

# COMMUNITY LEGAL SERVICES IN EAST PALO ALTO

#### OARD OF DIRECTORS

ozipo Wobogo, Co-Chair Community Activist ristin Major, Co-Chair Hewlett-Packard Company arl S. Saba, Treasurer Hemming Morse, LLP igene Illovsky, Secretary Morrison & Foerster LLP ny Barker Dropbox, Inc. ctoria Brewster Fisher Broyles, LLP san Jang Google, Inc. hn Kelly BlackStone Discovery aig C. Largent Kilpatrick, Townsend & Stockton mifer Morrill LinkedIn ma Padmanabhan Cisco Systems, Inc. rlos Rosario Finnegan urt Skinner

Sast Palo Alto Planning

lopes & Gray LLP on Wainscoat DLA Piper LLP

tanford Law Student

istine Yoon

Commission

y Steele
Itanford Law School
In Stretch
Tacebook, Inc.
Irew Thomases

July 17, 2015

FILE COPY

#### VIA CERTIFIED MAIL

7009 1680 0001 2321 5333

U.S. Citizenship & Immigration Services Vermont Service Center U-VISA UNIT 75 Lower Welden Street St. Albans, VT 05479

Re: Petition for U Nonimmigrant Status (Form I-918) with Form I-918 Supplement B, Forms I-918, Supplement A, Applications for Advance Permission to Enter as Nonimmigrant (Form I-192), and Form I-765 with Fee Waiver

Principal Applicant:
A#:
Derivative Applicant:
A#:
Derivative Applicant:
A#:

Dear Sir or Madam:

filing a Form I-918 Petition for U Nonimmigrant Status under the Victims of Trafficking and Violence Prevention Act. Enclosed please find evidence to support that she has suffered substantial physical, mental and emotional abuse as the result of having been the victim of domestic violence and false imprisonment; that she possesses information concerning the crime; that she has been helpful to the law enforcement agency investigating the crime; and that the criminal activity occurred in the United States.

Enclosed for filing please find the following documents in support of the application for U nonimmigrant status:

1. Form G-28, Notice of Entry of Appearance of Attorney signed by Applicant;

Principal Applicant
Page 2 of 7

2. Form I-912, fee waiver request for Forms I-192, Form I-765, and biometrics;
<ol> <li>Form I-918, signed by Applicant;</li> <li>Form I-918 Supplement B, signed by Supervising Deputy District Attorney</li> </ol>
Clarissa Hamilton, dated January 26, 2015;
5. Form I-192, signed by Applicant;
6. Form G-28, Notice of Entry of Appearance of Attorney signed by
7. Form I-918, Supplement A, signed by Applicant;
8. Form I-192 for derivative applicant
9. Form I-765 for derivative applicant
10. Two (2) Passport-Style photos for
11. Form G-28. Notice of Entry of Appearance of Attorney signed by Applicant
for DERIVATIVE # 2
12. Form I-918, Supplement A, signed by Applicant;
13. Form I-192 for derivative applicant , signed by
Applicant; and
14. Exhibit List and Exhibits in Support of Petition for U Nonimmigrant Status.
Ms Eligibility for U Nonimmigrant Status
Msmeets the requirements for U nonimmigrant status set forth in
section 101(a)(15)(U) of the Immigration and Nationality Act ("INA" or "Act") because
she is the direct victim of a qualifying crime. As Ms xplains in her
declaration, she was the victim of domestic violence, which occurred throughout the
duration of her relationship with and false imprisonment. See Exhibit
("Exh.") B (Declaration of Ms, On November 20, 2004, Mr.
strangled, injured, and falsely imprisoned Ms. Exh. B. Mr.
assisted the police with the investigation of the crime and received an emergency
protective order. Id.; See also Form I-918 Supplement B, U Nonimmigrant Status
Certification; Exh. C (Mountain View Police Department incident report, dated
November 21, 2004). Ms. suffered injuries, feared for her life, and continues
to suffer the effects of the abuse she suffered. Exh. B.
I. Ms. alifies as a Direct Victim
Pursuant to 8 C.F.R. § 214.14(a)(14), a direct victim is defined as "an alien who
has suffered direct and proximate harm as a result of the commission of qualifying
criminal activity." Ms. uffered direct harm as a result of the physical and
mental abuse she suffered from her ex-partner. Exh. B; Form I-918 Supplement B; Exh. C; Exh. G. (Mental Health Evaluation of Ms
C, DAIL C. (Montal Health Dyaluation of Mis.

Principal Applicant:
Page 3 of 7

#### II. <u>A</u> s the Direct Victim of a Qualifying Crime

The list of qualifying crimes in the statute and federal regulations includes domestic violence and false imprisonment offenses that are in violation of a Federal, State or local criminal law of the United States. INA § 101(a)(15)(U)(iii); 8 C.F.R. § 214.14(a)(9). As reflected in the Form I-918 Supplement B, U Nonimmigrant Status Certification Supervising Deputy District Attorney Clarissa Hamilton certified that Ms.

was the victim of criminal activity involving domestic violence and false imprisonment. See also Exh. B. As domestic violence and false imprisonment are listed among the qualifying crimes in the statute and regulations, M...

was the direct victim of a qualifying crime. INA § 101(a)(15)(U)(iii); 8 C.F.R. § 214.14(a)(9).

Lastly, the qualifying criminal activity took place in Mountain View, California and, therefore, the eligibility requirement that the activity had to have occurred in the United States has been satisfied. 8 C.F.R. § 214.14(b)(4).

III. Ms Ssessed Information Concerning the Criminal Activity and Was Helpful in its Investigation and Prosecution.

To qualify for U Nonimmigrant Status, the direct victim must have possessed information concerning the criminal activity and have been helpful to a certifying agency in the investigation or prosecution of the qualifying criminal activity upon which his or her petition is based. INA § 101(a)(15)(U)(i)(II)-(III); 8 C.F.R. § 214.14(b)(2)-(3). The law enforcement certification (Form I-918, Supplement B), signed by Supervising Deputy District Attorney Clarissa Hamilton, confirms that Ms sssessed information concerning the criminal activity and was helpful in the investigation. See Form I-918, Supplement B; see also 8 C.F.R. § 214.14(a)(12); Exh. B; Exh. C.

Furthermore, in her sworn declaration, Ms \_\_\_\_\_describes how she assisted the Mountain View Police Department,

At 2:33pm, before going to work, I called the police. They came and I told them what happened. I was afraid to make a report. I did not want David to get angry and become violent. I did not want to press charges, but the police told me about my rights.

The police helped me obtain an Emergency Protective Order. I allowed the police to take pictures of my injuries. I answered all their questions. I could not tell the police where David was because he is a day laborer and does not have a steady work location. The police dropped me off at work.

Exh. B.

In the Mountain View Police Department's Incident Report, Officer Renegar explains how Ms

provided a detailed statement about the crite and allowed the officers to take pictures of her injuries. Exh. C. Ms.

rully cooperated,

Principal Applicant: Page 4 of 7
to the best of her ability, with officers at the scene of the crime, providing the details she could to help in the investigation of the crime of which her petition is based. Exh. B; Exh. C; Form I-918, Supplement B. Ms remains willing to assist law enforcement.
IV. Ms. Suffered from Substantial Abuse
The victim must also have suffered substantial physical or mental abuse because of the qualifying criminal activity. INA § 101(a)(15)(U)(i)(I); 8 C.F.R. § 214.14(b)(1). "Physical or mental abuse means injury or harm to the victim's physical person, or harm to or impairment of the emotional or psychological soundness of the victim." 8 C.F.R. § 214.14(a)(8). "Whether abuse is substantial is based on a number of factors, including but not limited to: The nature of the injury inflicted or suffered; the severity of the perpetrator's conduct; the severity of the harm suffered; the duration of the infliction of the harm; and the extent to which there is permanent or serious harm to the appearance, health, or physical or mental soundness of the victim, including aggravation of preexisting conditions." 8 C.F.R. § 214.14(b)(1).
M: entered into a relationship with M after recently arriving to this country in 2002. Exh. B. After N oved in with Mr he became physically and emotionally abusive. Id. As she explains in her declaration,
After moving in with David, I got to see who he really was. When he would drink, he would get violent. He would beat me and yell at me. He blamed me for this treatment. I had not seen this side of him before. I left him once because of this behavior, but he looked for me. He apologized and calmed down for a while. Soon the drinking resumed and so did his violence.
David became jealous. He called me a whore and criticized me sexually. He would say that Ramiro left me and that it was my fault that he had cheated on me. He would call me names and say things to me just like my husband Ramiro had. I used to like dancing, but I stopped going out because of my depression and because it would upset David. David did not like that I worked either.
Ms eturned to Mexico to get away from Mr violence and be with her children in 2004. Exh. B. After being harassed and threatened by the father of her children and her previous abuser, M eturned to the United States. Id. M ontacted her and told her he would change. Id. N ieved him and returned to him in Mountain View, CA. Id. He quickly returned to his previous behavior.
David contacted me when he knew I was back. He promised he would change. I believed him. I was lonely and I still cared about him. I returned to Mountain View, CA and moved back in with him. I started working at a taqueria. David

Principal Applicant: Page 5 of 7

became violent again when he would drink. He would drink on the weekends and sometimes during the week. I tried to avoid him when I knew he would be drinking.

David came home drunk. I told him that I was going to leave him. I began putting on my shoes. David grabbed them and threw them into the closet. He told me I could not leave. As I was walking to the door, David grabbed me by the ankles. He pulled them and I fell to the floor.

Then David got over me with his knees on the floor, straddling me. He choked me with both his hands. I was able to push him off of me. I sat on the bed and cried. I was terrified. I was afraid he would do it again. David sat and continued to drink. My neck was swollen and painful.

Again I told him I would be leaving him. He told me that he loved me and that he did not want me to leave. As I started heading for the door, David grabbed me from behind. He grabbed for me for what felt like an eternity. Despite my attempts I could not get out of his hold. This left a bruise on the inside of my arm. I told him repeatedly, "Leave me alone."

Exh. B.

Mr. s abuse. Exh. B. He was deported after being arrested. Id. M. s life was disrupted once more when her daughter died of an accident on July 29, 2011. Id. She returned to Mexico. Id. Her life in Mexico was financially difficult, but it was stable until the Knights Templar cartel threatened her daughter and her family in 2013. Id. Fearing for her life, Ms.

In approximately two years of abuse, Ms. was freed from Mr. was freed from Mr. but it was disrupted once more when her daughter died of an accident on July 29, 2011. Id. She returned to Mexico. Id. Her life in Mexico was financially difficult, but it was stable until the Knights Templar cartel threatened her daughter and her family in 2013. Id. Fearing for her life, Ms.

In a died with her daughter and son to the United States seeking protection.

As the victim of domestic violence, Ms iffered physical abuse, and, the effects of the psychological and emotional abuse suffered by Ms have been dramatic, pronounced, and enduring. Exh. B; see also Exh. D; Exh. H.

#### Ms. \_\_\_\_ s Eligibility for a Waiver Under INA §212(d)(14)

Although Ms. A ully entered the United States without inspection in 2002, lived in the United States for over a year, then left the United States, then reentered unlawfully for periods over a year twice, was apprehended once and returned to Mexico, and therefore may be inadmissible, including under INA

Page 6 of 7
§212(a)(6)(A), § 212(a)(7)(A), § 212(a)(9)(B), and § 212(a)(9)(C), she is eligible for a waiver under INA § 212(d)(14). She warrants such a waiver in the exercise of discretion
Ms does not have any criminal convictions. Ms as a teenage daughter and son who are solely dependent on her and has shown herself to be a hard-working, dedicated mother who is overcoming years of abuse. Exh. E (Birth Certificate o:). Ms
Msfinds herself unable to go back to the relative sense of safety she previously took for granted. Since the crime, she does not want to meet another man and be in a relationship. She says nothing makes her happy now.
Her past traumas have resurfaced since her most recent partner became physically violent with her.
Ms. \suffers from PTSD and depression.
Exh. G.
In addition, Ms requires additional counseling to recover from the years of abuse she endured as a victim of domestic violence; thus, it is important that she remain in the United States, a country in which domestic violence therapy is accessible and affordable, so that she can receive this much needed treatment in the future. In addition, Ms's children would suffer extreme hardship if she were not allowed to remain in the United States, as she is their financial and emotional support. Exh. B.
Furthermore, Ms. r and her children's lives are at risk if she is returned to Mexico as the ruthless Knights Templar cartel has threated to harm them for refusing to become an informant for them. Exh. B.; Exh. H (United States Department of State, Mexico 2014 Human Rights Report). It is in the national and public interest to grant this waiver.    Ms
Ms — s Eligibility for a Waiver Under INA §212(d)(14)
Although Ms ought protection at the border without prior authorization and her parole has expired, and therefore may be inadmissible, including under INA § 212(a)(7)(A) and § 212(a)(9)(B), she is eligible for a waiver under INA § 212(d)(14). She warrants such a waiver in the exercise of discretion.
Ms. sonly fifteen years old. She is solely dependent on her mother Ms. remain in the United States, where trauma counseling is accessible and affordable, so that she can receive treatment in the future. Here she is able to continue her schooling without fear of being kidnapped. It is in the national and public interest to grant this waiver.

