ | N/A |

| City or Town | State | ZIP Code |
|---|---|---|
| San Diego | CA | 92169 |

| Province | Postal Code | Country |
|---|---|---|
| N/A | N/A | USA |

### *Other Information*

**3.** Date of Birth (mm/dd/yyyy): 08/09/1979

**4.** Country of Birth: Brazil

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

**6.** A-Number (if any): ► A- 235490768

**7.** Marital Status ☐ Single ☒ Married ☐ Divorced ☐ Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

**8.** Date of Last Arrival (mm/dd/yyyy): 06/28/2013

**9.** Form I-94 Number or I-95 Crewman's Landing Permit: ► 70466031220

**10.** Passport Number: FH769374

**11.** Travel Document Number: N/A

**12.** Country of Issuance for Passport or Travel Document: Brazil

**13.** Expiration Date for Passport or Travel Document (mm/dd/yyyy): 04/14/2018

**14.** Current Nonimmigrant Status: No legal status

**15.** Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy): 12/27/2013

## Part 4. Processing Information

**1.** If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

**U.S. Consulate**

**A.** City or Town: N/A

**B.** Country: N/A

## Part 4. Processing Information (continued)

**2.** If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

**A.** Your Full Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

**B.** Mailing Address

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| Rua GV 01 QD 05 LT 23 | ☐ ☐ ☐ | N/A |

City or Town: Goiania

| Province | Postal Code | Country |
|---|---|---|
| Goias | 74484444 | Brazil |

**3.** Sex of the beneficiary: ☒ Male ☐ Female

**4.** **A.** Are you filing any other petitions or applications with this one? ☒ Yes ☐ No

**B.** If you answered "Yes" to **Item A.** in **Item Number 4.**, how many? 3

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information**.

**5.** Is the beneficiary in removal proceedings? ☐ Yes ☒ No

**6.** Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☒ Yes ☐ No

**7.** Is an application for adjustment of status attached to this petition? ☒ Yes ☐ No

## Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

**NOTE:** Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

**1.** If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☒ No

**2.** **Person 1**

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| N/A | N/A | N/A |

| Date of Birth (mm/dd/yyyy) | Country of Birth |
|---|---|
| N/A | N/A |

Relationship: ☐ Spouse ☐ Child

A-Number (if any): ► A-

## Part 5. Information About the Spouse and Children of the Beneficiary (continued)

**3. Person 2**

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► **A-**

**4. Person 3**

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► **A-**

**5. Person 4**

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► **A-**

**6. Person 5**

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► **A-**

**7. Person 6**

Family Name (Last Name): N/A
Given Name (First Name): N/A
Middle Name: N/A
Date of Birth (mm/dd/yyyy): N/A
Country of Birth: N/A
Relationship: ☐ Child
A-Number (if any): ► **A-**

## Part 5. Information About the Spouse and Children of the Beneficiary (continued)

**8.** **Person 7**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► **A-** A-Number (if any)

**9.** **Person 8**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► **A-** A-Number (if any)

**10.** **Person 9**

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

Date of Birth (mm/dd/yyyy): N/A | Country of Birth: N/A

Relationship: ☐ Child ► **A-** A-Number (if any)

## Part 6. Complete Only If Filing for an Amerasian

### *Information About the Mother of the Amerasian*

**1.** Mother's Full Name

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

**2.** **A.** Is the mother still alive? ☐ Unknown ☐ Yes ☐ No

**B.** If you answered "Yes" to **Item A**. in **Item Number 2.**, provide her address below.

In Care Of Name (if any): N/A

Street Number and Name: N/A | Apt. Ste. Flr. ☐ ☐ ☐ Number: N/A

City or Town: N/A | State: | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

## Part 6. Complete Only If Filing for an Amerasian (continued)

**C.** If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death (mm/dd/yyyy).

### *Information About the Father of the Amerasian*

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information**.

**3.** Father's Full Name

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

**4.** Date of Birth (mm/dd/yyyy): N/A

**5.** Country of Birth: N/A

**6. A.** Is the father still alive? ☐ Unknown ☐ Yes ☐ No

**B.** If you answered "Yes" to **Item A.** in **Item Number 6.**, provide his address below.

In Care Of Name (if any): N/A

Street Number and Name: N/A | Apt. ☐ Ste. ☐ Flr. ☐ | Number: N/A

City or Town: N/A | State | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

**C.** If you answered "No" to **Item A.** in **Item Number 6.**, provide his date of death (mm/dd/yyyy).

**D.** Daytime Telephone Number (if any): N/A

**E.** Work Telephone Number (if any): N/A

At the time the Amerasian was conceived:

**7. A.** The father was in the military (indicate branch of service below).

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

**B.** Provide the father's service number:

**C.** ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

## Part 7. Complete Only If Filing as a Widow/Widower

**1.** Full Name of U.S. Citizen Spouse Who Died

Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

**2.** Date of Birth (mm/dd/yyyy): N/A

**3.** Country of Birth: N/A

**4.** Date of Death (mm/dd/yyyy): N/A

## Part 7. Complete Only If Filing as a Widow/Widower (continued)

**5.** At time of death, your spouse was a (Select **only one**):

**A.** ☐ U.S. citizen born in the United States

**B.** ☐ U.S. citizen born abroad to U.S. citizen parents

**C.** ☐ U.S. citizen through naturalization

**(1)** Provide A-Number (if any) ► **A-**

**D.** ☐ Other (Explain)

N/A

**6.** How many times have you been married? N/A

**7.** How many times was your spouse married? N/A

**8. A.** When did you and your spouse get married (mm/dd/yyyy)? N/A

**B.** Where did you and your spouse get married? N/A

**9. A.** Did you remarry after the death of your spouse? ☐ Yes ☐ No

**B.** If you answered "Yes" to **Item A.** in **Item Number 9.**, provide the date that you remarried (mm/dd/yyyy). N/A

**10.** If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death? ☐ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Number 10.**, provide an explanation in the space provided in **Part 15. Additional Information**.

## Part 8. Complete Only If Filing for a Special Immigrant Juvenile

### *Information About the Juvenile*

**1.** List any other names used:

| | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|---|
| **A.** | N/A | N/A | N/A |
| **B.** | N/A | N/A | N/A |

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to **Item A.** in **Item Number 2.**, provide an explanation in the space provided in **Part 15. Additional Information**.

**2. A.** Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? ☐ Yes ☐ No

**B.** Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

N/A

**C.** Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in **Item B.** in **Item Number 2.** above? ☐ Yes ☐ No

## Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)

**3.** **A.** If you answered "Yes" to **Item C.** in **Item Number 2.** above, are you currently residing in your court-ordered placement? ☐ Yes ☐ No

**B.** If you answered "No" to **Item C.** in **Item Number 2.** above, select your reason below.

☐ You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).

☐ You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.

☐ Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information**.)

**4.** **A.** A juvenile court has determined that reunification with ☐ one or ☐ both of my parents is not viable due to:

☐ Abuse ☐ Neglect ☐ Abandonment

☐ Similar basis under state law (specify): N/A

**B.** If you selected "one" in **Item A.** in **Item Number 4.**, provide the name of that parent below.

N/A

**5.** Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☐ Yes ☐ No

**6.** **A.** Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☐ No

**B.** If you answered "Yes" to **Item A.** in **Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No

## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition

### *Prospective Employer Attestation*

**1.** Provide the following information about the prospective employer.

**A.** Number of members of the prospective employer's organization: N/A

**B.** Number of employees working at the same location where the beneficiary will be employed: N/A

**C.** Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years: N/A

**D.** Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years: N/A

**E.** Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years: N/A

**2.** Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

**NOTE:** Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

**3.** Beneficiary

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name: N/A

Period of Stay

From (mm/dd/yyyy): N/A

To (mm/dd/yyyy): N/A

**4.** Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

Position

N/A

Summary of the Type of Responsibilities for That Position

N/A

**5.** Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.

N/A

**6.** Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information**.

**A.** Title of position offered

N/A

**B.** The beneficiary will be working (select one of the following):

☐ As a minister

☐ In a religious vocation

☐ In a religious occupation

**C.** Detailed description of the beneficiary's proposed daily duties

N/A

**D.** Description of the beneficiary's qualifications for the position offered

N/A

**E.** Description of the proposed salaried and/or non-salaried compensation

N/A

**F.** Provide the specific addresses or locations where the beneficiary will be working

Company Name

N/A

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State:

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information**.

**7.** The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

**A.** ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;

**B.** ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or

**C.** ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:

**(1)** ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;

**(2)** ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;

**(3)** ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and

**(4)** ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.

**8.** The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No

**9.** The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No

**10.** The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No

**11.** The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No

**12.** The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No

**13.** The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

### ***Prospective Employer Attestation*** *(must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)*

**I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.**

**14.** Signature of an Authorized Official of the Prospective Employer (sign in ink) | Date of Signature (mm/dd/yyyy)

## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

### *Printed Name and Title of Signatory for Prospective Employer*

**15.** Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

**16.** Title of the Signatory: N/A

### *Mailing Address*

**17.** Employer/Organization Name: N/A

Street Number and Name: N/A | Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A | State: | ZIP Code: N/A

### *Contact Information*

**18.** Daytime Telephone Number: N/A

**19.** Fax Number (if any): N/A

**20.** Email Address (if any): N/A

### ***Religious Denomination Certification*** *(to be completed only if the prospective employer is affiliated with a religious denomination)*

**I certify under penalty of perjury, that** the prospective employer, _____,

is affiliated with this Religious Denomination, _____, and that the attesting religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and correct to the best of my knowledge.

**21.** Signature of the Authorized Representative of the Religious Denomination (sign in ink) | Date of Signature (mm/dd/yyyy)

### *Printed Name and Title of the Signatory of the Religious Denomination*

**22.** Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name: N/A

**23.** Title of the Signatory: N/A

## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

### *Information About the Attesting Religious Organization Within the Religious Denomination*

**24.** Name of Attesting Religious Organization Within the Religious Denomination

N/A

**25.** Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐ Number

N/A

City or Town

N/A

State

ZIP Code

N/A

**26.** Daytime Telephone Number

N/A

**27.** Fax Number (if any)

N/A

**28.** Email Address (if any)

N/A

**29.** IRS Tax Number of the Attesting Religious Organization

N/A

## Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter

**NOTE: For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or his or her designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.**

**1.** Full Name of U.S. citizen or Lawful Permanent Resident Abuser

Family Name (Last Name): JACKSON

Given Name (First Name): Yvette

Middle Name: N/A

**2.** Date of Birth (mm/dd/yyyy): 01/27/1975

**3.** Country of Birth: USA

**4.** Date of Death (mm/dd/yyyy): N/A

**5.** Your abuser is now, or was, a (Select one):

**A.** ☒ U.S. citizen born in the United States

**B.** ☐ U.S. citizen born abroad to U.S. citizen parents

**C.** ☐ U.S. citizen through naturalization

**(1)** Provide A-Number (if known) ► **A-**

**D.** ☐ U.S. Lawful Permanent Resident

**(1)** Provide A-Number (if any) ► **A-**

**E.** ☐ Other (Explain)

**6.** How many times have you been married? ► 1

**7.** How many times was your abuser married (if known)? ► 1

## Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter (continued)

**8.** **A.** When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
(mm/dd/yyyy) 07/29/2024

**B.** Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
Atlanta, Georgia

**9.** When did you live with your abuser?

From (mm/dd/yyyy) 07/29/2024 To (mm/dd/yyyy) 12/22/2024

Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information**.

**10.** Provide the last address at which you lived together with your abuser.

Street Number and Name: 1239 OAK GROVE
Apt. ☒ Ste. ☐ Flr. ☐ Number: 306
City or Town: BURLINGAME
State: CA
ZIP Code: 94010
Province: N/A
Postal Code: N/A
Country: USA

**11.** Provide the last date that you lived together with your abuser at this address.

From (mm/dd/yyyy) 07/29/2024 To (mm/dd/yyyy) 12/22/2024

**12.** I am currently residing in the United States and I request an Employment Authorization Document. ☒ Yes ☐ No

## Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)

**IMPORTANT:** Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

### *Petitioner's Statement*

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

**1.** Petitioner's Statement Regarding the Interpreter

**A.** ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

**B.** ☒ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in Portuguese, a language in which I am fluent. I understand all of this information as interpreted.

**2.** Petitioner's Statement Regarding the Preparer

☒ At my request, the preparer named in **Part 14.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

## Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)

### *Petitioner's Contact Information*

3. Petitioner's Daytime Telephone Number
6503851839

4. Petitioner's Mobile Telephone Number (if any)
6503851839

5. Petitioner's Email Address (if any)
reginaldopaulabr@gmail.com

### *Petitioner's Declaration and Certification*

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

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

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

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

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

### *Petitioner's Signature*

6. Petitioner's Signature
Reginaldo de Paula da Silva

Date of Signature (mm/dd/yyyy)
01/02/2026

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

## Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

**IMPORTANT:** Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual).**

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

### *Petitioner's or Authorized Signatory's Statement*

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

B. ☐ The interpreter named in **Part 13.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understand all of this information as interpreted.

## Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)

**2.** Petitioner's Statement Regarding the Preparer

☐ At my request, the preparer named in **Part 14.**, [ ], prepared this petition for me based only upon information I provided or authorized.

### *Authorized Signatory's Contact Information*

**3.** Authorized Signatory's Family Name (Last Name): N/A

Authorized Signatory's Given Name (First Name): N/A

**4.** Authorized Signatory's Title: N/A

**5.** Authorized Signatory's Daytime Telephone Number: N/A

**6.** Authorized Signatory's Mobile Telephone Number (if any): N/A

**7.** Authorized Signatory's Email Address (if any): N/A

### *Petitioner's or Authorized Signatory's Declaration and Certification*

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

### *Petitioner's or Authorized Signatory's Signature*

**8.** Petitioner's or Authorized Signatory's Signature ➡ [ ]

Date of Signature (mm/dd/yyyy) [ ]

**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

## Part 13. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

### *Interpreter's Full Name*

**1.** Interpreter's Family Name (Last Name): INACIO PENNA MELLO

Interpreter's Given Name (First Name): Andre Vinicius

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

### *Interpreter's Mailing Address*

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

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Province:

Postal Code:

Country: USA

### *Interpreter's Contact Information*

**4.** Interpreter's Daytime Telephone Number: 4154252508

**5.** Interpreter's Mobile Telephone Number (if any): 4154252508

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

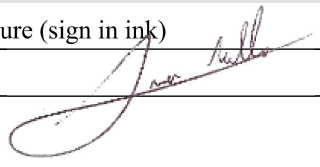
### *Interpreter's Certification*

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 11.**, **Item B.** in **Item Number 1.**, or in **Part 12.**, **Item B.** in **Item Number 1.,** and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and has verified the accuracy of every answer.

### *Interpreter's Signature*

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



Date of Signature (mm/dd/yyyy): 01/02/2026

## Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

### *Preparer's Full Name*

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

Preparer's Given Name (First Name)
Otavio

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

### *Preparer's Mailing Address*

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

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

### *Preparer's Contact Information*

**4.** Preparer's Daytime Telephone Number
5102419336

**5.** Preparer's Mobile Number
5102419336

**6.** Preparer's Email Address (if any)
Otavio Haverroth Silva

### *Preparer's Statement*

**7.** **A.** ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

**B.** ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

### *Preparer's Certification*

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification,** and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

### *Preparer's Signature*

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

Date of Signature (mm/dd/yyyy)
01/02/2026

## Part 15. Additional Information

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

**1.** Family Name (Last Name): DE PAULA DA SILVA | Given Name (First Name): Reginaldo | Middle Name: N/A

**2.** A-Number (if any) ► **A-** 235490768

**3.** **A.** Page Number: 4 **B.** Part Number: 4 **C.** Item Number: 6

**D.** The applicant worked without authorization as he needed to support himself in the United States.

**4.** **A.** Page Number **B.** Part Number **C.** Item Number

**D.** N/A
N/A
N/A
N/A

**5.** **A.** Page Number **B.** Part Number **C.** Item Number

**D.** N/A
N/A
N/A
N/A

**6.** **A.** Page Number **B.** Part Number **C.** Item Number

**D.** N/A
N/A
N/A
N/A

# Application to Register Permanent Residence or Adjust Status

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

**USCIS**
**Form I-485**
OMB No. 1615-0023
Expires 10/31/2027

## For USCIS Use Only

| | | |
|---|---|---|
| **Preference Category:** | **Receipt** | **Action Block** |
| **Country Chargeable:** | | |
| **Priority Date:** | | |
| **Date Form I-693 Signed By Civil Surgeon:** | | |

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

**Section of Law**

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

**To be completed by an Attorney or Accredited Representative** (if any).

| ☒ **Select this box if Form G-28 is attached.** | **Volag Number** (if any) | **Attorney State Bar Number** (if applicable) | **Attorney or Accredited Representative USCIS Online Account Number** (if any) |
|---|---|---|---|
| | N/A | 343486 | 007492625438 |

► **START HERE - Type or print in black ink.** A-Number ► **A-** 235490768

**NOTE TO ALL APPLICANTS:** If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

## Part 1. Information About You (Person applying for lawful permanent residence)

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

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

**2.** Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

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

**3.** Date of Birth (mm/dd/yyyy) 08/09/1979

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

**4.** Do you have an Alien Registration Number (A-Number)? ☒ Yes ☐ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- 2 3 5 4 9 0 7 6 8

**5.** Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

**6.** Sex ☒ Male ☐ Female

**7.** Place of Birth

City or Town of Birth: Ceres

Country of Birth: Brazil

**8.** Country of Citizenship or Nationality: Brazil

**9.** USCIS Online Account Number (if any)

► N / A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

**10.** Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: FH769374

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 04/14/2018

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): H5411117

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 05/17/2013

Place and Date of Last Arrival into the United States

City or Town: Detroit

State: MI

Date of Last Arrival (mm/dd/yyyy): 06/28/2013

**11.** When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): visitor

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

A-Number ▶ A- 2 3 5 4 9 0 7 6 8

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

**12.** If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): DE PAULA DA SILVA

Given Name (First Name): Reginaldo

Form I-94 Arrival/Departure Record Number ▶ 7 0 4 6 6 0 3 1 2 2 0

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 12/27/2013

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B-2

**13.** Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

**14.** What is your current immigration status (if it has changed since your last arrival)? No legal status

**15.** Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

**16.** Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

**17.** Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

**18.** Addresses

**Current U.S. Physical Address**

In Care Of Name (if any): Reginaldo De Paula Da Silva

Street Number and Name: 1239 Oak Grove Ave

Apt. ☒ Ste. ☐ Flr. ☐

Number: 306

City or Town: Burlingame

State: CA

ZIP Code: 94010

Date You First Resided at This Address (mm/dd/yyyy): 12/23/2024

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

**Current Mailing Address (Safe or Alternate Mailing Address, if applicable)**

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐

Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

## Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☒ Yes ☐ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

**Prior Address**

In Care Of Name (if any)
Reginaldo De Paula Da Silva

Street Number and Name: 1935 ALISON CT SW
Apt. Ste. Flr. Number: ☐ ☐ ☐ APT L4
City or Town: Atlanta
State: GA
ZIP Code: 30344
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 07/29/2024 To (mm/dd/yyyy): 12/22/2024

**Most Recent Address Outside the United States**

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua GV 01 QD 05 LT 23
Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A
City or Town: Goiania
State:
ZIP Code:
Province: Goias
Postal Code: 74484444
Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 07/05/1999 To (mm/dd/yyyy): 06/27/2013

**19.** Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ►

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

**Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

## Part 2. Application Type or Filing Category

**1.** Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☐ No

**2.** Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☒ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable)

Principal Applicant's A-Number (if any) ► A-

Principal Applicant's Date of Birth (mm/dd/yyyy)

**I am applying** based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

**3.a. Family-based**

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☐ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☒ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

## Part 2. Application Type or Filing Category (continued)

**3.b. Employment-based**

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

**3.c. Special Immigrant**

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

## Part 2. Application Type or Filing Category (continued)

**3.d. Asylee or Refugee**

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

**3.e. Human Trafficking Victim or Crime Victim**

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

**3.f. Special Programs Based on Certain Public Laws**

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

**3.g. Additional Options**

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

**4.** If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

**5.** Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

**NOTE:** For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

## Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

**1.a.** ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

**1.b.** ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

**1.c.** ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

**1.d.** ☒ I am applying as a VAWA self-petitioner.

**1.e.** ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

**1.f.** ☐ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

## Part 4. Additional Information About You

**1.** Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

**2.** Location of U.S. Embassy or U.S. Consulate

City or Town | Country

**3.** Decision (for example, approved, refused, denied, withdrawn)

**4.** Date of Decision (mm/dd/yyyy)

**5.** Have you previously applied for permanent residence while in the United States? ☒ Yes ☐ No

**6.** Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

**Employment and Educational History**

**7.** Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): `Employer`

Name of Employer, Company, or School: `Self-Employed`

Your Occupation (if unemployed or retired, so state): `Driver`

## Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 1239 Oak Grove Ave | Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr | 306

City or Town: Burlingame | State: CA | ZIP Code: 94010

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 12/22/2024 | To (mm/dd/yyyy): Present

If unemployed or retired, source of financial support: N/A

**8.** Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Divina Modas | Your Occupation (if unemployed or retired, so state): Driver

Address of Employer, Company, or School

Street Number and Name: Rua das Missões - Cidade Jardim | Apt. Ste. Flr. Number: ☐ Apt ☐ Ste ☐ Flr | N/A

City or Town: Goiania | State: | ZIP Code: N/A

Province: Goias | Postal Code: 74483380 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/23/2010 | To (mm/dd/yyyy): 03/10/2013

If unemployed or retired, source of financial support: N/A

## Part 5. Information About Your Parents

### *Information About Your Parent 1*

**1.** Parent 1's Legal Name

Family Name (Last Name): DE PAULA DA SILVA | Given Name (First Name): Joaquim | Middle Name (if applicable): N/A

**2.** Parent 1's Name at Birth (if different than above)

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

**3.** Date of Birth (mm/dd/yyyy): 09/10/1952

## Part 5. Information About Your Parents (continued)

4. Country of Birth
Brazil

### *Information About Your Parent 2*

5. Parent 2's Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| DE PAULA DA SILVA | Dalvina | N/A |

6. Parent 2's Name at Birth (if different than above)

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| DE PAULA E SILVA | Dalvina | N/A |

7. Date of Birth (mm/dd/yyyy) 05/29/1959

8. Country of Birth
Brazil

## Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☒ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 1

