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EAST PALO ALTO

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October 28, 2013

Via USPS Certified Mail

U.S. Citizenship & Immigration Services
P.O. Box 805887
Chicago, IL 60680-4120

RE: [REDACTED]
Form I-360 Petition for Special Immigrant Juvenile Status

Dear USCIS Representative:

Our office represents minor [REDACTED] and file on her behalf an I-360 Petition for Special Immigrant Juvenile Status. Since [REDACTED] is currently in removal proceedings, we are not filing an I-485 Application for Adjustment of Status at this time.

As the petitioner resides in Sunnyvale, California, we respectfully request that the enclosed petition be sent to the San Jose Field Office for adjudication.

The Immigration Act 1990, as amended by the Trafficking Victims Protection Reauthorization Act of 2008, provides for Special Immigrant Juvenile Status for unmarried children under the age of 21 who are dependent upon a juvenile court or who have been committed to or placed in the custody of an agency or department of a State or an individual or entity appointed by a State or juvenile court; whose reunification with one or both parents is not viable due to abuse, neglect, abandonment, or a similar basis under State law; and for whom it is not in their best interest to be returned to their country of nationality.

[REDACTED] is currently 16 years of age and unmarried. She is under the jurisdiction of the Probate Branch of the Superior Court of California, County of Santa Clara. The state court found that reunification with her parents is not viable due to abuse and neglect. The court further determined that it is not in her best interest to be returned to her country of origin, [REDACTED].

In support of this petition, the following items are enclosed:

1. Case Summary
2. Form G-28
3. Form I-360
4. Certified Copy of Order Regarding Eligibility for Special Immigrant Juvenile Status
5. Copy of Birth Certificate with Certified English Translation

If you require any additional information, please contact me at 650-391-0350. Thank you for your consideration of this application.

Sincerely,

A handwritten signature in black ink, appearing to read "Helen Beasley", written in a cursive style.

Helen Beasley



COMMUNITY
LEGAL SERVICES IN
EAST PALO ALTO

Case Summary

[REDACTED]
[REDACTED]

[REDACTED] is under the jurisdiction of the Probate Branch of the Superior Court of California, County of Santa Clara (the "juvenile court"). The juvenile court has found that [REDACTED] cannot reunify with either of her parents due to abuse and neglect, and that it is not in [REDACTED] best interest to be returned to her country of nationality [REDACTED].

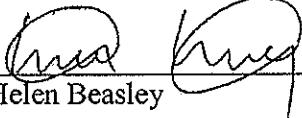
[REDACTED] was born on [REDACTED], in [REDACTED], Department of [REDACTED]. [REDACTED] parents are [REDACTED] and [REDACTED]. [REDACTED] was physically abused by her father. Her parents were unable to provide for her, and she and her siblings were forced to beg in the streets at a young age.

[REDACTED] fled to the United States as a result of threats to her by gang members in her neighborhood. On [REDACTED], [REDACTED] was apprehended by DHS near [REDACTED]. She was classified as an unaccompanied minor and placed in the custody of the Office of Refugee Resettlement (ORR). She was reunified with a family friend on [REDACTED].

The state juvenile court granted [REDACTED] family friend legal and physical custody of [REDACTED]. [REDACTED] is attending high school in the United States and hopes to be able to pursue higher education so that she can have a career. She does not believe she would be able to do this in [REDACTED].

The above case summary is based on information contained in [REDACTED] juvenile court file. I hereby declare under the penalty of perjury that it is a true and accurate summary of the aforementioned information.

Executed this 28th day of October, 2013, in East Palo Alto, California.



Helen Beasley



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 02/29/2016

Part 1. Information About Attorney or Accredited Representative

Name and Address of Attorney or Accredited Representative

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Name of Law Firm or Recognized Organization

3. Name of Law Student or Law Graduate

4. State Bar Number

5.a. Street Number

5.b. Street Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. State 5.f. Zip Code

5.g. Postal Code

5.h. Province

5.i. Country

6. Daytime Phone Number () -

7. E-Mail Address of Attorney or Accredited Representative

Part 2. Eligibility Information For Attorney or Accredited Representative

(Check applicable item(s) below)

1. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia.

1.a.

1.b. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. (If you are subject to any order(s), explain fully in the space below.)

1.b.1.

2. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.