Principal Applicant:

Principal Applicant: Page 7 of 7
, DEPLATILE #2
Mr. s Eligibility for a Waiver Under INA §212(d)(14)
Although Mrl'sought protection at the border without prior authorization, and received a removal order, and therefore may be inadmissible, including under INA § 212(a)(7)(A) and § 212(a)(9)(B), he is eligible for a waiver under INA § 212(d)(14). He warrants such a waiver in the exercise of discretion.
Mr is only nineteen years old. While he works with his brother at a car shop, he is still largely dependent on his mothen that Mr. If or support. He has no criminal convictions. It is important that Mr. If we allowed to enter the United States so that he can be reunited with his mother and sister who he has been separated from for so long. If is required to stay in Mexico he will continue to live in fear that the Knights Templar cartel will kill him because his sister refused to work for them. Organized criminal groups in Mexico are killing and displacing people with impunity. In the United States, Mr can be formally trained as a mechanic and work without fear for his life. It is in the national and public interest to grant this waiver.
For all the above reasons, Mr respectfully requests that her petition for a U nonimmigrant status be approved, and that her and her children be granted a waiver under INA §212(d)(14). It is in the national and public interest to grant these waivers.
Thank you for your assistance in this matter. If additional information is needed, please do not hesitate to contact me at (650) 391-0343.
Sincerely,  Kaitlin Kalna Darwal  Community Legal Services in East Palo Alto
Enclosures
cc: Ms

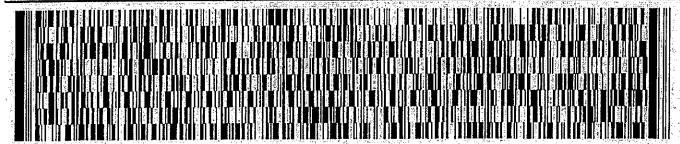


# Notice of Entry of Appearance as Attorney or Accredited Representative

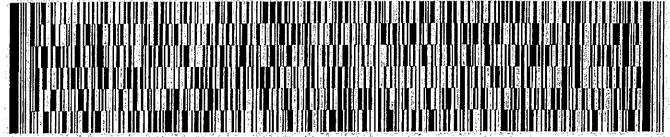
Department of Homeland Security

DHS Form G-28 OMB No. 1615-0105 Expires 03/31/2018

\$560 cts	rt 1. Informa credited Repr	tion About Attorney or esentative	<ul> <li>E 3000000000000000000000000000000000000</li></ul>	2: "Notice of A edited Represe	ppearance as Attorney or entative
1,	USCIS ELIS A ►[	ccount Number (If any)	] (Select	only one box):	o immigration matters before
Re. 2.a. 2.b. 2.c. 3.a. 3.b. 3.c.	Family Name (Last Name) Given Name (First Name) Middle Name Street Number and Name Apt. Ste	Kalna Darwal  Kaitlin  2117 University Avenue  Fir. B  East Ralo Alto	2.ia. [ 2.ib. L 2.ib. L 3.a. [ 3.b. L	CBP  Ist the specific ma	The state of the s
3.d. 3.f. 3.g.	State CA Province Postal Code	3.e. ZIP Code 94303	4. S	elect only one box Applicant	Petitioner Requestor
3.h.	Country		TOTAL TOTAL PROPERTY.	nation About A sstor, or Respo	Applicant, Petitioner,
4.	Daytime Teleph 6503266440	one Number	5.a. F.	amily Name ast Name)	
5.	Fax Number 8666885204		q	iven Name irst i\ iddle Name	
6.	E-Mail Address kaitlin@cls	was a supplied to the supplied	6 N	ame of Company	or Organization (if applicable)
7.	Mobile Telepho	ne Number <i>(if any)</i>			



#### Part 2. Notice of Appearance as Attorney or Part 3. Eligibility Information for Attorney or Accredited Representative (continued) Accredited Representative Information About Applicant, Petitioner, Select all applicable items. Requestor, or Respondent (continued) 1,a. |X| I am an attorney eligible to practice law in, and a member in good standing of the bar of the highest USCIS ELIS Account Number (if any) courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.) Alien Registration Number (A-Number) or Receipt Number Licensing Authority California Daytime Telephone Number 1.b. Bar Number (if applicable) 260273 Mobile Telephone Number (if any) 10. 1.c. Name of Law Firm CLSEPA E-Mail Address (if any) 11. 1.d. I (choose one) X am not am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise Mailing Address of Applicant, Petitioner, restricting me in the practice of law. If you are subject to Requestor, or Respondent any orders, explain in the space below. (If you need NOTE: Provide the mailing address of the applicant, petitioner, additional space, use Part 6.) requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in 2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social these spaces. service, or similar organization established in the 12.a. Street Number 2117 University Avenue United States, so recognized by the Department of and Name Justice, Board of Immigration Appeals, in accordance 12.b. Apt. Ste. X Flr. B with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation. 12.c. City of Town East Palo Alto 2.b. Name of Recognized Organization 12.e. ZIP Code 94303 12.d. State CA 2.c. Date accreditation expires 12.f. Province (mm/dd/yyyy) 12.g. Postal Code 12.h. Country USA



## Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with

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.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292-1(a)(2)(iy).
- 4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

#### Consent to Representation and Release of Information

 I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1, of this form. According to the Privacy Act of 1974 and DHS policy, I also 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.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a I request DHS send any notice (including Form I=94)
  on an application, petition, or request to the business
  address of my attorney of record or accredited
  representative as listed in this form. I understand that
  I may change this election at any future date through
  written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.
- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent
- 3.b. Date of Signature (mm/dd/yyyy) ▶ 07-12-

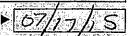
## Part 5. Signature of Attorney or Accredited Representative

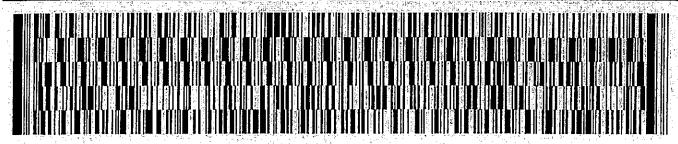
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true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

1. Signature of Attorney of Accredited Representative

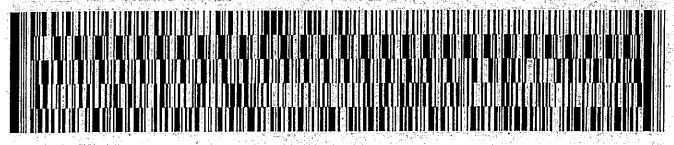
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶





Part 6. Additional	Inform	ation	
Use the space below to pertaining to Part 3., Iter	ovide ad n Numbe	ditional inf ers 1.a 1.	ormation d.
	* · ·		
		<u> </u>	
		areženia i er	
A STATE OF THE STA			
	1, 2		The second secon
	1.1 Sec. 12.	a de la composición del composición de la compos	
	<u> </u>		
	. 2.3 %		
		an anna ann an an an an an an an an an a	
		ji a swita Ngjaransa	
2 (2 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1			
State State		•	
		•	
	jidd tox		
	1		
V. 220 - 100			
	William F.		
	- : - :	1 X 2	<u>de jagos la filipia la</u>
	,		en de See Arriche
	· V	A Springer	
<u> </u>	a studientas	<u> </u>	



Form G-28 03/04/15 N



## Request for Fee Waiver

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

USCIS Form I-912 OMB No. 1615-0116 Expires 05/31/2015

▶Befor	e you fill out this	s form, please read t	he instructions	S.		FOR USCIS USE ONLY		
		a About You (Prov or child, provide inf	•			Application Receipted At (check only one box):		
Line 1. a.	Family Name (La	ist Name)				USCIS Field Office    Fee Waiver Approved		
Line 1. b. Given Name (First Name)						Date:		
Line I. c. Middle Initial						Fee Waiver Denied		
Line 2.	Alien Registration	n Number	► A-			Date:		
Line 3.	Date of Birth		(mm/dd/yyy)	v) <b>&gt;</b> 03/04/1974		USCIS Service Center		
Line 4.	Marital Status	Never Married	Divorced	Marriage An	nulled	Fee Waiver Approved		
		Married Married	Widow(er)	Legally Sepa	ırated	Date:		
Line 5.	Line 5. Applications and Petitions (Enter the form number(s) of the application(s) and/or petition(s) for which you are requesting a fee waiver.)  Biometrics services fees, where applicable, will be included in the fee waiver request.					Fee Waiver Denied Date:		
Section	2. Additional I	nformation for De	pendent(s)			4,0		
Line 6.	Complete the Tab	le below if applicable.	(If you need more	e space, attach a sep	arate sheet of p	aper.)		
Nε	ame (First, MI, Las	· 1	Number plicable)	Is Individual Included in Fee Waiver Request?	Date of Birt	<u> </u>		
		Α-		X Yes No		Child		
)		À -	_	Yes No	-	Child		
		A-		Yes No				
		A-		Yes No				
		A-		Yes No				
		A-		Yes No				
		A-		Yes No				

Section instruc	***	est (Check any that apply. For additiona	al information, s	ee the form
Line 7. a	D. My household incom	mber of my household is currently receiving a mean e is at or below 150% of the Federal Poverty Guid dship. (Complete Sections 5, 6 and 7.)		,
Section	n 4. Means-Tested Benef	it		
Line 8.	Complete the Table Below	(If you need more space, attach a separate sheet of	of paper.)	
	Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
				Yes No
Section	5. Household Income (1	Provide evidence of monthly income or ot	her support.)	
Line 9.	Other than you, how many of stated income?	thers in your household depend on the	>	2
			(round to	the nearest dollar)
Line 10.	Average monthly wage incor	ne from household members	<b>&gt;</b>	1200
Line 11.		ach month that is not included in Line 14. upport, child support, unemployment, etc.)	<b>&gt;</b>	0
	TOTAL (USCIS will compa	re this amount to Federal Poverty Guidelines)	<b>&gt;</b>	1200

- --- -------

n ~ ~

Section	6. Financial Hardship				
Line 12.	Describe your particular situation. Be sure to include how this situation has caused you to incur costs (and what the costs were) or loss of income that you have experienced (and what that loss was). Complete this section in English; otherwise, provide an accompanying English translation. (If you need more space, attach a separate sheet of paper.)  My family and I have a lot of financial difficulties. I need to support my teenage daughter and son. The father of my children does not help support them. I send money to my son in Mexico. I need to buy my daughter clothing and pay for her school supplies. It is difficult for me to find work because I do not have work authorization. It is very hard every month just to pay our rent. We cannot afford the fees associated with this application.  If you are currently unemployed, you must complete Lines 13 and 14.  Date that you became unemployed  (mm/dd/yyyy) \[ \bigcircless \]  Amount of unemployment compensation (monthly) that you are receiving (enter dollars)				
Line 15.	List your assets and the value of your assets. (If you need more space, attach a separate sheet of paper.)				
	Type of Asset	V	alue (	enter doll:	0 0 0 0 0
	TOTAL Value of Assets				Q

#### Section 6. Financial Hardship (Cont'd)

Line 16. List your average monthly costs, and provide evidence of monthly payments where possible. (If you need more space, attach a separate sheet of paper.)

Type of Cost	Value (Enter Dollars)	Type of Cost	Value (Enter Dollars)
Rent	800	Loan Payment	0
Mortgage	0	Commuting Costs	0
Food	500	Medical	0
Utilities	63	School	100
Child/Elder Care	0	Other Expenses	200
Insurance	0	TOTAL Monthly Costs	1663

#### Section 7. Your Signature and Authorization

Do not sign your Form I-912 until it is complete and you are ready to file.

I take full responsibility for the accuracy of all the information provided, including all supporting documentation. I authorize the release of any information, including the release of my Federal tax returns, that USCIS needs to determine my eligibility.

Each person applying for a fee waiver request must sign Form I-912. This includes individuals identified in Sections 1 and 2 if 14 years of age or older. (If you need more space, attach a separate sheet of paper.)

Line 17.	Your Signature		Date (mm/dd/yyyy) ► 07-13-15
	Printed Name	L	The second secon
Line 17.1.	Additional Signature		Date (mm/dd/yyyy) ► 07-13-15
	Printed Name		
Line 17.2.	Additional Signature		Date $(mm/dd/yyyy) \triangleright 07/17/15$
	Printed Name		
Line 17.3.	Additional Signature		Date (mm/dd/yyyy) ▶
	Printed Name		
Line 17.4.	Additional Signature		Date (mm/dd/yyyy) ▶
	Printed Name		

Section 7. Your Signature and Authorization (continued)					
Line 17.5. Additional Signature	Date (mm/dd/yyyy) ▶				
Printed Name					
Line 17.6. Additional Signature	Date (mm/dd/yyyy) ►				
Printed Name					
Line 17.7. Additional Signature	Date (mm/dd/yyyy) ▶				
Printed Name					

# Form I-918, Petition for U Nonimmigrant Status

START HERE - Please type or print in	black ink.		For USCIS Use Only
Part 1. Information about you	. (Person filing this petiti	on as a victim)	Returned Receipt
Family Name Give	n Name	Middle Name	Date
			Date
Other Names Use (Include maiden name/n	ickname)	<u> </u>	Resubmitted
•			Date
Home Address - Street Number and Name		Apt. 1	No. Date
,			Reloc Sent
City State/Pro	vince	Zip/Postal Code	Date
Californ	nia		Date
Safe Mailing Address (if other than above	) - Street Number and	Name Apt. 1	No. Reloc Rec'd
2117-B University Ave			Date
C/O (in care of):			Date
CLSEPA	······································		U.S. Embassy/Consulate:
City State/Pro	vince	Zip/Postal Code	Validity Dates
East Palo Alto CA		94303	From:
Home Telephone No. Safe Daytime		il Address	То:
(with area code) No. (with are	ea code) (optio	maij	Remarks
A NE CC	No. of Complete National Compl	Candau	
A-No. (if any) U.S. Social S	Security No. (if any)	Gender  Male Fe	male
			Conditional Approval
Marital Status Single Married Divo	rced Widowed		Stamp No.: Date
			Action Block
Date of Birth (mm/dd/yyyy) Country of B	irth		<del></del>
Mexico	Decement No.		
Country of Citizenship  MEXICO	Passport No.		$\neg$
Place of Issuance	Date of Issue (mm/de	d'Annai)	
San Jose, CA United States	11/17/2014	יי אין אין איי	
Place of Last Entry	Date of Last Entry (n	nm/dd/yyyy)	To Be Completed by Attorney or Representative, if any.
San Ysidro, CA	09/23/2014	~ ~ ~ ~ ·	Fill in box if G-28 is attached to
-94 No. (Arrival/Departure Document)	Current Immigration	Status	represent the applicant.  ATTY State License Number
· · · · · · · · · · · · · · · · · · ·	asylum seeker		260273