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

4. Current Spouse's Legal Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| JACKSON | Yvette | N/A |

5. Current Spouse's A-Number (if any)
► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 01/27/1975

7. Current Spouse's Country of Birth
USA

8. Current Spouse's Current Physical Address

Street Number and Name: 1935 ALISON CT SW
Apt. ☒ Ste. ☐ Flr. ☐ Number: L4

City or Town: Atlanta
State: GA
ZIP Code: 30311

Province: N/A
Postal Code: N/A
Country: USA

## Part 6. Information About Your Marital History (continued)

**9.** Place of Marriage to Current Spouse

City or Town: Atlanta

State or Province: Georgia

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 07/29/2024

**10.** Is your current spouse applying with you? ☐ Yes ☒ No

### *Information About Prior Marriages (if any)*

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

**12.** Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

**13.** Prior Spouse's Country of Birth: N/A

**14.** Prior Spouse's Country of Citizenship or Nationality: N/A

**15.** Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

**16.** Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

**17.** Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

**18.** How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

## Part 7. Information About Your Children

**1.** Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

**NOTE:** The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

**2.** Child 1

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

**3.** Child 2

Current Legal Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

## Part 8. Biographic Information

**1.** Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

**2.** Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

**3.** Height Feet 5 Inches 11 **4.** Weight Pounds 2 1 0

**5.** Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

**6.** Hair Color (Select **only one** box)

☒ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other

## Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

**1.** Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

*Organization 1*

**2.** Name of Organization

N/A

**3.** City or Town

N/A

State or Province

N/A

Country

N/A

**4.** Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

**5.** Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

*Organization 2*

**6.** Name of Organization

N/A

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**7.** City or Town

State or Province

Country

**8.** Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

**9.** Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) To (mm/dd/yyyy)

| | | | |
|---|---|---|---|
| **10.** | Have you **EVER** been denied admission to the United States? | ☐ Yes | ☒ No |
| **11.** | Have you **EVER** been denied a visa to the United States? | ☒ Yes | ☐ No |
| **12.** | Have you **EVER** worked in the United States without authorization? | ☒ Yes | ☐ No |
| **13.** | Have you **EVER** violated the terms or conditions of your nonimmigrant status? | ☒ Yes | ☐ No |
| **14.** | Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings? | ☐ Yes | ☒ No |
| **15.** | Have you **EVER** been issued a final order of exclusion, deportation, or removal? | ☐ Yes | ☒ No |
| **16.** | Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? | ☐ Yes | ☒ No |
| **17.** | Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? | ☐ Yes | ☒ No |
| **18.** | Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? | ☐ Yes | ☒ No |
| **19.** | Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? | ☐ Yes | ☒ No |
| **20.** | If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement? | ☐ Yes | ☐ No |
| **21.** | If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? | ☐ Yes | ☐ No |

### *Criminal Acts and Violations*

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

| | | | |
|---|---|---|---|
| **22.** | Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States? | ☒ Yes | ☐ No |

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**23.** Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☒ Yes ☐ No

**24.** Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☒ Yes ☐ No

**NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

**25.** Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☒ Yes ☐ No

**26.** Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

**27.** Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

**28.** Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

**29.** If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

**30.** Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

**31.** Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

**32.** Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

**33.** Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☐ No

**34.** Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

**35.a.** Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

**35.b.** If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

**36.** Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

**NOTE:** Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

**37.** Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**38.** Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

**39.** Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

**40.** If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

**41.** Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

### *Security and Related*

Do you intend to:

**42.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

**42.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

**42.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

**42.d.** Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

**43.a.** Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

**43.b.** Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

**43.c.** Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

**43.d.** Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

**43.e.** Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

**43.f.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.g.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.h.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**43.i.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**44.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

**45.** Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**46.** Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

**47.** Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

**48.** Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

**49.** Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

**50.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

**51.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

**52.** Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

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

**53.a.** Torture? ☐ Yes ☒ No

**53.b.** Genocide? ☐ Yes ☒ No

**53.c.** Killing, or trying to kill, any person? ☐ Yes ☒ No

**53.d.** Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

**54.** Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

**55.** Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

**NOTE:** If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

### *Public Charge*

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

**NOTE:** For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

**56.** I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- [X] VAWA Self-Petitioner (Form I-360)
- [ ] Special Immigrant Juvenile (Form I-360)
- [ ] Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- [ ] Asylee (Form I-589 or Form I-730)
- [ ] Refugee (Form I-590 or Form I-730)
- [ ] Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- [ ] Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- [ ] Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- [ ] Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- [ ] Cuban Adjustment Act
- [ ] Cuban Adjustment Act for Battered Spouses and Children
- [ ] Dependent Status under the Haitian Refugee Immigrant Fairness Act
- [ ] Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- [ ] Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- [ ] A Lautenberg Parolee
- [ ] National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- [ ] Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- [ ] Amerasian Homecoming Act
- [ ] Polish or Hungarian Parolee
- [ ] Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- [ ] American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- [ ] Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☐ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

**57.** What is the size of your household? ☐

**58.** Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

**59.** Identify the total value of your household assets.

☐ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

**60.** Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☐ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

**61.** What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

**62.** List your certifications, licenses, skills obtained through work experience, and educational certificates.

| List of Certifications |
|---|
| |
| |
| |
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| |

**63.** Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☐ No

**64.** Have you ever received long-term institutionalization at government expense? ☐ Yes ☐ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**65.** If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

| Benefit Received | Start Date | End Date | Dollar Amount | In a Category Exempt from Public Charge |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

**66.** If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

| Institution Name/City/State | Date From | Date To | Reason | In a Category Exempt from Public Charge |
|---|---|---|---|---|
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |
| | | | | ☐ Yes ☐ No |

### *Illegal Entries and Other Immigration Violations*

**67.** Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

**NOTE:** If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

**68.** Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

**69.** Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

**70.** Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

**71.** Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

**72.** Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

**73.** Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

### *Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations*

**74.** Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

**75.** Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

## Part 9. General Eligibility and Inadmissibility Grounds (continued)

**76.** Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

**77.** If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

**NOTE:** Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

**78.a.** Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

**78.b.** Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

### *Miscellaneous Conduct*

**79.** Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

**80.** Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

**81.** Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

**82.** Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

**83.** Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

**84.a.** Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

**84.b.** Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

**84.c.** Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

**85.** Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

**86.** If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

## Part 10. Applicant's Contact Information, Certification, and Signature

### *Applicant's Contact Information*

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

1. Applicant's Daytime Telephone Number: 6503851839
2. Applicant's Mobile Telephone Number (if any): 6503851839
3. Applicant's Email Address (if any): reginaldopaulabr@gmail.com

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature ➡ Reginaldo de Paula do Silva — Date of Signature (mm/dd/yyyy): 01/02/2026

## Part 11. Interpreter's Contact Information, Certification, and Signature

### *Interpreter's Full Name*

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
   Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

### *Interpreter's Contact Information*

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

### *Interpreter's Certification and Signature*

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

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 01/02/2026

## Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

### *Preparer's Full Name*

1. Preparer's Family Name (Last Name): HAVERROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law Corp

### *Preparer's Contact Information*

3. Preparer's Daytime Telephone Number: 5102419336
4. Preparer's Mobile Telephone Number (if any): 5102419336
5. Preparer's Email Address (if any): otavio@legalhs.com

### *Preparer's Certification and Signature*

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

6. Preparer's Signature
   Date of Signature (mm/dd/yyyy): 01/02/2026

**NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.**

## Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

## Part 14. Additional Information

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

**1.** Family Name (Last Name): DE PAULA DA SILVA | Given Name (First Name): Reginaldo | Middle Name (if applicable): N/A

**2.** Page Number: 4 | Part Number: 1 | Item Number: 18

The applicant lived at 239 Oak Grove Ave, Apt 306, Burlingame, CA 94010, from 2016 until July 28, 2024, when he moved to Atlanta.

**3.** Page Number: 8 | Part Number: 4 | Item Number: 7

Employer/Company: SELF-EMPLOYED; Occupation: GARDENER; 1935 ALISON CT SW, APTO L4, ATLANTA, GA, 30311; Start Date: 07/2024 to End Date: 12/2024

Since the client was self-employed as a gardener on a sporadic freelance basis, his residential address has been provided as the place of business.

**4.** Page Number: 8 | Part Number: 4 | Item Number: 7

Employer/Company: CYBELLES PIZZA

Occupation: DRIVER

Work Address: 2985 JUNIPERO SERRA BLVD, DALY CITY, CA, 94014

Start Date: 10/05/2013 to End Date: 11/15/2024

**5.** Page Number: 14 | Part Number: 9 | Item Number: 11

The applicant has never been denied a visa at a U.S. Consulate. However, his Application to Register Permanent Residence or Adjust Status (Form I-485), Receipt Number IOE0929532011, was denied on June 16, 2025.

## Part 14. Additional Information

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

**1.** Family Name (Last Name): DE PAULA DA SILVA | Given Name (First Name): Reginaldo | Middle Name (if applicable): N/A

**2.** Page Number: 14 | Part Number: 9 | Item Number: 12

The applicant worked without authorization as he needed to support himself in the United States.

**3.** Page Number: 14 | Part Number: 9 | Item Number: 13

The applicant entered the United States in Detroit, Michigan, on June 28, 2013, with a B-2 tourist visa and was admitted until December 27, 2013, as indicated on his I-94 (number 70466031220). He did not depart the United States upon the expiration of his stay. The applicant also worked without authorization.

**4.** Page Number: 14 | Part Number: 9 | Item Number: 22

As indicated by the FBI records (see Exhibit 6), the applicant has the following charges related to traffic violations: CHARGE 1-001 COUNTS OF RECKLESS DRIVING, HIGHWAY; CHARGE 2-001 COUNTS OF HIT AND RUN, PROP DAMAGE. The applicant has successfully completed all alternative sentencing requirements (see Exhibit 7).

**5.** Page Number: 14 | Part Number: 9 | Item Number: 23

As indicated by the FBI records (see Exhibit 6), the applicant has the following charges related to traffic violations: CHARGE 1-001 COUNTS OF RECKLESS DRIVING, HIGHWAY; CHARGE 2-001 COUNTS OF HIT AND RUN, PROP DAMAGE. The applicant has successfully completed all alternative sentencing requirements (see Exhibit 7).

## Part 14. Additional Information

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

**1.**

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

**2.**

| Page Number | Part Number | Item Number |
|---|---|---|
| 14 | 9 | 24 |

As indicated by the FBI records (see Exhibit 6), the applicant has the following charges related to traffic violations: CHARGE 1-001 COUNTS OF RECKLESS DRIVING, HIGHWAY; CHARGE 2-001 COUNTS OF HIT AND RUN, PROP DAMAGE. The applicant has successfully completed all alternative sentencing requirements (see Exhibit 7).

**3.**

| Page Number | Part Number | Item Number |
|---|---|---|
| 14 | 9 | 25 |

As indicated by the FBI records (see Exhibit 6), the applicant has the following charges related to traffic violations: CHARGE 1-001 COUNTS OF RECKLESS DRIVING, HIGHWAY; CHARGE 2-001 COUNTS OF HIT AND RUN, PROP DAMAGE. The applicant has successfully completed all alternative sentencing requirements (see Exhibit 7).

**4.**

| Page Number | Part Number | Item Number |
|---|---|---|
| 21 | 9 | 76 |

The applicant entered the United States on June 28, 2013, in Detroit, Michigan, with a B-2 tourist visa, with an authorized stay until December 27, 2013, as reflected on his Form I-94 (No. 70466031220). (continued)

**5.**

| Page Number | Part Number | Item Number |
|---|---|---|
| 21 | 9 | 76 |

(continued) He remained in the United States beyond that date until he filed a Form I-485, Application to Register Permanent Residence or Adjust Status, under Receipt No. IOE0929532011. His application was subsequently denied on June 16, 2025, and he has remained in the United States since that date.

# Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

**USCIS Form I-131**
OMB No. 1615-0013
Expires 06/30/2027

| For USCIS Use Only | Receipt | Action Block | To Be Completed by an *Attorney/ Representative*, if any. |
|---|---|---|---|
| | | | ☒ Fill in box if G-28 is attached to represent the applicant. |

☐ **Document Hand Delivered**

By: _____ Date: ____/____/____

**Document Issued**

☐ Re-entry Permit *(Update "Mail To" Section)*
☐ Refugee Travel Document *(Update "Mail To" Section)*
☐ Single Advance Parole
☐ Multiple Advance Parole *Valid Until:* ____/____/____
☐ TPS Travel Authorization Documentation *Valid Until:* ____/____/____

**Mail To** ***(Reentry Permit and Refugee Travel Document Only)***

☐ Address in **Part 2.**
☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

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

## Part 1. Application Type

Select the application type below.

### *Reentry Permit*

**1.** ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

### *Refugee Travel Document*

**2.** ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

**3.** ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

### *Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)*

**4.** ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

N/A

### *Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents*

**5.** I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

**A.** ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

**N/A**

## Part 1. Application Type (continued)

**B.** ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

**C.** ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

**D.** ☐ Deferred Enforced Departure.

**E.** ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

**F.** ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

**G.** ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

**H.** ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

**I.** ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

**J.** ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

**K.** ☐ An approved V Nonimmigrant Status, receipt number:

N/A

**L.** ☐ CNMI long-term residence, receipt number:

N/A

**M.** ☐ Other (provide explanation):

N/A

N/A

N/A

## *Initial Parole Document (for aliens who are currently outside the United States)*

**6.** I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

**A.** ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

## Part 1. Application Type (continued)

**B.** ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

**(1)** ☐ A current or former service member.

**(2)** ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

**(3)** ☐ Current legal guardian or surrogate of a current or former service member.

**C.** ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

**D.** ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

**E.** ☐ Other: (List specific parole program or process)

N/A

**7.** ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

### *Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)*

**8.** I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

**A.** ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

**(1)** ☐ A current or former service member.

**(2)** ☐ A spouse, parent, son, or daughter of a current or former service member.

**B.** ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

**C.** ☐ Other: (List specific program or process)

N/A

**9.** ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

## Part 1. Application Type (continued)

### *Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)*

**10.** I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

**A.** ☐ Family Reunification Parole Process

**B.** ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

**C.** ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

**D.** ☐ Filipino World War II Veterans Parole (FWVP) Program

**E.** ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

**(1)** ☐ A current or former service member.

**(2)** ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

**(3)** ☐ Current legal guardian or surrogate of a current or former service member.

**F.** ☐ Central American Minors (CAM) Program

**G.** ☐ Family Reunification Task Force (FRTF) Process

**H.** ☐ Military Parole in Place (Military PIP)

**(1)** ☐ A current or former service member.

**(2)** ☐ A spouse, parent, son, or daughter of a current or former service member.

**I.** ☐ Other Program or Process (List specific program or process):

N/A

**11.** ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

**12.** If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

### *Refugee Status*

**13.** Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☐ No

## Part 2. Information About You

**1.** Your Full Name

| Family Name (Last Name) | Given Name (First Name) | Middle Name (if applicable) |
|---|---|---|
| DE PAULA DA SILVA | Reginaldo | N/A |

## Part 2. Information About You (continued)

**2.** Other Names Used (if applicable)

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

**3.** Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any)
**Otavio Haverroth Silva**

Street Number and Name
**POBox 90487**

Apt. ☐ Ste. ☐ Flr. ☐ Number
N/A

City or Town
**San Diego**

State
**CA**

ZIP Code
**92169**

Province
N/A

Postal Code
N/A

Country
**USA**

**4.** Current Physical Address (if different from the above address)

In Care Of Name (if any)
**Reginaldo De Paula Da Silva**

Street Number and Name
**1239 Oak Grove Ave**

Apt. ☒ Ste. ☐ Flr. ☐ Number
**306**

City or Town
**Burlingame**

State
**CA**

ZIP Code
**94010**

Province
N/A

Postal Code
N/A

Country
**USA**

### *Other Information*

**5.** Alien Registration Number (A-Number) (if any)
► **A-** **2 3 5 4 9 0 7 6 8**

**6.** Country of Birth
**Brazil**

**7.** Country of Citizenship or Nationality
**Brazil**

**8.** Sex
☒ Male ☐ Female

**9.** Date of Birth (mm/dd/yyyy)
**08/09/1979**

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

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

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

**12.** Class of Admission (COA) (if any)
**B2**

**13.** Most Recent Form I-94 Arrival/Departure Record Number (if any)
**70466031220**

## Part 2. Information About You (continued)

**14.** Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy)

12/27/2013

**15.** eMedical U.S. Parolee ID (USPID) (if any)

N/A

### *Information About Them (Complete this section only if you are applying on behalf of someone else.)*

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

**16.** Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

**17.** Their Other Names Used (if applicable)

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

**18.** Date of Birth (mm/dd/yyyy): N/A

**19.** Country of Birth: N/A

**20.** Country of Citizenship or Nationality: N/A

**21.** Daytime Phone Number: N/A

**22.** Email Address (if any): N/A

**23.** Alien Registration Number (A-Number) (if any)

► **A-**

**24.** Their Current Mailing Address

In Care Of Name (if any): N/A

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State:

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

**25.** Their Current Physical Address

In Care Of Name (if any): N/A

Street Number and Name: N/A

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A

State:

ZIP Code: N/A

Province: N/A

Postal Code: N/A

Country: N/A

## Part 2. Information About You (continued)

### *Their Other Information*

**26.** Class of Admission (COA) (if any)

N/A

**27.** Most Recent Form I-94 Arrival/Departure Record Number (if any)

N/A

## Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

**1.** Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

**2.** Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

**3.** Height Feet 5 Inches 11 **4.** Weight Pounds 2 1 0

**5.** Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

**6.** Hair Color (Select **only one** box)

☒ Bald (No Hair) ☐ Black ☐ Blond ☐ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/ Other

## Part 4. Processing Information

**1.** Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

**2.a.** Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

**2.b.** Date Issued (mm/dd/yyyy)

**2.c.** Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

**3.a.** Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

**3.b.** Date Issued (mm/dd/yyyy)

**3.c.** Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

**4.** Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

## Part 4. Processing Information (continued)

**5.** If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

**6.a.** If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

N/A

N/A

N/A

**6.b.** Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

N/A

**If you are applying for an Advance Parole Document, SKIP to Part 7.**

**You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.**

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

**7.a.** ☐ To the U.S. address shown in **Part 2.**, **Item Number 3.** of this application.

**7.b.** ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town N/A Country N/A

## Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

**8.a.** ☐ To the address shown in **Part 2.**, **Item Number 3.** of this application.

**8.b.** ☐ To the address shown below in **Part 4.**, **Item Number 9.a.** of this application.

**9.a.** In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐ Number

N/A

City or Town

N/A

State

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

**9.b.** Daytime Phone Number

N/A

**9.c.** Email Address

N/A

## Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

**1.** Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

☐ Less Than 6 Months
☐ 6 Months to 1 Year
☐ 1 to 2 Years
☐ 2 to 3 Years
☐ 3 to 4 Years
☐ More Than 4 Years

## Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

**1.** Country from which you are a refugee or asylee:

**If you answer "Yes" to Item Numbers 2. - 6.c. below,** use the space provided in **Part 13. Additional Information** to provide an explanation.

**2.** Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

**3.a.** Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

**3.b.** Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

**3.c.** Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

## Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

**4.a.** Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

**4.b.** Acquired a new nationality? ☐ Yes ☐ No

**4.c.** Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

**5.** Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Number 6.a. - 6.c.**

**6.a.** Are you currently outside the United States? ☐ Yes ☐ No

**6.b.** If you answered "Yes," what is your current location (City or Town and Country)?

N/A

**6.c.** If you answered "Yes," what other countries have you traveled to since leaving the United States?

N/A

## Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

**1.** Date of Intended Departure (mm/dd/yyyy) 05/01/2026

**2.** Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

To visit family and friends

**3.** List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

Brazil

**4.** How many trips do you intend to use this document?

☐ One Trip ☒ More than one trip

**5.** Expected Length of Trip (in days) 20

## Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)
   N/A

2. Expected Length of Stay in the United States: N/A

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy): N/A

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town: N/A

Country: N/A

## Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1.**, **Item Number 10.** or **11.**

## Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

### *Applicant's Contact Information*

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

1. Applicant's Daytime Telephone Number: 6503851839

2. Applicant Mobile Telephone Number (if any): 6503851839

3. Applicant's Email Address (if any): reginaldopaulabr@gmail.com

### *Applicant's Certification and Signature*

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Reginaldo de Paula da Silva

Date of Signature (mm/dd/yyyy): 01/02/2026

## Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

### *Interpreter's Full Name*

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

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

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

HS Law Corp

### *Interpreter's Contact Information*

**3.** Interpreter's Daytime Telephone Number

4154252508

**4.** Interpreter's Mobile Telephone Number (if any)

4154252508

**5.** Interpreter's Email Address (if any)

andre@yousalaw.com

### *Interpreter's Certification and Signature*

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

**6.** Interpreter's Signature

Date of Signature (mm/dd/yyyy)

01/02/2026

## Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

### *Preparer's Full Name*

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

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

**2.** Preparer's Business or Organization Name

HS Law Corp

### *Preparer's Contact Information*

**3.** Preparer's Daytime Telephone Number

5102419336

**4.** Preparer's Mobile Telephone Number (if any)

5102419336

**5.** Preparer's Email Address (if any)

otavio@legalhs.com

### *Preparer's Certification and Signature*

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

**6.** Preparer's Signature

Date of Signature (mm/dd/yyyy)

01/02/2026

## Part 13. Additional Information

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

**1.** Family Name (Last Name): DE PAULA DA SILVA | Given Name (First Name): Reginaldo | Middle Name: N/A

**2.** A-Number (if any) ► A- 2 3 5 4 9 0 7 6 8

**3.** Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

**4.** Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

**5.** Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

**6.** Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

**7.** Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

# Application For Employment Authorization

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

**USCIS**
**Form I-765**
OMB No. 1615-0040
Expires 09/30/2027

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

| **To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative** (if any). | ☒ **Select this box if Form G-28 is attached.** | **Attorney or Accredited Representative USCIS Online Account Number** (if any) 0 0 7 4 9 2 6 2 5 4 3 8 |
|---|---|---|

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

## Part 1. Reason for Applying

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

**1.a.** ☒ Initial permission to accept employment.

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

**NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.

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

## Part 2. Information About You

### *Your Full Legal Name*

**1.a.** Family Name (Last Name): DE PAULA DA SILVA

**1.b.** Given Name (First Name): Reginaldo

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

### *Other Names Used*

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

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

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

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

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

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

**3.c.** Middle Name: N/A

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

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

**4.c.** Middle Name: N/A

## Part 2. Information About You (continued)

### *Your U.S. Mailing Address*

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

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

**5.c.** ☐ Apt. ☐ Ste. ☐ Flr.

**5.d.** City or Town: San Diego

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

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

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

### *U.S. Physical Address*

**7.a.** Street Number and Name: 1239 Oak Grove Ave

**7.b.** ☒ Apt. ☐ Ste. ☐ Flr. 306

**7.c.** City or Town: Burlingame

**7.d.** State: CA **7.e.** ZIP Code: 94010

### *Other Information*

**8.** Alien Registration Number (A-Number) (if any)
▶ A- 2 3 5 4 9 0 7 6 8

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

**10.** Sex ☒ Male ☐ Female

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

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

**13.a.** Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

**NOTE:** If you answered "No" to **Item Number 13.a.**, skip to **Item Number 14.** If you answered "Yes" to **Item Number 13.a.**, provide the information requested in **Item Number 13.b.**

**13.b.** Provide your Social Security number (SSN) (if known).
▶

**14.** Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 15.**, **Consent for Disclosure**, to receive a card.) ☒ Yes ☐ No

**NOTE:** If you answered "No" to **Item Number 14.**, skip to **Part 2.**, **Item Number 18.a.** If you answered "Yes" to **Item Number 14.**, you must also answer "Yes" to **Item Number 15.**

**15.** **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card. ☒ Yes ☐ No

**NOTE:** If you answered "Yes" to **Item Numbers 14. - 15.**, provide the information requested in **Item Numbers 16.a. - 17.b.**

**Father's Name**

Provide your father's birth name.

**16.a.** Family Name (Last Name): DE PAULA DA SILVA

**16.b.** Given Name (First Name): Joaquim

**Mother's Name**

Provide your mother's birth name.