2.a. Name of Recognized Organization

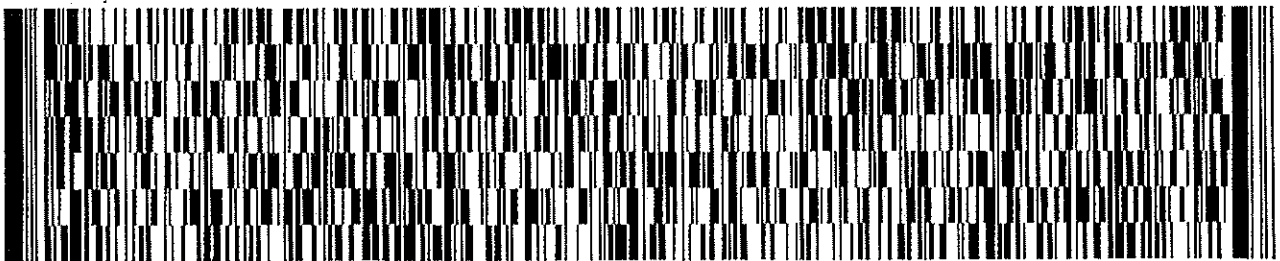
2.b. Date Accreditation expires
(mm/dd/yyyy) ▶

3. I am associated with

3.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 is at his or her request. If you check this item, also complete number 1 (1.a. - 1.b.1.) or number 2 (2.a. - 2.b.) in Part 2 (whichever is appropriate).

4. 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)(iv).



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

- 1. USCIS - List the form number(s)
1.a. I360
- 2. ICE - List the specific matter in which appearance is entered
2.a.
- 3. CBP - List the specific matter in which appearance is entered
3.a.

I hereby enter my appearance as attorney or accredited representative at the request of:

4. Select only one: Applicant Petitioner Respondent (ICE, CBP)

Name of Applicant, Petitioner, or Respondent

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
- 5.d. Name of Company or Organization, if applicable

NOTE: Provide the mailing address of Petitioner, Applicant, or Respondent and not the address of the attorney or accredited representative, except when a safe mailing address is permitted on an application or petition filed with Form G-28.

- 6.a. Street Number and Name
- 6.b. Apt. Ste. Flr.
- 6.c. City or Town
- 6.d. State 6.e. Zip Code

7. Provide A-Number and/or Receipt Number

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, ICE, or CBP.

- 8.a. Signature of Applicant, Petitioner, or Respondent
- 8.b. Date (mm/dd/yyyy) ▶ 10/22/13

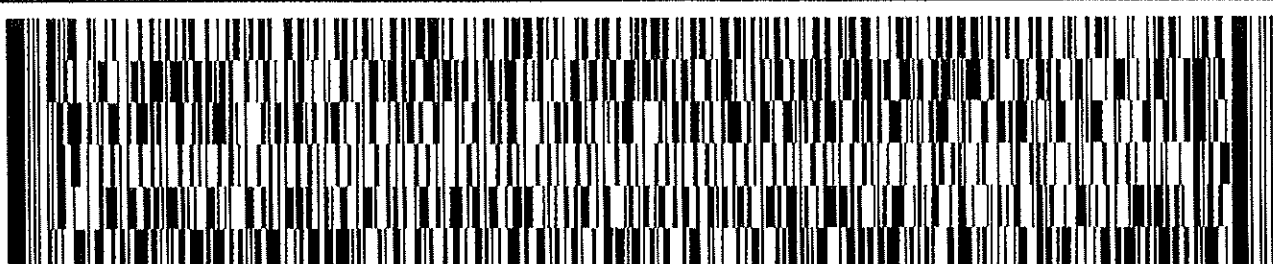
Part 4. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative
- 2. Signature of Law Student or Law Graduate
- 3. Date (mm/dd/yyyy) ▶ 10/22/2013

Part 5. Additional Information

- 1.



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

**I-360, Petition for Amerasian,
Widow(er), or Special Immigrant**

START HERE - Type or print in black ink

For USCIS Use Only

Part 1. Information About Person or Organization Filing This

Petition (Individuals use the top name line; organizations use the second line.) If you are a self-petitioning spouse or child and do not want USCIS to send notices about this petition to your home, you may show an alternate mailing address here. If you are filing for yourself and do not want to use an alternate mailing address, skip to Part 2.

