Adult W/2 children
Initial Filing (MCH)
Lodged
PT 1/2

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

U.S. Department of Justice Executive Office for Immigration Review

OMB No. 1615-0067; Expires 12/31/2016 I-589, Application for Asylum

and for Withholding of Removal

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

Part A.I. Information About	You			in brus	ur germin			
1. Alien Registration Number(s) (A-Num	Called Call and Control Lab. of Lines.	.co.x	No.	2. U.S.	Social Secu	irity Nun	nber <i>(if an</i> y	Pilli Copy
3. Complete Last Name	4. First Name				5. Middle	Name	ON	
6. What other names have you used (incl	ude maiden na	me and aliases)?	- · - - -					
7. Residence in the U.S. (where you phys	ically reside)							
Street Number and Name					Apt. Num	ber		
City	Sta	te		Zip Code	<u> </u>	Telepho	one Numbe	r
i = ⁻	CA			95112			-	
8. Mailing Address in the U.S. (if different	nt than the ada	ress in Item Namb	9,70° 4,	stice		·.		
In Care Of (if applicable):		a navimor	n01	Б.	Telephone	Number	•	
CLSEPA		Dev. CEL	-3 501	ia <u>Doview</u>				
Street Number and Name 2117-B Univers	14 A		or man	Il Sillou	Apt. Num	ber		
City East Palo Alto	Sta	te CAsan F	migration Contraction Contract	Ou.	Zip Code	94	130	3
9. Gender: Male K Female	10. Marita	l Status: 🔀 S	ingle	Married		Divorce	d [Widowed
11. Date of Birth (mm/dd/yyyy)	12. City a	nd Country of Bir	th			•		
	Chiquim				TEMALA			
13. Present Nationality (Citizenship)		nality at Birth		15. Race, Ethr	ile, or Triba	l Group	16. Religi	
Guatemalan	Guater	nalan Hispanic have never been in Immigration Court proce			. 17		Christia	an .
17. Check the box, a through c, that appl	<u></u>		-	-		andinas 1	hut I baya k	ocen in the past
b. I am now in Immigration Co 18. Complete 18 a through c.	ourt proceeding	gs. c. la	III HOL HOW	m mmmgration	Court proc	ecomgs,	Dut I have t	ocon an ene pass
a. When did you last leave your coun	itry? (mmm/dd	06/10/201/201/201/201	4 b. W	hat is your cum	ent I-94 Nu	mber, if	any?	
e. List each entry into the U.S. beging (Attach additional sheets as needed	ning with your	most recent entry.	List date (mm/dd/yyyy), p	lace, and yo	our status	for each e	ntry.
Date 07/05/2014 Place H	idalgo, Tex	as s	_{tatus} no la	wful status	Date S	tatus Exp	oires	
Date Place		Si	tatus		_			
Date Place	·	Si	tatus					
19. What country issued your last passp document?	ort or travel	20. Passport Nur	nber			21	. Expiration	n Date
Guatemala		Travel Documen	t Number					· · · · · · · · · · · · · · · · · · ·
22. What is your native language (include dialect, if applicable)?	23. Are you	fluent in English?	24. What	other language	s do you spo	ak fluent	ly?	
Spanish		Action:	HOHE			Decision	<u> </u>	
For EOIR use only.	For USCIS	Interview Date:				Approva	Date:	
	use only.	Asylum Officer	ID#:				ate:	<u> </u>

Referral Date:

Part A.II. Information About	Your Spouse and Child	ren					
Your spouse . I am not married. (Skip to Your Children below.)							
Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Numb (if any)	er 3. Date of Bir	rth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)			
5. Complete Last Name	6. First Name	7. Middle Na	me	8. Maiden Name			
9. Date of Marriage (mm/dd/yyyy)	11. City and Country of Birth						
12. Nationality (Citizenship)	13. Race, Ethnic, o	r Tribal Group	14	f. Gender Male Female			
15. Is this person in the U.S.? Yes (Complete Blocks 16 to 24.)	No (Specify location):						
16. Place of last entry into the U.S. 17. De U.S.	ate of last entry into the S. (mm/dd/yyyy)	18. I-94 Number <i>(if</i>	any) 19.	Status when last admitted (Visa type, if any)			
20. What is your spouse's current status? 21. What is authori	the expiration date of his/her zed stay, if any? (mm/dd/yyyy)	2. Is your spouse in Court proceeding Yes	Immigration 23. gs?	If previously in the U.S., date of previous arrival (mm/dd/yyyy)			
24. If in the U.S., is your spouse to be inch Yes (Attach one photograph of your No				olication submitted for this person.)			
Your Children. List all of your children, re I do not have any children. (Skip to Po I have children. Total number of ch (NOTE: Use Form I-589 Supplement A or	art A.III., Information about you ildren: 2	ır background.)	ı if you have more	than four children.)			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Divorced, Wido Single		4. U.S. Social Security Number (if any)			
5. Complete Last Name	6. First Name	7. Middle Name	 	8. Date - Phieth (mm/dd/yyyy)			
9. City and Country of Birth Chiquimula GUATEMALA	10. Nationality (Citizenship) Guatemalan	11. Race, Ethnic, o	or Tribal Group	12. Gender Male Female			
13. Is this child in the U.S.? X Yes (C	Complete Blocks 14 to 21.)	No (Specify locatio	n):				
14. Place of last entry into the U.S. 15. Date of last entry into the U.S. (Inm/dd/yyyy) 16. I-94 Number (If any) 17. Status when last admitte (Visa type, if any)							
Rio Grande City, TX	07/12/2014			no lawful status			
18. What is your child's current status?	19. What is the expiration authorized stay, if an	n date of his/her y? <i>(mm/dd/yyyy)</i>		n Immigration Court proceedings?			
No lawful status							
21. If in the U.S., is this child to be include Yes (Attach one photograph of your No				plication submitted for this person.)			