**17.a.** Family Name (Last Name): DE PAULA E SILVA

**17.b.** Given Name (First Name): Dalvina

### *Your Country or Countries of Citizenship or Nationality*

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

**18.a.** Country
Brazil

**18.b.** Country
N/A

## Part 2. Information About You (continued)

### *Place of Birth*

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

**19.a.** City/Town/Village of Birth

Ceres

**19.b.** State/Province of Birth

Goias

**19.c.** Country of Birth

Brazil

**20.** Date of Birth (mm/dd/yyyy) 08/09/1979

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

**21.a.** Form I-94 Arrival-Departure Record Number (if any)

► 70466031220

**21.b.** Passport Number of Your Most Recently Issued Passport

YE213035

**21.c.** Travel Document Number (if any)

N/A

**21.d.** Country That Issued Your Passport or Travel Document

Brazil

**21.e.** Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/21/2031

**22.** Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 06/28/2013

**23.** Place of Your Last Arrival Into the United States

Detroit, MI

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

B-2

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

VAWA (Self-Petitioner) - I-485 pending

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

► N- N/A

### *Information About Your Eligibility Category*

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

( c ) ( 31 ) ( )

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

**28.a.** Degree N/A

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

N/A

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

N/A

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

► N / A

**30.** **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

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

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

► N / A

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

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

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

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

### *Applicant's Statement*

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

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

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

portuguese

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

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

Otavio Haverroth Silva

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

### *Applicant's Contact Information*

**3.** Applicant's Daytime Telephone Number

(650) 385-1839

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

(650) 385-1839

**5.** Applicant's Email Address (if any)

reginaldopaulabr@gmail.com

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

### *Applicant's Declaration and Certification*

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

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

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

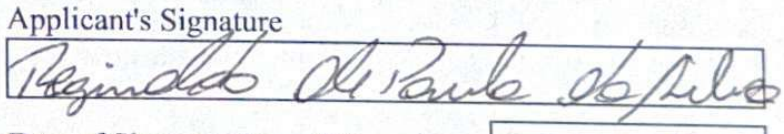
1) I reviewed and understood all of the information contained in, and submitted with, my application; and

2) All of this information was complete, true, and correct at the time of filing.

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

### *Applicant's Signature*

**7.a.** Applicant's Signature



**7.b.** Date of Signature (mm/dd/yyyy) 01/02/2026

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

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

Provide the following information about the interpreter.

### *Interpreter's Full Name*

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

### *Interpreter's Mailing Address*

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

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

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

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

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

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

**3.h.** Country: USA

### *Interpreter's Contact Information*

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

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

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

### *Interpreter's Certification*

I certify, under penalty of perjury, that:

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

### *Interpreter's Signature*

**7.a.** Interpreter's Signature

**7.b.** Date of Signature (mm/dd/yyyy) 01/02/2026

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

Provide the following information about the preparer.

### *Preparer's Full Name*

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

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

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

### *Preparer's Mailing Address*

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

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

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

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

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

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

**3.h.** Country: USA

### *Preparer's Contact Information*

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

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

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

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

### *Preparer's Statement*

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

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

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

### *Preparer's Certification*

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

### *Preparer's Signature*

**8.a.** Preparer's Signature

**8.b.** Date of Signature (mm/dd/yyyy) 01/02/2026

## Part 6. Additional Information

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

**1.a.** Family Name (Last Name): DE PAULA DA SILVA

**1.b.** Given Name (First Name): Reginaldo

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

**2.** A-Number (if any) ► A- 235490768

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

**3.d.**
N/A
N/A
N/A
N/A
N/A
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**4.a.** Page Number | **4.b.** Part Number | **4.c.** Item Number

**4.d.**
N/A
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N/A
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N/A
N/A
N/A

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

**5.d.**
N/A
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N/A

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

**6.d.**
N/A
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**7.a.** Page Number | **7.b.** Part Number | **7.c.** Item Number

**7.d.**
N/A
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N/A
N/A

# Exhibit list


| Exhibits: | Pages: |
|---|---|
| **Exhibit 1 - Reginaldo De Paula Da Silva's Identification Documents** | |
| Reginaldo De Paula Da Silva's Valid Passport | 1-17 |
| Reginaldo De Paula Da Silva's Birth Certificate with English Translation | 18-20 |
| Reginaldo De Paula Da Silva's Expired Passport | 21-37 |
| Reginaldo De Paula Da Silva's Copy of I-94 | 38 |
| **Exhibit 2 - Reginaldo De Paula Da Silva and Yvette Jackson’s Marriage Certificate** | |
| Marriage Certificate between Reginaldo De Paula Da Silva and Yvette Jackson | 39 |
| **Exhibit 3 - Evidence of the abusive relative’s U.S. citizenship status - Yvette Jackson’s Identification Documents** | |
| Yvette Jackson's Birth Certificate | 40 |
| Yvette Jackson's Driver's License | 41 |
| **Exhibit 4 - Evidence of abuse committed by Yvette Jackson** | |
| Reginaldo De Paula Da Silva's Personal Declaration | 42-52 |
| Reginaldo De Paula Da Silva's Psychological Evaluation | 53-58 |
| Letter of Support Delivered By Alessandra Alves Purcina | 59 |
| Letter of Support Delivered By Hadia Dayane Goulart | 60 |
| Letter of Support Delivered By Flavia Guimarães Tarrant | 61-62 |

Letter of Support Delivered By Alex Renato de Matos 63

Letter of Support Delivered By Rogerio Silva de Azevedo 64

Letter of Support Delivered By Enivaldo Vieira Nunes 65-66

Letter of Support Delivered by Evaldo Alves Martins Junior 67

Letter of Support Delivered by Monica Franco 68

Screenshots of WhatsApp Messages from Ms. Yvette Jackson Requesting and Pressuring for Money 69-73

Summary of Financial Abuse: Transfers to Ms. Yvette Jackson and Her Family Resulting from Threats and Pressure 74-84

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

Letter of Support Submitted During the Family-Based Immigration Process delivered by Charlleny Gonçalves 85-86

Letter of Support Submitted During the Family-Based Immigration Process delivered by Cassio Laerte de Paris 87-88

Letter of Support Submitted During the Family-Based Immigration Process delivered by Carlos Ferreira 89-90

Letter of Support Submitted During the Family-Based Immigration Process delivered by Ludimilla Beatriz Jardim 91-92

Residential Lease Agreement in the Names of Reginaldo De Paula Da Silva and Yvette Jackson 93-109

Correspondence Addressed to Reginaldo De Paula Da Silva and Yvette Jackson at the Same Residential Address 110-111

Reginaldo De Paula Da Silva and Yvette Jackson's Photos Together 112-120

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**Exhibit 6 - Evidence of Good Moral Character**

FBI Background Check Records 121-125

**Exhibit 7 – Criminal Record Documentation (Traffic-Related)**

Certified Background Records 126-128

# Exhibit 1 - Reginaldo De Paula Da Silva's Identification Documents

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

YE213035

Reginaldo de Paula da Silva

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPUBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE213035

SOBRENOME / SURNAME
DE PAULA DA SILVA

NOME / GIVEN NAMES
REGINALDO

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH: 09 AGO/AUG 1979
IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: CERES, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 22 JUN/JUN 2021
AUTORIDADE / AUTHORITY: SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
21 JUN/JUN 2031

P<BRADE<PAULA<DA<SILVA<<REGINALDO<<<<<<<<<<<
YE213035<4BRA7908091M3106213<<<<<<<<<<<<<<08

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

BRA

CASA DA MOEDA DO BRASIL

BRA

218074MQ

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FH769374, EMITIDO POR SR/DPF/GO, EM 15/04/2013.

O TITULAR DEVERÁ, DENTRO DE 30 DIAS, REGULARIZAR SUA SITUAÇÃO PERANTE A JUSTIÇA ELEITORAL.

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.000

YE213035

22 JUN/JUN 2021
WALMYR FERRARI JACOMINI
VICE-CÔNSUL

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VISTOS 30 VISAS
VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

**ENDEREÇO DO TITULAR** / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

32

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Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

**Símbolo Internacional do Passaporte Eletrônico**

CASA DA MOEDA DO BRASIL

Federative Republic of Brazil
Civil Registry – State of Goiás
Judicial District, Municipality, and District of Ceres
*Yeda Rios Brandão*
Lifetime Registrar

# Birth Certificate

**I HEREBY CERTIFY that on page** 59V **of Book** A12, **under entry No.** 9.584, **recorded on the** 9th * **of** August (08) **of** 1979, **appears the Birth record of** REGINALDO DE PAULA DA SILVA * * *, **sex** male * , **born on the** 9th * **of** August (08) **of** nineteen seventy-nine (1979) * *, **at** 1:00 a.m., **in the** Hospital São Patrício, Ceres, Goiás. **son of** JOAQUIM DE PAULA DA SILVA. * * **from the** municipality of Rubiataba, Goiás. * * **and of Mrs**. DALVINA DE PAULA DA SILVA. * *

* * * * * *

**from the** municipality of Rubiataba, Goiás. * * *

**Paternal grandparents are** Geraldo de Paula. * * *

**and Mrs.** Ana Teodora de Paula. * * *

**Maternal grandparents are** José de Paula e Silva. * * *

**and Mrs.** Maria Dorotea da Silva. * * *

**The declarant was** the father. * * *

**The witnesses are those** listed in the record. * * *

* * * * * *

**Notes:** The parents of the registrant are married in Rubiataba, Goiás, and reside in the city of Ceres. * * * * *

**I affirm that the above is true and correct.**

**Ceres, Goiás (GO), August 9, 1979.**

-----//signature//------

**Registrar**

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

Marina Viana

**Date: January 13, 2026**

República Federativa do Brasil
Registro Civil - Estado de Goiás
Comarca, Município e Distrito de Ceres
Yêda Rios Brandão
Oficial Vitalícia

# Certidão de Nascimento

CERTIFICO, que, às fls. 59v * * do livro A 12 * * , sob n.º de ordem 9.584 * foi lavrado no dia 09 * de agosto (08) de 1979 o assento do Nascimento de REGINALDO DE PAULA DA SILVA * * * * sexo masc. * , nascido no dia 09 * de agosto (08) de mil novecentos e setenta e nove (1979) * * às 1:00 * horas em Hospital São Patrício, Ceres, Goias. filho de JOAQUIM DE PAULA DA SILVA * * natural de mun. de Rubiataba, Goiás. * * e de Dona DALVINA DE PAULA DA SILVA * * * * * * * * * * * *

natural de mun. de Rubiataba, Goiás. * *
São avós paternos Geraldo de Paula. * * *
e Dona Ana Teodora de Paula. * * *
e avós maternos José de Paula e Silva. * *
e Dona Maria Dorotea da Silva. * *
Foi declarante o pai. * * * *
e serviram de testemunhas as constantes do termo. *
* * * * *
Observações: Os pais do registrado são casados em Rubiataba, Goiás, e residentes nesta cidade de Ceres. * * *
* * * * *
O referido e verdade e dou fé.
Ceres, (Go), 09 de agosto * de 1979

Oficial

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

21

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Reginaldo de Paula da Silva
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FH769374
CANCELADO
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.
This passport must be signed, except where the bearer is unable to do so.
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
TIPO / TYPE
P
PAÍS EMISSOR / ISSUING COUNTRY
BRA
PASSAPORTE N.º / PASSPORT No.
FH769374
SOBRENOME / SURNAME
DE PAULA DA SILVA
NOME / GIVEN NAMES
REGINALDO
NACIONALIDADE / NATIONALITY
BRASILEIRO
DATA DE NASCIMENTO / DATE OF BIRTH
09/Aug/1979
IDENTIDADE N.º / PERSONAL No.
SEXO / SEX
M
NATURALIDADE / PLACE OF BIRTH
CERES/GO
DATA DE EXPEDIÇÃO / DATE OF ISSUE
15/Apr/2013
AUTORIDADE / AUTHORITY
SR/DPF/GO
VALIDO ATÉ / DATE OF EXPIRY
14/Apr/2018
P<BRADE<PAULA<DA<SILVA<<REGINALDO<<<<<<<<<<<
FH769374<6BRA7908091M1804146<<<<<<<<<<<<<04

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

## INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS VISAS
VISTOS VISAS

VISTOS VISAS

JUN 18 2013 B2 12-27-2013

VISA

UNITED STATES OF AMERICA

Issuing Post Name
SAO PAULO

Control Number
20131363130004

Surname
DE PAULA DA SILVA

Given Name
REGINALDO

Visa Type /Class
R B1/B2

| Passport Number | Sex | Birth Date | Nationality |
|---|---|---|---|
| FH769374 | M | 09AUG1979 | BRZL |

| Entries | Issue Date | Expiration Date | |
|---|---|---|---|
| M | 17MAY2013 | 15MAY2023 | 1011 |

Annotation

H5411117

*

VNUSADE<PAULA<DA<SILVA<<REGINALDO<<<<<<<<<<<

FH769374<6BRA7908091M2305156B3SPL1MMWQ682012

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VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____



Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **REGINALDO DE PAULA DA SILVA**

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

## Most Recent I-94

**Note to employers, local, state or federal agency granting benefits:**
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

**Admission I-94 Record Number:** 70466031220

**Arrival/Issued Date:** 2013 June 28

**Class of Admission:** B2

**Admit Until Date:** 2013 December 27

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

**Last/Surname:** DE PAULA DA SILVA

**First (Given) Name:** REGINALDO

**Birth Date:** 1979 August 09

**Document Number:** FH769374

**Country of Citizenship:** Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 10/31/2025

# Exhibit 2 - Reginaldo De Paula Da Silva and Yvette Jackson’s Marriage Certificate

**Certificate No.** **2024-03682**
Application No. 2024-03430

# Marriage Certificate

STATE OF GEORGIA COUNTY OF FULTON

This is to certify that

**YVETTE JACKSON**

&

**REGINALDO DE PAULA DA SILVA**

were united in Marriage

By Minister Melinda Guess on the 29th day of July, 2024 in the City of Atlanta, County of Fulton, Georgia

as appears of record in this office this 14th day of August, 2024.

Clerk, Probate Court

Fulton County Probate Court
136 Pryor Street, Suite C-230
Atlanta, Georgia 30303

Kenya Johnson, Judge
Fulton County Probate Court

# Exhibit 3 - Evidence of the abusive relative’s U.S. citizenship status - Yvette Jackson’s Identification Documents

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

11D

Local File Number: 001238 #0470449

State File Number: 110-75-006024

# STATE OF GEORGIA
# CERTIFICATE OF LIVE BIRTH

## CHILD

1a. Child's Name: First: Yvette; Middle: ; Last: JACKSON

1b. Date of Birth: Mo. 01 Day 27 Yr. 75

1c. Time of Birth: 3:36 A.M. P.M.

1d. Sex: Male (1) Female (2)

1e. This Birth Single, Twin, Triplet, Other: Single (1) Twin (2) Triplet (3) Other (4)

1f. If not Single Birth (specify) Born 1st (1) Born 2nd (2) Born 3rd (3) Other (4)

1g. County of Birth: Fulton

1h. City, Town, or Location of Birth: Atlanta

1i. Hospital—Name (If not hospital give street and number): Grady Memorial Hospital

## MOTHER

2a. Mother's Name: First: Darlene; Middle: Shirley; Last: Jackson

Maiden Last Name: Jackson

2b. Mother's Birthplace: Warren, Co. Ga.

2c. Usual Residence—Street & Number, P.O. Box, Route, Etc.: 58 Bradley St. S.E. #-A-1

2d. Mother's Birthdate: Mo. 11 Day 22 Yr. 58

2e. Race: White (1) Black (2) Other (3)

2f. City: Atlanta 03300

2g. State and Zip Code: Ga-30312

2h. County: Fulton

2i. Inside City Limits: Yes (1) No (2)

## FATHER

3a. Father's Name: First: ; Middle: ; Last: ;

3b. Father's Birthplace:

3c. Race: White (1) Black (2) Other (3)

3d. Father's Birthdate: Mo. Day Yr.

4a. Signature of Either Parent: X Darlene S. Jackson

4b. Relationship to Child: Father (1) Mother (2)

## PHYSICIAN OR OTHER ATTENDANT

5a. I certify that the above named child was born alive at the place and time and on the date stated above.

Signature: Mack Jones 1-7-92

5b. Date Signed: Mo. 01 Day 27 Yr. 75

5c. Attendant: MD (1) Nurse-Midwife (2) Midwife (3) Other (4)

5d. Physician or Other Attendant (Type or print the above signature): Mack Jones

5e. Mailing Address (Street or R.F.D. No., City or Town, State): 80 Butler St.

FEB 21 1975

6a. Signature of Local Registrar: Roy B. Dawkins

6b. Date Filed: Mo. FEB Day 10 Yr. 1975

NOTATIONS: VITAL RECORDS SERVICE

THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE GEORGIA DEPARTMENT OF PUBLIC HEALTH, STATE OFFICE OF VITAL RECORDS. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3, DPH RULES AND REGULATIONS.

Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with the Great Seal of Georgia embossed. Chapter 31-10, Code of Georgia as amended.

10345417

Cynthia M. Buckley
State Registrar

Sheila K. Dennis
County Registrar

Form 3972 (Rev.5/15)

STATE OFFICE VITAL RECORDS GA

C8138805

**WARNING:** THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND, EMBOSSED SEAL AND THERMOCHROMIC INK. THE BACK CONTAINS SPECIAL LINES WITH TEXT.

JUL 29 2024

STATE OF GEORGIA 1776

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR COPIED

GEORGIA
DRIVER'S LICENSE

DL

USA
G

# DRIVER'S LICENSE

Governor:

Commissioner:

4d DL NO. 053352843
3 DOB 01/27/1975
9 CLASS C
4b EXP 01/27/2028
2 YVETTE
1 JACKSON

8 1935 ALISON CT SW APT L4
ATLANTA, GA 30311-5068
FULTON

12 REST A
9a END NONE
4a ISS 05/06/2020
15 SEX F
18 EYES BRO
16 HGT 5'-07"
17 WGT 260 lb

01/27/1975

5 DD 416709613510038186

# Exhibit 4 - Evidence of abuse committed by Yvette Jackson

PERSONAL STATEMENT OF REGINALDO DE PAULA DA SILVA REGARDING THE EVENTS THAT OCCURRED

I, Reginaldo de Paula da Silva, hereby declare the following:

1. My name is Reginaldo. I was born on August 9, 1979, in the city of Ceres, State of Goiás, Brazil.

2. Below, I will report the facts as they occurred.

3. I moved from Brazil to the United States in June 2013, and I began living in the state of California.

4. Around December 2023, I was invited by a friend to a year-end party in Atlanta, and that is where I met Yvette Jackson. She worked as a nanny for the daughters of a friend of mine, and it was during that period that we began talking and getting to know each other better. Since I moved to the United States, I had always been very much alone in regard to relationships and had been single for quite a while. As we talked, I became attracted to her simplicity and the spontaneity with which she expressed herself.

5. When I returned to California, we continued talking. Our conversations took place both through text messages and by phone. I visited her a few times and, since she was known by my friend and by other people in the area, and I had been feeling lonely, that gave me the confidence to get closer to her and consider a possible relationship.

6. I genuinely began to like her. She also made me feel safe and seemed to want a fresh start after the complicated relationship she had previously been in. This made me feel more emotionally connected to her. I believed that with her, I could finally have the change I had long been searching for in my life, finding someone with whom I could build something solid.

7. I have always lived a very solitary life in the United States, with a few married friends but without any significant relationships. This ended up making me very emotional, causing me to grow attached to her quickly. She constantly told me how much she wanted to change her life, that she saw in me an opportunity to make that happen, and that I was the person who could change her life. She also told me that, because of me, she was becoming a calmer person, especially because she had issues with alcohol due to her previous relationship.

8. Over time, we matured the idea of dating, and this feeling grew naturally and spontaneously. Until, at a certain point, Yvette suggested that I move to live in the same city as her.

9. We eventually got married in July 2024. With that, I moved from California to Atlanta, already determined to live with her. I wanted very much for our life together to happen, so we rented an apartment just for us, even though she was already living somewhere with her family (children and grandchildren). The idea was to have a space just for ourselves, without the constant presence of her family members. I had already spent a lot of money on the move, the wedding, the furniture, and the trips, leaving everything I had behind.

10. In the first days after the move, I stayed at a friend's house, where I organized my things. After 10 days, we rented an apartment for just the two of us, in the same building where Yvette lived. Yvette has two daughters, one son, and two grandchildren, and I was very fond of them, especially one of her daughters.

11. In the first months of marriage, I traveled between California and Atlanta to resolve some pending matters related to the move. On some occasions, we had arguments about her ex-husband, who frequently visited her and the children, who lived in the same place where we lived. Yvette told me that her ex-husband was something from the past and that I should not worry. However, those arguments made me feel uncomfortable and distrustful.

12. In October, after a trip, I arrived home and found her ex-husband talking with Yvette and her daughter downstairs. This resulted in a second argument. I told her that I did not want her ex-husband coming over, especially inside our apartment, due to the problems from their previous relationship that she had told me about. These problems were extremely serious, such as physical aggression, insults, and heavy alcohol use, among others. After that argument, things started to become more difficult between us. She said that I was being paranoid, using the fact that I had been cheated on in the past to justify that my distrust was unreasonable.

13. She also started accusing me of wrongdoing whenever I traveled to California, insinuating that I could be cheating on her or doing something wrong, trying to twist the situation and make me feel guilty. After the argument, she frequently told me that I had no documents to work with, that I depended on her, and that I was only with her out of interest. She accused me of wanting only the documents, even though I told her that I had moved to restart my life with her.

14. After an argument with her ex-husband, Yvette began to display clearly manipulative and abusive behavior toward me. She completely lost the kindness and politeness she used to have, starting to speak to me disrespectfully and in an aggressive tone of voice. This was not just a change in attitude; it seemed like a

deliberate attempt to control me and make me feel inferior.

15. She began pressuring me with irrational demands, often accusing me of not being able to provide for her adequately, which made me feel an immense sense of guilt for something that was beyond my control, such as my condition as an undocumented immigrant and, therefore, without access to legal employment. This pressure turned into constant humiliation. She told me that I was not “man enough” for her, that she had married me impulsively, and that she deeply regretted it. On several occasions, she called me “weak” and said that I was not a good husband, which completely undermined my self-esteem and left me with the feeling that I was constantly failing.

16. The psychological abuse was not limited to words alone. Threats regarding my immigration status became a constant form of control. She frequently insinuated that if I was not able to “fix” my situation, she would leave me, and she even threatened to make my stay in the country more difficult, which was a source of great anguish for me.

17. This abusive dynamic worsened each day. Whenever I arrived home, Yvette completely changed her behavior, beginning to verbally attack me, make unfounded accusations, and belittle me, as if she were always waiting for a reason to criticize me or put me down. I felt that, upon entering my own home, I was becoming a stranger in a place that should have been safe and welcoming.

18. A particularly significant situation occurred when, upon arriving home, I found Yvette talking on the phone. As soon as she saw me, she threw the phone onto the couch and began to pressure me aggressively. This reaction did not seem like a simple outburst of anger but rather an attempt to control me even more, cornering me and demanding that I be submissive to her expectations. I began to realize that she was emotionally isolating me, trying to disconnect me from any support network.

19. Her behavior followed a clear cycle of abuse: it started with small psychological attacks and humiliations, followed by a phase of increasing tension, until it reached an incident, such as the one with the phone. Afterwards, she often tried to apologize, promising that things would get better, but the cycle repeated itself, each time with greater intensity and more aggressiveness. This created in me a sense of total helplessness and fear. I found myself trapped in a situation of constant emotional and psychological exhaustion, not knowing how to escape this destructive cycle.