=								
_					·			
[]	Part 2. Additional information.	Marine Ma						
ci al U	Answers to the questions below require explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA), section 101(a)(15)(U). You must also attach a personal narrative statement describing the criminal activity of which you were the victim. If you are only petitioning for U derivative status for a qualifying family member(s) subsequent to your (the principal petitioner) initial filing, evidence supporting the original petition is not required to be submitted with the new Form I-918.							
aı	ttach additional sheets of paper as needed. And indicate the number of the item that refers formation you provided (example: Part 2, Z)	to your answer. Include the Part and letter						
C	heck either "Yes" or "No" as appropriate	to each of the following questions.						
1.	I am a victim of criminal activity listed in t	he INA at section 101(a)(15)(U).		∑Yes	No			
2.	I have suffered substantial physical or men criminal activity.	tal abuse as a result of having been a victim	of this	Yes	No			
3.	I possess information concerning the crimin	nal activity of which I was a victim.		Yes	No			
4.	I am submitting a certification from a certification.  B, U Nonimmigrant Status Certification.	ying official on Form I-918 Supplement		Yes	No			
5.	The crime of which I am a victim occurred country and military installations) or violate	in the United States including Indian ed the laws of the United States.		Yes	No			
6.	I am under the age of 16 years.			Yes	⊠N₀			
7.	I want an Employment Authorization Docu	ment.		Yes	No			
8.	Have you ever been in immigration proceed	lings?	· · · · · · · · · · · · · · · · · · ·	Yes	No			
	If "Yes," what type of proceedings? (Check all that apply.)  Removal Date Exclusion Date Deportation Date Recission Date Judicial Date (mm/dd/yyyy) (mm/dd/yyyy) (mm/dd/yyyy)							
	See adderdum							
9.	List each date, place of entry and status und this petition.	er which you entered the United States duri	ng the five ye	ears preceding	the filing of			
	Date of Entry (mm/dd/yyyy)	Place of Entry		Status at Ent	iry			
	09/23/2014	San Ysidro, CA	parole					

Part 2. Additional informa	tion. (Continued.	)			
<ol> <li>If you are outside the United Sta Type of Office (Check one):</li> <li>Office Address (City)</li> </ol>		e or inspection facility you want in the re-flight inspection Port of I U.S. State or Foreign Con	Entry	this petition i	s approved.
Office Fiduless (Oily)			<u> </u>	<u>,</u>	
Safe Foreign Address Where Yo	ou Want Notification Sent -	Street Number and Name			Apt. N
			····		
City	State/Province	Country	······································	Zip/Pos	tal Code
Part 3. Processing information	tion.	41.1.4			
ease answer the following question lestions, if applicable, even if your attorney, told you that you no long animmigrant status.)  Have you EVER:	records were sealed or other	erwise cleared or if anyone, inclu	iding a jud	ge, law enfor-	cement offic
Have you by tak.					
a. Committed a crime or offense	for which you have not bee	en arrested?		Yes	$\times$ No
<ul><li>a. Committed a crime or offense</li><li>b. Been arrested, cited or detained INS and military officers) for</li></ul>	ed by any law enforcement			Yes Yes	No No
b. Been arrested, cited or detained	ed by any law enforcement any reason?			<del></del>	
b. Been arrested, cited or detained INS and military officers) for	ed by any law enforcement any reason? g any crime or offense?	officer (including DHS, former		Yes	∏N₀
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or</li> </ul>	ed by any law enforcement of any reason? g any crime or offense? offense (even if violation we sentencing or a rehabilitative	officer (including DHS, former ras subsequently expunged or re program (for example: diversic	on,	Yes	□No No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or a pardoned)?</li> <li>e. Been placed in an alternative state.</li> </ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative adjudication, deferred adjudication, deferred adjudication)	officer (including DHS, former as subsequently expunged or e program (for example: diversion dication)?	on,	Yes Yes Yes	No No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or pardoned)?</li> <li>e. Been placed in an alternative statement of deferred prosecution, withheld</li> </ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative adjudication, deferred adjudication, deferred adjudication)	officer (including DHS, former as subsequently expunged or e program (for example: diversion dication)?	on,	Yes Yes Yes Yes	No No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or pardoned)?</li> <li>e. Been placed in an alternative sideferred prosecution, withheld</li> <li>f. Received a suspended sentence</li> </ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative diadjudication, deferred adjude, been placed on probation	officer (including DHS, former as subsequently expunged or re program (for example: diversion dication)?	on,	Yes Yes Yes Yes Yes	No No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or a pardoned)?</li> <li>e. Been placed in an alternative of deferred prosecution, withheld</li> <li>f. Received a suspended sentence</li> <li>g. Been in jail or prison?</li> <li>h. Been the beneficiary of a pard</li> </ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative diadjudication, deferred adjude, been placed on probation don, amnesty, rehabilitation,	officer (including DHS, former  ras subsequently expunged or  re program (for example: diversic adication)?  or been paroled?  , or other act of clemency or		Yes Yes Yes Yes Yes Yes Yes	No   No   No   No   No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or pardoned)?</li> <li>e. Been placed in an alternative statement of the partoned of the prosecution, withheld</li> <li>f. Received a suspended sentence</li> <li>g. Been in jail or prison?</li> <li>h. Been the beneficiary of a partonic similar action?</li> </ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative diadjudication, deferred adjudication, deferred adjudication, ammesty, rehabilitation, by to avoid prosecution for a the above questions, complete the above questions, complete and reasons.	officer (including DHS, former as subsequently expunged or re program (for example: diversion dication)?  or been paroled?  or other act of clemency or criminal offense in the United S	tates?	Yes Yes Yes Yes Yes Yes Yes Yes	No   No   No   No   No   No   No   No
<ul> <li>b. Been arrested, cited or detained INS and military officers) for</li> <li>c. Been charged with committing</li> <li>d. Been convicted of a crime or a pardoned)?</li> <li>e. Been placed in an alternative of deferred prosecution, withheld</li> <li>f. Received a suspended sentence</li> <li>g. Been in jail or prison?</li> <li>h. Been the beneficiary of a pard similar action?</li> <li>i. Exercised diplomatic immunity</li> <li>If you answered "Yes" to any of the process of the</li></ul>	ed by any law enforcement of any reason?  g any crime or offense?  offense (even if violation we sentencing or a rehabilitative diadjudication, deferred adjudication, deferred adjudication, ammesty, rehabilitation, by to avoid prosecution for a the above questions, complete the above questions, complete and reasons.	officer (including DHS, former as subsequently expunged or re program (for example: diversion dication)?  or been paroled?  or other act of clemency or criminal offense in the United S	tates? eed more sp Out (c.g., n	Yes Yes Yes Yes Yes Yes Yes Yes	No No No No No No No No No charate

_			
P	art 3. Processing information. (Continued.)		<del></del>
	Have you ever received public assistance in the United States from any source, including the U.S. government or any State, county, city or other municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?	Yes	Мо
3	Have you:		
	a. Engaged in prostitution or procurement of prostitution or do you intend to engage in prostitution or procurement of prostitution?	Yes	No
	b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	No
	c. Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes	No
;	d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes	No
	Have you ever committed, planned or prepared, participated in, threatened to, attempted to, or conspired information for, solicited funds for any of the following:	i to commit, g	athered
	a. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	∑No
]	b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
(	. Assassination?	Yes	∑No
(	1. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	No
e	The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	⊠No
	ave you ever been a member of, solicited money or members for, provided support for, attended milita		
а	. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	×Νο
b	. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:	Yes	No
e	. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	N₀
d	Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
e.	Assassination?	Yes	N₀
f.	The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	N₀

1 4	art 3. Processing information. (Continued.)		
	g. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	No
	h. Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	No
. I	Do you intend to engage in the United States in:		
1	a. Espionage?	Yes	No
1	b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?	Yes	No
•	c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	Yes	No
	Have you ever been or do you continue to be a member of the Communist or other totalitarian earty, except when membership was involuntary?	Yes	Nο
L	lave you, during the period of March 23, 1933 to May 8, 1945, in association with either the	Yes	No
N N	lazi Government of Germany or any organization or government associated or allied with the lazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?		
N P S	lazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular	nvolved:	
N p se	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?	nvolved:	⊠νο
N P S	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  [ave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it	Г	∑No ∑No
N P so H	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  [ave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it. Torture or genocide?	Yes	⊠No ⊠No ⊠No
M p s b c	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  Nave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it. Torture or genocide?  N. Killing, beating, or injuring any person?  Displacing or moving any persons from their residence by force, threat of force, compulsion,	Yes Yes	E-71
N N p s d	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  Nave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it. Torture or genocide?  N. Killing, beating, or injuring any person?  Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?  Engaging in any kind of sexual contact or relations with any person who was being subjected	Yes Yes Yes	N₀
P so the second of the second	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  Nave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it. Torture or genocide?  N. Killing, beating, or injuring any person?  Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?  Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?	Yes Yes Yes Yes	N₀
N P P P P P P P P P P P P P P P P P P P	Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the ersecution of any person because of race, religion, nationality, membership in a particular ocial group or political opinion?  Nave you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that it. Torture or genocide?  National Killing, beating, or injuring any person?  Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?  Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?  Limiting or denying any person's ability to exercise religious beliefs?  The persecution of any person because of race, religion, national origin, membership in a	Yes Yes Yes Yes Yes	No.

	***************************************	
Part 3. Processing information. (Continued.)		
11. Have you EVER been present or nearby when any person was:		
a. Intentionally killed, tortured, beaten, or injured?	Yes	No
b. Displaced or moved from his or her residence by force, compulsion or duress?	Yes	No
c. In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	No
If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.		
12. Have you (or has any member of your family) EVER served in, been a member of, or been involved in	ı any way with	:
a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	Yes	No
b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners?	Yes	No
c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon?	Yes	No
If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.		
3. Have your EVER received any type of military, paramilitary or weapons training? (If you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.)	Yes	No
4. a. Are removal, exclusion, rescission or deportation proceedings pending against you?	Yes	No
b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against you?	Yes	No
c. Have you EVER been removed, excluded or deported from the United States?	Yes	No
d. Have you EVER been ordered to be removed, excluded or deported from the United States?	Yes	No
e. Have you EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a separate sheet of paper.)	Yes	No
f. Have you EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	No
15. Are you under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes	N₀
16. Have you ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?	Yes	No
17. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	No

Part 3. Processing info	ormation. (Co	ontinued.)					
B. Have you ever been a J no residence requirement and	Yes	No					
Have you ever detained, r United States citizenship,	Yes	×ν					
Do you plan to practice po	olygamy in the United S	States?		Yes	No		
. Have you entered the Unit	ted States as a stowawa	y?		Yes	×Νο		
behavior that is likely	ou had a physical or me	ental disorder and behavior (o h the disorder which has pose		Yes Yes	⊠ No		
c. Are you now or have yo	ou been a drug abuser o	r drug addict?		Yes	⊠No		
art 4. Information ab	out spouse and/or	children.					
Spouse Family Name	Give	n Name	Middle Name	<b>\</b>			
Date of Birth (mm/dd/yyyy	Country of Birth	Relationship	Current Locat	tion	<del> </del>		
	Mexico	Spouse	Mexico				
	J L			outend			
Children							
Family Name	Give	n Name	Middle Name	<u></u>			
		D 1 11	Guadalupe				
Date of Birth (mm/dd/yyyy,	3	Relationship	Current Locat	<del></del>	10.4		
3	Mexico	Child	Sunnyvale	CA L	JSA		
Family Name	Give	n Name	Middle Name				
Date of Birth (mm/dd/yyyy) Country of Birth Relationship Current Location							
Date of Birth (mm/dd/yyyy)	Country of Birth  Mexico	Relationship		Michoacan N	T *		

Part 5. Filing on behalf of fami	ly members.		
	fying family member(s). (If "Yes," complete of B, for each family member for whom you are		Yes No
Part 6. Attestation, release and si	ignature. (Read information on penalties i	n the instruction	s before completing this
	laws of the United States of America, that the ot withheld any information that would affect		
Signature	D	ate (mm/dd/yyyy)	)
	e	07-13-	15
eligible for the benefit sought and this petiti	is form or fail to submit required documents lion will be denied.  aring form, if other than above. (Sig	***************************************	
	request of the above person, and it is based on information that would affect the outcome of		of which I have knowledge.
Attorney or Representative: In the event	of a Request for Evidence, may USCIS conta	ct you by Fax or	E-Mail? Yes No
Preparer's Signature	Da	ate (mm/dd/yyyy)	
W 1/2		07/17/2	2015
Preparer's Printed Name	Preparer's Firm Name (if appli	' /	
Kaitlin Kalna Darwal	Community Legal Services	In East Palo A	lto - Immigration
Preparer's Address			
2117 University Avenue	East Palo Alto	CA	94303
Daytime Phone Number (with area code)	Fax Number (if any)	E-Mail Addres	ss (if any)
650-326-6440	866-688-5204	kaitlin@cls	epa.org

n: I-918, A# \_\_\_\_ age 1)

#### Part 2 8:

Currently in immigration proceedings.

#### Part 3 1b:

When I tried to enter the United States sometime between 2005-2009, I was apprehended by immigration officials. I spent some hours in the custody of immigration officials and then was returned to Mexico.

#### Part 3 1g:

When I tried to enter the United States sometime between 2005-2009, I was apprehended by immigration officials. I spent some hours in the custody of immigration officials and then was returned to Mexico.

#### Part 3 3c:

In September in 2014, I went to the immigration checkpoint with my daughter to ask for asylum.

#### Part 3 11a

I was beaten for many years by my former partners. I was also beaten by my former partner's father.