1a. Family Name ██████████		1b. Given Name ██████	1c. Middle Name ██████████
2. Company or Organization Name ██████████			
3. Address - C/O ██████████			
4. Street Number and Name ██████████			5. Apt. Number ██████
6. City ██████████		7. State or Province ███	
8. Country USA		9. Zip/Postal Code ██████	
10. U.S. Social Security Number None	11. A-Number ██████████	12. IRS Tax No. (if any) None	

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
<input type="checkbox"/> Petitioner/ Applicant <input type="checkbox"/> Interviewed <input type="checkbox"/> Beneficiary Interviewed	
<input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	
Classification	
Consulate	
Priority Date	
Remarks:	
Action Block	
To Be Completed By <input checked="" type="checkbox"/> Attorney or Representative, if any Fill in box if Form G-28 is attached to represent the applicant	
VOLAG Number	
ATTY State License Number 279535	

Part 2. Classification Requested (Check one):

- a. Amerasian
- b. Widow(er) of a U.S. citizen
- c. Special Immigrant Juvenile
- d. Special Immigrant Religious Worker
Will the alien 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 International Organization 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. Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- l. Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- m. Other, explain: _____



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

1a. Family Name (<i>Last Name</i>) ██████████		1b. Given Name (<i>First Name</i>) ██████		1c. Middle Name ██████████	
2. Address - C/O ██████████					
3a. Street Number and Name ██████████					3b. Apt. Number
4. City ██████████				5. State or Province ██	
6. Country USA				7. Zip/Postal Code ██████	
8. Date of Birth (<i>mm/dd/yyyy</i>) ██████████		9. Country of Birth ██████████		10. U.S. Social Security Number None	11. A-Number (<i>if any</i>) ██████████
12. Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
13. Complete the items below if this person is in the United States. If an item is not applicable or the answer is "none," leave the space blank. Provide data below for the passport or other document used at the time of last arrival to the United States.					
a. Date of Arrival (<i>mm/dd/yyyy</i>) ██████████			b. I-94 Number		
c. Passport Number			d. Travel Document Number		
e. Country of Issuance for Passport or Travel Document			f. Expiration Date for Passport or Travel Document		
g. Current Nonimmigrant Status			h. Current Status Expires on (<i>mm/dd/yyyy</i>)		

Part 4. Processing Information

1. Provide information on which U.S. consulate you want notified if this petition is approved, and if any requested adjustment of status cannot be granted.

a. U.S. Consulate: City ██████████	b. Country ██████████
---------------------------------------	--------------------------

2. If you gave a U.S. address in Part 3, print the person's foreign address below. If his or her native alphabet does not use Roman letters, print his or her name and foreign address in the native alphabet.

a. Name	b. Address
---------	------------

c. Gender of the person for whom this petition is being filed: Male Female

d. Are you filing any other petitions or applications with this one? No Yes (How many? _____)

e. Is the person this petition is for in deportation or removal proceedings? No Yes (Explain on a separate sheet of paper)

f. Has the person for whom this petition is being filed ever worked in the U.S. without permission? No Yes (Explain on a separate sheet of paper)

g. Is an application for adjustment of status attached to this petition? No Yes (Attach a full explanation)



Part 5. Complete Only If Filing for an Amerasian

Section A. Information about the mother of the Amerasian

1a. Family Name	1b. Given Name	1c. Middle Name
2. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
3. Address		

Section B. Information about the father of the Amerasian:

If possible, attach a notarized statement from the father regarding parentage. Explain on a separate paper any question you cannot fully answer in the space provided on this form. (Attach a full explanation.)

1a. Family Name	1b. Given Name	1c. Middle Name
2. Date of Birth (mm/dd/yyyy)	3. Country of Birth	
4. Living? <input type="checkbox"/> No (Give date of death _____) <input type="checkbox"/> Yes (Complete address line below) <input type="checkbox"/> Unknown		
5. Home Address		

6. Home Phone Number	7. Work Phone Number
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8. At the time the Amerasian was conceived:

- a. The father was in the military (indicate branch of service below and give service number here): _____
 Army Air Force Navy Marine Corps Coast Guard
- b. The father was a civilian employed abroad. Attach a list of names and addresses of organizations which employed him at that time.
- c. The father was not in the military and was not a civilian employed abroad. Attach a full explanation of the circumstances.

Part 6. Complete Only If Filing for a Special Immigrant Juvenile Court Dependent

Section A. Information about the juvenile

List any other names used

None

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No," explain on a separate sheet of paper.