20. I also noticed that she was starting to drink more than before, which worried me even further.

21. Less than six months after our wedding, the situation had already become unsustainable. One day, one of her daughters came to speak with me, telling me:

“my father is coming here a lot,” “my father is coming to the building a lot,” warning me that her ex-husband was going to our home.

22. Over time, the relationship between Yvette and me deteriorated more and more. I was in California and had not informed her of the exact day of my return. When I finally came back, I found Yvette in my apartment with her ex-husband, sitting on the couch. Her ex-husband began verbally attacking me, insulting me, yelling, and making threats. He used racist language, disrespecting me in a cruel manner. He seemed intent on initiating physical aggression, but fortunately, their daughter managed to separate us before the situation escalated further.

23. The following day, while she was on her way to work, she met with him again. I ended up seeing this and told her that I had already explained several times that I did not want them meeting anymore. In response, she told me to leave.

24. She began constantly comparing me to her ex-husband, telling me that I was not “man enough” like he was, that I did not have the same posture or attitude. These comparisons were not only a way to disqualify me, but a way to humiliate and diminish me constantly. She also accused me without reason of things I never did, creating a distorted reality and always putting me in the position of being at fault, which increased even more my feelings of helplessness and distress.

25. In December, after this incident, I left the house and stayed in a hotel. The next day, I returned to get my belongings, but Yvette reacted in an aggressive and uncontrollable manner. She began insulting me violently, shouting harsh and destructive words. In a fit of rage, she broke several objects, including a glass and a glass bottle, as if she were trying to unload all her frustration. She also broke a glass table, a scene that left me completely frightened.

26. After the Christmas argument, on New Year’s, Yvette called me, saying that everything had just been a normal couple’s argument, but I had already decided that I would not return. From then on, she became even more aggressive, constantly threatening me and saying that, because I was an immigrant, I could be deported. She used these threats as a way to control me.

27. When I returned to California, I isolated myself completely. I was depressed and extremely anxious. I could not leave the house, nor even work, and Yvette’s threats continued, always accompanied by demands for money. I helped her financially, but I felt that part of that money was being used to buy alcohol. She also threatened me, saying that if I signed the divorce papers, she would make sure I would be deported.

28. These constant threats left me in a state of fear and anxiety. I was afraid of being falsely accused of something I did not do, and the panic of being deported consumed me. This constant fear left me emotionally destroyed.

29. Furthermore, this entire situation has brought me great shame. I feel that I am going through humiliation that is affecting my life in ways I did not know were possible. My anxiety worsened, I lost about 8 to 9 kilos, and my alcohol consumption increased as an attempt to relieve the emotional pain.

30. Everything she did to me made me think about many negative things. Unfortunately, I had a cousin who committed suicide, and I ended up remembering his case at that time. I began having thoughts of ending my own life on several occasions. For a moment, I thought suicide could be a way to end all of this at once. I felt like I was imprisoned in my own home; I was alone with my thoughts all day, and that caused these thoughts to return over and over again, practically every week.

31. The only thing that helped me during this difficult moment was the support of my cousin and his wife, as well as my visits to one of the local churches.

32. Currently, I still live in the United States and continue to face the consequences of this relationship with Yvette Jackson. The emotional and psychological effects still remain with me. The constant anxiety, the loss of confidence in myself, and the fear of being accused of something I did not do are daily struggles. I feel that part of me is still trapped in what I experienced with her, and recovery has been more difficult than I imagined.

33. My mental and physical health have also been affected. The constant pressure, threats, and stress have left me exhausted, both emotionally and physically. Even so, I try to move forward, relying on the support of a few close people and making an effort to regain balance. There is still much to be done, but I am learning to deal with the consequences and to try to rebuild my life little by little.

I declare, under penalty of perjury, that the foregoing is true and correct.

_____xxxxx_____

Reginaldo de Paula da Silva

11/30/2025

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

Marina Viana

**Date: January 13, 2026**

# DECLARAÇÃO PESSOAL DE REGINALDO DE PAULA DA SILVA SOBRE OS FATOS OCORRIDOS

Eu, Reginaldo de Paula da Silva, declaro o seguinte:

1. Meu nome é Reginaldo, nasci no dia 09 de agosto de 1979, na cidade de Ceres, Estado de Goiás, Brasil.

2. A seguir, vou relatar os fatos conforme ocorreram.

3. Me mudei do Brasil para os Estados Unidos em junho de 2013, comecei a morar no estado da Califórnia.

4. Mais ou menos em dezembro de 2023, fui convidado a uma festa de fim de ano por um amigo em Atlanta e conheci a Yvette Jackson lá. Ela trabalhava como babá das filhas de uma amiga minha, e foi durante esse período que começamos a conversar e nos conhecermos melhor. Desde que eu fui para os Estados Unidos eu sempre fui muito sozinho em relação a relacionamentos e já estava solteiro fazia um bom tempo. Conforme fomos conversando eu fiquei atraído pela simplicidade e espontaneidade com que ela se expressava.

5. Quando voltei para a Califórnia, nós continuamos conversando. As conversas eram tanto por mensagem quanto por ligação. Fui visitá-la algumas vezes e, como ela era conhecida de minha amiga e de outras pessoas da região, e eu estava me sentindo sozinho, isso me deu confiança para me aproximar dela e pensar em um possível relacionamento.

6. Eu realmente passei a gostar dela. Ela também me passava segurança e parecia querer um recomeço após o relacionamento complicado que tinha tido. Isso fez com que eu me sentisse mais emocionalmente ligado a ela. Acredito que, com ela, eu poderia finalmente ter a mudança que tanto buscava em minha vida, encontrar alguém com quem eu pudesse construir algo sólido.

7. Eu sempre vivi de forma muito solitária nos Estados Unidos, com alguns amigos casados, mas sem relacionamentos significativos. Isso acabou me tornando muito emocional, fazendo com que eu me apegasse rapidamente a ela. Ela me dizia constantemente como queria mudar de vida, que via em mim uma oportunidade de fazer isso acontecer, e que eu era a pessoa que poderia mudar a vida dela. Ela também me dizia que, por minha causa, ela estava se tornando uma pessoa mais tranquila, especialmente porque tinha problemas com o álcool devido ao seu último relacionamento.

8. Com o tempo, amadurecemos a ideia de namorar, e esse sentimento foi crescendo de forma natural e espontânea. Até que, em certo momento, Yvette sugeriu que eu me mudasse para morar na mesma cidade que ela.

9. Então, acabamos nos casando em julho de 2024. Com isso, me mudei da Califórnia para Atlanta, já decidido a morar com ela. Queria muito que a nossa vida a dois acontecesse, por isso alugamos um apartamento só para nós, embora ela já morasse em um lugar com a família dela (filhos e netos). A ideia era termos um espaço só nosso, sem a presença constante dos familiares dela. Eu já havia gastado muito dinheiro com a mudança, o casamento, a mobília e as viagens, deixando tudo o que tinha para trás.

10. Nos primeiros dias após a mudança, fiquei na casa de um amigo, onde organizei minhas coisas. Depois de 10 dias, pegamos um apartamento só para nós dois, no mesmo prédio que a Yvette morava. Yvette tem duas filhas, um filho e dois netos, e eu tinha muito carinho, especialmente por uma das filhas dela.

11. Nos primeiros meses de casamento, eu viajava entre a Califórnia e Atlanta para resolver algumas pendências relacionadas à mudança. Em algumas ocasiões, tivemos discussões sobre o ex-marido dela, que visitava com frequência ela e os filhos, que moravam no mesmo lugar em que vivíamos. A Yvette me dizia que o ex-marido era algo do passado e que eu não deveria me preocupar. No entanto, essas discussões me faziam sentir desconforto e desconfiança.

12. Em outubro, depois de uma viagem, cheguei em casa e encontrei o ex-marido dela conversando com Yvette e a filha dela no andar de baixo. Isso resultou em uma segunda discussão. Eu falei para ela que não queria que o ex-marido fosse até lá, especialmente dentro do nosso apartamento, devido aos problemas do relacionamento anterior que ela tinha me relatado. Problemas esses que eram extremamente graves, como agressões, xingamentos, uso alto de bebida alcoólica entre outros. Após essa discussão, as coisas começaram a ficar mais difíceis entre nós. Ela dizia que eu estava sendo paranoico, usando o fato de que eu já havia sido traído no passado para justificar que minha desconfiança não era razoável.

13. Ela também começou a me acusar de algo errado sempre que eu viajava para a Califórnia, ela insinuava que eu poderia estar traindo ela ou algo do tipo, tentando inverter os fatos e fazer com que eu me sentisse culpado. Depois da discussão, ela frequentemente me dizia que eu não tinha documentos para trabalhar, que dependia dela e que eu só estava com ela por interesse. Ela me acusava de querer apenas os documentos, mesmo eu dizendo que me mudei para recomeçar a minha vida com ela.

14. Após uma discussão com o ex-marido, Yvette começou a exibir comportamentos claramente manipuladores e abusivos em relação a mim. Ela perdeu completamente a gentileza e a educação que costumava ter, começando a falar comigo de forma desrespeitosa e com um tom de voz agressivo. Isso não foi

apenas uma mudança de atitude; parecia uma tentativa deliberada de me controlar e me inferiorizar.

15. Ela começou a me pressionar com cobranças irracionais, muitas vezes me acusando de não ser capaz de prover a ela de forma adequada, o que me fazia sentir uma culpa imensa por algo que estava fora do meu controle, como a minha condição de imigrante sem documentos e, portanto, sem acesso a trabalho legal. Essa pressão se transformava em humilhações constantes. Ela me dizia que eu não era "homem o suficiente" para ela, que havia se casado comigo por impulso e que se arrependia profundamente. Em diversos momentos, ela me chamava de “frouxo” e me dizia que eu não era um bom marido, o que minava completamente a minha autoestima e me deixava com a sensação de que eu estava constantemente falhando.

16. O abuso psicológico não se limitava apenas a palavras. As ameaças à minha situação migratória se tornaram uma forma constante de controle. Ela frequentemente insinuava que, se eu não fosse capaz de "resolver" a minha situação, ela me deixaria e até me ameaçava com a possibilidade de complicar minha permanência no país, o que era uma fonte de grande angústia para mim.

17. Essa dinâmica de abuso se agravava a cada dia. Sempre que eu chegava em casa, Yvette mudava completamente seu comportamento, começando a me atacar verbalmente, fazer acusações infundadas e me desmerecer, como se estivesse sempre à espera de um motivo para me criticar ou me colocar para baixo. Eu sentia que, ao entrar em minha própria casa, estava me tornando um estranho em um lugar que deveria ser seguro e acolhedor.

18. Uma situação particularmente marcante foi quando, ao chegar em casa, encontrei Yvette falando ao telefone. Assim que me viu, ela jogou o telefone no sofá e passou a me pressionar agressivamente. Essa reação não parecia apenas uma explosão de raiva, mas uma tentativa de me controlar ainda mais, me colocando contra a parede e exigindo que eu fosse submisso às suas demandas. Eu comecei a perceber que ela estava me isolando emocionalmente, tentando me desconectar de qualquer rede de apoio.

19. O comportamento dela seguiu um ciclo claro de abuso: começava com pequenos ataques psicológicos e humilhações, seguidos de uma fase de tensão crescente até que chegava o momento de um incidente, como esse do telefone. Depois, ela frequentemente tentava se desculpar, prometendo que as coisas melhorariam, mas o ciclo se repetia, cada vez com mais intensidade e de maneira mais agressiva. Isso criou em mim uma sensação de total impotência e medo. Eu me vi preso em uma situação de constante desgaste emocional e psicológico, sem saber como sair desse ciclo destrutivo.

20. Eu também percebi que ela estava começando a beber mais do que antes, o que me preocupava ainda mais.

21. Menos de seis meses depois do nosso casamento, a situação já estava insustentável. Um dia, uma das filhas dela veio falar comigo me dizendo: "meu pai

está vindo muito aqui", "meu pai está vindo muito no condomínio" me avisando que o ex-marido dela ia lá para minha casa.

22. Com o tempo, o relacionamento entre Yvette e eu foi se degradando cada vez mais. Eu estava na Califórnia e não avisei o dia exato de minha volta. Quando finalmente retornei, encontrei Yvette no meu apartamento com o ex-marido dela, sentado no sofá. O ex-marido começou a me agredir verbalmente, me xingando, gritando e fazendo ameaças. Ele usou palavras de cunho racista, me desrespeitando de maneira cruel. Ele parecia ter a intenção de partir para a agressão física, mas, felizmente, a filha deles conseguiu nos separar antes que a situação se agravasse ainda mais.

23. No dia seguinte, enquanto ela ia para o trabalho, se encontrou de novo com ele. Eu acabei vendo isso e fui falar para ela que eu já tinha explicado várias vezes que não queria que eles se encontrassem mais. Com isso ela mandou eu sair de lá.

24. Ela começou a me comparar constantemente com o ex-marido, me dizendo que eu não era "homem o suficiente" como ele, que não tinha a mesma postura ou atitude. Essas comparações não eram apenas uma forma de me desqualificar, mas uma maneira de me humilhar e me diminuir constantemente. Ela também me acusava sem razão de coisas que eu nunca fiz, criando uma realidade distorcida e me colocando sempre na posição de culpado, o que aumentava ainda mais minha sensação de impotência e angústia.

25. Em dezembro, após esse acontecimento, eu saí de casa e fui dormir em um hotel. No dia seguinte, voltei para pegar minhas coisas, mas Yvette reagiu de maneira agressiva e descontrolada. Começou a me xingar de forma violenta, gritando palavras pesadas e destrutivas. Em um acesso de raiva, ela quebrou vários objetos, incluindo um copo e uma garrafa de vidro, como se estivesse tentando descarregar toda a frustração nela. Ela ainda quebrou o vidro de uma mesa, uma cena que me deixou totalmente assustado.

26. Após a briga de Natal, no Ano Novo, Yvette me ligou, dizendo que tudo aquilo não passava de uma briga normal de casal, mas eu já havia decidido que não voltaria. Desde então, ela se tornou ainda mais agressiva, me ameaçando constantemente e dizendo que, por eu ser imigrante, poderia ser deportado. Ela usava essas ameaças como uma forma de me controlar.

27. Quando voltei para a Califórnia, me isolei completamente. Estava deprimido e com muita ansiedade. Eu não conseguia sair de casa, nem mesmo trabalhar e as ameaças de Yvette continuaram, sempre acompanhadas de pedidos de dinheiro. Eu a ajudava financeiramente, mas sentia que parte desse dinheiro era usado para o consumo de álcool. Ela ainda me ameaçava dizendo que, se eu assinasse os papéis de divórcio, ela faria com que eu fosse deportado.

28. Essas ameaças constantes me deixaram em um estado de medo e ansiedade. Eu tinha medo de ser acusado injustamente de algo que não fiz, e o pânico de ser

deportado tomava conta de mim. Esse medo constante me deixou emocionalmente destruído.

29. Além disso, toda essa situação me trouxe muita vergonha. Sinto que estou passando por um vexame que afeta minha vida de maneiras que eu não sabia que eram possíveis. Minha ansiedade piorou, eu emagreci cerca de 8 a 9 quilos, e meu consumo de álcool aumentou na tentativa de aliviar a dor emocional.

30. Tudo isso que ela fez comigo fez com que eu pensasse em diversas coisas negativas. Infelizmente tive um primo que se suicidou, acabei lembrando do caso dele na época e me veio o pensamento de acabar com a minha própria vida diversas vezes. Pensei por um momento que o suicidio poderia ser uma forma de acabar com isso tudo de uma vez, eu me sentia em uma prisão na minha própria casa, eu ficava sozinho com meus pensamentos o dia inteiro e isso fazia com que todas essas ponderações viessem cada vez mais, praticamente toda semana.

31. A única coisa que me ajudou nesse momento difícil foi o apoio do meu primo e da esposa dele, e minhas idas a uma das igrejas locais.

32. Atualmente, ainda vivo nos Estados Unidos e continuo enfrentando as consequências desse relacionamento com Yvette Jackson. Os efeitos emocionais e psicológicos ainda me acompanham. A constante ansiedade, a perda de confiança em mim mesmo e o medo de ser acusado de algo que não fiz são lutas diárias. Sinto que parte de mim ainda está preso ao que vivi com ela, e a recuperação tem sido mais difícil do que eu imaginava.

33. A saúde mental e física também se viu afetada. A pressão constante, as ameaças e o estresse me deixaram exausto, tanto emocional quanto fisicamente. Mesmo assim, tento seguir em frente, contando com o apoio de algumas pessoas próximas e me esforçando para recuperar o equilíbrio. Ainda há muito a fazer, mas estou aprendendo a lidar com as consequências e a tentar reconstruir minha vida aos poucos.

Declaro, sob pena de perjúrio, que o acima exposto é verdadeiro e correto.

Reginaldo de Paula da Silva

Reginaldo de Paula da Silva

11/30/2025

**Ray of Light, Psychological Services**
444 Estudillo Avenue, San Leandro, CA. 94577
phone: (510) 827-8583

**Psychological Evaluation**

**Date of Evaluation**: July 24, 2025
**Evaluation Performed By**: Dr. Louisa Lurkis, psychologist
**Language Conducted in**: Portuguese with an English interpreter
**Subject**: Reginaldo de Paula da Silva
**Date of Birth**: 8/9/1979
**Gender**: Male
**Reason for Evaluation**: VAWA

**Assessment Conditions**

Mr. Reginaldo de Paula da Silva was referred by his attorney to be evaluated for emotional distress and overall functioning after being a victim of domestic violence. In order to gauge the emotional impact on Mr. de Paula da Silva, clinical interviewing techniques were utilized, mental health instruments were administered, along with clinical observations and professional judgment. Per Mr. de Paula da Silva's stated preference, the session was conducted in Portuguese with an English interpreter.

The interview was conducted via teleconference. Ray of Light had developed a protocol for conducting psychological evaluations via teleconference and had been conducting interviews via this method, when preferred, since 2018. The design of the video conferencing situation was carefully researched to address all clinical and ethical matters in order to obtain the highest quality of professional standards including privacy, quality of live interactions and emergency plan in the case of a mental health urgent matter. Mr. de Paula da Silva was informed of this method of service delivery prior to the appointment and signed the consent explaining any risks and benefits, as well as an opportunity to decline this method of interview. Details of informed consent, confidentiality, and the clinician's role as a mandated reporter were outlined

Before beginning the assessment, Mr. de Paula da Silva was informed that the assessment would be approached with no particular result in mind and independent professional judgment would be exercised throughout. Additionally, the details of the meeting would be made available to Mr. de Paula da Silva's attorney as per the signed consent. Further, it was established that the fee paid would have no bearing on the contents of the finalized report or on any particular finding with respect to the matter in question. Mr. de Paula da Silva indicated his understanding and consented to a mental health evaluation.

**Mental Health Examination**

*Method of Assessment:* Clinical Observations, Self-Report, Mental Health Measures

**Clinical Observations**

Mr. de Paula da Silva appeared in distress throughout the interview. He appeared tense and emotional when recounting his experiences in his marital relationship. His mood appeared to be depressed and anxious. He repeatedly stated that he was embarrassed and ashamed of his feelings. He spoke at a normal pace and his narrative was linear and coherent.

**Summary of the Abuse and Impact on Mr. de Paula da Silva's Psychological Functioning**
Mr. de Paula da Silva reports that he met his ex-girlfriend in December, 2023 at a friend's house in Atlanta, Georgia. She was the babysitter for his friend's children at the time. He spent six days there. After he came back to California, they began to exchange text messages and he decided to return to visit her in April, 2024. He ended up staying until June. She had already asked him to move to Atlanta in order to live together, indicating a strong desire to make the situation more serious. When he returned to California, they decided to pursue a serious relationship after spending those months together.

He returned to San Francisco in order to gather his things and then return to be with her. He had to organize various aspects of his life back in San Francisco, including selling his car. He explained that, at the time he met her, he was very lonely and created a connection with her very quickly. For several months, he had to go back and forth to San Francisco to sell things off. About 6 months after that, the problems began.

One day while he was still in San Francisco, his wife's daughter called him and told him that his wife's ex-husband was back in the house. He knew that her ex-husband used to abuse his wife, as well as her daughter, and the daughter called him because she wanted to protect her mother and wanted his support and assistance. The daughter called him several times. One night when he was not in Atlanta, she alerted him that her father, his wife's ex-husband, was hanging around and had slept over. At the time, his wife had been living in a low income housing apartment and he had rented another place for them to move into. When he asked his wife if her ex-husband had slept over, she denied it and told him that her ex-husband was not anywhere around their new home.

Mr. de Paula da Silva was concerned for their well-being, so he flew to Atlanta a couple of days sooner than he had planned. When he arrived, he found her ex-husband in the home. He noticed that they had been drinking and they were in bed together. He became highly distressed and they had a loud, tense discussion. Her ex-husband appeared to want to physically assault him, but her children stood up to protect Mr. de Paula da Silva. He felt like acting out, but was able to control himself at that moment. When he was still in the house, the ex-husband insulted him, telling him that he was weak and that his wife was not going to come back to him. After he left, the ex-husband called the police on him, accusing him of things he had not done, which frightened him.

Mr. de Paula da Silva did not feel safe going back to get his things. He left the area feeling heart-broken, betrayed, in deep sorrow and in shock. The incident occurred the day before Christmas. His wife tried to call him multiple times after that, but her ex-husband interjected

each time, saying things like, if she went back to Mr. de Paula da Silva, then the ex-husband would end his own life. He also threatened Mr. de Paula da Silva's life.

The daughter then texted him and informed him that his wife and ex-husband had been drinking since he visited that time. Her children continued to provide him updates of what was happening. Mr. de Paula da Silva recalls feeling confused, shocked, betrayed and sad. He knew that she and her ex-husband had been separated for 7 years. He believes that it was not until her ex-husband learned that she was in another relationship that he decided to get back together with her. The experience was especially distressing and anxiety-producing for him because he had had a similar experience with his ex-fiance in his home country of Brazil. In that situation, he learned that she had not been faithful to him, so he felt even more distressed when he experienced the same situation here in the U.S.

Mr. de Paula da Silva was deeply impacted by the experience. He had ongoing images of finding them in bed together and the insults and threats he heard from her ex-husband. When he returned to his job at the pizzeria, the other employees would ask him about it, and he felt deeply embarrassed. Throughout this time, his wife continued to call, asking him for money and saying that he needed to pay her for the apartment because she could not afford it on her own. When he refused to pay for the rent, she began to threaten to call immigration on him if he did not pay her. Over many months, she continued to threaten his immigration status if he did not give her money.

Mr. de Paula da Silva fell into a deep depression. He stopped going to church and socializing. He had no interest in going out and became socially isolated. He felt deeply hurt when others would joke and tell him that his relationship did not last even as long as the time of gestation for a premature baby. Their jokes made him feel ashamed and embarrassed, and brought up a sense of shame. Though his close friends were supportive and tried to help him, he continues to feel deep shame over what happened and has remained socially isolated. He finds his whole character has changed, following the experience. He feels anxious and restless.