#### Part 3 14a:

I am currently in removal proceedings.

#### Part 3 14b:

I am currently in removal proceedings.

#### Part 3 14ct

When I tried to enter the United States sometime between 2005-2009, I was apprehended by immigration officials. I spent some hours in the custody of immigration officials and then was returned to Mexico.

Part 4 1&2: Additional information about spouse and/or children.

Family Name: Relationship: Unild Given Name: Middle Name:

Date of Birth: Country of Birth: Mexico

Current Location: Tuxon, Micherean, Mexico

Family Name

Relationship: Child Given Name. Middle Name: Date of Birth:

Country of Birth: Mexico Current Location: Deceased

## OMB No. 1615-0104; Expires 01/31/2016 Form I-918 Supplement B, U Nonimmigrant Status Certification

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

START HERE - Please type o			Party of Roy Us	CISTURO DE VARIADA
Part II Victim Informati	on reserve a laboratoria		Returned	Receipt
Family Name	Given Name	Middle Name	Date	
Other Names Used (Include ma	iden name/nickname)		Date	
			Resubmitted	
Date of Birth (mm/dd/yyyy)	G	ender	Date	
04/03/1974		Male Female	Date	
Fire 2. A see ey informati	ON THE WAR AND THE WAR THE PARTY OF THE PART	esperaphical Zall bardan period	Reloc Sent	
Name of Certifying Agency			Date	
Santa Clara County Office	<u></u>		Data	
Name of Certifying Official		Office of Certifying Official	Date	
Brian Welch Classa He		ct Attorney	Reloc Rec'd	
Name of Head of Certifying Age			Date	
Jeffrey F. Rosen, District A			Date	
Agency Address - Street Number	and Name	Suite No.	Remarks	
70 West Hedding Street, W				
City	State/Province	Zip/Postal Code		
San Jose	CA	95110	ľ	
Daytime Phone No. (with area co	ode and/or extension) Fax No	o. (with area code)		
Agency Type				
	State \( \sum \) Loc	al		
Case Status	-			
On-going Compl	eted Other:			
Certifying Agency Category				
Judge Law Enforcen	nent Prosecutor Oth	er;		
Case Number	FBI No. or SID A	lo. (if applicable)		
BB411283				
Parts Criminal Acts		ing the property of		ra deserva de la filia de
1. The applicant is a victim of co		milar to violations of one of	the following Feder	al, State or local
criminal offenses. (Check all	That apply.)  Female Genital Mutilation	on Obstruction of Justic	e Slave	Trada
Abusive Sexual Contact	Hostage	Peonage	Tortur	•
Blackmail	Incest	Perjury	Traffi	
Domestic Violence	Involuntary Servitude	Prostitution	<u>—</u>	rful Criminal Restraint
Extortion	Kidnapping	Rape	<u></u>	ss Tampering
False Imprisonment	Manslaughter	Sexual Assault		d Crime(s)
Felonious Assault	Murder	Sexual Exploitation	<u></u>	(If more space needed,
Attempt to commit any of	Conspiracy to commit an	y Solicitation to comm	L attack	seperate sheet of paper.)
the named crimes	of the named crimes	of the named crimes	<u> </u>	

Ì	art	3. Criminal Acts (con	tinued)	i ji			rent.		en de la companya de La companya de la co
2.		ovide the date(s) on which the (mm/dd/yyyy)	he criminal activity occurred. Date (mm/dd/yyyy)			Date (mm/dd/yyyy)		Date (mm/d	d/yyyy)
	11	1/20/2004							
3.	Lis	st the statutory citation(s) fo	or the criminal activity being i	nves	tig	gated or prosecuted, or that	t was i	nvestigated o	or prosecuted.
	C	A PC 273.5, CA PC 236							
4.		I the criminal activity occur he territories or possessions	in the United States, including of the United States?	g Ind	dia	an country and military ins	tallati	ons, XY	es No
	a.	Did the criminal activity vi	olate a Federal extraterritoria	juri	isd	iction statute?		∐Y€	es No
	b.	If "Yes," provide the statut	lory citation providing the aut	horit	ty.	for extraterritorial jurisdic	tion.		
		n/a		·					
	c.	Where did the criminal act				<del></del>	<del></del>		
		Mountain View, Califo	rnia						
5.		efly describe the criminal ac ach copies of all relevant re	ctivity being investigated and ports and findings.	ог р	ro	secuted and the involveme	nt of t	he individua	I named in Part 1.
	victi one The	m attempted to walk out the door, th knee on the floor on each side of the victim again attempted to leave and	oxicated. The victim attempted to leave e suspect grabbed the victim by her an victim's torso and put his two hands a the suspect came up behind her and grout of the bear hug. The victim attempted to the bear hug.	kies a round abbed	ind d he d h	yanked, causing her to fall onto the or throat and choked her for 2-3 se or in a "bear hug" and held onto he	e floor. T conds. T er for abo	The suspect got he victim pushe out a minute so t	over the victim with d the suspect off of her. hat she was unable to
6.	Prov	vide a description of any kn	own or documented injury to	the v	vic	tim. Attach copies of all r	elevar	it reports and	l findings.
	sw ne cir	relling on both sides ck, hear the end of cular bruise, one-ha	tim consisted of visil s began near the fron the jawbone. Besides alf inch in diameter, c s the center of the br	t o th on t	f l ie :h	her neck and ende swelling on her ne	d on ck, t	the sides he victim	s of her n had a
Pe	irt 4	Macipfulness of the V	(cdin) (Light Ship) I	10.7		polici experimente de la composición d	Egrapi K	Augustis S	
The	vict	im (or parent, guardian or n	ext friend, if the victim is und	ler th	he	age of 16, incompetent or	incapa	citated.):	
1.	Poss	esses information concerning	ng the criminal activity listed	n Pa	arı	t <b>3</b> .		Yes	No
	crim		be helpful in the investigation (Atlach an explanation brief			-		∑Yes	No
			le further assistance in the inv d by the statute of limitation.)					Yes	⊠No
		unreasonably refused to pro e crime detailed above. (Att	vide assistance in a criminal i	nves	stig	gation and/or prosecution		Yes	No

Part 4. Helpfulness of the		
5. Other, please specify.		
statement regarding t	the crime and permitted ncy Protective Order. I	on as possible and provided them with a full I them to photograph her injuries. She Based on the victim's statement and the marks
1. Are any of the victim's family which he or she is a victim?  2. If "Yes," list relative(s) and c	y members believed to have been	n involved in the criminal activity of Yes No
Full Name	Relationship	Involvement
Full Name	Relationship	
Full Name	Relationship	
Full Name	Relationship	
	Relationship	
Part 6: Gertification  am the head of the agency listed in agency to issue U nonimmigrant state the above information is true and the above victim's ability to obtain a certify that if the victim unreasonable	Part 2 or I am the person in the tus certification on behalf of the al noted in Part 1 is or has been d correct to the best of my know visa from the U.S. Citizenship a y refuses to assist in the investig	
Part 6: Certification  am the head of the agency listed in agency to issue U nonimmigrant state the above information is true and the above victim's ability to obtain a	Part 2 or I am the person in the tus certification on behalf of the al noted in Part 1 is or has been d correct to the best of my know visa from the U.S. Citizenship a y refuses to assist in the investigis.	agency who has been specifically designated by the head of the agency. Based upon investigation of the facts, I certify, under a victim of one or more of the crimes listed in Part 3. I certify ledge, and that I have made, and will make no promises regarding and Immigration Services, based upon this certification. I further

# OMB No. 1615-0017; Expires 04/30/2015 I-192, Application for Advance Permission to Enter as Nonimmigrant [Pursuant to Section 212(d)(3)(A)(ii) of the INA]

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

(D. 11)				Fe	ee Stamp
(Read instruct) Type or Print i	ons to the form.) n Black Ink				
			<u> </u>	File No.	A.
I hereby apply to the Secretary o section 212(d)(3)(A)(ii) of the In	f Homeland Security imigration and Natio	for permission to e	nter the United	States tempora	urily under the provisions of
1. Full Name					2. Date of Birth (mm/dd/yyyy)
3. Place of Birth (City-Town, State/	• •		<del></del>		Citizenship/Nationality
Jungapeo 5. Present Address, Telephone Num	Michoacan ber, and E-Mail addres	Mexico	1	MEXICO	
California USA			- <b>/</b>		
6. All addresses at which I have resi	ded during the past 5 y	ears (Use a separate s	heet of paper, if alifornia		√ 10/2014 presen
	•	•	CA	USA	09/25/2014 10/2014
_		Tijuana	Baja California	Mexico	07/2014 09/2014
· · · · · · · · · · · · · · · · · · ·		Tuxpan	Michoacan	Mexico	08/2011 07/2014
7. Desired Port of Entry into the Uni	ted States			8. Means of	l'ransportation
9. Proposed Date of Entry	10. App	roximate Length of Sta	ay in the United	States	
12. I believe that I may be inadmissi i first entered the United States in 2002 In 2004. I left the United States someti officials and returned to Mexico. I enter Parole, and my parole has expired. I cu section 212(a)(7), section 212(a)(9)(B),	without permission, I le ne between 2005-2009, ed the United States aft rrently do not have lawf	off the United States in o I entered the United States erward. I returned to M oul status in the United S	early 2004. I entere stes again during exico in 2011. I er States. Therefore,	ed the United State that time and was itered the United S I may be inadmiss	apprehended by Immigration States on September 23, 2014 on Sible under INA section 212(a)(6).
3. have X have not previou					
on					·
f you are an applicant for T and	i U nonimmigrant :	status, you do not r	ieed to answer	questions 14 t	hrough 17.
. Have you ever been in the United	States for a period of 6	months or more? If ye	es, when, for hov	v long, and in wh	at immigration status?
			<del></del>		
	<u> </u>	···	·	<del></del> -	

15.	Have you ever filed an application or petition for immigration behalf? If yes, list the applications and/or petitions, the filing loc example; denied, approved, pending).	penefits with the U. cations, and descri	S. Government, or habe the outcome of each	as one ever been file ch application/petition	d on your on (for
16.	Have you ever been denied or refused an immigration benefit by (including but not limited to visas)? Describe in detail.	y the U.S. Government	nent, or had a benefit	revoked or terminat	ed
17.	Have you ever, in or outside the United States, been arrested, cit- law or ordinance, excluding minor traffic violations? Describe in an issue.	ed, charged, indict 1 detail. Include all	ed, fined, or imprisor offenses where impa	ned for breaking or v aired driving may ha	iolating any ve been
18.	Applicant's Signature and Certification		, <del>, , , , , , , , , , , , , , , , , , </del>	<del>*</del>	
1	I understand that the information herein contained may be used in other judicial proceeding) hereafter instituted against me.	n any proceedings	(including civil, crin	ninal, immigration, o	r any
]	I certify that the statements above and all attachments hereto are t	true and correct to	the best of my knowl	edge and belief.	
				7-13-15	
	(Signature of Applicant)			(Date)	
I de		e applicant or qual	ified relative/legal gu	ardian of the applica	nt, and it is based on
	(Signature)		(Address)	יייי מש מועדע	(Date) /
		RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED
			i		1

A	d	d	e	n	d	U	m

.,.... (rage 1)

Part 6: Additional Address History:

;A From: 07/01/2009 through 08/01/2011

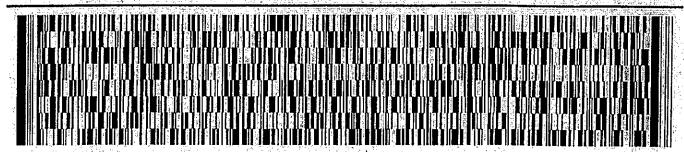


# Notice of Entry of Appearance as Attorney or Accredited Representative

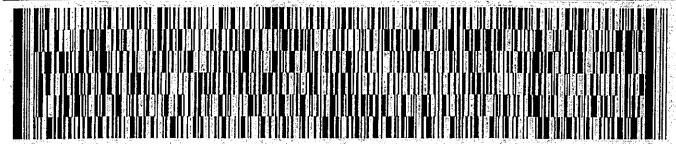
Department of Homeland Security

DHS Form G-28 OMB No. 1615-0105 Expires 03/31/2018

4832.33	rt I. Informa credited Rep	tion About Attorney or resentative	Pa A	art 2. Notice of Appearance as Attorney or ceredited Representative.
1.	USCIS ELIS A	Account Number (if any)		nis appearance relates to immigration matters before elect only one box):
Re	me and Addre	ss: of Attorney or Accredited	1.a.	a.   USCIS  b. List the form numbers  all immigration matters
2.b.	(Last Name) Given Name (First Name) Middle Name	Kalna Darwal Kaitlin	2.a. 2.b.	a. ICE  1. List the specific matter in which appearance is entered
3.a.		2117 University Avenue  X Fir. B	3:a.	CBP  List the specific matter in which appearance is entered
3.e. 3.d. 3.f.	City or Town State CA Province	East Palo Alto  3.e. ZIP Code 94303		nter my appearance as attorney or accredited representative at request of:  Select only one box:  Applicant Petitioner Requestor
	Postal Code Country USA			Respondent (ICE, CBP)  formation About Applicant, Petitioner, Peti
4.	Daytime Teleph	one Number	5.a.	Family Name (Last Name)
5. 6.	Fax Number 8666885204 E-Mail Address	(if any)		(First Name)  Middle Name  Name of Company or Organization (if applicable)
7.	kaitlin@cls Mobile Telepho	sepa.org ne Number <i>(if any)</i>		Si Company of Organization (1) (application)



		of Appearance as Attorney or presentative (continued)	Pa Ac	rt 3. Eligibility Information for Attorney or credited Representative
200000000000000000000000000000000000000	Technical Control of the Control of	out Applicant; Petitioner:	Sele	ct all applicable items.
7. 8.	USCIS ELIS	espondent (continued)  Account Number (if any)  Lion Number (A-Number) or Receipt Number	1.ä.	member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)
			· .	Licensing Authority California
9.	Daytime Teler	phone Number		
			1.b.	Show Miles to the second of th
10.	Mobile Teleph	ione Number (if any)	3 13	260273
			1.c.	
11.	E-Mail Addres	ss (if any)		CISEPA
			1.đ:	I (choose one) 🗵 am not 📗 am
Reg NOT reque	iuestor, or Re E: Provide the estor, or respond	cof Applicant, Pelitioner, espondent mailing address of the applicant, petitioner, lent. If the applicant, petitioner, requestor, ed a safe mailing address on the application,		subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)
petiti these		eing filed with this Form G-28, provide it in	2.a.	qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of
	Apt. Ste.			Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.
12.c.	City or Town	East Palo Alto	2.b.	Name of Recognized Organization
12.d.	State CA	12.e. ZIP Code 94303		
12.f.	Province		2,c.	Date accreditation expires
·,·	Postal Code			(mm/dd/yyyy) ▶
12.h.	Country			
	IIISA			しょかいかい アイマン・イン・イン・グライス 記録 (人) 大教会 大教会



# Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with

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.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2)(iv).
- 4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

### Consent to Representation and Release of Information

 I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also 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.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery:

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a I request DHS send any notice (including Form I-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identify document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identify document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identify document to me directly.
- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent

3.b. Date of Signature (mm/dd/yyyy) ► 6 7 < 12

## Part 5. Signature of Attorney or Accredited Representative

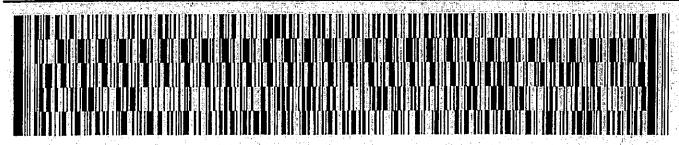
I have read and understand the regulations and conditions contained in 8 GFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true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

1. Signature of Attorney or Accredited Representative

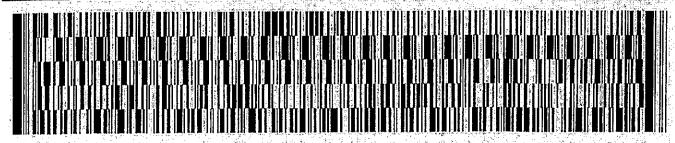
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy)

07/13/15



Part 6	6. Additiona	l Information
Use the pertaini	space below to ng to Part 3., It	provide additional information tem Numbers 1.a 1.d.
,		
2		The state of the s
1.1	HP 1949	
	2 2 425 44	
		— — — — — — — — — — — — — — — — — — —
	* * * * *	
· **		
<u></u>		
10 m		
	286 - 128 - 1	
:		
1)+	The state of the s	こうしゅう 寒さ こうべい あさた いっこうさい こういたい おかがらがため とうじょうかい



Form G-28 03/04/15 N

OMB No. 1615-0104; Expires 01/31/2016

# Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

Date of Birth (mm/dd/pypy)  A-Number (if any)  Date  Date  Date  Date  Date  Date  Reloc Rec'd  Date  Pending Approved  Part 3. Information about your family member (the derivative).  Family Name  Given Name  Middle Name  U.S. Embassy/Consulate:  Validity Dates  From:  To:  To:  Remarks  City State/Province  California  State Mailing Address (if other than above) - Street Number and Name  Apt. No.  2117 - B. University Avenue  CO (in care of):  CLSEPA	START HERE - Please type or print in black ink.	
Date   Date		
Date   Date		Returned Receipt
The family member that I am filing for is my:  Spouse Child Parent Unmarried sibling under 18 years of age  Part 2. Information about you.  Family Name Given Name Middle Name  Date  Date  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  Pending Approved  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  Date  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  Date  Date  Validity Dates  From:  To:  Remarks  Conditional Approval  Status of your Form 1-918, Petition for U Nonimmigrant Status.  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  Validity Dates  From:  To:  Remarks  Conditional Approval  Stamp No:  Date  Action Block		Date
Spouse   Child   Date		Data
Paret 2. Information about you.   Date		
Part 2. Information about you.  Family Name  Given Name  Middle Name  Date  Reloc Sent  Date  Reloc Sent  Date  Reloc Rec'd  Date  Part 3. Information about your family member (the derivative).  Family Name  Given Name  Given Name  Middle Name  U.S. Embassy/Consulate:  Validity Dates  From:  To:  Remarks  Remarks  Conditional Approval  State/Province  Zip/Postal Code  California  Safe Mailing Address (if other than above) - Street Number and Name  Apt. No.  2117 - B. University Avenue  CO (in care of):  CLSEPA		Resubmitted
Family Name  Given Name  Middle Name  Reloc Sent  Date  Reloc Rec'd  Date  Date  Pending Approved  Part 3. Information about your family member (the derivative).  Family Name  Given Name  Middle Name  U.S. Embassy/Consulate:  Validity Dates  From:  To:  Remarks  Reloc Rec'd  Date  Validity Dates  From:  To:  Remarks  Reloc Rec'd  Date  Conditional Approval  State/Province  Zip/Postal Code  California  Safe Mailing Address (if other than above) - Street Number and Name  Apt. No.  2 117 - B. University Avenue  CO (in care of):  CLSEPA	Parent Unmarried sibling under 18 years of age	Date
Date of Birth (mm/dd/pypy)  A-Number (if any)  Status of your Form 1-918, Petition for U Nonimmigrant Status.  Pending Approved  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  U.S. Embassy/Consulate:  Validity Dates  From:  To:  Date Obter Names Used (Include maiden name/nickname)  Pate of Birth (mm/dd/pypy) Country of Birth Country of Citizenship  Mexico MEXICO  Residence or Intended Residence in the U.S Street Number and Name Apt. No.  City State/Province Zip/Postal Code  California  State Mailing Address (if other than above) - Street Number and Name Apt. No.  Stamp No: Date  Action Block  CO (in care of):  CLSEPA	Part 2. Information about you.	Date
Date of Birth (mm/dd/yyyy)  A-Number (if any)  Status of your Form 1-918, Petition for U Nonimmigrant Status.  Pending Approved  Part 3. Information about your family member (the derivative).  Family Name Given Name Middle Name  Other Names Used (Include maiden name/nickname)  Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship  Mexico MEXICO  Residence or Intended Residence in the U.S Street Number and Name Apt. No.  City State/Province Zip/Postal Code  California  Safe Mailing Address (if other than above) - Street Number and Name Apt. No.  2 17 - B University Avenue  CO (in care of):  CLSEPA	Family Name Given Name Middle Name	Reloc Sent
Status of your Form 1-918, Petition for U Nonimmigrant Status.    Pending		Date
Status of your Form 1-918, Petition for U Nonimmigrant Status.    Pending	Date of Birth (mm/dd/yyyy) A-Number (if any)	
Date		Date
Part 3. Information about your family member (the derivative).  Family Name  Given Name  Middle Name  U.S. Embassy/Consulate:  Validity Dates  From:  To:  To:  Mexico  Residence or Intended Residence in the U.S Street Number and Name  Apt. No.  California  Safe Mailing Address (if other than above) - Street Number and Name  Apt. No.  2117 - B. University Avenue  CO (in care of):  CLSEPA	Status of your Form I-918, Petition for U Nonimmigrant Status.	Reloc Rec'd
Family Name  Given Name  Middle Name  U.S. Embassy/Consulate:  Validity Dates From: To:  To:  Remarks  City  State/Province  California  Safe Mailing Address (if other than above) - Street Number and Name  Apt. No.  2117 - B University Avenue  C/O (in care of):  CLSEPA  Middle Name  Middle Name  Middle Name  Validity Dates From: To:  Remarks  Conditional Approval  Stamp No:  Date  Action Block	Pending Approved	Date
Other Names Used (Include maiden name/nickname)  Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship  Mexico  Residence or Intended Residence in the U.S Street Number and Name Apt. No.  City State/Province Zip/Postal Code  California  Safe Mailing Address (if other than above) - Street Number and Name Apt. No.  2117 - B University Avenue  C/O (in care of):  CLSEPA	Part 3. Information about your family member (the derivative).	Date
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship    Mexico   MEXICO	Family Name Middle Name	U.S. Embassy/Consulate:
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship    Mexico   MEXICO		
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship    Mexico   MEXICO	Other Names Used (Include maiden name/nickname)	Validity Dates
Mexico  Residence or Intended Residence in the U.S Street Number and Name  City  State/Province  California  California  Safe Mailing Address (if other than above) - Street Number and Name  Apt. No.  Stamp No.:  Date  Action Block		From:
Residence or Intended Residence in the U.S Street Number and Name Apt. No.  City State/Province Zip/Postal Code  California Conditional Approval  State Mailing Address (if other than above) - Street Number and Name Apt. No.  2117 - B University Avenue  CO (in care of):  CLSEPA	Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship	To:
Residence or Intended Residence in the U.S Street Number and Name Apt. No.  City State/Province Zip/Postal Code  California Conditional Approval  Safe Mailing Address (if other than above) - Street Number and Name Apt. No.  2117 - B University Avenue  CO (in care of):  CLSEPA	Mexico MEXICO	Remarks
City State/Province Zip/Postal Code  California Conditional Approval  Safe Mailing Address (if other than above) - Street Number and Name Apt. No.  2117 - B University Avenue  C/O (in care of):  CLSEPA		
City State/Province Zip/Postal Code  California Conditional Approval  Stamp No.: Date  Action Block  CLSEPA	σ.	
California  California  Conditional Approval  Stamp No.:  Date  Action Block  CLSEPA  Conditional Approval  Stamp No.:  Date  Action Block		
Safe Mailing Address (if other than above) - Street Number and Name Apt. No.  2117 - B. University Avenue  Clo (in care of):  CLSEPA  Stamp No.: Date  Action Block		Conditional Approval
2117-B University Avenue  CLO (in care of):  CLSEPA  Action Block		• •
C/O (in care of):  CLSEPA		
CLSEPA	VIII D CHINCISTY FIVEFILE	Action Block
East Palo Alto California 94303		
A-No. (if any) U.S. Social Security No. (if any) I-94 No. (if any)	A-No. (if any) U.S. Social Security No. (if any) I-94 No. (if any)	
Iome Phone No. (with area code)  Safe Daytime Phone No. (with area code)  To Be Completed by Attorney or Representative, if any.	Home Phone No. (with area code) Safe Daytime Phone No. (with area code)	
Fill in box if G-28 is attached to		Fill in box if G-28 is attached to
farital Status Gender represent the applicant.  ATTY State License Number	Marital Status Gender	
Single Married Male 260273		
Divorced Widowed Female		