- a. Have you been declared dependent upon a juvenile court in the United States, or have you been legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court? No Yes
- b. Has a juvenile court declared that reunification with one or both of your parents is not viable due to abuse, neglect, abandonment, or a similar basis under State law? No Yes
- c. Have you been the subject of proceedings in which it was determined that it would not be in your best interest to be returned to your or your parent's country of nationality or last habitual residence? No Yes



Part 7. Complete Only if Filing as a Widow/Widower, a Self-petitioning Spouse of an Abuser, or as a Self-petitioning Child of an Abuser

Section A. Information about the U.S. citizen husband or wife who died or about the U.S. citizen or lawful permanent resident abuser

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

5. He or she is now, or was, at time of death a (check one):
- a. U.S. citizen born in the United States
 - b. U.S. citizen born abroad to U.S. citizen parents
 - c. U.S. lawful permanent resident (Provide A#) _____
 - d. U.S. citizen through naturalization (Provide A#) _____
 - e. Other, explain _____

Section B. Additional information about you

1. How many times have you been married?	2. How many times was the person in Section A married?	3. Give the date and place where you and the person in Section A were married. (If you are a self-petitioning child, write "N/A")
--	--	---

4. When did you live with the person named in Section A? From (Month/Year) ___ / ___ until (Month/Year) ___ / ___

5. If you are filing as a widow/widower, were you legally separated at the time of the U.S. citizen's death? No Yes (Attach explanation)

6. Give the last address at which you lived together with the person named in Section A, and show the last date that you lived together with that person at that address:

7. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? No Yes (Show child(ren)'s full names):



Part 8. Complete Only If Filing a Special Immigrant Religious Worker Petition

Employer Attestation

1. Provide the following information about the prospective employer:

- a. Number of members of the prospective employer's organization:
- b. Number of employees working at the same location where the beneficiary will be employed:
- c. Number of aliens holding special immigrant or nonimmigrant religious worker status currently employed or employed within the past 5 years:
- d. Number of Special Immigrant Religious Worker I-360 and Nonimmigrant Religious Worker I-129 Petitions submitted by the prospective employer within the past 5 years:

2. Has the alien or any of the alien's dependent family members previously been admitted to the United States for a period of stay in the R classification for the last 5 years? No Yes

If "Yes," complete the table below. List the alien and any dependent family member's prior periods of stay in the R classification in the United States for the last 5 years. Be sure to list only those periods in which the alien and/or family members were actually in the United States in the R classification.

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 more space is needed, provide the information on additional sheets of paper.

Alien or Dependent Family Member's Name	Period of Stay (mm/dd/yyyy)	
	From:	To:



3. Provide a summary of the type of responsibilities of those employees who work at the same location where the beneficiary will be employed. If additional space is needed, provide the information on additional sheets of paper.

Position	Summary of the Type of Responsibilities for That Position

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

5. Provide the following information about the prospective employment:

a. Title of position offered.

b. Detailed description of the alien's proposed daily duties.



c. Description of the alien's qualifications for the position offered.

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

\$ per

e. List of the specific address(es) or location(s) where the alien will be working.

Does the prospective employer attest to all of the requirements described in statements 6 through 12 below?

6. 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 form.

Yes No (If "No," attach explanation(s))

7. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the alien and any dependents will not become a public charge.

Yes No (If "No," attach explanation(s))

8. The funds to pay the prospective employee's compensation do not include any monies obtained from the alien, excluding reasonable donations or tithing to the religious organization.

Yes No (If "No," attach explanation(s))

9. If the position is not a religious vocation, the prospective employee will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation.

Yes No (If "No," attach explanation(s))



10. The offered position is full time, requiring at least an average of 35 hours of work per week.

Yes No (If "No," attach explanation(s))

11. The alien has been a religious worker for at least 2 years immediately before Form I-360 was filed and is otherwise qualified for the position offered.

Yes No (If "No," attach explanation(s))

12. The alien has been a member of the prospective employer's denomination for at least 2 years immediately before Form I-360 was filed.

Yes No (If "No," attach explanation(s))

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.

Signature

Date (mm/dd/yyyy)

Printed Name

Title

Employer/Organization Name

Employer/Organization Street Address (Do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number
(with area code)

Fax Number (if any)

E-Mail Address (if any)



Religious Denomination Certification

I certify under penalty of perjury under the laws of the United States of America that:

Name of Petitioning Organization

is affiliated with:

Name of Religious Denomination

and that the attesting *religious* organization within the religious denomination is tax-exempt as described in section 201(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.

Signature

Printed Name

Title

Date (mm/dd/yyyy)

Name of Attesting Religious Organization within the religious denomination

Street Address of the Attesting Religious Organization within the religious denomination
(do not use a post office or private mail box)

Suite Number

City

State

Zip Code

Daytime Phone Number (with area code)

Fax Number (if any)

E-Mail Address (if any)



Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed
 A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser. This includes biological and adopted children and stepchildren.

1a. Family Name		1b. Given Name		1c. Middle Name	
1d. Date of Birth <i>(mm/dd/yyyy)</i>	1e. Country of Birth		1f. Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child		1g. A-Number

2a. Family Name		2b. Given Name		2c. Middle Name	
2d. Date of Birth <i>(mm/dd/yyyy)</i>	2e. Country of Birth		2f. Relationship <input type="checkbox"/> Child		2g. A-Number

3a. Family Name		3b. Given Name		3c. Middle Name	
3d. Date of Birth <i>(mm/dd/yyyy)</i>	3e. Country of Birth		3f. Relationship <input type="checkbox"/> Child		3g. A-Number

4a. Family Name		4b. Given Name		4c. Middle Name	
4d. Date of Birth <i>(mm/dd/yyyy)</i>	4e. Country of Birth		4f. Relationship <input type="checkbox"/> Child		4g. A-Number

5a. Family Name		5b. Given Name		5c. Middle Name	
5d. Date of Birth <i>(mm/dd/yyyy)</i>	5e. Country of Birth		5f. Relationship <input type="checkbox"/> Child		5g. A-Number

6a. Family Name		6b. Given Name		6c. Middle Name	
6d. Date of Birth <i>(mm/dd/yyyy)</i>	6e. Country of Birth		6f. Relationship <input type="checkbox"/> Child		6g. A-Number



Part 9. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed (Continued)

A widow/widower or a self-petitioning spouse of an abusive citizen or lawful permanent resident should also list the children of the deceased spouse or of the abuser. This includes biological and adopted children and stepchildren.

7a. Family Name		7b. Given Name		7c. Middle Name	
7d. Date of Birth (mm/dd/yyyy)	7e. Country of Birth		7f. Relationship <input type="checkbox"/> Child	7g. A-Number	




8a. Family Name		8b. Given Name		8c. Middle Name	
8d. Date of Birth (mm/dd/yyyy)	8e. Country of Birth		8f. Relationship <input type="checkbox"/> Child	8g. A-Number	

9a. Family Name		9b. Given Name		9c. Middle Name	
9d. Date of Birth (mm/dd/yyyy)	9e. Country of Birth		9f. Relationship <input type="checkbox"/> Child	9g. A-Number	

Part 10. Signature

Read the information on penalties in the instructions before completing this part. If you will be filing this petition at a USCIS office in the United States, sign below. If you will be filing it at a U.S. consulate or USCIS office overseas, sign in front of a USCIS or consular official.

I certify, or if outside the United States, I swear or affirm, under penalty of perjury under the laws of the United States of America, that this petition and the evidence submitted with it is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records, or from the petitioning organization's records, that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit being sought.

Signature 	Date 10/22/13	Daytime Phone Number ()	Extension
Mail Address		Mobile Phone Number ()	
Signature of USCIS or Consular Official		Print Name	Date

NOTE: If you do not completely fill out this petition or fail to submit required documents listed in the instructions, the person(s) filed for may not be found eligible for a requested benefit, and the petition may be denied.

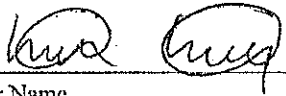


Part 11. Signature of Person Preparing Form, If Other Than Above (Sign below)

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge.

Attorney or Representative: In the event of a Request for Evidence (RFE), may USCIS contact you by fax or e-mail?

Yes No

Signature 		Date 10/22/2013
Print Your Name Helen Beasley	E-Mail Address helen@clsepa.org	
Firm Name and Address Community Legal Services In East Palo Alto 2117 University Avenue, Ste B East Palo Alto, CA 94303		
Daytime Phone Number (Area/Country Codes)	650-326-6440	Fax Number (if any) 866-688-5204



Addendum to Form I-360

[REDACTED]
[REDACTED]

Part 4: Processing Information

Question 2(e)

I am currently in removal proceedings. The Notice to Appear was issued on December 1, 2012. My next master calendar hearing is on June 4, 2014, in front of Immigration Judge Hayward of the San Francisco Immigration Court.

Question 2(g)

I have not attached an application for adjustment of status to this petition because I am currently in removal proceedings and I was not charged as an arriving alien. CIS therefore lacks jurisdiction to adjudicate my application for adjustment of status at this time.

Helen Beasley (SBN 279535)
Community Legal Services in East Palo Alto
2117 University Avenue, Suite B
East Palo Alto, CA 94303
Phone: (650) 391-0350
Fax: (866) 688-5204

Attorney for Minor
[REDACTED]

FILED
2013 OCT 15 A 10:00
David H. Yamazaki, Clerk of the Superior Court
County of Santa Clara, California
By: [Signature] Deputy Clerk

SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
PROBATE DIVISION

In the matter of the Guardianship of:

[REDACTED]

a Minor

Case No.: [REDACTED]

ORDER ESTABLISHING MINOR'S
ELIGIBILITY FOR SPECIAL
IMMIGRANT JUVENILE STATUS

Date:
Time: 9 am
Dept.: 312

The Court having reviewed the supporting materials in the court file finds the following:

THE COURT FINDS that this Court has jurisdiction under California law "to make judicial determinations about the custody and care of juveniles" within the meaning of Section 101(a)(27)(J) of the Immigration and Nationality Act, 8 U.S.C. § 1101(a)(27)(J) and 8 C.F.R. § 204.11(a). The minor, [REDACTED] remains under this Court's jurisdiction.

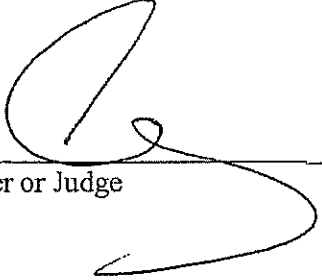
THE COURT FURTHER FINDS that [REDACTED] is dependent upon the Court or has been legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court located in the United States, within the meaning of Section 101(a)(27)(J)(i) of the Immigration and Nationality Act, 8 U.S.C. § 1101(a)(27)(J).

THE COURT FURTHER FINDS that reunification of [REDACTED] with one or both of her parents is not viable due to abuse, neglect, or abandonment, or a similar basis under state law, within the meaning of Section 101(a)(27)(J)(i) of the Immigration and Nationality Act, 8 U.S.C. § 1101(a)(27)(J). The facts upon which this determination was made include:

- a. Neglect by her father and mother
- b. Abuse by her father

THE COURT FURTHER FINDS that it is not in the best interest of [REDACTED] to be returned to her country of nationality, [REDACTED], within the meaning of Section 101(a)(27)(J)(ii) of the Immigration and Nationality Act, 8 U.S.C. § 1101(a)(27)(J). It is in [REDACTED] best interest to remain in the United States.

Dated: 10-15-2013



Commissioner or Judge

English Translation of Spanish-Language Birth Certificate

Mayor's Office of Chiltiupan
Department of La Libertad
El Salvador, Centroamérica
Telefax: 2338-8804, 2338-8809
Email: *alcaldiachiltiupan@yahoo.es*

THE UNDERSIGNED CHIEF OF FAMILY REGISTRATION

CERTIFIES: that at page twenty six of the Book of Modification of Birth Certificates that this municipal office took in the year [REDACTED], is found one that literally states "Act number five-[REDACTED] female, born in the twenty-fourth hour on the [REDACTED], at [REDACTED] of this jurisdiction, being the daughter of [REDACTED], originally from [REDACTED] resident in this population, and of [REDACTED] nationality. [REDACTED] provided this information, [REDACTED] years old, general laborer, originates from [REDACTED] of this residence, who claims to be the father of the recently born and showed his personal identification card no. [REDACTED] issued by this office. The undersigned firmly knows the father. Mayor's Office: [REDACTED] /// [REDACTED] /// [REDACTED] /// [REDACTED] "Initialed". "Is consistent with your original request which was presented". For legal purposes, the present certificate is issued by the Mayor's Office of Chiltiupan, on November 16, 2012.

[Signed and Sealed]


Gladys Elsa Castillo Zaldana

Chief, Family Registration

CERTIFICATE OF TRANSLATION

I certify that I, Helen Beasley, am proficient in the Spanish and English languages, and that the above is a complete and accurate translation of the attached Spanish-language document to the best of my abilities.

Executed on 10/28/2013, at East Palo Alto, California



Signature