Mr. de Paula da Silva reports that his wife continues to pursue him with ongoing insults about being a weak Brazilian man and that he was never man enough for her. He has attempted to block her number, but she will then call him on one of her children's phone numbers. He often feels afraid and on-edge, worrying that she will call him and continue to threaten to arrest him and insult him. He has considered moving, but he has lived in the same apartment for the last 10 years. He states that he is only getting 4 or 5 hours of sleep each night. His lack of sleep leaves him feeling tired and drained. He feels especially anxious because he left his job at the pizzeria and now works as a parttime delivery driver. His lack of employment is adding to his despair, distress and anxiety.

Mr. de Paula da Silva states he does not want to cause harm to anyone and just wants to go back to his life before they met. During the interview, he described the shame, sadness and embarrassment he felt during the interview to describe the experience and the severe toll her threats and insults have had on his psychological functioning and daily life.

**Mental Health Measures**

To measure Mr. de Paula da Silva's current mental health symptoms, I administered the PTSD Checklist (PCL5), an instrument designed to screen for current symptoms of Posttraumatic Stress Disorder. The PCL-5 is a standardized and validated measure. Scores above 33 and endorsed symptoms within four diagnostic clusters (intrusions, hyperarousal, avoidance, and negative alterations in cognition and mood) are considered a strong indication of Posttraumatic Stress Disorder. **Mr. de Paula da Silva obtained a score of 47 out of 80, which suggests that he is currently demonstrating clinically significant symptoms of posttraumatic stress.** His answers to the questions on the measure were consistent with his self-report of poor sleep, fear, nightmares, flashbacks, loss of interest in activities he used to enjoy partaking in, hyper alertness, poor concentration, highly distressed when reminded of it, self-blame, strong negative feelings that developed following the fall-out of his marital relationship, and feeling distant from others due to feelings of shame over his experiences in his marital relationship.

Mr. de Paula da Silva reported a number of signs of nervousness and physiological manifestations of anxiety. The Beck Anxiety Inventory (BAI), an instrument designed to screen for symptoms of anxiety, was therefore administered. The BAI is standardized and validated. **Mr. de Paula da Silva obtained a score of 24 out of 63, indicating *moderate* anxiety symptoms.** His responses on the measure were similarly consistent to his self-report of anxious, unsteady, nervous, terrified for his future and financial stability due to his wife's ongoing threats to call immigration and continual harassment, heart acceleration and wobbliness in his legs.

Because Mr. de Paula da Silva also reported a number of signs of nervousness and physiological manifestations of anxiety, I also administered the Generalized Anxiety Disorder Scale (GAD), an instrument designed to screen for symptoms of anxiety. The GAD is standardized and validated. **Mr. de Paula da Silva obtained a score of 21 out of 21 endorsing all 7 items on the measure in the most severe range, indicating *severe* anxiety.** His responses on the measure were similarly consistent to his self-report of feeling on-edge, becoming easily restless, unable to control his worries, and feeling afraid as if something awful might happen.

To quantify Mr. de Paula da Silva's symptoms of depression, I administered the Patient Health Questionnaire 9 (PHQ-9), a depression screener that is in widespread use in medical settings. **Mr. de Paula da Silva scored 17 out of 27 on this measure, suggesting *moderate* depressive symptoms.** His score appeared similar to his self-report of daily feelings of depressed mood, poor sleep, feeling tired, and loss of interest and several days in the last two weeks of self-blame, poor concentration, poor appetite, feelings of worthlessness, and feeling so overwhelmed that death has been preferred.

**Interpretation of the Data**
It is evident through Mr. de Paula da Silva's self-report, clinical observations, and the results of the mental health measures that the domestic violence in his marital relationship caused him significant psychological distress and impacted his mental health and functioning across a variety of areas in his life. Up to today , Mr. de Paula da Silva experiences multiple physiological and psychological symptoms, including depressed mood, poor sleep, poor appetite, low energy, symptoms of re-experiencing the events as evidenced by intrusive thoughts, and physiological reactivity after exposure to trauma reminders, especially due to ongoing harassment, insults, threats and fear for his future and financial stability. He has a lot of difficulty experiencing positive emotions, something that developed during and after the fall-out from his marital relationship and multiple physical sensations of fear and distress, including sweating, heart acceleration, and wobbliness in his legs. He endorsed every item on the GAD anxiety measure as occurring in the most severe range for the past two weeks.

Mr. de Paula da Silva's symptoms meet the diagnostic criteria for Major Depressive Disorder (DSM-5 F33.1), moderate and Generalized Anxiety Disorder (DSM-5 300.02). His mental health symptoms, both during and after the relationship ended, have caused him clinically significant distress and impairment in his social, occupational, psychological and daily functioning.

**Diagnosis**
Major Depressive Disorder, Moderate F33.1
Generalized Anxiety Disorder

**Validity Considerations**
Mr. de Paula da Silva appeared anxious and distressed during the clinical interview, and seemed to be very impacted by talking about the relationship. He provided descriptive detail in his self-reporting which matched behavioral observations and his responses to the measures, thus indicating that his symptoms were sincere and not due to malingering.

**Conclusions and Recommendations**
Mr. de Paula da Silva experienced significant mental health symptoms after his wife with whom he had a very brief relationship, betrayed him with her ex-husband and then began to threaten his immigration status if he did not pay her money for an apartment they had found together in Atlanta, Georgia where he had moved in order to be with her, but had returned to San Francisco after the fallout of their relationship. His mental health symptoms were intensified by ongoing insults from her and her ex-husband, and having had an experience where a previous fiance was not faithful to him. His symptoms were further intensified by being mocked by his coworkers for the brief amount of time he was with his wife before it fell apart and she began harassing, insulting, threatening and demanding that he give her money or she would call immigration on him. He is now highly anxious and fearful for his safety and stability, especially given the mass deportations he hears about in the news.

The findings as a result of this assessment appear consistent and valid and reveal that Mr. de Paula da Silva exhibited numerous mental health symptoms associated with Major Depressive Disorder and Generalized Anxiety Disorder, as a result of the domestic abuse by his wife and her ex-husband. His symptoms included poor sleep, nightmares, flashbacks of the events, social

isolation, poor concentration, digestive issues, sweating, heart acceleration, fear, anxiety, hopelessness, helplessness, sense of self-blame, ongoing depressed mood and loss of interest in previous activities. His daily functioning and routine were significantly affected by the verbal, emotional, and financial abuse

Mr. de Paula da Silva would benefit from psychological treatment, and I encouraged him to seek counseling treatment for his significant mental health symptoms. The benefits of counseling treatment were discussed with Mr. de Paula da Silva, and psychoeducation was provided regarding his current psychological symptoms as well as treatment options, including an application for a state funded program that provides counseling for victims of a violent crime.

Thank you for considering our input on this matter. Please do not hesitate to contact us if you require further information.

Sincerely,

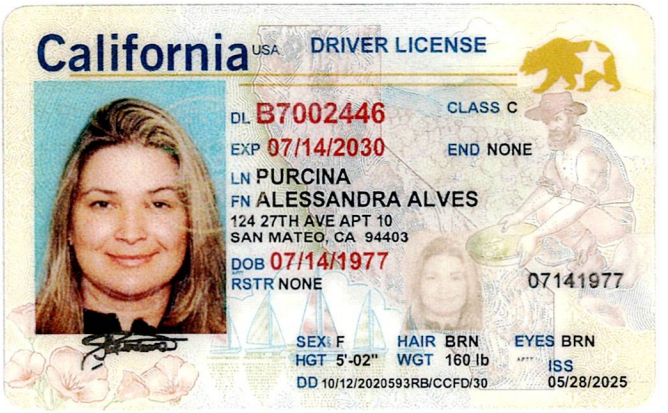
Dr. Louisa Lurkis, Psy 20065

To whom it may concern,

I am writing this letter to provide a personal reference for Reginaldo Depaula da Silva,whom I have know for 12 years.
Reginaldo is a person of integrity, kindness , sincerity and a very good friend.
Throughout the time I have know him he has always demonstrated honesty, compassion and respect towards others.
Unfortunately Reginaldo has recently endured significant emotional hardship due to a difficult and abusive relationship with his ex wife, this experience has deeply affected him, leading to a noticeable decline in his emotional and psychological well being.

Reginaldo has been so in love ,and gave everything to his wife, he put so much energy and love on his marriage , her infidelity was a devastation to him, he has been struggling with depression, and it is evident that he is no longer the joyful and sociable individual he once was.
Since the end of his relationship he became withdrawn and isolated. Rarely answers his phone , avoids social interactions, and has lost interest in activities that once brought him happiness.
It's clear that the trauma from his past relationship left him exhausted and profoundly sad.
Despise these challenges, I can attest to Reginaldo's fundamentally good character. He is the person who deserves understanding and support during this difficult time, I believe that with the right assistance and a supportive environment, Reginaldo has a potential to recovery and rebuild his life.
Please fell free to contact me if you require any further information.
Sincerely
Alessandra A.Purcina

Aug.05.2025



My name is Hadia Dayane Goulart, and I reside at 800 Polhemus Road, San Mateo, California, ZIP code 94402.

I am writing this letter in support of my close friend, Reginaldo de Paula da Silva, to express my deep concern regarding the emotional suffering he has endured following the recent breakdown of his marriage. I have known both Reginaldo and his wife personally, and I am fully aware of the pain he has experienced due to her infidelity with another man.

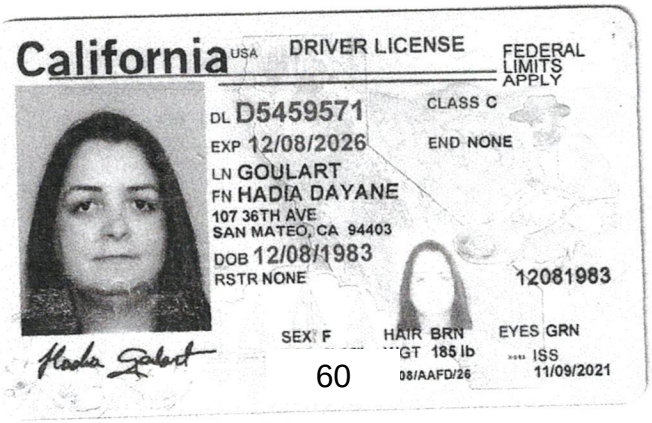
Having spent time with them both, I witnessed the dedication Reginaldo showed in his relationship. Since their separation, I have seen firsthand the devastating impact it has had on him. He has become withdrawn, deeply saddened, and has entered a state of depression. He rarely leaves his home, avoids social interaction, and no longer participates in the things he once enjoyed. It is clear that this betrayal has taken a severe emotional toll on him.

Reginaldo has always been a kind-hearted and positive person, someone who brought joy and light to those around him. It is deeply distressing to see such a vibrant spirit now overcome by emotional pain. For those of us who know him well, it is evident that he is no longer the same person.

On several occasions, he has confided in me about his emotional struggles, expressing feelings of despair and hopelessness. As his friend, I have made every effort to support and encourage him, reminding him of his worth and urging him never to act in a way that would cause harm to himself.

I am genuinely concerned for Reginaldo's mental health. He is a good man who has been profoundly hurt by this experience, and I hope this letter helps to bring attention to the emotional challenges he continues to face.

Sincerly,
Hadia Dayane Goulart: Hadia Dayane Goulart
08_07_2025



Flavia Guimarães Tarrant

1407 Oak Grove Ave Apt 3 Burlingame CA 94010

Cel: 6502713433

Email: Flaviagtarrant@gmail.com

Date:07/ 28/ 2025

I have known Reginaldo since 2015. At that time, I transferred my apt lease to him, and from there, we developed a strong friendship and became very close. In 2020, I moved back into the same building, and we were even closer. In 2024, I witnessed firsthand his joy and excitement about his marriage and the plans to move to Atlanta for a fresh start.

I want to highlight that, in the beginning, Reginaldo was extremely happy about his marriage and excited about starting this new chapter in Atlanta. However, everything changes drastically when he discovers that he is being betrayed. This situation deeply affected his emotional and psychological state, bringing to light a real fear that he might follow a tragic pattern within his family. In his family history, his grandfather took his life, and a cousin also faced a similar tragic fate. This makes the situation even more delicate and concerning.

Currently, Reginaldo is undergoing psychological treatment, striving to rebuild and regain his emotional balance, but this period has been extremely challenging for him. This emotional distress also impacts his process of obtaining legal documentation, as his psychological state is significantly affected.

I sincerely appreciate your attention and understanding, and emphasize the importance of providing Reginaldo with the necessary support during this challenging time.

Sincerely,

Signature Flavia Guimarães Tarrant

California USA DRIVER LICENSE
DL E2803653
CLASS C
EXP 04/14/2028
END NONE
LN TARRANT
FN FLAVIA GUIMARAES
1239 OAK GROVE AVE APT 110
BURLINGAME, CA 94010
DOB 04/14/1982
RSTR NONE
04141982
DONOR
SEX F
HAIR BRN
EYES BRN
HGT 5'-05"
WGT 140 lb
ISS 04/11/2023
DD 04/11/202359307/CCFD/28

My name is Alex Renato de Matos, and I live at 1680 Harmony Street, Brentwood, California, ZIP code 94513.

I am writing this letter to speak about my dear friend, Reginaldo de Paula da Silva, and the deep emotional challenges he has been facing since separating from his wife, who betrayed him with another man.

I have never met his wife in person, but I have always been in close contact with Reginaldo over the phone. We used to work together at Cybelle's Pizzeria in Daly City, California, and during that time, I got to know him very well.

Reginaldo has always been a joyful and light-hearted person, someone who could bring happiness to everyone around him. However, ever since the painful breakup, I have witnessed a drastic change in his emotional state. He has fallen into a deep depression. It is clear to anyone who has known him for a long time, like I have, that he is not the same person anymore.

He has even confided in me on multiple occasions that he feels like giving up on life. As his friend, I have always tried to give him my best advice and words of encouragement, reminding him that life is worth living and that he must never do anything harmful to himself.

Unfortunately, I never had the opportunity to meet his wife in person because, during that period, I was living in Cedar Park, Texas.

I am sincerely worried about my friend's mental health. He is a good man who has suffered deeply from this betrayal, and I hope this letter helps to show the truth about the emotional struggles he has been going through.

Sincerely,

Alex Renato de Matos Signature: Alex Renato DeMatos 08/07/2025

Date: 08/08/202

**To Whom It May Concern,**

I am honored to write this reference for Mr. Reginaldo de Paula, who was an exceptional employee and a cherished member of our team for many years. Reginaldo's joyful spirit, unwavering dedication, and punctuality made a profound impact on everyone around him. He was not just a colleague but a true friend, always lifting the team's morale with his positivity.

Sadly, after his marriage, Reginaldo encountered significant personal struggles that have deeply affected him. He has experienced a period of sadness and depression, which has changed his demeanor and outlook. It is heartbreaking to see such a wonderful person go through this.

Despite these challenges, I have every confidence that with the right support and care, Reginaldo will rediscover his former self—kind, honorable, and full of life.

I sincerely hope this letter helps in any way possible. Please do not hesitate to contact me for any further information.

With warm regards,
Rogerio Silva de Azevedo

DRIVE LICENSE
Y1578478

I'm writing to share a bit about my friend Reginaldo de Paula. I've known him for over ten years, and I've always admired him, he's hardworking,honest and gets along effortlessly with everyone in his circle. Over the years,we've spent time together, including on a few trips. One of those trips he told me he had met someone special, a woman he described as perfect and even talked about future plans with her. He always seemed like someone who longed for companionship and I could understand that.

Some time later, I heard that he had gotten married. I genuinely happy for him, although a little sad knowing he'd be moving away from us. Then, during the 2024 New Year's Eve celebrations, I ran into him again and he was clearly not the same. He had lost a noticeable amount of weight and seemed of had fallen apart. He told me she had betrayed him, no longer wanted to be with him, and had already moved on.

The whole situation has deeply affected him personally and professionally. He's really shaken, and it's taken a toll on his work as well. I truly hope he can recover soon and move past this. He's already seeing a psychologist, but I know it may take some time before he feels like himself again.

08/01/2025.

Emivaldo Vieira Nunes.

California USA
DRIVER LICENSE
FEDERAL LIMITS APPLY
DL D6997889
CLASS CM1
EXP 09/11/2029
END NONE
LN VIEIRA NUNES
FN ENIVALDO
124 27TH AVE APT 10
SAN MATEO, CA 94403
DOB 09/11/1977
RSTR NONE
09111977
SEX M
HAIR BRN
EYES BRN
HGT 5'-07"
WGT 200 lb
ISS 06/28/2024
DD 06/28/202459330/DDFD/29

EVALDO ALVES MARTINS JUNIOR
1060 CONTINENTALS WAY BELMONT CA 94002
415.894 7397
DATE: 11-05-25

TO WHOM IT MAY CONCERN,

I AM WRITING TO EXPRESS MY FULL SUPPORT FOR MY FRIEND REGINALDO HE IS A GREAT FRIEND AND CAN PERSONALLY ATTEST TO HIS CHARATER, VALUES, AND THE POSITIVE INPACT HE HAS ON THOSE AROUND HIN.

HE IS A MEN OF INTEGRITY - DEELY HONEST, HARDWORKING, AND RESPONSIBLE.

THANK YOU FOR CONSIDERING THIS LETTER OF SUPPORT. PLEASE FEEL FREE TO CONTACT ME IF FURTHER INFORMATION IS NEEDED.

SINCERELY
EVALDO JUNIOR

My name is Mônica Franco, and I am writing this letter as a close friend of Mr. Reginaldo de Paula, whom I have known for almost nine years. During all this time, I have witnessed his honesty, integrity, kindness, and dedication to his work and to the people around him. Reginaldo is a man of good character, deeply respectful, and always ready to help others.

In recent times, however, I have seen him go through an extremely difficult period following his separation. This experience has profoundly affected him emotionally and mentally. He has been facing moments of deep sadness, loss of motivation, and emotional instability that have left all of us — his friends and those who care about him — very worried about his well-being.

Reginaldo has always been a hardworking, responsible, and compassionate person. It is heartbreaking to see how much he has suffered emotionally. I truly believe that stability, emotional support, and the opportunity to rebuild his life are essential for his recovery and for him to regain his sense of purpose and dignity.

I hope this letter helps to shed light on the kind of person Reginaldo truly is — a man of great heart and moral values who is simply going through a very painful chapter in his life. He deserves compassion, understanding, and the chance to heal and move forward in peace.

With my sincere respect and concern,

Sincerely,

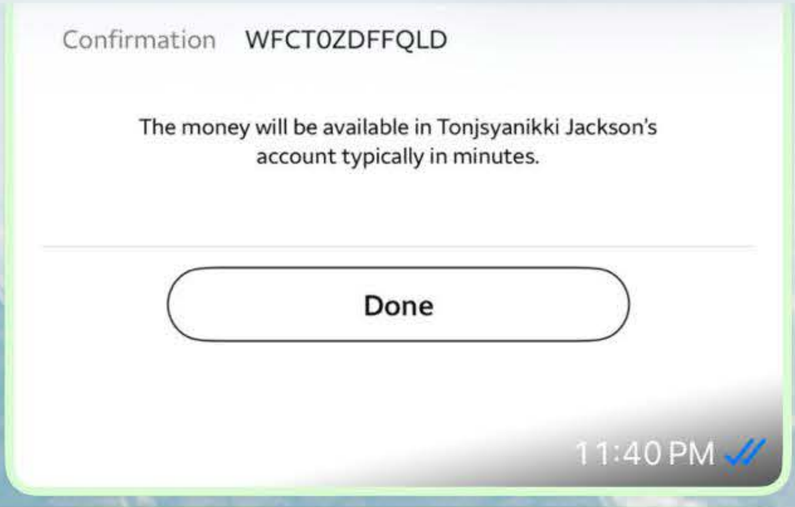
Mônica Franco

Mônica Franco

11/05/2025

8:40 5G+ 61

Yvette Jackson 2 N...
or último ontem às 11:52 PM




Look, I can send this money to help with the rent 11:41 PM

Look here, you know that this money isn't enough to pay the rent 11:43 PM

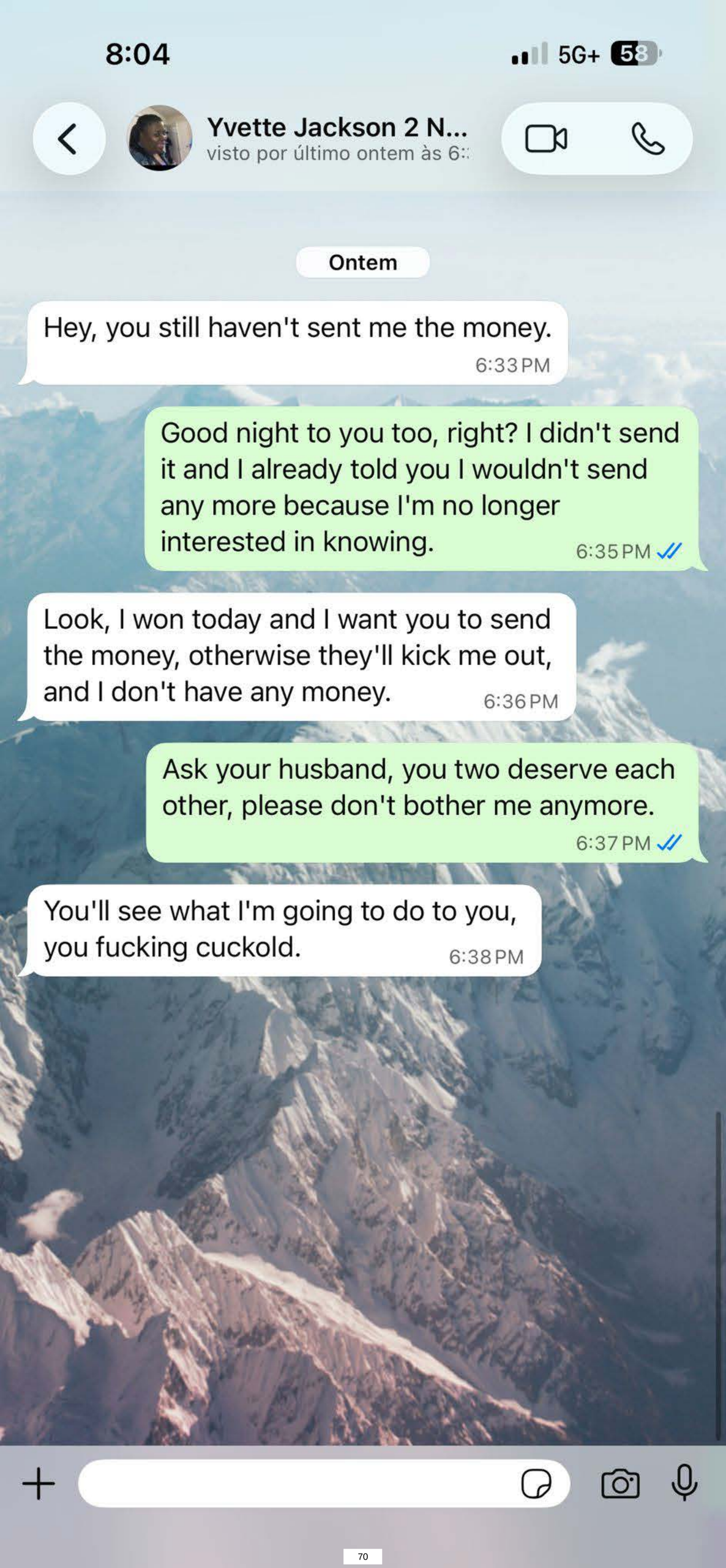
and I know more, you have to find your way, it was you who ended our marriage 11:45 PM