art 4. Additional information	n abou	it your fami	ily mem	iber.		
Give the following information abou	t your i	amily member	if he or s	he is currently in	n the United States.	
Place of Last Entry	•	-	Date of Last Entry			
San Ysidro, CA					asylum see	ker
Passport Number		Place of Issua	nce		Date of Issue	(mm/dd/yyyy)
				Þ		
Give the following information abou	· .	· · · · · · · · · · · · · · · · · · ·	if he or s	he has previousl	y traveled to the Ur	nited States.
Place of Entry	1	•			Immigration Stat	us
		attached.		and dates of term	ination of marriage	. Documents such as
Name of Former Spouse(s)			- 1	Where and Ho	w Marriage Ende	đ
		Ended (minut	uiyyyyi	<u></u>		
					11.	
•	states g	ive the U.S. co	insulate of	r inspection facil	iity you want notifi	ed if this petition is
Type of Office (Check one):	Consul	ate P	re-flight	inspectionH	Port of Entry	
Office Address (City)			<u>U</u>	.S. State or Fore	ign Country	
9,						
Foreign Address Where You Want N	lotifica	tion Sent.				
.\$						
-	_		•		[X]	res No
Removal Date Exclus	ion Da	te $\square$ D	enortation	n Date   F	Recission Date	Judicial Date
لسبيا لشبث		·	_	•		(mm/dd/yyyy)
See addendum						
•	Employ	ment Authoriz	ation Do	cument? (If "Ye	s," 🔀 🗎	es No
	•				•	<u></u>
4 . 0 41 1 1	childre	n. (Attach add	ditional sh	hootte) of naner	if necessary.)	
ist your family member's spouse and	Childi	•		iceits) of puper	• • • • • • • • • • • • • • • • • • • •	
Full Name	Cimur	Date of E	Birth	Country of		Relationship
	· ·	Date of E	Birth			Relationship
	·	Date of E	Birth			Relationship
	Give the following information about Place of Last Entry  San Ysidro, CA  Passport Number  Give the following information about Place of Entry  If your relative was previously married divorce decrees or death certificates in Name of Former Spouse(s)  If your relative is outside the United Sapproved.  Type of Office (Check one):  Office Address (City)  Foreign Address Where You Want Number and Sapproved in Sapproved.  Removal Date Exclusive (mm/diligration)  Removal Date Exclusive (mm/diligration)  Sel Eddled United Sapproved (mm/diligration)  Submit Form I-765, Application for Export family member is living until he or she is lawfully admitted to	Give the following information about your for Place of Last Entry  San Ysidro, CA  Passport Number  Give the following information about your for force of Entry  Place of Entry  Date of (mm/a)  If your relative was previously married, list of divorce decrees or death certificates must be name of Former Spouse(s)  If your relative is outside the United States grapproved.  Type of Office (Check one): Consult Office Address (City)  Foreign Address Where You Want Notificates the your family member ever been in immight "Yes," what type of proceedings? (Check (Check one)): St. Eddlodum  Syour family member requesting an Employment of the process of	Give the following information about your family member Place of Last Entry  San Ysidro, CA  Passport Number  Place of Issua  Give the following information about your family member  Place of Entry  Date of Entry  Place of Entry  Date of Entry  (mm/dd/yyyy)  If your relative was previously married, list names of prior divorce decrees or death certificates must be attached.  Name of Former Spouse(s)  Date Marriag Ended (mm/dd  If your relative is outside the United States give the U.S. co approved.  Type of Office (Check one): Consulate Foreign Address (City)  Foreign Address Where You Want Notification Sent.  4  Has your family member ever been in immigration proceed If "Yes," what type of proceedings? (Check all that apply.)  Removal Date Exclusion Date December of the Consult of the United States of the United States. December 15 If your family member is living outside the United States. December 15 Invited States. December 16 Invited States. December 16 Invited States. December 16 Invited States. December 16 Invited States. December 17 Invited States. December 17 Invited States. December 17 Invited States. December 17 Invited States. December 18 Invited Sta	Give the following information about your family member if he or s  Place of Last Entry  San Ysidro, CA  Passport Number  Place of Issuance  Give the following information about your family member if he or s  Place of Entry  Date of Entry  (mm/dd/yyyy)  Expired  If your relative was previously married, list names of prior spouses a divorce decrees or death certificates must be attached.  Name of Former Spouse(s)  Date Marriage Ended (mm/dd/yyyy)  If your relative is outside the United States give the U.S. consulate or approved.  Type of Office (Check one):  Office Address (City)  Foreign Address Where You Want Notification Sent.  Has your family member ever been in immigration proceedings?  If "Yes," what type of proceedings? (Check all that apply.)  Removal Date  (mm/dd/yyyy)  Sele Exclusion Date  (mm/dd/yyyy)  Syour family member requesting an Employment Authorization Docubrit Form I-765, Application for Employment	Place of Last Entry  San Ysidro, CA  Passport Number  Place of Issuance  Place of Entry  Date of Intry  (mm/dd/yyyy)  Expired (mm/dd/yyyy)  If your relative was previously married, list names of prior spouses and dates of term divorce decrees or death certificates must be attached.  Name of Former Spouse(s)  Date Marriage Ended (mm/dd/yyyy)  Where and Ho  If your relative is outside the United States give the U.S. consulate or inspection facility approved.  Type of Office (Check one):  Office Address (City)  U.S. State or Fore  Foreign Address Where You Want Notification Sent.  4  Has your family member ever been in immigration proceedings?  If "Yes," what type of proceedings? (Check all that apply.)  Removal Date (mm/dd/yyyy)  Removal Date (mm/dd/yyyy)  Removal Date (mm/dd/yyyy)  St addirdum  Exclusion Date (mm/dd/yyyy)  St addirdum  Syour family member requesting an Employment Authorization Document? (If "Yestorm I-765, Application for Employment Authorization Document, separately NOTE: If your family member is living outside the United States, he or she is not elemnated to the United States. Do not file an I-765 for a family member is lawfully admitted to the United States. Do not file an I-765 for a family member is lawfully admitted to the United States.	Give the following information about your family member if he or she is currently in the United States.  Place of Last Entry  Date of Last Entry  Current Imming asylum see  Passport Number  Place of Issuance  Date Officing Immingration State  Expired (mm/dd/pppy)  Immigration State  Expired (mm/dd/pppy)  Where and How Marriage Ended (mm/dd/pppy)  If your relative is outside the United States give the U.S. consulate or inspection facility you want notificate approved.  Type of Office (Check one):  Office Address (City)  U.S. State or Foreign Country  Foreign Address Where You Want Notification Sent.  4  Has your family member ever been in immigration proceedings?  If "Yes," what type of proceedings? (Check all that apply.)  Removal Date  (mm/dd/pppy)  See Adding Urn  Separately.)  NOTE: If your family member requesting an Employment Authorization Document? (If "Yes," who was a special power of the United States, he or she is not eligible to receive empanding the or she is lawfully admitted to the United States. Do not file an 1-765 for a family member living until the or she is lawfully admitted to the United States. Do not file an 1-765 for a family member living until the or she is lawfully admitted to the United States. Do not file an 1-765 for a family member living until the or she is lawfully admitted to the United States. Do not file an 1-765 for a family member living until the or she is lawfully admitted to the United States. Do not file an 1-765 for a family member living until the or she is lawfully admitted to the United States.

Part 4. Additional infor	mation about your	family member. (Continued.)				
following questions, if applicab	ole, even if the records way, told you that your fam	y member. For the purposes of this petity were sealed or otherwise cleared or if any oily member no longer has a record. (Ans inigrant status.)	one, includ	ing a judge, la	aw	
8. Has the family member for v	whom you are filing <b>EV</b>	ER:			<del>" - 1- ""</del>	
a. Committed a crime or of	fense for which he or sh	e has not been arrested?		Yes	⊠No	
	b. Been arrested, cited, or detained by any law enforcement officer (including DHS (former Yes No INS) and military officers) for any reason?					
c. Been charged with comm	itting any crime or offer	nse?		Yes	No	
d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)?					No	
e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)?					No	
f. Received a suspended sentence, been placed on probation, or been paroled?					No	
g. Been in jail or prison?				Yes	No	
h. Been the beneficiary of a similar action?	pardon, amnesty, rehab	ilitation, or other act of clemency or		Yes	No	
i. Exercised diplomatic imm	unity to avoid prosecuti	on for a criminal offense in the United S	tates?	Yes	⊠No	
If the answer is "Yes" to sheet(s) of paper.	any of the above questi	ons, complete the following table. If you	need more	e space, use a	separate	
Why was the family member for whom you are filing arrested, cited, detained or charged?	Date of arrest, citation, detention, charge. (mm/dd/yyyy)	Where was the family member for whom you are filing arrested, cited, detained or charged? (City, State, Country)	(e.g., ne	come or dispo charges filed ed, jail, proba	d, charges	
seeking to enter the US without permission		San Ysidro, CA, United States	Paroled o	n September	25, 2014	
			· · · · · · · · · · · · · · · · · · ·			
	<b>51</b>				SZIV	
States from any source, includ	ling the U.S. governmer	received public assistance in the United at or any State, county, city or other t), or is he or she likely to receive public		Yes	⊠No	

Part 4. Additional information about your family member. (Continued.)		
O. Has the family member for whom you are filing:		
a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution?	Yes	No
b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	, XVC
c. Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes	No
d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes	ΣNο
. Has the family member for whom you are filing ever committed, planned or prepared, participat attempted to, or conspired to commit, gathered information for, solicited funds for any of the fol		
a. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	No
b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
c. Assassination?	Yes	No
d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	No
e. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	No
. Has the family member for whom you are filing ever been a member of, solicited money or mem support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States of, or been associated with an organization that is:	• •	alf
a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Ac	et? Yes	⊠No
b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:	Yes	N₀
1. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	∑ No
2. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
3. Assassination?	Yes	No No

	·	· · · · · · · · · · · · · · · · · · ·
Part 4. Additional information about your family member. (Continued.)		<u>.</u>
4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	$\boxtimes$ 1
5. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	<b>\</b>
6. Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	<u> </u>
3. Does the family member for whom you are filing intend to engage in the United States in:		
a. Espionage?	Yes	X
b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?	Yes	X N
c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	Yes	
4. Has the family member for whom you are filing ever been or does her or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	Yes	M
5. Has the family member for whom you are filing, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?	Yes	N/
6. Has the family member for whom you are filing EVER ordered, committed, assisted, helped with, or oparticipated in any act that involved:	otherwise	Natallian C
a. Torture or genocide?	Yes	N
b. Killing, beating, or injuring any person?	Yes	ММ
c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?	Yes	ММ
d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?	Yes	N
e. Limiting or denying any person's ability to exercise religious beliefs?	Yes	N
f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?	Yes	⊠ No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		

Book 4 Additional information about your family works (C. 1)		
Part 4. Additional information about your family member. (Continued.)	<del> </del>	<del></del>
17. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If the answer is "Yes," describe the circumstances on a separate sheet(s) of paper.)	Yes	⊠No
18. Has the family member for whom you are filing EVER been present or nearby when any person was:		
a. Intentionally killed, tortured, beaten, or injured?	Yes	No
b. Displaced or moved from his or her residence by force, compulsion or duress?	Yes	No
c. In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
19. Has the family member for whom you are filing (or has any member of his or her family) EVER serve or been involved in any way with:	ed in, been a me	mber of,
a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	Yes	No
b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners?	Yes	⊠No
c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon?	Yes	No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
20. Has the family member for whom you are filing EVER received any type of military, paramilitary or weapons training? (If the answer ia "Yes," please describe the circumstances on a separate sheet(s) of paper.)	Yes	⊠Nο
21. a. Are removal, exclusion, rescission or deportation proceedings pending against the family member for whom you are filing?	Yes	□No
b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against the family member for whom you are filing?	Yes	No
c. Has the family member for whom you are filing EVER been removed, excluded or deported from the United States?	Yes	⊠No
d. Has the family member for whom you are filing EVER been ordered to be removed, excluded or deported from the United States?	Yes	N₀

Part 4. Additional information about your family member. (Continued.)		
e. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a seperate sheet of paper.)	Yes	⊠№
f. Has the family member for whom you are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	Nο
22. Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes	⊠№
23. Has the family member for whom you are filing ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?	Yes	Мо
24. Has the family member for whom you are filing ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	⊠ No
25. Has the family member for whom you are filing ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?	Yes	⊠No
26. Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?	Yes	⊠ No
7. Does the family member for whom you are filing plan to practice polygamy in the United States?	Yes	No
8. Have you entered the United States as a stowaway?	Yes	No
9. a. Do you have a communicable disease of public health significance?	Yes	No
b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?	Yes	No
c. Are you now or have you been a drug abuser or drug addict?	Yes	No

Part 5. Attestation, release and si	gnature. (R	tead information on penalties	in the instruction	ons before completing this
I certify, under penalty of perjury under the true and correct. I certify also that I have no				
Signature of Principal (you)		r	Date (mm/dd/yy	(עע
Please Note: Your qualifying family member	er for whom yo	u are filing must sign if he or	she is present i	n the United States.
Signature of Qualifying Family Member	if in the Unite	d States I	ate (mm/dd/yy	אָפָיני)
			07-13	-15
Part 6. Signature of person prepared I declare that I prepared this petition at the relative not knowingly withheld any material	equest of the al	bove person, and it is based on at would affect the outcome o	n all information of this petition.	
Attorney or Representative: In the event of	of a Request for	r Evidence, may USCIS conta	ct you by Fax c	or E-Mail? Yes No
Preparer's Signature		<b>D</b>	ate (mm/dd/yyry	
			07/17	12015
Preparer's Printed Name	Pr	eparer's Firm Name <i>(if appl</i>	icable)	
Kaitlin Kalna Darwal	Co	mmunity Legal Services	in East Palo /	Alto - Immigration
Preparer's Address				
2117 University Avenue		East Palo Alto	CA	94303
Daytime Phone Number (with area code)	Fax Number	(if any)	E-Mail Addr	ess (if any)
650-326-6440	866-688-520	04	kaitlin@cl	sepa.org

A	d	d	G	n	d	u	m

(Page 1)

Part 4 8b:

On September 23, 2014, my daughter, my son and I requested asylum at San Ysidro, CA. She and I were in immigration custody for two days until we were granted parole on September 25, 2014.

Part 4 8g:

On September 23, 2014, my daughter, my son and I requested asylum at San Ysidro, CA. She and I were in immigration custody for two days until we were granted parole on September 25, 2014.

Part 4 21a:

• is currently in removal proceedings.

Part 4 21h:

• is currently in removal proceedings.

# OMB No. 1615-0017; Expires 04/30/2015 I-192, Application for Advance Permission to Enter as Nonimmigrant

Department of Homeland Security U.S. Citizenship and Immigration Services [Pursuant to Section 212(d)(3)(A)(ii) of the INA]

(Read instructions to the form.) Type or Print in Black Ink		Fee Stamp	
L		File No. A	
I hereby apply to the Secretary of Homeland Security for permission to en section 212(d)(3)(A)(ii) of the Immigration and Nationality Act (INA).	ter the United Sta	tes temporarily under	the provisions of
1. Full Name	-	2. Da	nte of Birth (mm/dd/yyyy)
3. Place of Birth (City-Town, State/Province, Country)  Michoacan Mexico		4. Present Citizenship. MEXICO	/Nationality
5. Present Address, Telephone Number, and E-Mail address  CA USA			9
6. All addresses at which I have resided during the past 5 years (Use a separate sh	eet of paper, if nece		10/2014 present
a	CA US	SA .	79/2014 10/2014
Tuxpan	Michoacan Me	exico	01/2007 07/2014
7. Desired Port of Entry into the United States	8	. Means of Transportati	ion
9. Proposed Date of Entry 10. Approximate Length of Star	v in the United State	28	
12. I believe that I may be inadmissible to the United States for the following reason the United States on Parole on September 2 currently do not have lawful status in the United States grounds of inadmissibility.	25, 2014 and	my parole has	•
13. have have not previously filed an application for advance permission	n to enter as a noni	mmigrant	
on, at			•
If you are an applicant for T and U nonimmigrant status, you do not not a second of the second of th	·	g	
		<del></del>	

behalf? If yes, l	filed an application or petitic ist the applications and/or po d, approved, pending).	on for immigration etitions, the filing l	benefits with the U ocations, and descri	S. Government, or he be the outcome of each	as one ever been file ch application/petitio	d on your on (for
						<i>;</i>
; ·						
16. Have you ever to (including but n	peen denied or refused an im ot limited to visas)? Describ	nmigration benefit l oe in detail.	by the U.S. Governs	nent, or had a benefit	revoked or terminat	ed .
17. Have you ever, i law or ordinance an issue.	n or outside the United State, excluding minor traffic vi	es, been arrested, c olations? Describe	ited, charged, indict in detail. Include al	ed, fined, or imprisor offenses where impa	ned for breaking or v tired driving may ha	iolating any ve been
I understand that	gnature and Certification the information herein controlled in the ceeding) hereafter instituted in the ceeding.	ained may be used	in any proceedings	(including civil, crim	ninal, immigration, o	r any
I certify that the s	statements above and all atta	chments hereto are	e true and correct to	the best of my knowl	edge and belief.	
<del></del>					07-13-15	
	(Signature of Appli				(Date)	
(0.7)	Signature of the Applica		Juardian or Family	Member (if Applies	ant is unable to sign	)
I declare that this do	nature and Certification cument was prepared by me hich I have knowledge and/ knowingly withheld any in	e at the request of to or was provided to formation. Commu	me by the above na nity Legal Services is	med nerson in respon	se to the exact quest	nt, and it is based on ions contained on
1			ilversity Avenue lo Alto, CA 94303			0//17/15
./ •	(Signature)		DAVE	(Address)	RET'D TRANS.	(Date)
			RECEIVED	TRANS. IN	OUT OUT	COMPLETED