Part A.II. Information About	Your Spouse	and Child	lren (Continu	(d) 2 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID C	ard Number	3. Marital Status Divorced, Wide Single	(Married, Single, owed)	4. U.S. Social (if any)	Security Number	
5. Complete Last Name	6. First Name	,	7. Middle Name		8. Date of Bir	th (mm/dd/yyyy)	
9. City and Country of Birth Chiquimula GUATEMALA	10. Nationality (Ci Guatemalan	tizenship)	11. Race, Ethnic, Hispanic	or Tribal Group	12. Gender Male	Female	
13. Is this child in the U.S.? Xes (C	Complete Blocks 14	to 21.)	No (Specify location	on):			
14. Place of last entry into the U.S.	15. Date of last ent U.S. (mm/dd/y)	ry into the	16. I-94 Number	(If any)	(Visa type		
Hidalgo, TX	07/05/2014	the esmination	n date of his/her	les 7 1911	, , ,	ful Status	
18. What is your child's current status? No lawful status			y? (mm/dd/yyyy)	20. Is your child in Yes	No No	ourt proceedings?	
21. If in the U.S., is this child to be include	ed in this application	n? (Check the	e appropriate box.))			
Yes (Attach one photograph of your			•		lication submit	ted for this person.)	
1. Alien Registration Number (A-Number)	2. Passport/ID C (if any)	ard Number	3. Marital Status Divorced, Wid	(Married, Single, lowed)	4. U.S. Socia (if any)	Security Number	
5. Complete Last Name	6. First Name		7. Middle Name	7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender Male	Female	
13. Is this child in the U.S.? Yes (C	Complete Blocks 14 t	to 21.)	No (Specify locati	ion):			
14. Place of last entry into the U.S.	15. Date of last ent U.S. (mm/dd/y	try into the	16. I-94 Number	(If any)	17. Status who (Visa type	en last admitted , <i>if any)</i>	
18. What is your child's current status?	19. What is authoriz	the expiration ed stay, if an	n date of his/her y? (mm/dd/yyyy)	20. Is your child in Yes	Immigration C	Court proceedings?	
21. If in the U.S., is this child to be included Yes (Attach one photograph of your No					olication submit	ted for this person.)	
1. Alien Registration Number (A-Number (if any)) 2. Passport/ID C (if any)	ard Number	3. Marital Status Divorced, Wid	(Married, Single, lowed)	4. U.S. Socia (if any)	l Security Number	
5. Complete Last Name	6. First Name		7. Middle Name		8. Date of Bi	rth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nationality (C	itizenship)	11. Race, Ethnic	, or Tribal Group	12. Gender Male	Female	
13. Is this child in the U.S.? Yes (Complete Blocks 14 to 21.) No (Specify location):							
14. Place of last entry into the U.S.	15. Date of last en U.S. (mm/dd/y	try into the	16. I-94 Number	(If any)	17. Status wh (Visa type	en last admitted e, if any)	
18. What is your child's current status?	19. What is authoriz	the expiration and stay, if an	n date of his/her y? (mm/dd/yyyy)	20. Is your child in Yes	Immigration (Court proceedings?	
21. If in the U.S., is this child to be includ Yes (Attach one photograph of you No	~ -				olication submit	ted for this person.)	

Part B	Part B. Information About Your Application							
(NOTE: Use Form 1-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)								
withholdin or other prodocuments you are rel	When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.							
Refer to In VII, "Addi	Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.							
1. Why as Conver	re you applying for asylum or withholding ntion Against Torture? Check the appropri	g of removal under section 241(b)(3) of the INA, or for withholding of removal under the riate box(es) below and then provide detailed answers to questions A and B below.						
I am s	seeking asylum or withholding of remova	l based on:						
	Race	Political opinion						
	Religion	Membership in a particular social group						
	Nationality	Torture Convention						
If "Yo 1. W 2. W 4. W l arrept chi	A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone? No Yes							
If "You 2. W 3. W	otional abuse in Guatemala use from my older brother. I	ou; and						
l w	as also held captive and rep	eatedly raped in Mexico.						
Мо	More details are in my declaration.							

G.	B. Information About Your Application (Continued) at
2. Ha	ve you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any untry other than the United States?
CO T	No Yes
L	C"Yes," explain the circumstances and reasons for the action.
Г	
	My brother was arrested in Guatemala.
li	lave you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not imited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, thnic group, human rights group, or the press or media?
	No Yes
ľ	f "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family nembers were involved in each organization or activity.
,	
Ì	
.	
3 R 1	Do you or your family members continue to participate in any way in these organizations or groups?
J.D.	▼INo Yes
I I 8	f "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.
ſ	·
1	
	e you afraid of being subjected to torture in your home country or any other country to which you may be returned?
4. AI	No Yes
L 1	If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.
г	
	I fear returning to Guatemala because I have suffered so much violence and abuse. I am afraid of my ex-partner's father. I believe he will kill me as he has threatened. He has tried to contact me since I left Guatemala. In the mind of the police will not protect me in Guatemala. I am so afraid of him. The police will not protect me in Guatemala. There is nowhere in Guatemala that my children and I can live safely.
	More details in my declaration

Part C. Additional Information About Your Application
(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)
 Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?
No Yes
If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.
į
2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?
No Yes
2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful statu
in any country other than the one from which you are now claiming asylum?
No
If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.
My children and I traveled through Mexico on our way to the United States. We did not have permission to stay there.
3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?
⊠No
If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.
ti 100, describe til detait etter atter med jott errat, jott apendas, vi jott aminicas) a missississississississississississississ

Part C. Additional Information About Your Application (Continued)
4. After you left the country where you were harmed or fear harm, did you return to that country?
No Yes
If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)
·
·
5. Are you filing this application more than 1 year after your last arrival in the United States?
No Yes If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why
you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.
my application with EOIR within one year of entering the United States.
6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?
No ☐ Yes
If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

Part Alle Information	\bout	Your Backer	ound	W.					
1. List your last address where you address in the country where you (NOTE: Use Form I-589 Supplet	fear pers	ecution. (List Add	ress, City/Tov	vm,	Department, Pr	untry ovin	where you fear pe ce, or State and Co	ersecution, also li untry.)	ist the last
Number and Street (Provide if available)	(City/Town	Department,	Pro	ovince, or State		Country	Date From (Mo/Yr)	s To <i>(Mo/Yr)</i>
	1	as				Gı	ıatemala		. 4
2. Provide the following informatio (NOTE: Use Form I-589 Supple	n about y	our residences dur or additional sheets	ing the past 5	yea	ars. List your pr	resen	t address first.		
Number and Street		City/Town			ovince, or State		Country	Date From (Mo/Yr)	s To <i>(Mo/Yr)</i>
	San .	lose	CA			US	SA ^	<u> </u>	present
_	San J	lose	Californi	a		Unit	ted States of America	N 544 6	"
ŀ		nas				Gu	atemala	V	·
	-								
	1						· ·		<u> </u>
 Provide the following informatio (NOTE: Use Form I-589 Supple 									
Name of School		Type of School		Location (Address)		Atten From (Mo/Yr)	ded To (Mo/Yr)		
		Primary			1				
		:							
				;				<u> </u>	
4. Provide the following informatio (NOTE: Use Form 1-589 Supple	on about y	your employment o or additional sheet	luring the pas	t 5 ;	years. List your	pres	sent employment fi	rst.	
Name and Ac			<u> </u>			Occu	pation	Dat From (Mo/Yr)	es To <i>(Mo/Yr)</i>
San Jose	-, CA			cleaning houses		NSOS	02/2015	present	
				7	/////////////////////////////////////	<u>`</u>			
			_ .						
5. Provide the following information (NOTE: Use Form I-589 Supple	on about g	your parents and si or additional sheet	blings (brothers of paper, if	ers a	and sisters). Che	ck tl	ne box if the persor	is deceased.	
Full Name		City/T	own and Cou	atry	of Birth		Cu	rrent Location	
Mother Catalina		-	C11:	. William	1,4,-		Deceased	a G	uatemala
Father		c		•	la		Deceased		atemala
Sibling			18	te	mala	·	Deceased	G	uatemala
Sibling							Deceased	İ	uatemala
Sibling							Deceased		atemala
Sibling							Deceased	3	uatemala