I've already left your life, I've already said I don't even want to see you 11:46 PM

and what's more, you were the one who wanted to move into the apartment, now I can't leave until the contract ends and you know 11:48 PM

Look, Grandma, go to sleep, it's already late, I don't have any money, don't disturb me anymore 11:50 PM

Look, if you think I'm going to pay alone, you're wrong. I don't want to know. Send me the rest of the money. 11:51 PM


8:04
5G+
Yvette Jackson 2 N...
visto por último ontem às 6:
Ontem
Hey, you still haven't sent me the money.
6:33 PM
Good night to you too, right? I didn't send it and I already told you I wouldn't send any more because I'm no longer interested in knowing.
6:35 PM
Look, I won today and I want you to send the money, otherwise they'll kick me out, and I don't have any money.
6:36 PM
Ask your husband, you two deserve each other, please don't bother me anymore.
6:37 PM
You'll see what I'm going to do to you, you fucking cuckold.
6:38 PM

10:29
5G+
77
Yvette Jackson
visto por último hoje às 9:16 AM
qui., 25 de set.
I bae can you please send me 150 i want brother you again please I really do need help today are me and me and my kids will be out side today and I don't have any where to go
12:10 PM
Hello
5:42 PM
sáb., 27 de set.
Are you going be able to send to the money
6:22 PM
dom., 28 de set.
Ligação de voz perdida
Toque para retornar
4:10 PM
$400.00
Transaction: 09/29/2025
Authorized transactions
Additional info
Transaction description
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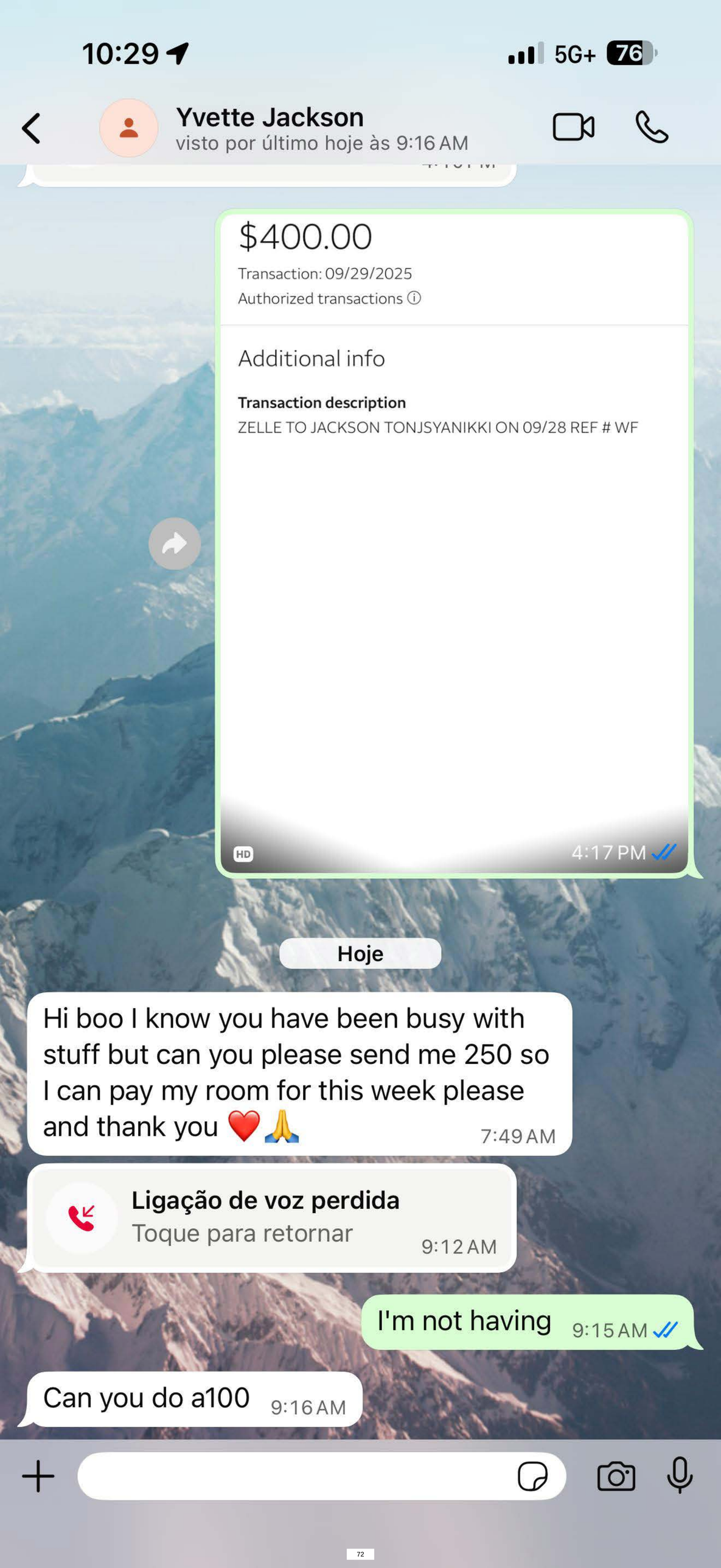
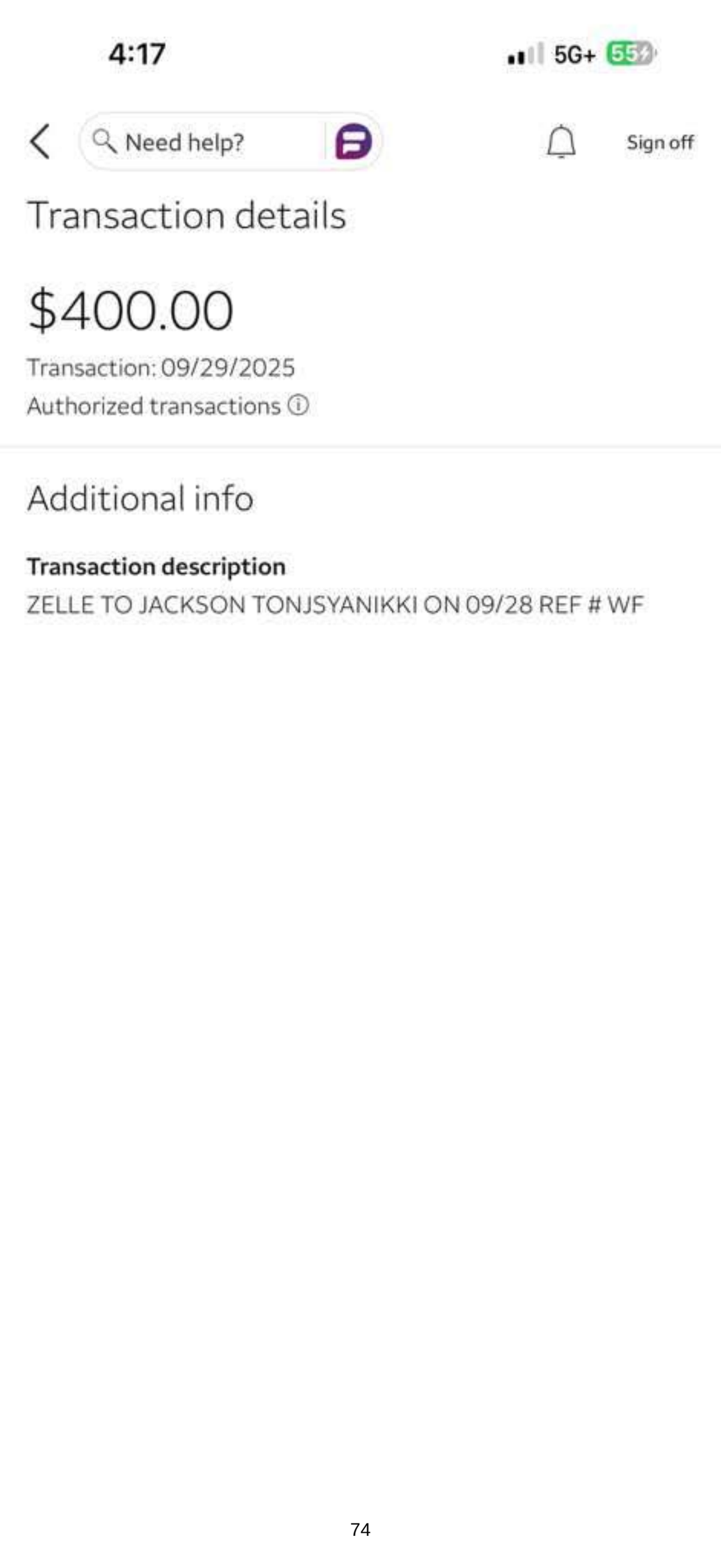

10:29
5G+
76
Yvette Jackson
visto por último hoje às 9:16 AM
$400.00
Transaction: 09/29/2025
Authorized transactions ⓘ
Additional info
Transaction description
ZELLE TO JACKSON TONJSYANIKKI ON 09/28 REF # WF
HD
4:17 PM
Hoje
Hi boo I know you have been busy with stuff but can you please send me 250 so I can pay my room for this week please and thank you ❤️🙏
7:49 AM
Ligação de voz perdida
Toque para retornar
9:12 AM
I'm not having
9:15 AM
Can you do a100
9:16 AM

10:34
5G+
75
Yvette Jackson
visto por último hoje às 9:16 AM
It still hasn't not ca
sex., 5 de set.
dom., 14 de set.
Hi my husband can you please send me 60 dollars please and thanks again for everything
4:33 PM
sex., 19 de set.
Hi honey can we talk
10:21 AM
dom., 21 de set.
Hi is there anyway possible you can send me 80 dollars please
10:42 AM
If so I need it before 5 pm
10:43 AM
Ligação de voz perdida
Toque para retornar
12:21 PM
Hi did you get my message
5:39 PM
ter., 23 de set.
Hello why don't you respond to my text messages
6:09 AM
qui., 25 de set.
I bae can you please send me 150 i want


4:17
5G+
Need help?
Sign off
Transaction details
$400.00
Transaction: 09/29/2025
Authorized transactions
Additional info
Transaction description
ZELLE TO JACKSON TONJSYANIKKI ON 09/28 REF # WF

# Transaction details

## $150.00

Transaction: 09/05/2025

Authorized transactions ⓘ

## Additional info

**Transaction description**

ZELLE TO JACKSON TONJSYANIKKI ON 09/05 REF # WF

# Transaction details

$500.00

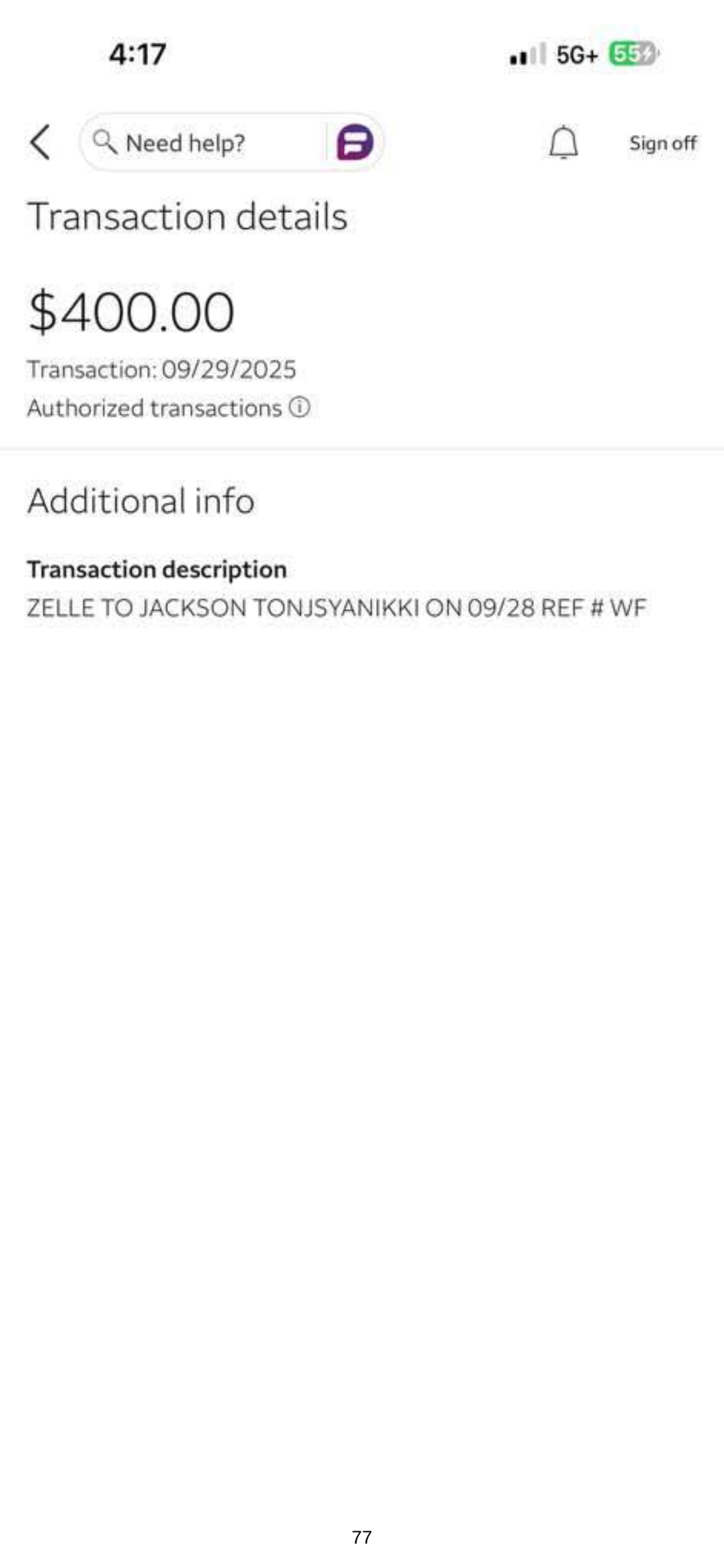
Transaction: 06/11/2025

Authorized transactions ⓘ

## Additional info

**Transaction description**

ZELLE TO JACKSON TONJSYANIKKI ON 06/11 REF #RP0


4:17
5G+
Need help?
Sign off
Transaction details
$400.00
Transaction: 09/29/2025
Authorized transactions
Additional info
Transaction description
ZELLE TO JACKSON TONJSYANIKKI ON 09/28 REF # WF

8:58 5G+ 85

Need help? 1 Sign off

# Review & send

Edit

TJ

## Send to Tonjsyanikki Jackson

Enrolled as TONJSYANIKKI JACKSON at (470) 536-5457

# $100.00

The money will be available typically in minutes.

Make sure all information is correct.

Payment can’t be canceled.

About this payment

Cancel Send

78

# All set!

**Money sent to Tonjsyanikki Jackson**

Enrolled as TONJSYANIKKI JACKSON

## $400.00

From EVERYDAY CHECKING...2742

Confirmation WFCT0Z66YKWB

The money will be available in Tonjsyanikki Jackson's account typically in minutes.

Done

# All set!

**Money sent to Tonjsyanikki Jackson**

Enrolled as TONJSYANIKKI JACKSON

## $150.00

From EVERYDAY CHECKING...2742

Confirmation WFCT0Z7XNHKW

The money will be available in Tonjsyanikki Jackson's account typically in minutes.

Done

# All set!

**Money sent to Tonjsyanikki Jackson**

Enrolled as TONJSYANIKKI JACKSON

## $250.00

From EVERYDAY CHECKING...2742

Confirmation WFCT0Z7B27K8

The money will be available in Tonjsyanikki Jackson's account typically in minutes.

Done

10:43 5G 75

Need help?

Sign off

# Review & send

Edit

TJ

## Send to Tonjsyanikki Jackson

Enrolled as TONJSYANIKKI JACKSON at (470) 536-5457

# $150.00

The money will be available typically in minutes.

Make sure all information is correct.

Payment can’t be canceled.

About this payment

Cancel

Send

# All set!

**Money sent to Tonjsyanikki Jackson**

Enrolled as TONJSYANIKKI JACKSON

## $400.00

From EVERYDAY CHECKING...2742

Confirmation WFCT0Z3G7JHY

The money will be available in Tonjsyanikki Jackson's account typically in minutes.

Done

# All set!

**Money sent to Tonjsyanikki Jackson**

Enrolled as TONJSYANIKKI JACKSON

## $100.00

From EVERYDAY CHECKING...2742

Confirmation WFCT0Z2JMX53

The money will be available in Tonjsyanikki Jackson's account typically in minutes.

Done

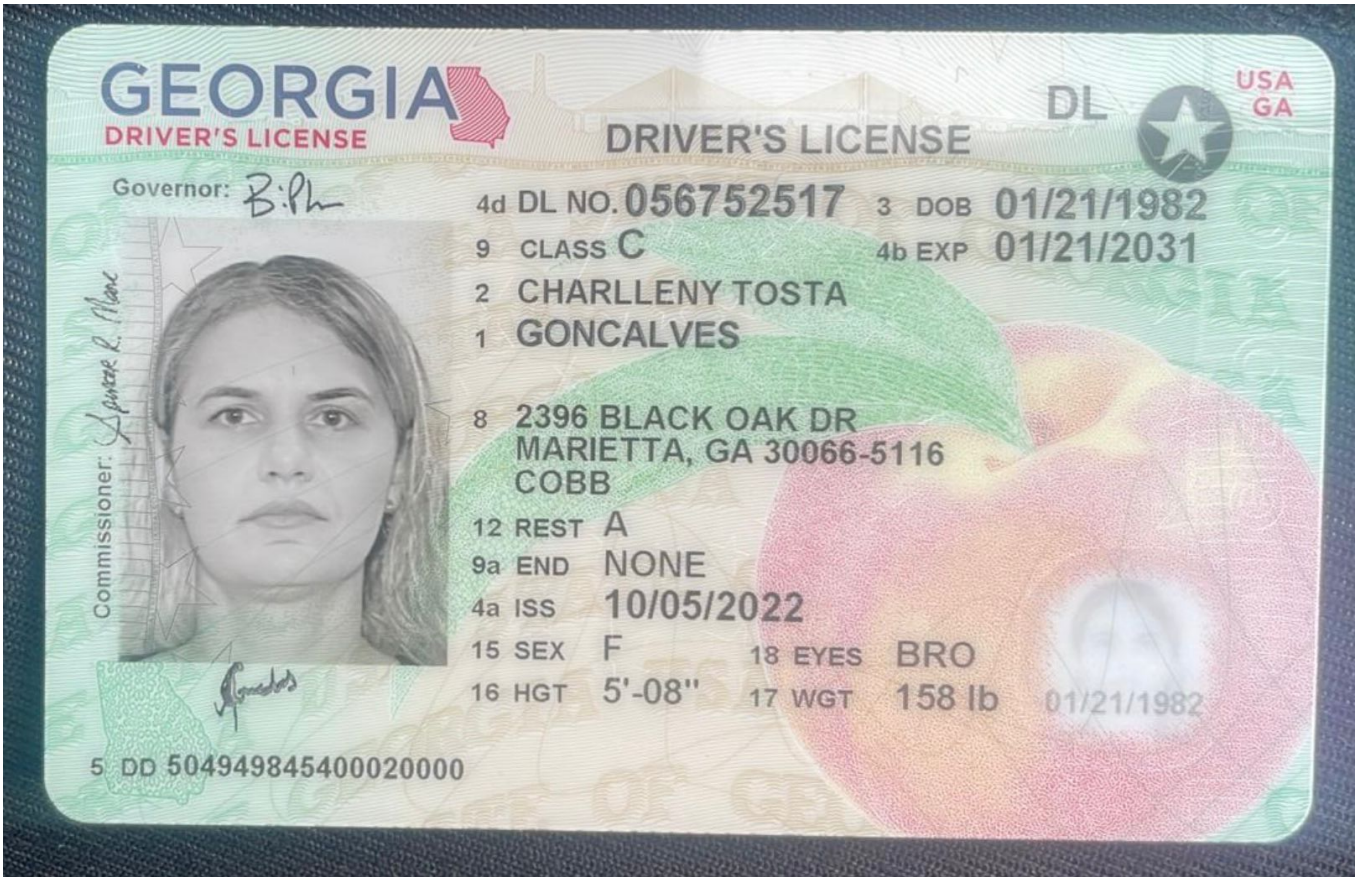
# Exhibit 5 - Evidence of Bona Fide Marriage

To Whom it May Concern,

My name is Charlleny Goncalves, I am an American citizen. I met Reginaldo de Paula da Silva through Yvette Jackson. I have known Yvette for years and she babysat my children when they were young. She is a great lady who has always treated my family and me well. I met Reginaldo when he came to visit Atlanta and we became friends. He is very kind and got along with all of us very well. Since then we all keep in touch and have been friends to this day.

Sincerely,
Charlleny Goncalves

404-952--0045
2396 Black Oak Dr
Marietta, GA, 30066
Charlleny Goncalves


GEORGIA
DRIVER'S LICENSE
DRIVER'S LICENSE
DL
USA
GA
Governor:
Commissioner:
4d DL NO. 056752517
3 DOB 01/21/1982
9 CLASS C
4b EXP 01/21/2031
2 CHARLLENY TOSTA
1 GONCALVES
8 2396 BLACK OAK DR
MARIETTA, GA 30066-5116
COBB
12 REST A
9a END NONE
4a ISS 10/05/2022
15 SEX F
18 EYES BRO
16 HGT 5'-08"
17 WGT 158 lb
01/21/1982
5 DD 504949845400020000

San Francisco 11/06/2024

To whom it may concern,

My name is Cassio de Paris, I met Reginaldo back in 2014 in San Francisco, at that time we ended up living in the same house, it was a family house where they shared rooms. We became very close friends. I remember all the good times we spent together, the mondays were on our day off, we usually spent all day at the beach during the summer or making brazilian barbecue at home. We lived in the same place for about 3 years, after that always meting Regis around the bay area for celebration time like thanksgiving or again barbecue.

I was very happy when on one of those occasions I met Ivety and found out that they were dating. She is very nice girl and since the beginning I realize they could make each other happy. I strongly believe in that beatiful love and I am sure they will be happy forever.

Sincerely,

Cassio de Paris - 415-359-3630
American Citizen

California USA DRIVER LICENSE
DL F7715273
CLASS C
EXP 10/25/2028
END NONE
LN DE PARIS
FN CASSIO LAERTE
332 OXFORD ST
SAN FRANCISCO, CA 94134
DOB 10/25/1977
RSTR NONE
10251977
SEX M
HAIR BRN
EYES BRN
HGT 5'-08"
WGT 181 lb
ISS 06/22/2023
DD 06/22/202353404/CCFD/28

SAN FRANCISCO, 09 OF NOVEMBER, 2024
FOR WHATEVER MEANS ARE NECESSARY.