# OMB No. 1615-0040; Expires 02/28/2018 I-765, Application For Employment Authorization

			· · · · · · · · · · · · · · · · · · ·			
Fran	Fee Stamp		Action	Block	Initial Receipt	Resubmitted
For	·				D-1-	
USC	· •				····	cated
Use	1				Received	Sent
					Com	pleted
☐ App	olication Approved		on Denied - Faile	d to establish:	Approved	Denied
	Authorization/Extension Valid From	☐ Eligibil		Economic necessity under 8 CFR 274a.12(c)(14), (18)	<u> </u>	
	Authorization/Extension Valid To	(a) or (c		and 8 CFR 214.2(f)	A#	
Sub	ject to the following conditions:			☐ Applicant is filing under	section 274a.12_	
I am a	pplying for: Permission to accept employment.  Renewal of my permission to accept		•	st employment authorizatio y of your previous employs	-	on document).
1. F	ull Name		15. Curren	t Immigration Status (Vis	sitor, Student, et	c.)
	'amily Name) (First Name) (Middle	Name)	asylum see			<u> </u>
		<del></del>	16. Eligibili	ity Category. Go to the "V	Who May File I	orm I-765?"
2. O	ther Names Used (include Maiden Name)		section of and num	of the Instructions. In the suber of the eligibility catego ons. For example, (a)(8), (	space below, pla ory you selected	ce the letter
3. U.	S. Mailing Address		112511 4501	ono or on analysis, (a)(a), (	( a ) ( :	20 ) ( )
(S	treet Number and Name) (Apt. N	umber)	15 (2/12/67	THE SECTION OF THE PROPERTY OF		
			category	) Eligibility Category. If (c)(3)(C) in Question 16	above, list your	degree, your
(T	own or City) (State) (ZIP Co	de)	employe	r's name as listed in E-Veri	ify, and your en	aployer's
	California		Client C	Company Identification Nompany Identification Num	nber in the space	a E-veniy a below.
4. Co MEXI	ountry of Citizenship or Nationality CO Mexico		Degree	* -	yer's Name as lis	
	ace of Birth		<del></del>	1 75 77 10 71 1 71		77.17.1
	own or City) (State/Province) (Coun	ıtrv)		er's E-Verify Company Iden Client Company Identific		per or a Valid
Tuxpa		···· ) <i>)</i>	24 ( 0111)	- C.,		
	ate of Birth (mm/dd/yyyy),		18. (c)(26) E	Eligibility Category. If yo	u entered the eli	gibility
			category	(c)(26) in Question 16 abo	ove, please prov	ide the receipt
			number o Notice o	of your H-1B principal spo f Approval for Form I-129.	use's most recer	it Form 1-797
8. M	arital Status ] Married ⊠ Single ☐ Divorced ☐ Wide	owed	2101100		•	
			Applicant's S	Sionature		
	cial Security Number (Include all numbers you have eve ed, if any)	er		er penalty of perjury, that th	ne foregoing is t	orë and
	, a. a., j		correct, Furth	nermore, I authorize the rele	ease of any info	rmation that
10. Al	ien Registration Number (A-Number) or Form I-94 N	umber	U.S. Citizensl	hip and Immigration Servic the benefit I am seeking. I	es needs to dete have read the "	rmine Who May File
	anvi		Form I-765?	" section of the instructions	and have ident	fied the
	T .		appropriate el	igibility category in Quest	ion 16.	
	ive you ever before applied for employment authoriza	tion	Signature .			
Iro	om ÚSCIS?		Date of Signa	iture (mm/dd/yyyy)	07-13-	-15
L	Yes (Complete the following questions.)		Telephone N	umber		
	Which USCIS Office? Dates		Ci	Person Preparing Form, l	If Other Then	Annlicant
	Results (Granted or Denied - attach all documentation)	<del></del>	Signature of	reison riepainig roins, i	i Other Than 7	xppiicant
			applicant and	this document was prepared is based on all information	d by me at the re of which I have	quest of the any
$\times$	No (Proceed to Question 12.)		knowledge.	1/1/0	_	
	te of Last Entry into the U.S., on or about (mm/dd/yyy	<i>r</i> y)	Signature _	KK		
09/25/2			_	ture (mm/dd/yyyy)		2015
	ace of Last Entry into the U.S.		Printed Nam	e Kaitlin Kalna Darw	al ''	···
	sidro, CA			nmunity Legal Services In	East Palo Alto	-
	itus at Last Entry (B-2 Visitor, F-1 Student, No Lawful			nigration 7 University Avenue		
ઠાલ parole	itus, etc.)			t Palo Alto, CA 94303		
ت ا ب ا ب ا						

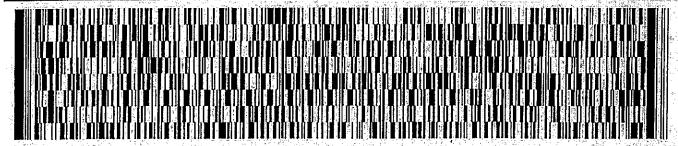


## Notice of Entry of Appearance as Attorney or Accredited Representative

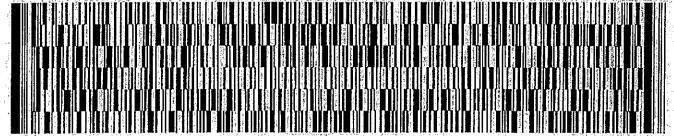
Department of Homeland Security

DHS Form G-28 OMB No. 1615-0105 Expires 03/31/2018

87.527	credited Representative	Accredited Representative
1.	USCIS ELIS Account Number (if any)	This appearance relates to immigration matters before (Select only one box):
eriki mana	The second of the control of the second of t	1.a. 🗵 USCIS
309	me and Address of Attorney or Accredited 🔠 🔻	1.b. List the form numbers
Warrante V	presentative	all immigration matters
2.a.	Family Name (Last Name) Kalna Darwal	2.a.   ICE
2.b.	Given Name (First Name) Kaitlin	2.a IGE     2.b. List the specific matter in which appearance is entered
2.c.	Middle Name	
3.a.	Street Number and Name 2117 University Avenue	3.a. B CBP
3.b.	Apt. Ste. X Fir. B	3.b. List the specific matter in which appearance is entered
3.c.	City or Town East Palo Alto	
3.d.	State CA 3.e. ZIP Code 94303	I enter my appearance as attorney or accredited representative at the request of:
Ďia.	1	4. Select only one box:
3.f.	Province	Applicant Petitioner Requestor
3.g.	Postal Code	Respondent (ICE, CBP)
3.h.	Country	
. *.	USA	Information About Applicant, Petitioner, Factor Requestor, or Respondent
4.	Daytime Telephone Number	
	6503266440	5.a. Family Name (Last Name)
5.	Fax Number	5.b. Given Name ( (First Name)
	8666885204	5.c. Middle Name
6.	E-Mail Address (if any)	6. Name of Company or Organization (if applicable)
	kaitlin@clsepa.org	A THUM A SANIKAM MASSI BARREAM IN APPLICACIO
7.	Mobile Telephone Number (if any)	The second secon



#### Part 2. Notice of Appearance as Attorney or Part 3. Eligibility Information for Attorney or Accredited Representative (continued) Accredited Representative Information About Applicant, Petitioner. Select all applicable items. Requestor, or Respondent (continued). 1.a. X I am an attorney eligible to practice law in, and a member in good standing of the bar of the highest USCIS ELIS Account Number (if any) courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.) 8. Alien Registration Number (A-Number) or Receipt Number. Licensing Authority California Daytime Telephone Number 9. Bar Number (if applicable) 260273 10. Mobile Telephone Number (if any) 1.c. Name of Law Firm CLSEPA 11. E-Mail Address (if any) 1.d. I (choose one) X am not am subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise Mailing Address of Applicant, Petitioner, restricting me in the practice of law. If you are subject to Requestor, or Respondent any orders, explain in the space below. (If you need NOTE: Provide the mailing address of the applicant, petitioner, additional space, use Part 6.) requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in I am an accredited representative of the following 2.a. these spaces. qualified nonprofit religious, charitable, social service, or similar organization established in the 12.a. Street Number 2117 University Ave United States, so recognized by the Department of and Name Justice, Board of Immigration Appeals, in accordance 12.b. Apt. Ste. X Flr. with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation. 12.c. City or Town East Palo Alto 2.b. Name of Recognized Organization 12.d. State CA 12.e. ZIP Code 94303 2.c. Date accreditation expires 12.f. Province (mm/dd/yyyy) 🕨 12.g. Postal Code 12.h. Country ÚŠA



### Part 3. Eligibility Information for Attorney or Accredited Representative (continued)

3. I am associated with

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.

NOTE: If you select this item, also complete Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c. in Part 3. (whichever is appropriate).

- 4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292,1(a)(2)(iv).
- 4.b. Name of Law Student or Law Graduate

Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature

### Consent to Representation and Release of Information

 I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1, of this form. According to the Privacy Act of 1974 and DHS policy, I also 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.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select Item Number 2.a. in Part 4. All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) unless you ask us to send those documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select all applicable boxes below:

- 2.a I request DHS send any notice (including Form 1-94) on an application, petition, or request to the business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b. I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

3.a. Signature of Applicant, Petitioner, Requestor, or Respondent.

3.b. Date of Signature (mm/dd/yyyy))▶

### Part'5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before 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 on Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy)▶

07/17/15



Pari	6. Additiona	l Inform	ation
Use the	ne space below to ning to Part 3., It	provide ad em Numbo	ditional information ers 1.a 1.d.
<del></del>		<del></del>	
	* * *		
	· · · · · · · · · · · · · · · · · · ·		
-			· · · · · · · · · · · · · · · · · · ·
		4 1 1.7	Salar Sa
- ; . ·	240 02	*.	
** .		4.1	
77		r e jogani. Tako distan	
s in a			
	\$	7	
-	Asir (\$1)		3 3 3
	# 3 S. S.		
		ryd fei er ei <u>ar efe fink</u>	
विकास है।			
de la			
		· .	
	* 2	,	
7			



OMB No. 1615-0104: Expires 01/31/2016

## Form I-918 Supplement A, Petition for Qualifying Family Member of U-1 Recipient

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

START HERE - Please type or print in black ink.		
(The recipient of the U-1 nonimmigrant classification is referred to as the "principal."		CIS Use Only
His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is	Returned	Receipt
to be completed by the principal.)  Part 1. Family member(s) relationship to you (the principal).	Date	
The family member that I am filing for is my:	Date	
Spouse Child	Resubmitted	
Parent Unmarried sibling under 18 years of age	Date	
Part 2. Information about you.	Date	í
Family Name Given Name Middle Name	Reloc Sent	
	Date	
Date of Birth (mm/dd/yyyy) A-Number (if any)	Date	
	Date	
Status of your Form I-918, Petition for U Nonimmigrant Status.	Reloc Rec'd	
Pending Approved	Date	
Part 3. Information about your family member (the derivative).	Date	
Family Name Given Name Middle Name	U.S. Embassy/Co	onsulate:
n		
Other Names Used (Include maiden name/nickname)	Validity Dates	
	From:	
Date of Birth (mm/dd/yyyy) Country of Birth Country of Citizenship	To:	
Mexico Mexico	Remarks	
Residence or Intended Residence in the U.S Street Number and Name Apt. No.		
City State/Province Zip/Postal Code		
Sunnyvale CA	Conditional Appr	oval
Safe Mailing Address (if other than above) - Street Number and Name Apt. No.	Stamp No.:	Date
2117-B University Ave	Action Block	
C/O (in care of):		
City State/Province Zip/Postal Code		
East Palo Alto CA 94303		
A-No. (if any) U.S. Social Security No. (if any) 1-94 No. (if any)		
206911792		
Home Phone No. (with area code)  Safe Daytime Phone No. (with area code)		ed by Attorney or ative, if any.
	Fill in box if G-2 represent the app	
Marital Status Gender	ATTY State License	
Single Married Male	260273	
Divorced Widowed Female		