/Photo of mom

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in par Whoever knowingly makes under eath, or as permitted under penalty of perjury under Section 1746 of Title 28 United States Code, knowingly subscribes as true, any false statement with respect to a material fact in an application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, of knowingly presents any such application, affidavit, or other document containing any such false statement of which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title of imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or with!

an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the
institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly
made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may
not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with
USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information
within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure
without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your
application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections
208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

-	4.		
Print your complete name.	* ; •	Write your name in your native	alphabet.
Did your spouse, parent, or child(ren)	assist you in completing this appli	cation? No Yes (If")	Yes," list the name and relationship.)
(Name)	(Relationship)	(Name)	(Relationship)
Did someone other than your spouse,	parent, or child(ren) prepare this ap	oplication? No	Yes (If "Yes, "complete Part E.)
Asylum applicants may be represente persons who may be available to assis			Yes
Signature of Applicant (The person]		8/201 S m/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child.

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer	/ 8	7	Print Complete Name of Preparer Kaitlin Kalna Darwal		
Daytime Telephone Num 650-326-6440		Address of Preparer: 2117 Univers	Street Number and Name		
Apt. Number B	City East Pa	lo Alto		State '	Zip Codc 94303

Part F. To Be Completed at Asylum Interview.	if Applicable
NOTE: You will be asked to complete this part when you appear fo U.S. Citizenship and Immigration Services (USCIS).	r examination before an asylum officer of the Department of Homeland Security,
all true or interest in all true to the best of my knowledge and that	n signing, including the attached documents and supplements, that they are correction(s) numbered to were made by me or at my request. I made a frivolous application for asylum I will be permanently ineligible for any not avoid a frivolous finding simply because someone advised me to provide
	Signed and swom to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Asylum Officer
Part G; To Be Completed at Removal Hearing.	ÎÎ Applicable
NOTE: You will be asked to complete this Part when you appear b for Immigration Review (EOIR), for a hearing.	refore an immigration judge of the U.S. Department of Justice, Executive Office
all true or not all true to the best of my knowledge and that	m signing, including the attached documents and supplements, that they are correction(s) numbered to were made by me or at my request. y made a frivolous application for asylum I will be permanently ineligible for any not avoid a frivolous finding simply because someone advised me to provide
	Signed and sworn to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

Supplement A, Form I-589

A-Number (If available)]	Date			
Applicant's Name	4	Applicant's Signature			
List All of Your Children, Reg			(dreit)		
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Murital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)		
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)		
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender Male Female		
13. Is this child in the U.S.? Yes (C	Complete Blocks 14 to 21.)	No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)		
18. What is your child's current status?	19. What is the expiration authorized stay, if an				
21. If in the U.S., is this child to be included Yes (Attach one photograph of your No		e appropriate box.) of Page 9 on the extra copy of the app	olication submitted for this person.)		
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)		
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)		
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group 12. Gender Male Female			
13. Is this child in the U.S.? Yes (C	Complete Blocks 14 to 21.)	No (Specify location):			
14. Place of last entry into the U.S. 15. Date of last entry into the U.S. (num/cdd/yyyy)		16. I-94 Number (If any) 17. Status when last admitted (Visa type, if any)			
18. What is your child's current status?	19. What is the expiration authorized stay, if an	n date of his/her y? (mm/dd/yyyy) 20. Is your child in Yes	Immigration Court proceedings?		
21. If in the U.S., is this child to be included Yes (Attach one photograph of your No		e appropriate box.) r of Page 9 on the extra copy of the app	olication submitted for this person.)		

Supplement B, Form I-589

Additional Information About Your Claum to Asylum				
A-Number (if available)	Date			
Applicant's Name	Applicant's Signature			
NOTE: Use this as a continuation page for any additional in	nformation requested. Copy and complete as needed.			
Part				
Question				
	•			
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•				

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

U.S. Department of Justice Executive Office for Immigration Review OMB No. 1615-0067; Expires 12/31/2016

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

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

NOTE: Check this box if you also want to	apply for withhold	ling of remov	al under the	Convention	Against 1 or	иге.	<u> </u>
Part A.I. Information About	You .		5	trans distri			
1. Alien Registration Number(s) (A-Numb	er) (if any)			2. U.	S. Social Sec	urity Nur	mber (if any)
3. Complete Last Name		4. First	Name	L		5. Middle Name	
						-	<u> </u>
6. What other names have you used (include	de maiden name a	nd aliases)?					χ,
7. Residence in the U.S. (where you physic	cally reside)		···,			· <u>*</u>	
Street Number and Name	· · · · · · · · · · · · · · · · · · ·				Apt. Nun	ber	
5 0							
City	State			Zip Code		Teleph	one Number
	CA		W	[1.	
8. Mailing Address in the U.S. (if different	than the address	in Item Nymb	y Diver	tica			
In Care Of (if applicable):	**	ebalini	aus us		Telephon	e Numbe	r
CLSEPA	£4	SE	p -32	013			
Street Number and Name 2117-B Universi	ty Ave	SE Exicologye Office	ice for timit) imigration (_{igrauon} Revi Sourt	@∜Apt. Nun	iber	
City East Palo Alto	State	CA San F	migranon Tancisco,	Salifornia	Zip Code		1303
9. Gender: Male X Female	10. Marital Stat	nus: X S	ingle	Married		Divorce	ed Widowed
11. Date of Birth (mm/dd/yyyy)	12. City and C	ountry of Birt	h				
	-						
13. Present Nationality (Citizenship)	14. Nationalit			15. Race, Etl	•	ıl Group	16. Religion
Guatemalan	Guatemala			Hispanic			Christian
17. Check the box, a through c, that applie	J3	never been i					had I have been in the next
b, X I am now in Immigration Cou	rt proceedings.	c, la	m not now	in immigratio	on Court proc	ecoings,	but I have been in the past.
18. Complete 18 a through c. a. When did you last leave your counts	ייי <i>(mmm/dd/ייייי</i> יי)ne/4n/2n4,	4 b. W	hat is your cu	arrent I-94 Ni	umber, if	any?
•	- '	~···					
c. List each entry into the U.S. beginni (Attach additional sheets as needed.)	ig with your most	recent enny.	List title (i		place, and y	our siurm	y audit dimiya
Date 07/05/2014 Place Hid	lalgo, Texas	St	atus no la	wful status	.Date S	Status Exp	pires
Date Place		St	atus				
Date Place		St	atus				
19. What country issued your last passpor document?	t or travel 20.	Passport Nun	ıber			21	I. Expiration Date (mm/dd/yyyy)
Guatemala	ı	vel Document					
22. What is your native language (include dialect, if applicable)?	23. Are you fluer			other languag	es do you sp	eak fluen	tly?
Spanish	`	<u>X</u>]N₀	none			Decision	
For EOIR use only.	For Inte	ion: crview Date: _					ı: ıl Date:
	USCIS Asy	ılum Officer I	D#:		 		Onte:
	l					Referral	Date:

PartiA:II Information About N	Your Spouse and Child	lren .			
Your spouse . I a	n not married. (Skip to Your	Children below.)			
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Numl (if any)	oer 3. Date of	Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle	Name	8. Maiden Name	
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage		11. City and Countr	y of Birth	
12. Nationality (Citizenship)	13. Race, Ethnic,	or Tribal Group	14	l. Gender Male Female	
15. Is this person in the U.S.?					
Yes (Complete Blocks 16 to 24.) 16. Place of last entry into the U.S. 17. Day U.S.	No (Specify location): te of last entry into the S. (mm/dd/yyyy)	18. I-94 Number	19 97	Status when last admitted (Visa type, if any)	
20. What is your spouse's current status? 21. What is authorized.	the expiration date of his/her red stay, if any? (mm/dd/yyyy)	22. Is your spouse Court proceed Yes		If previously in the U.S., date of previous arrival (mm/dd/yyyy)	
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) No Your Children. List all of your children, regardless of age, location, or marital status.					
I do not have any children. (Skip to Pa	rt A.III., Information about yo				
(NOTE: Use Form I-589 Supplement A or of		er and documentat	ion if you have more	than four children.)	
1. Alien Registration Number (A-Number) (if any)			s (Married, Single,	4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Nam	e	8. Date of Birth (mm/dd/yyyy)	
	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group Hispanic		12. Gender Male Female	
Guatemalan Hispanic Complete Blocks 14 to 21.) No (Specify location):					
14. Place of last entry into the U.S.	16 I 04 Number (If any) 17. Status when I		17. Status when last admitted (Visa type, if any)		
Rio Grande City, TX				no lawful status	
18. What is your child's current status? 19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) 20. Is your child in Immigration Court proceedings? Yes No					
No lawful status 21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.)					
Yes (Attach one photograph of your No	spouse in the upper right corn	er oj rage y on the	extra copy of the ap	onculum suomineu joi mis peison.)	

Part A.II. Information About	Your Sp	ouse and Child	ren (Continue			
1. Alien Registration Number (A-Number) (if any)	(if any)		3. Marital Status (Divorced, Wide	(Married, Single, owed)	4. U.S. Social (if any)	Security Number
			Single			·····
5. Complete Last Name	6. First Na	ime	7. Middle Name .		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nation	ality (Citizenship)	11. Race, Ethnic,	or Tribal Group	12. Gender	
C	Guatem		Hispanic		Male	X Female
13. Is this child in the U.S.? X Yes (C	omplete Bl	ocks 14 to 21.)	No (Specify location	on):		
14. Place of last entry into the U.S.	U.S. (7	f last entry into the nm/dd/yyyy)	16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
Hidalgo, TX	07/05/2					ful Status
18. What is your child's current status?	19.	What is the expiration authorized stay, if any	i date of his/her y? (mm/dd/yyyy)	20. Is your child in Yes	Immigration C	ourt proceedings?
No lawful status	<u> </u>			<u>e. 3</u>		
21. If in the U.S., is this child to be include	d in this ap	plication? (Check the	e appropriate box.))		
Yes (Attach one photograph of your	spouse in t	the upper right corner	of Page 9 on the e	extra copy of the app	lication submit	ted for this person.)
i <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	13 D	and/ID Cand Marmhan	12 Marital Status	(Married, Single,	4 TIS Socia	l Security Number
1. Alien Registration Number (A-Number) (if any)	2. Passp (if any	on/ID Card Number	Divorced, Wid	(Marriea, Single; lowed)	(if any)	, , , , , , , , , , , , , , , , , , ,
5. Complete Last Name	6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nation	ality (Citizenship)	11. Race, Ethnic, or Tribal Group		12. Gender Male	Female
13. Is this child in the U.S.? Yes (C	omnlete Bl	ocks 14 to 21.)	No (Specify locati	ion):		
14. Place of last entry into the U.S.	15. Date o	f last entry into the mm/dd/yyyy)	16. I-94 Number		17. Status wh (Visa type	en last admitted e, if any)
18. What is your child's current status? 19. What is the expiration authorized stay, if an authorized stay, if an authorized stay.			n date of his/her y? (mm/dd/yyyy)	20. Is your child in	Immigration (Court proceedings?
21. If in the U.S., is this child to be include	d in this at	onlication? (Check th	e appropriate box.)		
Yes (Attach one photograph of your					olication submit	ted for this person.)
1. Alien Registration Number (A-Number)	2 Passr	ort/ID Card Number	3. Marital Status	(Married, Single,	4. U.S. Socia	I Security Number
(if any)	(if an	y)	Divorced, Widowed)		(if any)	
5. Complete Last Name	6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth 10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender Male	Female	
13. Is this child in the U.S.? Yes (Townstate P	Zanin 14 to 21) [7]	No (Specify locate	ion):		
13. 18 this child in the 0.3. ? 1es (c	-	locks 14 to 21.)			17 Stobre wh	en last admitted
14. Place of last entry into the U.S.	15. Date o U.S. (of last entry into the mm/dd/yyyy)	16. I-94 Number	(If any)	(Visa type	e, if any)
18. What is your child's current status? 19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy) Yes No						
21. If in the U.S., is this child to be include	ed in this a	pplication? (Check th	e appropriate box.	<u>, </u>		
Yes (Attach one photograph of your					olication submi	tted for this person.)

art Buntormation: About Your Application
OTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in et B.)
then answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or hholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach tuments evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain y in your responses to the following questions.
fer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section I, "Additional Evidence That You Should Submit," for more information on completing this section of the form.
Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.
I am seeking asylum or withholding of removal based on: Race Political opinion
Religion Nationality Membership in a particular social group Torture Convention
Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone? No Yes If "Yes," explain in detail: What happened; Who the harm or mistreatment or threats occurred; Who caused the harm or mistreatment or threats; and Why you believe the harm or mistreatment or threats occurred. I am afraid to return to Guatemala because I suffered many years of sexual, physical, and emotional abuse in Guatemala by the father of my ex-partner. I also suffered years of physical abuse from my older brother. I also suffered years of sexual abuse from my uncle when I was a child. I was also held captive and repeatedly raped in Mexico. More details are in my declaration.
Do you fear harm or mistreatment if you return to your home country? No Yes If "Yes," explain in detail: What harm or mistreatment you fear; Who you believe would harm or mistreat you; and Why you believe you would or could be harmed or mistreated.
I am afraid to return to Guatemala because I suffered many years of sexual, physical, and emotional abuse in Guatemala by the father of my ex-partner. I also suffered years of physical abuse from my older brother. I also suffered years of sexual abuse from my uncle when I was a child.
I was also held captive and repeatedly raped in Mexico.
More details are in my declaration.

Part B. Information About Your Application (Continued)	
2. Have you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sente country other than the United States?	enced, or imprisoned in any
No Yes	
If "Yes," explain the circumstances and reasons for the action.	
My brothe was arrested in Guatemala.	
3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your h limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civi ethnic group, human rights group, or the press or media?	ome country, such as, but not l patrol, guerrilla organization,
No ☐Yes	
If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length members were involved in each organization or activity.	of time you or your muniy
3.B. Do you or your family members continue to participate in any way in these organizations or groups?	•
No Yes	
If "Ves " describe for each person your or your family members' current level of participation, any leadership or	other positions currently held,
and the length of time you or your family members have been involved in each organization or group.	
·	
4. Are you afraid of being subjected to torture in your home country or any other country to which you may be return	ed?
No Yes	nflicted.
If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be in	
I fear returning to Guatemala because I have suffered so much violence a afraid of my ex-partner's father. I believe he will kill me as he has threate to contact me since I left Guatemala. In the mind of am his proposition am am his proposition of the contacts in Guatemala. I am so afraid of him. The police will not protect There is nowhere in Guatemala that my children and I can live safely.	ened. He has tried perty. He has many
More details in my declaration	

Part C. Additional Information About Your Application
NOTE: Use Form 1-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)
 Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?
No Yes
If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.
2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?
□No \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?
∑No Yes
If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.
My children and I traveled through Mexico on our way to the United States. We did not have permission to stay there.
3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion?
No Yes If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.
If "Yes," describe in detail each such incident and your one, you species, earlier to the control of the contro

Part C: Additional Information About Your Application (Continued)
4. After you left the country where you were harmed or fear harm, did you return to that country?
No Yes If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)
5. Are you filing this application more than 1 year after your last arrival in the United States?
No Yes
If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.
I am filing my application more than one year after entering the United States, but I lodged my application with EOIR within one year of entering the United States.
6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?
No Yes
If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.
·

Part A.III. Information 2	\hoist\	Zour Backer	ound				
1. List your last address where you address in the country where you (NOTE: Use Form I-589 Supple.	lived befo	ore coming to the I	Jnited States. Fess, City/Tov	If this is not the com, Department, Pro	untry where you fear povince, or State and C	persecution, also li country.)	st the last
Number and Street (Provide if available)	T	Eity/Town		Province, or State	Country	Date From (Mo/Yr)	s To <i>(Mo/Yr)</i>
		S			Guatemala		U ·
2. Provide the following information (NOTE: Use Form I-589 Supple	on about y	our residences dur r additional sheets	ing the past 5 s of paper, if n	years. List your pr	esent address first.		
Number and Street	T	City/Town		Province, or State	Country	Date From (Mo/Yr)	s To <i>(Mo/Yr)</i>
	San J	lose	CA		USA		present
	San J		California	a	United States of America	a (
		.5			Guatemala	/	1
	†						
			_				
3. Provide the following information (NOTE: Use Form 1-589 Supple	on about y	rour education, beg or additional sheet	ginning with t s of paper, if i	he most recent. necessary.)			
Name of School		Type of	School	Locat	Location (Address) From (Mo)		ded To <i>(Mo/Yr)</i>
		Primary		,		a ~1996	~2002
	·. · · · · · · ·						

4. Provide the following information (NOTE: Use Form I-589 Supple	on about y	your employment or additional sheet	during the pas	t 5 years. List you	present employment	fīrst.	
Name and A					Occupation	Dat	es To (Mo/Yr)
				1	\ .	From (Mo/Yr)	Present
San Jose	<u>-, C,}</u>			cleaning	houses_	(3/00/2	
·					*		
5. Provide the following informati (NOTE: Use Form I-589 Suppl	on about	your parents and s	iblings (broth	ers and sisters). Che	eck the box if the person	on is deceased.	
Full Name		City/Town and Country of Birth Current Location			_		
Mother		Guatemala			Deceased (ړ . G	uatemala
Father		c ,		temala	Deceased -	G	uatemala
Siblim-	 		Gua	atemala	. Deceased	G	uatemala
Sibling 5112a		Guatemala			Deceased !	G	uatemala
Sibling		Guatemala			Deceased	<u>G</u>	uatemala
Sibling			Gua	atemala	Deceased c	y G	uatemala

son'shoto

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 2 United States Code, knowingly subscribes as true, any false statement with respect to a material fact in an application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, knowingly presents any such application, affidavit, or other document containing any such false statement which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title (imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

WARNING: Applicants who are in the United States illegally are subject to removal if their asylum or withra an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act: You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name.	**	Write your name in your native	e alphabet.
	j)	the same
Did your spouse, parent, or child(rea	n) assist you in completing this applicati	on? No Yes (If	Yes," list the name and relationship.)
(Name)	(Relationship)	(Name)	(Relationship)
Did someone other than your spouse	, parent, or child(ren) prepare this applic	cation?	Yes (If "Yes,"complete Part E.)
	ed by counsel. Have you been provided ist you, at little or no cost, with your asy		Yes
Signature of Applicant (The person	n in Part A.I.)	08/1	8/2015

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer	1 8	$\overline{}$	Print Complete Name of Preparer		
f-1/			Kaitlin Kalna Darwal		
l " Addentica"		Street Number and Name			
650-326-6440 2117 Univers		ity Avende		i	
Apt. Number	City			State	Zip Code
В	East Palo Alto			CA	94303

Part F. To Be Completed at Asylum Interview, if	Applicable
NOTE: You will be asked to complete this part when you appear for e U.S. Citizenship and Immigration Services (USCIS).	examination before an asylum officer of the Department of Homeland Security,
all true or in not all true to the best of my knowledge and that co	signing, including the attached documents and supplements, that they are prection(s) numbered to were made by me or at my request, nade a frivolous application for asylum I will be permanently ineligible for any of avoid a frivolous finding simply because someone advised me to provide
^	Signed and sworn to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Asylum Officer
Part G. To Be Completed at Removal Hearing, if	CApplicable
NOTE: You will be asked to complete this Part when you appear befor Immigration Review (EOIR), for a hearing.	ore an immigration judge of the U.S. Department of Justice, Executive Office
all true or not all true to the best of my knowledge and that or	signing, including the attached documents and supplements, that they are orrection(s) numbered to were made by me or at my request, nade a frivolous application for asylum I will be permanently ineligible for any ot avoid a frivolous finding simply because someone advised me to provide
	Signed and sworn to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

Supplement A, Form I-589

A-Number (If available)		Date			
1					
Applicant's Name		Applicant's Signature			
List All of Your Children, Reg (NOTE: Use this form and attach addition	ardless of Age or Mat alpages and documentation as	heeded, if you have more than four cl	ilicev		
1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)		
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)		
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender Male Female		
13. Is this child in the U.S.? Yes (C	Complete Blocks 14 to 21.)	No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (imm/dd/yyyy)	16. I-94 Number (If any)	17. Status whon last admitted (Visa type, if any)		
18. What is your child's current status? 19. What is the expirate nuthorized stay, if a		on date of his/her y? (mm/dd/yyyy) 20. Is your child in Immigration Court proceedings? Yes No			
21. If in the U.S., is this child to be included Yes (Attach one photograph of your No	ed in this application? (Check to spouse in the upper right corn	he appropriate box.) er of Page 9 on the extra copy of the a			
1. Alien Registration Number (A-Number) 2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, Divorced, Widowed) 4. U.S. Social Security N (if any)			
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)		
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender Malc Female		
13. Is this child in the U.S.? Yes (Complete Blocks 14 to 21.)	No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any) 17. Status when last admitted (Visa type, if any)			
18. What is your child's current status?	19. What is the expiration authorized stay, if a	on date of his/her any? (mm/dd/yyyy) 20. Is your child Yes	in Immigration Court proceedings? No		
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person. No					

Supplement B, Form I-589

Additional Information About Your Claim to Asylum			
A-Number (if available)	Date		
Applicant's Name	Applicant's Signature		
NOTE: Use this as a continuation page for any additional information rec	quested. Copy and complete as needed.		
Part Question			
	•		

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

U.S. Department of Justice Executive Office for Immigration Review

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

OMB No. 1615-0067; Expires 12/31/2016

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

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture. Part A.1. Information About You 2. U.S. Social Security Number (if any) 1. Alien Registration Number(s) (A-Number) (if any) 5. Middle Name 4. First Name 3. Complete Last Name 6. What other names have you used (include maiden name and aliases)? 7. Residence in the U.S. (where you physically reside) Apt. Number Street Number and Name Telephone Number State City CA 8. Mailing Address in the U.S. (if different than the address in the Number Executive Office to: Mining Count In Care Of (if applicable): Immigration Court San Francisco, Califor Apt. Number Street Number and Name Zip Code State City. 94303 Widowed Divorced Single Married 10. Marital Status: Female 9. Gender: 12. City and Country of Birth 11. Date of Birth (mm/dd/yyyy) **GUATEMALA** 15. Race, Ethnic, or Tribal Group 16. Religion 14. Nationality at Birth 13. Present Nationality (Citizenship) Christian Hispanic Guatemalan Guatemalan I have never been in Immigration Court proceedings. 17. Check the box, a through c, that applies: a. I am not now in Immigration Court proceedings, but I have been in the past. b. X I am now in Immigration Court proceedings. 18. Complete 18 a through c. b. What is your current I-94 Number, if any? a. When did you last leave your country? (mmm/dd/yyyy)06/10/2014 c. List each entry into the U.S. beginning with your most recent entry. List date (nm/dd/yyyy), place, and your status for each entry. (Attach additional sheets as needed.) Place Hidalgo, Texas Date 07/05/2014 Status no lawful status Date Status Expires Status Date Place Status Date 21. Expiration Date What country issued your last passport or travel 20. Passport Number (mm/dd/yyyy) document? Travel Document Number Guatemala 23. Are you fluent in English? 24. What other languages do you speak fluently? 22. What is your native language (include dialect, if applicable)? \times No Yes Spanish Decision: Action: For EOIR use only. For Approval Date: Interview Date: USCIS Denial Date: Asylum Officer ID#: use only. Referral Date:

		SHOULD THE THE PARTY	en in meet de menter.	
Part AIL Information About 5	our Spouse and Chile	Iren		
Your spouse . 🔀 I a	n not married. (Skip to Your			1
Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Numl (if any)	Der 3. Date of	Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle	Name	8. Maiden Name
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage		11. City and Count	ry of Birth
12. Nationality (Citizenship)	13. Race, Ethnic,	or Tribal Group	1	4. Gender Male Female
15. Is this person in the U.S.? Yes (Complete Blocks 16 to 24.)	No (Specify location):			
16. Place of last entry into the U.S. 17. Da		18. I-94 Number	(if any) 19	Status when last admitted (Visa type, if any)
20. What is your spouse's current status? 21. What is authorize	the expiration date of his/her ed stay, if any? (mm/dd/yyyy)	22. Is your spouse Court proceed Yes		. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
Yes (Attach one photograph of your No Your Children. List all of your children, re I do not have any children. (Skip to Pa I have children. Total number of chi (NOTE: Use Form I-589 Supplement A or a	gardless of age, location, or material A.III., Information about years.	arital status.		
1. Alien Registration Number (A-Number) (if any)			is (Married, Single,	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Nam	e	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth GUATEMALA	10. Nationality (Citizenship) Guatemalan	11. Race, Ethni Hispanic	ic, or Tribal Group	12. Gender Male Female
13. Is this child in the U.S.? X Yes (C	Complete Blocks 14 to 21.)	No (Specify loca	ation):	
14. Place of last entry into the U.S.	16. I-94 Number (If any) 17. Status when (Visa type, i		17. Status when last admitted (Visa type, if any)	
Rio Grande City, TX	U.S. (mm/dd/yyyy) 07/12/2014			no lawful status
18. What is your child's current status?	19. What is the expirati authorized stay, if a	on date of his/her my? (mm/dd/yyyy)	20. Is your child Yes	in Immigration Court proceedings? No
No lawful status	11 At Washing (Charles	the managed he		
21. If in the U.S., is this child to be include Yes (Attach one photograph of your	xi in this application? (Check i spouse in the upper right corn	er of Page 9 on th	e extra copy of the a	pplication submitted for this person.)
No				

Part A.II. Information About	Your Spouse and Child	ren (Continued)		
1. Alien Registration Number (A-Number)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed) Single	4. U.S. Social Security Number (if any)	
-				
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)	
<u> </u>		Fabiola		
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender	
JUATEMALA	Guatemalan	Hispanic	Male Female	
13. Is this child in the U.S.? Xes (C	Complete Blocks 14 to 21.)	No (Specify location):		
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)	
Hidalgo, TX	07/05/2014		no lawful status	
18. What is your child's current status?	19. What is the expiration authorized stay, if any	n date of his/her y? (mm/dd/yyyy) 20. Is your child in Yes	Immigration Court proceedings? No	
No lawful status				
21. If in the U.S., is this child to be include Yes (Attach one photograph of your No	r spouse in the upper right corner	e appropriate box.) of Page 9 on the extra copy of the app		
1. Alien Registration Number (A-Number (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender Male Female	
13. Is this child in the U.S.? Yes (Complete Blacks 14 to 21.) No (Specify location):				
14. Place of last entry into the U.S.			17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?	19. What is the expiration authorized stay, if an	n date of his/her y? (mm/dd/yyyy) 20. Is your child in Yes	Immigration Court proceedings?	
21. If in the U.S., is this child to be include	ed in this application? (Check the	e appropriate box.)		
Yes (Attach one photograph of you	r spouse in the upper right corner	r of Page 9 on the extra copy of the app	olication submitted for this person.)	
1. Alien Registration Number (A-Number (if any)	. Alien Registration Number (A-Number) 2. Passport/ID Card Number		4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	9. City and Country of Birth 10. Nationality (Citizenship)		12. Gender Male Female	
13. Is this child in the U.S.? Yes	Complete Blocks 14 to 21.)	No (Specify location):		
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?	19. What is the expiration authorized stay, if an	n date of his/her 20. Is your child in y? (mm/dd/yyyy) Yes	Immigration Court proceedings?	
21. If in the U.S., is this child to be includ	ed in this application? (Check th	e appropriate box.)		
		r of Page 9 on the extra copy of the app	plication submitted for this person.)	

Part B. Information About Your Application
NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part B.)
When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach locuments evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.
Refer to Instructions, Part 1: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section /II, "Additional Evidence That You Should Submit," for more information on completing this section of the form.
Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below.
I am seeking asylum or withholding of removal based on: Race Political opinion
Religion Membership in a particular social group Nationality Torture Convention
A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?
No Yes If "Yes," explain in detail: 1. What happened; 2. When the harm or mistreatment or threats occurred; 3. Who caused the harm or mistreatment or threats; and 4. Why you believe the harm or mistreatment or threats occurred.
I am afraid to return to Guatemala because I suffered many years of sexual, physical, and emotional abuse in Guatemala by the father of my ex-partner. I also suffered years of physical abuse from my older brother. I also suffered years of sexual abuse from my uncle when I was a child.
I was also held captive and repeatedly raped in Mexico.
More details are in my declaration.
B. Do you fear harm or mistreatment if you return to your home country? No Yes If "Yes," explain in detail: 1. What harm or mistreatment you fear; 2. Who you believe would harm or mistreat you; and 3. Why you believe you would or could be harmed or mistreated.
I am afraid to return to Guatemala because I suffered many years of sexual, physical, and emotional abuse in Guatemala by the father of my ex-partner. I also suffered years of physical abuse from my older brother. I also suffered years of sexual abuse from my uncle when I was a child.
I was also held captive and repeatedly raped in Mexico.
More details are in my declaration.

Part R. Information Ab	out Your Application (Continued)
2. Have you or your family mem country other than the United	bers ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any
No X	Z es
If "Yes," explain the circums	tances and reasons for the action.
My brother	was arrested in Guatemala.
limited to, a political party, s	nbers ever belonged to or been associated with any organizations or groups in your home country, such as, but not tudent group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization,
ethnic group, human rights g	
	Yes erson the level of participation, any leadership or other positions held, and the length of time you or your family ach organization or activity.
No If "Ves " describe for each p	bers continue to participate in any way in these organizations or groups? Yes erson your or your family members' current level of participation, any leadership or other positions currently held, r your family members have been involved in each organization or group.
/	ted to torture in your home country or any other country to which you may be returned?
□ No ⊠	Yes re afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.
I fear returning to afraid of my ex-pa to contact me sind contacts in Guate	Guatemala because I have suffered so much violence and abuse. I am artner's father. I believe he will kill me as he has threatened. He has tried be I left Guatemala. In the mind of' am his property. He has many mala. I am so afraid of him. The police will not protect me in Guatemala. In Guatemala that my children and I can live safely.

Part C. Additional Information About Your Application
(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)
 Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal?
No
If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.
i e e e e e e e e e e e e e e e e e e e
2.A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States?
∏No ∑Yes
2.B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?
No Yes
If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.
My children and I traveled through Mexico on our way to the United States. We did not have permission to stay there.
3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person
because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion? Yes
No Yes If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.
If "Tes," describe in detail each such incident and your onz, you species, or you said (a)

Part C. Additional Information About Your Application (Continued)
4. After you left the country where you were harmed or fear harm, did you return to that country?
No · ☐ Yes
If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and the length of time you remained in that country for the visit(s).)
•
5. Are you filing this application more than 1 year after your last arrival in the United States?
No Yes
If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or hearing why
you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.
I am filing my application more than one year after entering the United States, but I lodged my application with EOIR within one year of entering the United States.
6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?
No ☐ Yes
If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.

	a About Y	our Backgr	ound	Height.	A fire in the second	responsible de la companya de la co De la companya de la		everile in		energij e
List your last address where y address in the country where y (NOTE: Use Form I-589 Supp	ou fear perse	cution. (List Add	lress, Cit	ty/Town,	Department, Pro	uniry where you fear povince, or State and C	ersecu ountry.	tion, also li)	st the	last
Number and Street (Provide if available)		ty/Town			ovince, or State	Country	Fron	Date a <i>(Mo/Yr)</i>	-	Mo/Yr)
						Guatemala				-011
2. Provide the following information (NOTE: Use Form I-589 Sup.	ation about yo	ur residences du	ring the	past 5 ye	ars. List your pr	esent address first.	- L			/
Number and Street	1	ity/Town			ovince, or State	Country	Fron	Date n <i>(Mo/Yr)</i>		Mo/Yr)
	San Jo	ose	CA			USA	~02	2015		presen
	San Jo	ose	Calif	ornia		United States of America	07	2014	01	2015
-						Guatemala	02	2009	06	2014
							<u> </u>		<u> </u>	
		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>							<u> </u>	
 Provide the following information: (NOTE: Use Form I-589 Sup.) 	ation about you plement B, or	our education, beg additional sheet	ginning s of pap	with the er, if nec	most recent. essary.)					
Name of School		Type of	f School Locati		ion (Address)	Attended From (Mo/Yr) To (I		(Mo/Yr)		
							a	-1996		~2002
									<u> </u>	
								·		
4. Provide the following inform	ation about yo	our employment	during tl	he nast 5	Tatana	present employment	C			
(NOTE: Use Form I-589 Supplement B, or additional sheets of papers of Name and Address of Employer			ts of pap	er, if ne	years. List you essary.)		11151.			
Name and	Address of E		ts of pap	per, if nee	essary.)	Occupation		Dat n <i>(Mo/Yr)</i>		(Mo/Yr,
Name and San Soc			ts of pap	per, if nec	essary.)		Froi		То	(Mo/Yr,
			ts of pap	per, if nec	Your	Occupation	Froi	n (Mo/Yr)	То	
San Son	se, CA	employer our parents and s	iblings (brothers	Your (Occupation houses	Froi	n (Mo/Yr) 2/20 S	То	
San Jos	se, CA	mployer our parents and si- additional sheet	iblings (cbrothers	Your (Occupation Aduses eck the box if the person	From Section 1	n (Mo/Yr) 2/20 S	То	
5. Provide the following inform (NOTE: Use Form 1-589 Sup	se, CA	mployer our parents and si- additional sheet	iblings (brothers ber, if need Countr	Your Your Your Alexandrian Sisters). Checessary.)	Occupation Aduses eck the box if the person	From Section 1	n (Mo/Yr) 2/2015 eccased.	To	resent
5. Provide the following inform (NOTE: Use Form I-589 Sup	se, CA	mployer our parents and si- additional sheet	iblings (cbrothers	Your Your Your Alexandry) and sisters). Checessary.) y of Birth	ock the box if the person	From Section 1	n (Mo/Yr) 2/2015 cceased. Location	To	esent
5. Provide the following inform (NOTE: Use Form 1-589 Sup Full Name Mother	se, CA	mployer our parents and si- additional sheet	iblings (Chrothers for the Countr	Your Your Your And sisters). Checessary.) y of Birth emala	Deceased	From Section 1	n (Mo/Yr) 2/20\S ccased. Location G	uate uate	mala mala
5. Provide the following inform (NOTE: Use Form I-589 Sup Full Name Mother Father	se, CA	mployer our parents and si- additional sheet	iblings (brothers ber, if need Countr	Your Your Your Your And sisters). Checessary.) y of Birth emala emala	Deceased	From Section 1	n (Mo/Yr) 2/20\S cceased. Location G G	uate uate	esat
5. Provide the following inform (NOTE: Use Form 1-589 Sup Full Name Mother Father Sibling	se, CA	mployer our parents and si- additional sheet	iblings (brothers ber, if need Countr	Your Your Your Your Your Your Your Your	Deceased Deceased Deceased Deceased	From Section 1	an (Mo/Yr) 2/20\S cceased. Location G G G	To Provide a second sec	

Part D. Your Signature

I certify, under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in particles.

I certify, under penalty of perjury under the laws of the United States of America, that this application and it evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in par Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 2 United States Code, knowingly subscribes as true, any false statement with respect to a material fact in an application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, knowingly presents any such application, affidavit, or other document containing any such false statement which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

warning: Applicants who are in the United States illegally are subject to removal if their asylum or with an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Acts. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometries or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CER sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name.	, , , , , , , , , , , , , , , , , , ,	Vrite your name in your native alp	liabet.
	<u> </u>	SEE CHOUSEAL	
Did your spouse, parent, or child(re	n) assist you in completing this application	n? No Yes (If "Yes,	" list the name and relationship.)
(Name)	(Relationship)	(Name)	(Relationship)
Did someone other than your spouse	e, parent, or child(ren) prepare this applica	ation?	Yes (If "Yes,"complete Part E.)
Asylum applicants may be represent persons who may be available to ass	ted by counsel. Have you been provided vist you, at little or no cost, with your asyl	with a list of No no laim?	Yes
Signature of Applicant (The narrow	n in Part A.I.)	08/18/	1201S

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer	1 8	$\overline{}$	Print Complete Name of Preparer	•	
1			Kaitlin Kalna Darwal		
Daytime Telephone Num 650-326-6440	ber	Address of Preparer: 2117 Univers	Street Number and Name ity Avenue		
Apt. Number	City			State	Zip Code
В	East Pa	lo Alto		CA	94303

Part:F. To Be Completed at Asylum Interview, i	
NOTE: You will be asked to complete this part when you appear for U.S. Citizenship and Immigration Services (USCIS).	examination before an asylum officer of the Department of Homeland Security,
all true or in not all true to the best of my knowledge and that c	signing, including the attached documents and supplements, that they are correction(s) numbered to were made by me or at my request, made a frivolous application for asylum I will be permanently ineligible for any not avoid a frivolous finding simply because someone advised me to provide
•	Signed and swom to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Asylum Officer
Part G. To Be Completed at Removal Heaving,	if Applicable
NOTE: You will be asked to complete this Part when you appear be for Immigration Review (EOIR), for a hearing.	fore an immigration judge of the U.S. Department of Justice, Executive Office
I swear (affirm) that I know the contents of this application that I am all true or not all true to the best of my knowledge and that c	n signing, including the attached documents and supplements, that they are correction(s) numbered to were made by me or at my request, made a frivolous application for asylum I will be permanently ineligible for any not avoid a frivolous finding simply because someone advised me to provide
	Signed and swom to before me by the above named applicant on:
Signature of Applicant	Date (mm/dd/yyyy)
Write Your Name in Your Native Alphabet	Signature of Immigration Judge

Supplement A, Form I-589

A-Number (If available)		Date			
Applicant's Name		Applicant's Signature			
List All of Your Children, Regardless of Age or Marital Status [NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)					
Alicn Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group		12. Gender Male Female	
13. Is this child in the U.S.? Yes (Complete Blocks 14 to 21.) No (Specify location):					
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?	19. What is the expiratio authorized stay, if an	n date of his/her ry? <i>(mm/dd/yyyy)</i>	20. Is your child in Yes	Immigration Court proceedings?	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) No					
1. Alien Registration Number (A-Number (if any)	2. Passport/ID Card Number (if any)	Number 3. Marital Status (Married, Sing Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name	6. First Name	7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group		12. Gender Male Female	
13. Is this child in the U.S.? Yes (Complete Blocks 14 to 21.) No (Specify location):					
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number	(If any)	17. Status when last admitted (Visa type, if any)	
18. What is your child's current status? 19. What is the expiration authorized stay, if an authorized stay authorize		n date of his/her ny? (mm/dd/yyyy)	20. Is your child in Yes	n Immigration Court proceedings?	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) No					

Supplement B, Form I-589

Additional Information About Your Claim to A	Date				
A-Number (if available)	Date				
Applicant's Name	Applicant's Signature				
NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed,					
Part					
Question					
·					
	•				
·					
•					