REGINALDO AND I HAVE BEEN FRIENDS FOR A LONG WHILE, I MET HIM IN A FRIENDS HOUSE AND I REMEMBER OUR LONG CONVERSATION ABOUT SOCCER. UNFORTUNATELY HIS GROUP IS NOT AS GOOD AS MINE, AND THIS WAS A LONG SESSION OF DEEP CONVERSATION. OVERALL HE IS VERY NICE, TRUSTWORTHY AND POLITE. I'M GLAD TO HAVE HIM AS A FRIEND. IN ONE OF THESE MOMENTS. REGINALDO INTRODUCED US TO IVETY, A LOVELY AND POLITE PERSON. I WAS VERY HAPPY TO KNOW THAT THE TWO WERE DATING, AND I WAS EVEN HAPPIER WHEN THEY TOLD US THAT THEY WERE GETTING MARRIED. IT WAS VERY PLEASANT NEWS, BECAUSE NOW I'M SURE THAT THEY WILL TAKE CARE OF EACH OTHER WHENEVER NECESSARY. I WISH THE COUPLE ALL THE BEST THAT LIFE CAN OFFER AND I AM SURE THAT THEY WILL BE VERY HAPPY.

SINCERELY,
CARLOS FERREIRA
AMERICAN CITIZEN
415 359-4326
332 OXFORD ST, SAN FRANCI[illegible]CA, 94134

California USA DRIVER LICENSE
DL F7525682
CLASS C
EXP 07/17/2028
END NONE
LN FERREIRA
FN CARLOS A
332 OXFORD ST
SAN FRANCISCO, CA 94134
DOB 07/17/1970
RSTR NONE
07171970
SEX M
HAIR BLK
EYES BLK
HGT 5'-07"
WGT 158 lb
DD 11/12/2019593RB/CCFD/28
ISS 06/15/2023

SAN FRANCISCO, CA

MY NAME IS LUDIMILLA BEATRIZ RIBEIRO LOPEZ JAR DIM, AND THIS YEAR MARKS ELEVEN YEARS SINCE I MET REGINALDO DE PAULA!!!!

I MET HIM WHEN HE RENTED A BEDROOM AT M FATHER'S HOUSE FROM THEN ON OUR FRIENDSHIP BON BEGIN INCREASING MORE AN MORE EVERY DAY, UNTIL I WAS ABLE TO REALLY GET TO KNOW HOW MUCH OF A SPECIAL, HARDWORKING AND HONEST PERSON HE IS! AS WE GOT CLOSER, WE BECAME GREAT FRIENDS, IN FACT HE CONSIDERS ME AS HIS SISTER, SINCE HE HAS NO BIOLOGICAL FAMILY AROND, GIVEN HE LIVED ALL ALONE BEFO RE!

A FEW YEAR WENT BY AND AT A LUNCH BARBECUE I HAD THE PLEASURE OF MEETING YVETTE JACKSON, HIS GIRLFRIEN WHO TODAY. IS HIS WIFE! I WAS VERY HAPPY WHEN THEY STA TED DATING, BECAUSE SHE IS SUCH A SWEETHEART YEARS PASSED BY AND EVERY DAY I WOULD SEE THEIR LOVE INCR ASE MORE AN MORE, UNTIL THEY DECIDED TO MAKE THEIR DREAM COME TRUE THEY GOT MARRIED THEN, AND STILL CONTI NUE DISPLAYING SUCH A STRONG BOND TILL THIS DAY!!! IT'S CLEAR TO SEE THAT EVERY DAY THAT PASSES THEY ARE MORE AND MORE IN LOVE!! THANK YOU GUYS FOR BEING SO IMPORTANT IN MY LIFE

SINCERELY
LUDIMILLA B. R. L. JARDIM
AMERICAN CITIZEN
(415) 986 9713

1151 VILLAGE DR APT 4
BELMONT CA 94002

We the People
Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquility,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of America.
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
671282251
Surname / Nom / Apellidos
JARDIM
Given Names / Prénoms / Nombres
LUDIMILLA BEATRIZ
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
28 Oct 1981
Place of birth / Lieu de naissance / Lugar de nacimiento
BRAZIL
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
23 Nov 2021
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
22 Nov 2031
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAJARDIM<<LUDIMILLA<BEATRIZ<<<<<<<<<<<<<<
6712822514USA8110284F3111220690536122<626060

# CALIFORNIA STANDARD LEASE AGREEMENT

1. **THE PARTIES**. This Residential Lease Agreement ("Agreement") is made on the undersigned date by and between:

   Landlord

   Landlord's Name: KLEIN PROPERTY MANAGEMENT
   Mailing Address: ANDY@KLEINPROPMGMT.COM

   Tenant

   Tenant's Name: REGINALDO DE PAULA DA SILVA
   Additional Occupants: YVETTE JACKSON

2. **PROPERTY**.
   - Property Address: 1239 OAK GROVE, BURLINGAME, CA 94010
   - Residence Type: ☑ Apartment ☐ House ☐ Condo ☐ Other: 306
   - Bedroom(s): 1 Bathroom(s): 1

3. **TERM**.
   - Start Date: 09/19/2024
   - End Date: 09/19/2025

4. **RENT**.
   - Monthly Rent: $2500
   - Due Date: 1 day of each month.

5. **SECURITY DEPOSIT**. (check one)

   ☐ - **No Security Deposit**.

   ☑ - **Security Deposit**.
   - Amount: $1500
   - Returning to Tenant: 5 days after lease termination.

6. **LATE FEE**. (check one)

   ☑ - **No Late Fee**.

   ☐ - **Late Fee**: (check one)
   ☐ - Fixed Amount. $_____ for each ☐ occurrence ☐ day rent is late.
   ☐ - Interest. ____% per annum.

7. **NSF FEE**. (check one)

☑ - **No NSF Fee**.

☐ - **NSF Fee**: $_____

8. **EARLY MOVE-IN**. (check one)

☑ - **No Early Move-in**.

☐ - **Early Move-in.**
- Date: _____
- Prorated Rent. $0_____

9. **PRE-PAYMENT OF RENT**. (check one)

☑ - **No Pre-Payment of Rent is Required**.

☐ - **Pre-Payment of Rent is Required**.
Pre-Payment Amount: $0_____
Pre-Payment Period:
Start Date: _____
End Date: _____

10. **ACCEPTABLE PAYMENT METHODS**. The Landlord accepts any of the following payment methods from the Tenant: (check all that apply)
☐ - ACH (electronic bank transfer)
☐ - Cash
☑ - Check
☐ - Credit Card
☐ - PayPal (e-mail is: _____)
☐ - Venmo (e-mail/username is: _____)
☐ - Zelle (e-mail/phone number is: _____)
☑ - Other: MONEY ORDER

11. **PETS**. (check one)

☑ - **No Pets Allowed**.

☐ - **Pets are Allowed**.
Number of Pets: ____
Types: _____
Maximum Weight (per pet): ____ Pounds
Deposit (for all pets): $0_____ ☐ refundable ☐ non-refundable

12. **SMOKING POLICY**. (check one)

☑ - **No Smoking Allowed**.

☐ - **Smoking is Allowed**.

13. **PARKING**. (check one)

☐ - **No Parking Provided**.

☑ - **Parking is Provided**. 16 parking spaces are provided with: (check one)

☑ - No Fee.

☐ - Fee (describe). _____

14. **FURNITURE**. (check one)

☐ - **Property is Not Furnished**.

☑ - **Property is Furnished**: (check all that apply)

☐ - Bathroom(s)
☐ - Bedroom(s)
☐ - Dining Room
☑ - Kitchen
☐ - Living Room
☐ - Other: _____

15. **APPLIANCES**. (check one)

☐ - **Property Has No Appliances**.

☐ - **Property Has Appliances**: (check all that apply)

☐ - Ceiling Fans
☑ - Dishwasher
☐ - Dryer (for laundry)
☐ - Garbage Disposal
☑ - Microwave
☑ - Refrigerator
☑ - Stove / Oven
☐ - Washing Machine
☑ - Water Heater
☐ - Other. _____

16. **UTILITIES & SERVICES**. The Landlord is responsible for: (check one)

☐ - **No Utilities & Services**.

☑ - **Utilities & Services**: (check all that apply)

- ☐ - Cable (TV)
- ☑ - Gas / Oil / Propane
- ☐ - Electricity
- ☐ - Internet
- ☐ - Landscaping
- ☐ - Water / Sewer
- ☐ - Trash Removal
- ☐ - Other: _____

17. **RENTERS INSURANCE**. (check one)

☐ - **No Renters Insurance Requirement**.

☑ - **Renters Insurance is Required**. $ 10,000 is the minimum limit for property damage/loss and liability coverage per occurrence.

18. **MOVE-IN INSPECTION**. (check one)

☐ - **No Move-In Inspection**.

☑ - **Move-In Inspection is Required**.

19. **SUBLETTING**. (check one)

☑ - **No Subletting Allowed**.

☐ - **Subletting Allowed with the Landlord's Consent.**

20. **NOTICES**. If notice is sent by either Party, it shall be sent to:

**Landlord**. (check one)

- ☑ - The address mentioned in Section 1.
- ☐ - _____

**Tenant**. (check one)

- ☑ - The address of the Property.
- ☐ - _____

21. **ADDITIONAL TERMS & CONDITIONS.**

22. **DISCLOSURES**. The Landlord agrees to deliver the following to the Tenant: (check all that apply)

- ☐ - Lead-Based Paint Disclosure
- ☐ - Protect Your Family From Lead in Your Home - Pamphlet
- ☑ - Move-In Inspection Checklist
- ☐ - _____
- ☐ - _____
- ☐ - _____
- ☐ - _____

23. **DEFINITIONS**. The terms mentioned in this Agreement are defined below:

a.) Abandonment. If the Tenant vacates or abandons the Property for a period of up to seven days without informing the Landlord, the Tenant will be considered in default of this Agreement. If the Landlord believes the Tenant has vacated and abandoned the Property, the Landlord is entitled to inspect the Property by providing 24 hours' notice or the timeframe required under Governing Law, whichever is greater.

b.) Access. Upon the start of the Early Move-In or the Term, whichever is applicable, the Landlord agrees to provide entry to the Tenant in the form of keys, fobs, cards, or any type of keyless access to the Property. Access to the Property shall be given after successful payment and receipt of the amounts required at the execution of this Agreement (see attached 'Amount Due at Signing').

c.) Additional Occupants. Also referred to simply as "Occupants," these are individuals who have a legal right to reside on the Property with the Tenant. The Tenant agrees to bear all responsibility and liability for the actions made by the Occupants.

d.) Disclosures. The Disclosures mentioned under Section 22, whether they are attached to this Agreement or distributed to the Tenant separately, are accepted, acknowledged, and understood by the Tenant upon their execution of this Agreement.

e.) Early Move-In. If the Tenant is permitted an Early Move-In, and any pro-rated rent is required to be paid, such payment must be made by the Tenant at the execution of this Agreement. If applicable and selected in Section 8, this Early Move-In period shall be protected under the same rights as the Term of this Agreement.

f.) Furnishings and Appliances. The Tenant understands that the Furnishings and Appliances mentioned herein are under the Landlord's ownership and must be returned in the same condition as at the start of the Term, normal wear and tear excepted.

g.) Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the jurisdiction where the Property is located.

h.) Guests. Refers to individuals who are not a Tenant or an Occupant but are invited onto the Property on behalf of the Tenant. Guests are permitted to stay on the Property for a period of no more than 48 hours.

i.) Late Fee. Refers to a penalty accrued by the Tenant in connection to any Rent payment due to the Landlord. The Late Fee shall accumulate in accordance with the terms mentioned herein and Governing Law, abiding by any statutory grace periods that may exist.

j.) Move-In Inspection. A Move-In Inspection, if required under this Agreement or Governing Law, shall be to protect the liability of the Tenant and the Security Deposit. Both Parties must acknowledge the Property's condition at the start and the end of the Term.

k.) Notices. The official address used for legal communication between the Landlord and Tenant as mentioned in Section 20.

l.) NSF Fee. If a Non-Sufficient Funds (NSF) Fee is mentioned herein, and if it is greater than the amount permitted under Governing Law, the amount under Governing Law shall take precedent. If a Non-Sufficient Funds (NSF) Fee is charged to the Tenant, it shall be due and payable immediately.

m.) Parking. Any Parking provided by the Landlord shall be at the Tenant's discretion. The Landlord is not responsible for any damage, property loss, or liability that may occur to the Tenant's vehicle while parked in the described area.

n.) Pets. If any property repairs, odor removal, or other maintenance is required due to the Tenant's Pets, the costs shall be deducted from the Pet Fee or Security Deposit with an itemized list disclosed to the Tenant.

   i. Pet Restrictions. Any pet restriction mentioned in this Agreement shall be limited to Federal and State regulations regarding Tenants with special protections and privileges.

   ii. Protected Animals. Notwithstanding any other provisions of this Agreement, the Tenant may keep a pet that qualifies as a service animal under the Americans with Disabilities Act (ADA) or an emotional support animal under applicable State and Federal laws. Tenants must provide documentation verifying the animal's status as a service animal or emotional support animal upon request.

   iii. Procedure for Approval. A Tenant seeking to keep a service animal or emotional support animal must notify the Landlord in writing and

provide the necessary documentation. The Landlord shall not unreasonably withhold consent for a service animal or emotional support animal based on legitimate documentation.

iv. Indemnification. The Tenant agrees to indemnify and hold harmless the Landlord from any claims, damages, liabilities, or expenses arising out of the actions of any Pet allowed on the Property by the Tenant.

o.) Pre-Payment of Rent. If applicable, the Pre-Payment of Rent is applied to the dates mentioned herein. The Pre-Payment Period cannot be applied to any other timeframe and is non-refundable. Therefore, if the Tenant defaults on the terms of this Agreement and this Agreement is terminated by the Landlord, they shall not be entitled to a refund of the Pre-Payment of Rent.

p.) Party or Parties. The Landlord and Tenant are each referred to herein as a "Party" and, collectively, as the "Parties."

q.) Property. The Property is the residential space permitted to be occupied by the Tenant and Occupants as outlined in Section 2.

r.) Rent. The first payment of Rent shall be due and payable at the execution of this Agreement. All subsequent Rent payments shall be paid on the due date in accordance with the payment instructions set forth under Section 4.

s.) Renters Insurance. It is strongly recommended that the Tenant secures a Renters Insurance policy to cover personal property, which also includes personal liability for their actions. Unless there is a prohibition imposed by the affordability covenants or other restrictions applicable under Governing Law, if Renters Insurance is required it must be issued by an insurance company that provides the amount mentioned in Section 17.

i. Proof of Insurance. The Tenant shall provide the Landlord with a copy of the Renters Insurance policy declaration page or a certificate of insurance prior to the commencement of the Term and upon any renewal or change of the policy. The Tenant must also provide proof of insurance within 10 days of any written request by the Landlord as a requirement under this Agreement.

ii. Interested Party. In any Renters Insurance policy, the Landlord must be named as an additional interested party.

iii. Policy Maintenance. The Tenant agrees to maintain the Renters Insurance policy in full force and effect for the duration of the Term and any renewals thereof. Failure to maintain the required insurance constitutes a breach of this Agreement and may result in termination of tenancy and eviction under local housing laws.

iv. Landlord's Insurance. Tenant acknowledges that the Landlord's insurance does not cover the Tenant's personal property or liability.

v. Subrogation Waiver. The Renters Insurance policy shall include a waiver of subrogation clause in favor of the Landlord, meaning the insurance company of the Renters Insurance cannot seek recovery from the Landlord for any claims paid under the Renters Insurance.

vi. Failure to Maintain. If the Tenant fails to obtain and maintain Renters Insurance as required under this Agreement, it shall be considered a violation and result in default of this Agreement.

t.) Security Deposit. If required, a Security Deposit is paid by the Tenant to the Landlord at the execution of this Agreement under the following terms:
   i. Payment. Payment of the Security Deposit must be made at the execution of this Agreement.
   ii. Returning to Tenant. The Security Deposit is returned to the Tenant in accordance with the timeframe mentioned or Governing Law, whichever is greater. The timeframe shall start upon the Tenant's delivery and possession of the Property to the Landlord.
   iii. Receipt. If required under Governing Law or at the Landlord's sole discretion, the Landlord shall provide a receipt for the payment of a Security Deposit which may include the location of where the funds are held.
   iv. Interest. Unless required under Governing Law, the Security Deposit shall not be placed in an interest-bearing bank account to the benefit of the Tenant.
   v. Separate Bank Account. If required under Governing Law, the Security Deposit is required to be placed in a separate bank account.

u.) Smoking Policy. Smoking, under this Agreement, is referred to using a 3rd party device to inhale plant-based or non-plant-based substances. This includes vaping or inhaling of any vapor-like products.

v.) Term. The Term shall be the period of time the Tenant and any Occupants are permitted to reside on the Property as mentioned in Section 3.

w.) Utilities & Services. The Tenant is responsible for any Utilities & Services not mentioned in Section 16 as the Landlord's responsibility.

x.) Violation of this Agreement. If the Tenant violates this Agreement, and more than one individual is named as a Tenant, they shall jointly be liable for all obligations under this Agreement including but not limited to Rent damage to the Property, outstanding utility bills, and any other non-compliance.

24. **MISCELLANEOUS TERMS**.

a.) Active Military.
   i. Right to Terminate. Under the Servicemembers Civil Relief Act, the Tenant has the right to terminate this Agreement under the following conditions:
      1) Permanent Change of Station. If the Tenant's station is moved by 50 miles or more from the Property; or
      2) Deployment. If the Tenant is deployed with a military unit for a period of not less than 90 days.
   ii. Notice. For the Tenant to exercise termination under this section, written notice of termination and a copy of the official orders or a verification signed by the Tenant's commanding officer shall suffice.
   iii. Termination Effective Date. Under such termination, it shall be made effective 30 days after the first date on which the next rental payment is due after the notice of termination is delivered to the Landlord. No penalties or fees for early termination shall be charged to the Tenant.

However, the Tenant is responsible for all Rent payments prior to the termination date.

iv. Security Deposit. Upon such termination, the Landlord shall return the amount paid by the Tenant as a Security Deposit in accordance with this Agreement.

b.) Alterations. The Tenant is not allowed to alter, modify, or change the Property in any manner without the prior written consent of the Landlord.

c.) Compliance with Local Laws. The Tenant agrees, during the Term, to adhere to all local, State, and Federal laws regarding any ordinances, orders, rules, and regulations.

d.) Delivery and Possession. To the best of their knowledge, the Landlord declares to deliver possession of the Property in a habitable condition with all utilities and services in working order. This includes being free of any bedbugs, pests, mold, leaks, or repairs needed that could affect the Tenant's living standards.

i. Returning to Landlord. Upon the termination of this Agreement, the Tenant is obligated to return the Property in the same or similar condition upon moving out, wear and tear excepted.

e.) Dispute Resolution. Should a dispute arise from this Agreement, the Parties agree to attempt an amicable resolution. If unresolved, disputes shall be settled by binding arbitration within the Governing Law, following the rules of a mutually agreed-upon arbitration association. The prevailing Party may recover reasonable attorneys' fees. This Agreement is governed by the Governing Law with the jurisdiction for any court process to be of the Landlord's preference in such area.

f.) Equal Housing. If the Tenant possesses any mental or physical impairment, the Landlord shall provide reasonable modifications to the Property unless the modifications would be too difficult or expensive for the Landlord to provide. Any impairments of the Tenant are encouraged to be provided and presented to the Landlord in writing to seek the most appropriate solution for providing modifications to the Property.

g.) Indemnification. The Tenant agrees to indemnify and hold the Landlord harmless against all losses, damages, liabilities, claims, and expenses (including attorneys' fees) incurred by the Landlord arising out of or related to the Tenant's use or occupancy of the Property, except to the extent caused by the gross negligence or willful misconduct of the Landlord. This indemnification shall survive the termination of this Agreement.

h.) Maintenance. Any maintenance required to maintain the Property's condition of habitability shall be the Landlord's responsibility, provided that it is not the result of the Tenant's negligence.

i.) Occupancy. Within 48 hours of the Tenant's occupancy of the Property, they accept that the Property is in working order and in a habitable condition.

j.) Right of Entry. The Landlord shall have the right to enter the Property, in accordance with Governing law or by providing 24 hours' notice, whichever is greater, for the following reasons:

i. Maintenance and repairs;

ii. Inspections.
iii. Property showings.
iv. Lease violations.
v. Emergencies.
vi. Per local, State, or Federal laws.

k.) Right of Quiet Enjoyment. Both Parties shall have the right to quiet enjoyment of the Property, which shall not be infringed upon.
   i. Tenant's Right. The Tenant has the right to enjoy the Property without disruptive interference from the Landlord or other tenants. Any other disturbance outside the Landlord's power to mitigate shall be the responsibility of the Tenant to report to the appropriate authorities and cooperate with the Landlord in any reasonable measures to resolve the issue.
   ii. Landlord's Right. The Landlord and any other surrounding tenants have the right to enjoy the Property without disruptive interference by the Tenant. A violation of this section by the Tenant shall be considered a breach of this Agreement.

l.) Sale of Property. Upon the sale of the Property, the Landlord shall forward the new owner's contact information, and this Agreement shall be assigned to the Landlord accordingly. This Agreement shall continue in the event of a sale.

m.) Severability. If any provision of this Agreement or the application thereof shall, for any reason and to any extent, be invalid or unenforceable, neither the remainder of this Agreement nor the application of the provision to other persons, entities, or circumstances shall be affected thereby, but instead shall be enforced to the maximum extent permitted by law.

n.) Subletting. If subletting is allowed, the Tenant acknowledges that any subtenants must follow the rules, responsibilities, and obligations under this Agreement and cannot occupy the Property longer than the Term. The Tenant accepts that any damage to the Property or any efforts to remove a subtenant shall be their sole responsibility. Furthermore, if a subtenant refuses to vacate the Property at the end of the Term, the Tenant shall be responsible for removing the subtenant and any loss of Rent of the Landlord.
   i. Subletting Allowed with the Landlord's Consent. If this option is selected in Section 19, the Landlord must grant consent for each subtenant allowed on the Property. Therefore, if the Landlord's consent is granted for a specific subtenant, it does not automatically extend to additional subtenants.

o.) Termination. If this Lease is not renewed or extended by mutual written agreement of the Landlord and Tenant, the Agreement will automatically terminate at 11:59 PM on the last day of the Term. Tenant agrees to vacate and surrender possession of the Property to the Landlord no later than 11:59 PM on the end date. Failure to vacate the Property by the end of the Term may result in the Tenant being deemed a holdover tenant, subject to additional rent and legal consequences, as permitted by Governing Law. Tenant is required to remove all personal belongings, leave the Property in

good condition, and return all keys and access devices to the Landlord upon vacating.

25. **DEFAULT**.

a.) Tenant's Default. A default by the Tenant shall occur if the Tenant fails to pay Rent or any other payment required by this Agreement the day after it is due, including any grace periods provided under Governing Law. Default shall also occur if the Tenant violates any other term or condition of this Agreement and fails to cure such violation within 5 days after receiving written notice of the violation from the Landlord, or the notice period as required under Governing Law, whichever is greater. Upon default, the Landlord may exercise any remedy available under this Agreement or Governing Law including but not limited to the termination of this Agreement, repossession of the Property, and initiation of legal proceedings to recover unpaid Rent and other claimed damages.

b.) Landlord's Default. A default by the Landlord shall occur if the Landlord fails to perform any of its obligations under this Agreement, and such failure continues for 10 days after the Tenant gives the Landlord written notice of such failure. Upon default, the Tenant may exercise any remedy available under this Agreement or applicable law including but not limited to the right to terminate this Agreement, deduct the cost of repairs from future rent payments, and seek damages or specific performance through legal action.

c.) Notice of Default. Any notice required under this section shall be given in writing and shall be deemed sufficiently given if delivered in person or sent by registered or certified mail, return receipt requested, to the other Party at the address set forth in this Agreement or to such other address as either Party may have provided by written notice.

26. **PROHIBITED ACTIONS**.

a.) Assignment. The Tenant has no rights to assign this Agreement to any other party unless written approval has been granted by the Landlord. The Landlord is prohibited from assigning this Agreement unless there is a change of Property ownership.

b.) Hazardous Materials. The Tenant agrees not to possess, store, or use any items or substances with flammable or explosive characteristics on the Property including, but not limited to, gasoline, compressed gases, kerosene, motor oil, fireworks, or any other substances deemed ignitable or hazardous.

c.) Illegal Activity. The Tenant agrees to comply with all applicable laws, ordinances, and regulations. The Tenant, their Guests, and any other Occupant shall not engage in any illegal activities anywhere on the Property including, but not limited to, the leased Property, Parking, and surrounding property. This prohibition extends to all illegal activities including, but not limited to, the manufacture, sale, distribution, use, or possession of illegal substances, theft, and violent behavior. Any violation of this clause constitutes a material breach of this Agreement and grounds for immediate termination of tenancy and eviction. Additionally, the Tenant shall be held liable for any

damages resulting from such illegal activities including, but not limited to, repairs, legal fees, loss of rent, and any other expenses incurred by the Landlord due to the Tenant's illegal activities.

d.) Residential Use Only. The Tenant agrees to use the Property for residential purposes only. The Landlord must grant written approval if the Tenant uses the Property for any other purpose.

e.) Waterbeds. The Tenant is prohibited from using any type of bed, mattress, or sleeping aid containing any type of liquid that could cause excessive damage to the Property.

27. **ENTIRE AGREEMENT**. This Agreement constitutes the entire understanding between the Parties with regard to the subjects herein. It includes any attachments or addenda and supersedes all prior negotiations, understandings, and agreements among the Parties. Both Landlord and Tenant hereby acknowledge and agree to be bound by the terms and conditions set forth until the expiration or earlier termination of the Term.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the date first above written. Each Party warrants that they have the legal authority to enter into this Agreement and have done so as their free act and deed.

**Landlord's Signature**: _____ Date: _____
Print Name: _____

**Tenant's Signature**: _____ Date: _____
Print Name: _____

**Tenant's Signature**: _____ Date: _____
Print Name: _____

# AMOUNT DUE AT SIGNING

First (1st) Month's Rent: $2500 (section 4)

Security Deposit: $1500 (section 5)

Early Move-in (Proration Amount): $0 (section 8)

Pre-Payment of Rent: $0 (section 9)

Pet Deposit: $0 (section 11)

Parking Fee: 0 (section 13)

**Total Amount Due**: $4000

# CALIFORNIA LEASE DISCLOSURES

1.) **AB 1482 (Just Cause and Rent Limit Addendum)** - California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all of the Tenants have continuously and lawfully occupied the property for 12 months or more, or at least one of the Tenants has continuously and lawfully occupied the property for 24 months or more. A Landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information.

- **Exemptions from AB 1482**:
  - Housing that has been issued a certificate of occupancy within the previous 15 years.
  - A duplex in which the owner occupied one of the units as the owner's principal place of residence at the beginning of the tenancy, so long as the owner continues in occupancy.
  - Single-family residential property (including a condominium and units in planned developments) provided and residential real property is alienable separate from the title to any other dwelling unit, and (i) the owner is not a real estate investment trust (REIT), (ii) the owner is not a corporation, and (iii) if the owner is a limited liability company, then none of the members of the LLC are corporations.

  This exemption only applies if the notice below is checked and delivered to the Tenant:

  ☑ - Landlord hereby notifies the Tenant that the property is exempt from the rent cap provisions specified in Civil Code Section 1947.12 and the just cause eviction provisions specified in Civil Code 1946.2.

2.) **Bed Bug Addendum** - The Tenant acknowledges that the Landlord has inspected the Property and is unaware of any bedbug infestation. The Tenant claims that all furnishings and personal properties that will be moved into the Property are free of bed bugs.

3.) **Carbon Monoxide & Smoke Detectors** – Both Parties hereby agree as follows:

- 4 (Tenant's initial IF battery operated) – If detectors are battery operated, the Tenant is required to initial as provided and understands that the battery-operated units shall be of the Tenant's responsibility to:
  - Ensure the battery is in operating condition at all times;
  - Replace batteries as needed (unless otherwise provided by law); and
  - Notify the Landlord in writing immediately if, after replacing the battery, the device does not work or function properly.
- The Property was delivered to the Tenant with installed and functional smoke and carbon monoxide detector devices.

- The Tenant acknowledges that the smoke and carbon monoxide detectors were tested, their operation explained by the Landlord, and that the detectors were working properly at the time. The Tenant agrees to perform the manufacturer's recommended tests to determine if the smoke and carbon monoxide detectors are operating properly at least once a month.
- The Tenant shall inform the Landlord immediately in writing of any defect, malfunction, or failure of any detectors.
- In accordance with the law, the Tenant shall allow the Landlord to access the Property to verify that all required smoke and carbon monoxide detectors are in place and operating properly or to conduct maintenance service, repair, and replacement as needed.
- The Tenant will be charged for any missing or broken smoke and carbon monoxide detectors, including batteries.

4.) **Carcinogenic Material** - If the Landlord has 10 or more employees and the Property has any carcinogenic material as mentioned in the Current Proposition 65 List, notice must be given to the Tenant.

- Describe: _____

5.) **Demolition** - If the Property has received permission from its respective municipal office to demolish it, such permit(s) must be disclosed to the Tenant before executing this Agreement.

- Describe: _____

6.) **Death in the Property** - If the Property has had a death that occurred in the Property within the last 3 years, it must be disclosed to the Tenant (except for deaths related to HIV).

- Describe: _____

7.) **Flood Area** - If the Property is located in an area at risk of flooding as deemed by the State of California, such disclosure must be made to the Tenant. (check one)

☑ - The Landlord has **NO KNOWLEDGE** of the Property being in a special flood hazard area or an area at risk of potential flooding.

☐ - The Landlord **IS AWARE** and discloses to the Tenant that the Property is in a flood hazard area and an area that has a high risk of potential flooding. Under California law, the Landlord can declare they have actual knowledge of a flooding hazard on the Property if one of the following is true:

- The Landlord currently holds flood insurance on the Property;
- The Landlord has received notice from a local, state, or federal agency that the Property is located in a special flood area or an area exposed to potential flooding; or
- The Landlord's mortgage holder requires the Landlord to carry flood insurance.

The Tenant has the right to seek information about hazards, not limited to flooding, that may affect the Property from the Office of Emergency Services at the web address of www.myhazards.caloes.ca.gov. It shall be known that the Landlord's insurance does not cover the loss of the Tenant's personal possessions or any relocation expenses. Any losses would be the sole responsibility of the Tenant. Therefore, the Tenant should consider purchasing their own insurance to cover these items. The Landlord does not need to provide any additional information concerning the potential flood hazards on the Property.

8.) **Lead-Based Paint Disclosure** & **EPA Pamphlet** - If the residence was constructed before January 1, 1978, the Tenant must be informed and given both disclosure forms.

9.) **Megan's Law** - Notice: Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides.

10.) **Mold Disclosure** - Except as may be noted at the time of the Tenant's move-in inspection, the Tenant agrees that the Property is being delivered free of known damp or wet building materials ("mold") or mildew contamination. If checked ☐, the Property was previously treated for elevated levels of mold that were detected. The Tenant acknowledges and agrees that (i) mold can grow if the Property is not properly maintained; (ii) moisture may accumulate inside the Property if it is not regularly aired out, especially in coastal communities; (iii) if moisture is allowed to accumulate, it can lead to the growth of mold; and (iv) mold may grow even in a small amount of moisture. The Tenant further acknowledges and agrees to the responsibility to maintain the Property to inhibit mold growth and that the Tenant's agreement to do so is part of their material consideration to lease the Property from the Landlord. The Tenant agrees to:

- Maintain the Property free of dirt, debris, and moisture that can harbor mold;
- Clean and dry any visible moisture on windows, walls, and other surfaces, including personal property, as quickly as possible;
- Clean and dry any visible moisture on windows and other openings in the Property to prevent water from entering the premises;
- Use exhaust fans, if any, in the bathroom(s) and kitchen while using such facilities and notify the Landlord of any inoperative exhaust fans;
- Immediately notify the Landlord of any water intrusion, including but not limited to roof or plumbing leaks, drips, or "sweating pipes";
- Immediately notify the Landlord of overflows from the bathroom, kitchen, or laundry facilities;
- Immediately notify the Landlord of any significant mold growth on surfaces on the Property;
- Allow the Landlord, with appropriate notice, to enter the Property to make inspections regarding mold ventilation; and

- Release, indemnify, hold harmless, and forever discharge the Landlord and their employees, agents, successors, and assigns from any and all claims, liabilities, or causes of action of any kind that the Tenant, members of the Tenant's household or their guests, including invitees, may have at any time against the Landlord or the Landlord's agents resulting from the presence of mold due to the Tenant's failure to comply with this section.

11.) **Ordnance Location** - If the Property is located within one mile from a state or federal ordnance location, the Tenant must be notified. An ordnance is defined as an area that was once used for military training purposes, which may contain explosive munitions.

- Describe: _____

12.) **Pest Control** - If a pest control company is used on the Property, the Landlord must give the Tenant a copy of the pesticides used.

- Describe: _____

13.) **Shared Utilities** - If the unit has a shared electrical or gas meter, the Landlord must mention how the utilities are billed.

- Describe: _____

14.) **Methamphetamine or Fentanyl Contamination** - The Landlord must provide written notice to the Tenant if the residence has been deemed contaminated or in remediation due to previous use of meth or fentanyl, along with a copy of the order. (check one)

☐ - Property has been found to be contaminated above safe levels and is in the process of decontamination. A copy of the remediation order shall be attached to this disclosure.

☐ - Property has been found to be contaminated but falls within safe levels after tests were conducted. A copy of the test results shall be attached to this Agreement.

☑ - Landlord has no suspicion and knowledge of contamination.

15.) **Water Submetering** - The water provided to the Property is: (check one)

☑ - Not separately charged (included in the Rent).

☐ - Separately charged and a Submetering Addendum shall be attached to this Agreement.

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WOODSIDE PLAZA
NEXT TO LUCKY'S
REDWOOD CITY, CA 94061
CALL (650) 474-5764
TEXT: (650) 297-0455

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SAN MATEO, CA 94401
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Rapper

APOSTALE

ATLANTA

KiKU

# Exhibit 6 - Evidence of Good Moral Character

REGINALDO DE PAULA DA SILVA
C/O: REGINALDO DE PAULA DA SILVA
1239 OAK GROVE AVE APT 306
BURLINGAME, CA 94010

**U.S. Department of Justice**
Federal Bureau of Investigation
Criminal Justice Information Services Division
*Clarksburg, WV 26306*

REGINALDO DE PAULA DA SILVA
C/O: REGINALDO DE PAULA DA SILVA
1239 OAK GROVE AVE APT 306
BURLINGAME, CA 94010

Date: 10-15-2025

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

**Subject Name**

REGINALDO DE PAULA DA SILVA

**Search Completed Result** 10-15-2025 E2025288000000303649

**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.**

Date of Birth: 08/09/1979

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 for further instructions.

Chris Ormerod
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 E2025288000000303649**

**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 WVFBIJM0Z-20251015165136-EDO-0000-22169
AGENCY CASE D21950925268

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME DE PAULA DA SILVA,REGINALDO

| SEX | RACE | BIRTH DATE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|
| M | W | 1979/08/09 | 000 | UNK | UNK | UNK |

| STATE ID | BIRTH PLACE |
|---|---|
| NULL | BRAZIL |

CITIZENSHIP
BRAZIL

| 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 E2025288000000303649

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.

| NAME | FBI UCN | DATE REQUESTED |
|---|---|---|
| DE PAULA DA SILVA,REGINALDO | 6763DPLNL | 2025/10/15 |

| SEX | RACE | BIRTH DATE | HEIGHT | WEIGHT | EYES | HAIR |
|---|---|---|---|---|---|---|
| M | W | 1979/08/09 | 511 | 209 | BRO | BLK |

BIRTH PLACE
BRAZIL

| PATTERN CLASS | CITIZENSHIP |
|---|---|
| WU LS LS WU RS LS WU LS LS LS | BRAZIL |

1-ARRESTED OR RECEIVED 2025/07/02 SID- CA43149933
AGENCY-SHERIFF'S OFFICE REDWOOD CITY (CA0410000)
AGENCY CASE-0861265

FINGERPRINT INFORMATION
BSI/40600326580
PRINT DATE/2025/07/02

NAME USED-DASILVA,REGINALDO
CHARGE 1-001 COUNTS OF RECKLESS DRIVING,HIGHWAY
CHARGE 2-001 COUNTS OF HIT AND RUN,PROP DAMAGE

RECORD UPDATED 2025/10/15

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 7 – Criminal Record Documentation (Traffic-Related)

7/10/2025
14:27:07

**County of San Mateo**
**Sheriff's Work Program**
1300 Maple Street, 2nd Floor
Redwood City, CA 94063
(650) 599-3030

**DASILVA, REGINALDO**

SWP ID: 86585
SMSO ID: 1256129
**Closed 07/10/2025**

DASILVA, REGINALDO
1239 OAK GROVE AVE #306
BURLINGAME, CA 94010

## Notice of Program Completion

You have completed your sentence on the Sheriff's Work Program

The balance of your fees are due and payable within 30 days of your completion date.

To avoid referral of your account to our Collections office, bring cash, check, money order, or credit card to our office between the hours of **8:00 AM to 5:00 PM Sunday through Saturday.** You may also mail a personal check or money order to us at the address given above. Do not mail cash.

Make personal checks or money orders payable to: ***SMCO Sheriff*** write your SMSO ID, ***1256129***, on the Check or Money Order so that we post it to the correct account. Should you have any questions, please contact our Sheriff's Work Program Financial Office at **(650) 599-3030** between the hours of **9:00 AM and 5:00 PM Monday through Thursday.**

Phone Number : (650) 385-1839 ( ) -
Employer :
( ) -
SMSO ID: 1256129
Start Program: 07/02/2025 Days to Serve: 5
Release Date: 07/10/2025 Days Credited: 2
Completed: 3

Case Numbers: 24NF000160A

| SWP Account Transactions for 86585 | | | |
|---|---|---|---|
| Date | TID | Charge or Credit | Amount |
| 07/02/2025 | 86585-1 | Charge Admin Fee | 60.00 |
| 07/02/2025 | 86585-2 | Charge Per Diem | 60.00 |
| | | **Total:** | 120.00 |
| Posted: | 2 | Balance Due: | $120.00 |

NO FEES.
Balance $0.00

7/2/2025
09:00:41

**County of San Mateo**
**Sheriff's Work Program**
1300 Maple Street, 2nd Floor
Redwood City, CA 94063
(650) 599-3030

**DASILVA, REGINALDO**

SWP ID: 86585
SMSO ID: 1256129
SSN: - -
**Active 07/02/2025**

DASILVA, REGINALDO
1239 OAK GROVE AVE #306
BURLINGAME, CA 94010

Phone Number: (650) 385-1839
Employer:
( ) -
Date of Birth: 08/09/1979
Court: Northern Felony
Cases: 24NF000160A
Charges: VC23103(A), VC20002(A)
Sentence: 5 DAYS
Surrender: 08/02/2025
Added: 05/12/2025
Start: 07/02/2025 Court Order BkNo: 861265

| | | | |
|---|---|---|---|
| Days to Serve: | 5 | Days Absent: | 0 |
| Days Credited: | 2 | Days AWOLnow: | 0 |
| Days Completed: | 1 | Days AWOLtotal: | |
| Days Left: | 2 | No.Reschedules: | 0 |
| Release: | 07/10/2025 | | |

Notes/Comments:

Work Schedule: Worksite Assignments for 86585

| DATE | | WORKSITE | STATUS |
|---|---|---|---|
| 07/02/2025 | WED | work furlough facility | Comp, Unschld. |
| 07/09/2025 | WED | pacifica public works | Assigned |
| 07/10/2025 | THU | pacifica public works | Assigned |

SWP Account Transactions for 86585

| Date | TID | Charge or Credit | Amount |
|---|---|---|---|
| 07/02/2025 | 86585-1 | Charge Admin Fee | 60.00 |
| 07/02/2025 | 86585-2 | Charge Per Diem | 60.00 |
| | | **Total:** | **120.00** |
| Posted: | 2 | Balance Due: | $120.00 |

***NO FEES***
***BALANCE $0.00***

I have received a copy of my Work Schedule and of the SWP Particpant Agreement and Program Rules. I hereby agree to this schedule and rules, and understand that failure to abide by them may result in my removal from the Sheriff's Work Program and my immediate incarceration in the County Jail.

Signature

Date

Deputy

(Right Thumb)

DIA 9/10

# SHERIFF

# CHRISTINA CORPUS

SAN MATEO COUNTY SHERIFF'S OFFICE

## *(ALTERNATIVE SENTENCING BUREAU) BURÓ de SENTENCIA ALTERNATIVA*

Usted fue recomendado por la corte para servir su sentencia en uno de los programas como una alternativa a la encarcelación. Usted debe comportarse respetablemente a los empleados o' no será eligible para una cita. Para aplicar, usted DEBE LLAMAR a la Oficina (ó Buró) de Sentencia Alternativa (Alternative Sentencing Bureau) y hacer una cita para determinar su elegibilidad. Usted **debe llamar 5 días hábiles/laborales después de haber sido sentenciado, ó por lo menos 5 semanas por lo menos antes de la semana de entrega a la cárcel.** Cuando llame para hacer su cita **DEBE** tener la siguiente informaciónón disponible:

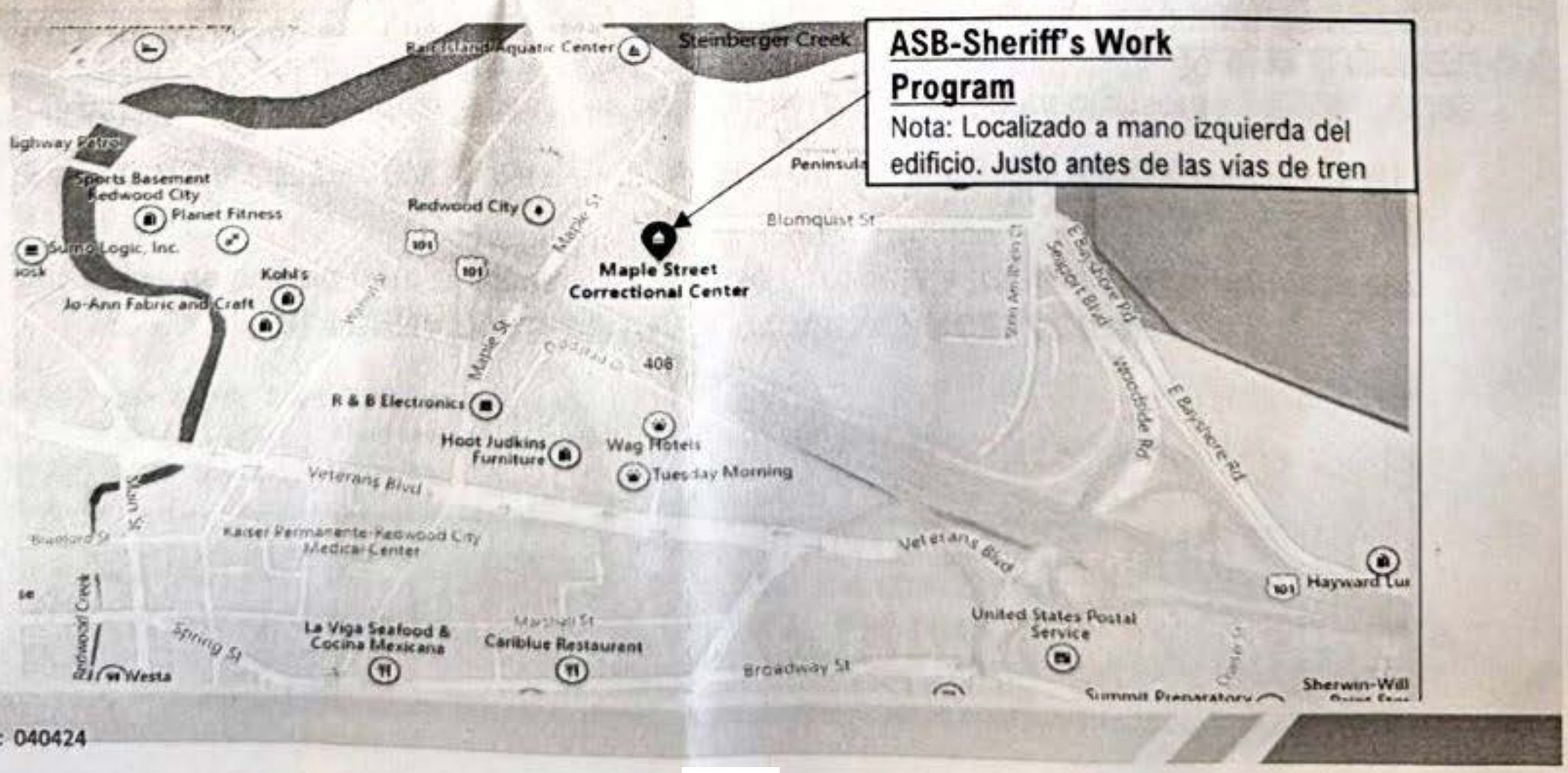
**Número del Caso(s) de la Corte:** 24NF000160A **Fecha(s) de Entrega:** August 2 @10AM

**Duración (cantidad de días) de su Sentencia(s):** 5 days

*Nota: Usted debe comunicarnos si tiene algún/algunos casos pendientes o' no resueltos dentro o' fuera del Condado de San Mateo. El no divulgar esto puede resultar en darlo de baja del programa o' llevárselo a la cárcel.

**Aceptación en uno de los programas es solamente a discreción de la Oficina del Alguacil.** Su elegibilidad será basada en la naturaleza de sus cargos ó acusaciones, su historial criminal previo y cumplimiento en cualquiera de los programas alternativos. Si a usted, SI SE LE NIEGA cualquiera de los programas durante la entrevista, usted puede apelar por escrito (en inglés), al supervisor del Buró de Sentencia Alternativa. (Una breve descripción de cada uno de los programas esta al revés de esta hoja de información)

El Buró de Sentencia Alternativa está localizado en el 1300 de la Calle Maple en Redwood City, al ESTE de la autopista 101. Para hacer una cita llame al (650)599-3030 entre las horas de 9:00 y 2:00 PM los lunes, y de 9:00 y 3:00 PM de martes a viernes. Cerrado los días de fiesta y fines de semana. *NO SE PERMITE PRESENTARSE SIN CITA.* **El no obedecer a estas instrucciones puede afectar su elegibilidad al programa.**




rsvd: 040424