Part 4. Additional information	about your fa	mily mem	ber.					
. Give the following information about your family member if he or she is currently in the United States.								
Place of Last Entry	Date of Las	of Last Entry Current Immigration Status			nigration Status			
San Ysidro, CA				none				
Passport Number	riace of Iss	uance		Date of Issu	Date of Issue (mm/dd/yyyy)			
					1			
Give the following information about your family member if he or she has previously traveled to the United States.								
Place of Entry	Date of Entry (mm/dd/yyyy)	· Im			atus			
San Ysidro, CA				asylum seeke	r			
i								
3. If your relative was previously marrie divorce decrees or death certificates r	nust be attached.		nd dates of term	ination of marria	ge. Documents such as			
Name of Former Spouse(s)	Date Marr Ended (mn	~	Where and Ho	w Marriage End	led			
	Ended (min	iraaryyyy)						
<ol> <li>If your relative is outside the United S approved.</li> <li>Type of Office (Check one):</li> </ol>	Consulate		nspection I		ned it this petition is			
Office Address (City)			S. State or Fore					
Mexico City		l N	lexico					
Foreign Address Where You Want N	otification Sent.							
- Champo 4 /	A			_	Mexico			
i. Has your family member ever been in		edings?	····	Ī	Yes INo			
If "Yes," what type of proceedings?				<u>[2</u>	Z			
Removal Date Exclus	sion Date	Deportation (mm/dd/yyy	L	Recission Date (mm/dd/yyyy)	Judicial Date (mm/dd/yyyy)			
Sec addendum								
Is your family member requesting an I submit Form I-765, Application for E					Yes No			
NOTE: If your family member is livi					mployment authorization			
until he or she is lawfully admitted to								
. List your family member's spouse and	children. (Attach	additional sh	eet(s) of paper	if necessary.)				
Full Name		f Birth d/yyyy)	Country	of Birth	Relationship			
				. —				

Part 4. Additional infor	mation about your	family member. (Continued.)			
following questions, if applicab	le, even if the records w , told you that your fam	y member. For the purposes of this petit ere sealed or otherwise cleared or if anyonly fily member no longer has a record. (Ansingrant status.)	one, includi	ng a judge, l	aw
8. Has the family member for w	vhom you are filing EVI	ER:			
a. Committed a crime or off	fense for which he or she	e has not been arrested?		Yes	No
<ul> <li>b. Been arrested, cited, or de INS) and military officers</li> </ul>		rcement officer (including DHS (former		Yes	No
c. Been charged with comm	itting any crime or offer	ase?		Yes	No
d. Been convicted of a crim- pardoned)?	e or offense (even if vio	lation was subsequently expunged or		Yes	No
e. Been placed in an alternate deferred prosecution, with		bilitative program (for example: diversion rred adjudication)?	on,	Yes	No
f. Received a suspended sent	ence, been placed on pro	obation, or been paroled?		Yes	⊠No
g. Been in jail or prison?				∑Yes	No
h. Been the beneficiary of a similar action?	pardon, amnesty, rehabi	litation, or other act of clemency or		Yes	No
i. Exercised diplomatic imm	unity to avoid prosecuti	on for a criminal offense in the United S	tates?	Yes	No
If the answer is "Yes" to sheet(s) of paper.	any of the above question.	ons, complete the following table. If you	need more	space, use a	separate
Why was the family member	Date of arrest,	Where was the family member for		ome or disp	i
for whom you are filing arrested, cited, detained or charged?	citation, detention, charge. (mm/dd/yyyy)	whom you are filing arrested, cited, detained or charged? (City, State, Country)		charges file d, jail, prob	
recking admission to the US without permission		San Ysidro, CA, United States	detained i	n immigrati	on custody
				* * * * * * * * * * * * * * * * * * *	
States from any source, include	ling the U.S. governmen	received public assistance in the United at or any State, county, city or other t), or is he or she likely to receive public		Yes	No

Part 4. Additional information about your family member. (Continued.)		
10. Has the family member for whom you are filing:		
a. Engaged in prostitution or procurement of prostitution or does he or she intend to engage in prostitution or procurement of prostitution?	Yes	⊠No
b. Ever engaged in any unlawful commercialized vice, including, but not limited to illegal gambling?	Yes	No
c. Ever knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the United States illegally?	Yes	No
d. Ever illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?	Yes	⊠ио
11. Has the family member for whom you are filing ever committed, planned or prepared, participated in, attempted to, or conspired to commit, gathered information for, solicited funds for any of the following	•	
a. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	No
b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	⊠No
c. Assassination?	Yes	No
d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	No
e. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	⊠ No
12. Has the family member for whom you are filing ever been a member of, solicited money or members a support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Cod of, or been associated with an organization that is:		alf
a. Designated as a terrorist organization under section 219 of the Immigration and Nationality Act?	Yes	No
b. Any other group of two or more individuals, whether organized or not, which has engaged in or has a subgroup which has engaged in:	Yes	N₀
1. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle?	Yes	⊠ No
2. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained?	Yes	No
3. Assassination?	Yes	No

Part 4. Additional information about your family member. (Continued.)		
4. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individual or to cause substantial damage to property?	Yes	No
5. The use of any biological agent, chemical agent, or nuclear weapon or device, or explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property?	Yes	No
6. Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	Nο
13. Does the family member for whom you are filing intend to engage in the United States in:		
a. Espionage?	Yes	No
b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control or overthrow of the government of the United States?	Yes	No
c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information?	Yes	Nο
14. Has the family member for whom you are filing ever been or does her or she continue to be a member of the Communist or other totalitarian party, except when membership was involuntary?	Yes	⊠ No
15. Has the family member for whom you are filing, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group or political opinion?	Yes	⊠No
16. Has the family member for whom you are filing EVER ordered, committed, assisted, helped with, o participated in any act that involved:	r otherwise	
a. Torture or genocide?	Yes	No
b. Killing, beating, or injuring any person?	Yes	No
c. Displacing or moving any persons from their residence by force, threat of force, compulsion, or duress?	Yes	No
d. Engaging in any kind of sexual contact or relations with any person who was being subjected to force, threat of force, compulsion, or duress?	Yes	No No
e. Limiting or denying any person's ability to exercise religious beliefs?	Yes	No
f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion?	Yes	∑ No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		

Part 4. Additional information about your family member. (Continued.)		
17. Has the family member for whom you are filing EVER advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? (If the answer is "Yes," describe the circumstances on a separate sheet(s) of paper.)	Yes	⊠No
18. Has the family member for whom you are filing EVER been present or nearby when any person was:		
a. Intentionally killed, tortured, beaten, or injured?	Yes	No
b. Displaced or moved from his or her residence by force, compulsion or duress?	Yes	No
c. In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	×Νο
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
19. Has the family member for whom you are filing (or has any member of his or her family) EVER served or been involved in any way with:	in, been a mer	nber of,
a. Any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?	Yes	No
b. Any prison, jail, prison camp, detention camp, labor camp, or any other situation that involved guarding prisoners?	Yes	No
c. Any group, unit, or organization of any kind in which you or other persons possessed, transported, or used any type of weapon?	Yes	No
If the answer is "Yes," please describe the circumstances on a separate sheet(s) of paper.		
20. Has the family member for whom you are filing EVER received any type of military, paramilitary or weapons training? (If the answer ia "Yes," please describe the circumstances on a separate sheet(s) of paper.)	Yes	⊠No
21. a. Are removal, exclusion, rescission or deportation proceedings pending against the family member for whom you are filing?	Yes	No
b. Have removal, exclusion, rescission or deportation proceedings EVER been initiated against the family member for whom you are filing?	Yes	No
c. Has the family member for whom you are filing EVER been removed, excluded or deported from the United States?	Yes	No
d. Has the family member for whom you are filing EVER been ordered to be removed, excluded or deported from the United States?	Yes	No

Part 4. Additional information about your family member. (Continued.)		
e. Has the family member for whom you are filing EVER been denied a visa or denied admission to the United States? (If a visa was denied, explain why on a seperate sheet of paper.)	Yes	□No
f. Has the family member for whom you are filing EVER been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	⊠No
22. Is the family member for whom you are filing under a final order or civil penalty for violating section 274C (producing and/or using false documentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes	⊠No
23. Has the family member for whom you are filing ever, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a visa or other documentation, for entry into the United States or any immigration benefit?	Yes	⊠ио
24. Has the family member for whom you are filing ever left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	No
25. Has the family member for whom you are filing ever been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?	Yes	⊠No
26. Has the family member for whom you are filing ever detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?	Yes	⊠No
27. Does the family member for whom you are filing plan to practice polygamy in the United States?	Yes	⊠No
28. Have you entered the United States as a stowaway?	Yes	No
29. a. Do you have a communicable disease of public health significance?	Yes	N₀
b. Do you have or have you had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?	Yes	Nο
c. Are you now or have you been a drug abuser or drug addict?	Yes	No

Part 5. Attestation, release and s	ignature. (Read information o	n penalties i	n the instructions befor	re completing this
I certify, under penalty of perjury under the true and correct. I certify also that I have n				
Signature of Principal (you)		D	ate (mm/dd/yyyy)	
			07-13-20	0/5
Please Note: Your qualifying family memb	er for whom you are filing must s	ign if he or s	she is present in the Un	nited States.
Signature of Qualifying Family Member	if in the United States	D:	ate (mm/dd/yyyy)	
			~~~	
Part 6. Signature of person prepared I declare that I prepared this petition at the r I have not knowingly withheld any material	request of the above person, and it information that would affect the	is based on outcome of	all information of whi	_
Attorney or Representative: In the event of	of a Request for Evidence, may U	SCIS contac	et you by Fax or E-Mai	l? ⊠Yes ∐No
Preparer's Signature		Da	te (mm/dd/yyyy)	
			07/17/20.	, S
Preparer's Printed Name	Preparer's Firm Na	me (if applie	cable)	
Kaitlin Kalna Darwal	Community Legal	Services li	n East Palo Alto - In	nmigration
Preparer's Address				
2117 University Avenue	East F	Palo Alto	CA	94303
Daytime Phone Number (with area code)	Fax Number (if any)	101 mm	E-Mail Address (if an	<i></i>
650-326-6440	866-688-5204		kaitlin@clsepa.or	g

orm: I-918-SuppA, A#

(Page 1)

Part 4 8b:

My son requested asylum on October 16, 2014. He was denied parole. He was placed in immigration proceedings. He was ordered removed on January 7, 2015 and returned to Mexico on or around January 15, 2015.

Part 4 8g:

My son requested asylum on October 16, 2014. He was denied parole. He was placed in immigration proceedings. He was ordered removed on January 7, 2015 and returned to Mexico on or around January 15, 2015.

Part 4 21b:

My son 2015. was ordered removed on January 7, 2015 and returned to Mexico on or around January 15,

Part 4 21c:

My son 2015.

b was ordered removed on January 7, 2015 and returned to Mexico on or around January 15,

Part 4 21d:

My son 2015.

was ordered removed on January 7, 2015 and returned to Mexico on or around January 15,

Part 4 21e

My son 2015.

was ordered removed on January 7, 2015 and returned to Mexico on or around January 15,

OMB No. 1615-0017; Expires 04/30/2015

# I-192, Application for Advance Permission to Enter as Nonimmigrant [Pursuant to Section 212(d)(3)(A)(ii) of the INA]

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

Fee Stamp (Read instructions to the form.) Type or Print in Black Ink File No. A-I hereby apply to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii) of the Immigration and Nationality Act (INA). 1. Full Name 2. Date of Birth (mm/dd/yyyy) 3. Place of Birth (City-Town, State/Province, Country) 4. Present Citizensniprisaucty Michoacan Mexico Mexico 5. Present Address, Telephone Number, and E-Mail address Cerrito Colorado Tuxpan Michoacan Mexico 6. All addresses at which I have resided during the past 5 years (Use a separate sheet of paper, if necessary.) Michoacan Mexico 01/2015 present Baja Californal Mexico 07/2014 10/17/2014 n Michoacan Mexico 01/2010 07/2014 7. Desired Port of Entry into the United States 8. Means of Transportation 9. Proposed Date of Entry 10. Approximate Length of Stay in the United States 11. My purpose for entering the United States is: (Explain fully) 12. I believe that I may be inadmissible to the United States for the following reason(s) and no others: I requested asylum at or near San Ysidro on October 16, 2014. I was placed into immigration detention. I received a removal order on 01/7/2015 and returned to Mexico. Therefore, I may be inadmissible based on INA section 212(a)(9)(B) and section 212(a)(9)(A)(i). I ask that USCIS waive all applicable grounds of inadmissibility. have | have not previously filed an application for advance permission to enter as a nonimmigrant If you are an applicant for T and U nonimmigrant status, you do not need to answer questions 14 through 17. 14. Have you ever been in the United States for a period of 6 months or more? If yes, when, for how long, and in what immigration status?

15.	Have you ever filed an application or petition for immig behalf? If yes, list the applications and/or petitions, the example: denied, approved, pending).	gration filing l	benefits with the U locations, and descr	J.S. Government, or libe the outcome of e	nas one ever been file ach application/petiti	ed on your ion (for
	****					
16.	Have you ever been denied or refused an immigration be (including but not limited to visas)? Describe in detail.	enefit	by the U.S. Govern	ment, or had a benefi	t revoked or termina	ted
7.	Have you ever, in or outside the United States, been arre law or ordinance, excluding minor traffic violations? De- an issue.	sted, c	ited, charged, indic in detail, Include al	ted, fined, or impriso l offenses where imp	med for breaking or valued driving may ha	violating any
			,			<del></del>
I	Applicant's Signature and Certification understand that the information herein contained may be ther judicial proceeding) hereafter instituted against me.	e used	in any proceedings	(including civil, crit	ninal, immigration, o	r any
	certify that the statements above and all attachments her		true and correct to	the best of my know	dedge and haliaf	
•	corny that the statements accreding the attachments her	cio arc	tide and correct to	the best of my know	reage and benen.	
	(Signature of Applicant)			<del></del>	07-13-17	
	Signature of the Applicant/Signatur		vandin av Tamila	Manhan (28 Ann 12 -	(Date)	
). ¥	Preparer's Signature and Certification	e or G	dardian or Painily	Wiember (ii Applie	ant is unable to sign	)
de ll i	clare that this document was prepared by me at the reque information of which I have knowledge and/or was provide	ded to	me by the above na	ified relative/legal gu med person in respon n East Palo Alto - Imm	nse to the exact quest	nt, and it is based or ions contained on
	<i>y</i> 1/ - 2	117 Un	nity Legal Services II Iversity Avenue o Alto, CA 94303	i mest halo Milo • IMM	igi ation	07/17/2
-	(Signature)	uoi Fel	0 MILU, DA 34303	(Address)		(Date)
			RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED