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LEGAL SERVICES IN
EAST PALO ALTO

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July 17, 2015

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:

As evidenced by the enclosed Form G-28, my office represents Ms. _____ (_____) in her immigration matters. Ms. _____ is currently 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;

2. Form I-912, fee waiver request for Forms I-192, Form I-765, and biometrics;
3. Form I-918, signed by Applicant;
4. Form I-918 Supplement B, signed by Supervising Deputy District Attorney 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 _____ - DERIVATIVE #1
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

Ms. _____ meets 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. _____ explains 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. Ms. _____ 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. _____ Qualifies 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. _____ suffered 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. _____)

II. Ms. _____ is 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, Ms. _____ 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. _____ Possessed 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. _____ possessed 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 crime and allowed the officers to take pictures of her injuries. Exh. C. Ms. _____ fully cooperated,

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 pre-existing conditions." 8 C.F.R. § 214.14(b)(1).

Ms. _____ entered into a relationship with Mr. _____ after recently arriving to this country in 2002. Exh. B. After Ms. _____ moved 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.

Id.

Ms. _____ returned 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, Mr. _____ returned to the United States. Id. Mr. _____ contacted her and told her he would change. Id. Ms. _____ believed 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

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.

Exh. B.

On November 20, 2004, Mr. _____ strangled, injured and falsely imprisoned Ms. _____. Exh. B; Exh. C. Ms. _____ explains,

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.

After enduring approximately two years of abuse, Ms. _____ was freed from Mr. _____'s abuse. Exh. B. He was deported after being arrested. Id. Ms. _____'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. _____ fled with her daughter and son to the United States seeking protection.

As the victim of domestic violence, Ms. _____ suffered 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. _____ fully 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

§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 of _____). Mr. _____'s therapist, explains:

Ms. _____ finds 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. _____ and her children's lives are at risk if she is returned to Mexico as the ruthless Knights Templar cartel has threatened 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. _____ ^{DERIVATIVE #1} _____ s Eligibility for a Waiver Under INA §212(d)(14)

Although Ms. _____ sought 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. _____ is only fifteen years old. She is solely dependent on her mother Ms. _____ for support. It is important that 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.

DERIVATIVE #2

Mr. _____'s Eligibility for a Waiver Under INA §212(d)(14)

Although Mr. _____ 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 mother _____ for support. He has no criminal convictions. It is important that Mr. _____ be 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

Part 1: Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)

▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2: Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS

1.b. List the form numbers

2.a. ICE

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

3.a. CBP

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

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

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

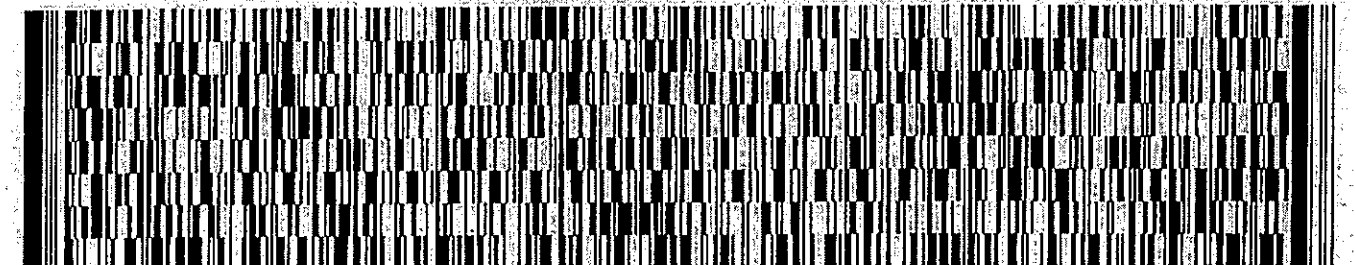
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

- 7. USCIS ELIS Account Number (if any)
▶
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, 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 these spaces.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr. B
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

Licensing Authority

- 1.b. Bar Number (if applicable)

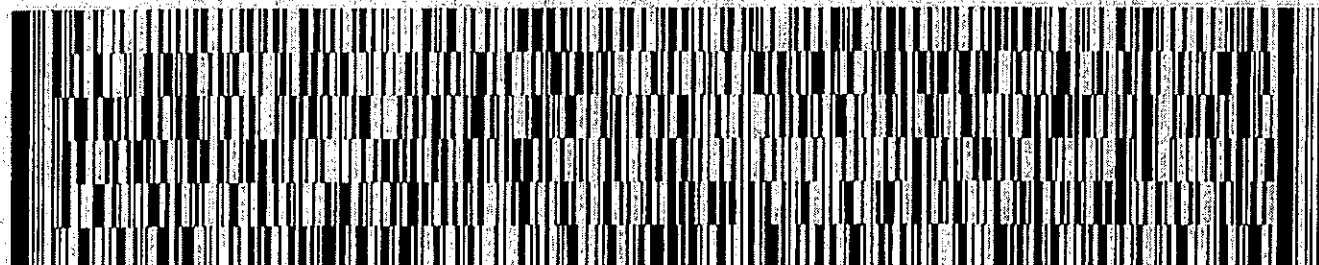
- 1.c. Name of Law Firm

- 1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

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

- 2.b. Name of Recognized Organization

- 2.c. Date accreditation expires (mm/dd/yyyy) ▶



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

1. 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) ▶ 07-13-15

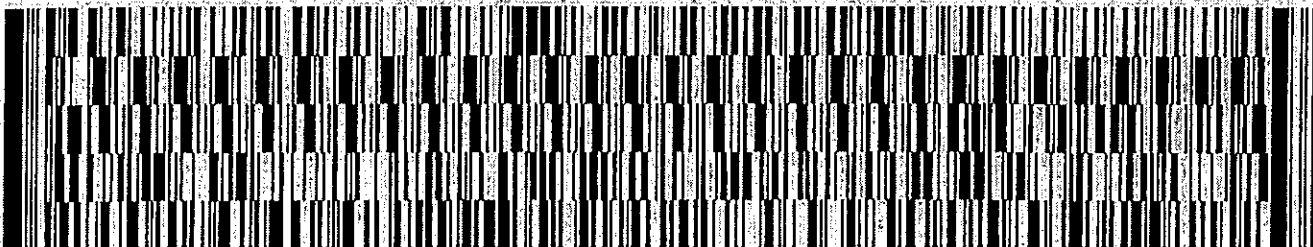
Part 5: Signature of Attorney or Accredited Representative

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 or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 07/17/15





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

► Before you fill out this form, please read the instructions.

Section 1. Information About You *(Provide information about yourself. If you are applying for a minor child, provide information about the minor child.)*

Line 1. a. Family Name (Last Name)

Line 1. b. Given Name (First Name)

Line 1. c. Middle Initial

Line 2. Alien Registration Number ► A-

Line 3. Date of Birth (mm/dd/yyyy) ►

Line 4. Marital Status Never Married Divorced Marriage Annulled
 Married Widow(er) Legally Separated

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.

FOR USCIS USE ONLY

Application Received At
(check only one box):

USCIS Field Office
 Fee Waiver Approved
 Date: _____
 Fee Waiver Denied
 Date: _____

USCIS Service Center
 Fee Waiver Approved
 Date: _____
 Fee Waiver Denied
 Date: _____

Section 2. Additional Information for Dependent(s)

Line 6. Complete the Table below if applicable. *(If you need more space, attach a separate sheet of paper.)*

Name (First, MI, Last)	A-Number (If applicable)	Is Individual Included in Fee Waiver Request?	Date of Birth (mm/dd/yyyy)	Relationship to You
<input type="text"/>	A- <input type="text"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	Child
<input type="text"/>	A- <input type="text"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	Child
<input type="text"/>	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
<input type="text"/>	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
<input type="text"/>	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	
<input type="text"/>	A- <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	

Section 3. Basis for Your Request *(Check any that apply. For additional information, see the form instructions.)*

- Line 7. a. I am or a relevant member of my household is currently receiving a means-tested benefit. *(Complete Sections 4 and 7.)*
- Line 7. b. My household income is at or below 150% of the Federal Poverty Guidelines. *(Complete Sections 5 and 7.)*
- Line 7. c. I have a financial hardship. *(Complete Sections 5, 6 and 7.)*

Section 4. Means-Tested Benefit

Line 8. Complete the Table Below *(If you need more space, attach a separate sheet of paper.)*

Name of Person Receiving the Benefit	Name of Agency Awarding Benefit	Date Benefit Was Awarded	Is This Benefit Being Received Now?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Household Income *(Provide evidence of monthly income or other support.)*

- Line 9. Other than you, how many others in your household depend on the stated income? ▶
- (round to the nearest dollar)*
- Line 10. Average monthly wage income from household members ▶
- Line 11. Enter other money received each month that is not included in Line 14. ▶
(This could include spousal support, child support, unemployment, etc.)
- TOTAL (USCIS will compare this amount to Federal Poverty Guidelines) ▶

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.

Line 13. Date that you became unemployed *(mm/dd/yyyy)* ►

Line 14. 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	Value (enter dollars)
	0
	0
	0
	0
	0
	0
	0
TOTAL Value of Assets	<input type="text" value="0"/>

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

Line 17.1. Additional Signature Date (mm/dd/yyyy) ▶ 07-13-15
 Printed Name

Line 17.2. Additional Signature Date (mm/dd/yyyy) ▶ 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

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

Form I-918, Petition for U Nonimmigrant Status

START HERE - Please type or print in black ink.

Part 1. Information about you. *(Person filing this petition as a victim)*

Family Name: _____ Given Name: _____ Middle Name: _____

Other Names Use (Include maiden name/nickname):

Home Address - Street Number and Name: _____ Apt. No.: _____

City: _____ State/Province: **California** Zip/Postal Code: _____

Safe Mailing Address (if other than above) - Street Number and Name: _____ Apt. No.: _____

2117-B University Ave

C/O (in care of):
CLSEPA

City: **East Palo Alto** State/Province: **CA** Zip/Postal Code: **94303**

Home Telephone No. (with area code): _____ Safe Daytime Phone No. (with area code): _____ E-Mail Address (optional): _____

A-No. (if any): _____ U.S. Social Security No. (if any): _____ Gender: Male Female

Marital Status: Single Married Divorced Widowed

Date of Birth (mm/dd/yyyy): _____ Country of Birth: **Mexico**

Country of Citizenship: **MEXICO** Passport No.: _____

Place of Issuance: **San Jose, CA United States** Date of Issue (mm/dd/yyyy): **11/17/2014**

Place of Last Entry: **San Ysidro, CA** Date of Last Entry (mm/dd/yyyy): **09/23/2014**

I-94 No. (Arrival/Departure Document): _____ Current Immigration Status: **asylum seeker**

For USCIS Use Only	
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U.S. Embassy/Consulate:	
Validity Dates	
From: _____	
To: _____	
Remarks	
Conditional Approval	
Stamp No.: _____ Date: _____	
Action Block	
To Be Completed by Attorney or Representative, if any.	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License Number	
260273	

Part 2. Additional information.

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.

Attach additional sheets of paper as needed. Write your name and Alien Registration Number (A #), if any, at the top of each sheet and indicate the number of the item that refers to your answer. Include the Part and letter or number relating to the additional information you provided (example: Part 2, Z).

Check either "Yes" or "No" as appropriate to each of the following questions.

- 1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U). Yes No

- 2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. Yes No

- 3. I possess information concerning the criminal activity of which I was a victim. Yes No

- 4. I am submitting a certification from a certifying official on Form I-918 Supplement B, U Nonimmigrant Status Certification. Yes No

- 5. The crime of which I am a victim occurred in the United States including Indian country and military installations) or violated the laws of the United States. Yes No

- 6. I am under the age of 16 years. Yes No

- 7. I want an Employment Authorization Document. Yes No

- 8. Have you ever been in immigration proceedings? Yes No

If "Yes," what type of proceedings? (Check all that apply.)

- Removal Date
(mm/dd/yyyy)

see addendum
- Exclusion Date
(mm/dd/yyyy)
- Deportation Date
(mm/dd/yyyy)
- Recission Date
(mm/dd/yyyy)
- Judicial Date
(mm/dd/yyyy)

9. List each date, place of entry and status under which you entered the United States during the five years preceding the filing of this petition.

Date of Entry (mm/dd/yyyy)	Place of Entry	Status at Entry
09/23/2014	San Ysidro, CA	parole

Part 2. Additional information. (Continued.)

10. If you are outside the United States, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): Consulate Pre-flight inspection Port of Entry

Office Address (City) _____ U.S. State or Foreign Country _____

Safe Foreign Address Where You Want Notification Sent - Street Number and Name _____ Apt. No. _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Part 3. Processing information.

Please answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer or attorney, told you that you no longer have a record. (Answering "Yes" does not necessarily mean that you will be denied U nonimmigrant status.)

1. Have you EVER:

- a. Committed a crime or offense for which you have not been arrested? Yes No
- b. Been arrested, cited or detained by any law enforcement officer (including DHS, former INS and military officers) for any reason? Yes No
- c. Been charged with committing any crime or offense? Yes No
- d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
- e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- f. Received a suspended sentence, been placed on probation or been paroled? Yes No
- g. Been in jail or prison? Yes No
- h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

If you answered "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained or charged?	Date of arrest, citation, detention, charge. (mm/dd/yyyy)	Where were you arrested, cited, detained or charged? (City, State, Country)	Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)
entering the US without permission	between 2005 and 2009	San Ysidro, CA	returned to Mexico

Part 3. Processing information. (Continued.)

2. 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 No
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
4. Have you ever committed, planned or prepared, participated in, threatened to, 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
5. Have you ever been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:
- 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 No
- c. Highjacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? Yes No
- 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 No
- 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 No

Part 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

6. Do you 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 No

7. Have you ever been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? Yes No

8. Have you, 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

9. Have you EVER ordered, committed, assisted, helped with, or otherwise participated in any act that involved:

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

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 you answer "Yes," please describe the circumstances on a separate sheet(s) of paper.

10. Have you 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 you answer "Yes," describe the circumstances on a separate sheet(s) of paper.) 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 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.

13. 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

14. 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 No

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 information. (Continued.)

18. Have you 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
19. Have you 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
20. Do you plan to practice polygamy in the United States? Yes No
21. Have you entered the United States as a stowaway? Yes No
22. 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 4. Information about spouse and/or children.

1. Spouse

Family Name	Given Name	Middle Name
Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship
	Mexico	Spouse
		Current Location
		Mexico

2. Children

Family Name	Given Name	Middle Name
		Guadalupe
Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship
	Mexico	Child
		Current Location
		Sunnyvale CA USA

Family Name	Given Name	Middle Name
Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship
	Mexico	Child
		Current Location
		Michoacan Mexico

(If more space is needed, attach additional sheet(s) of paper.)

Part 5. Filing on behalf of family members.

I am now petitioning for one or more qualifying family member(s). (If "Yes," complete and include Form I-918, Supplement A and Supplement B, for each family member for whom you are petitioning.)

Yes No

Part 6. Attestation, release and signature. (Read information on penalties in the instructions before completing this part.)

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.

Signature

Date (mm/dd/yyyy)

[Signature]

07-13-15

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the benefit sought and this petition will be denied.

Part 7. Signature of person preparing form, if other than above. (Sign below.)

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.

Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail? Yes No

Preparer's Signature

Date (mm/dd/yyyy)

[Signature]

07/17/2015

Preparer's Printed Name

Preparer's Firm Name (if applicable)

Kaitlin Kalna Darwal

Community 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 Address (if any)

650-326-6440

866-688-5204

kaitlin@clsepa.org

Addendum

n: I-918, A# _____ (page 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 14c:
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: Child
Given Name: _____
Middle Name: _____
Date of Birth: _____
Country of Birth: Mexico
Current Location: Tuxpan, Michoacan, Mexico

Family Name: _____
Relationship: Child
Given Name: _____
Middle Name: _____
Date of Birth: _____
Country of Birth: Mexico
Current Location: Deceased

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

Form I-918 Supplement B, U Nonimmigrant Status Certification

START HERE - Please type or print in black ink.

Part 1: Victim Information

Family Name: _____ Given Name: _____ Middle Name: _____

Other Names Used (Include maiden name/nickname)

Date of Birth (mm/dd/yyyy): 04/03/1974 Gender: Male Female

Part 2: Agency Information

Name of Certifying Agency: Santa Clara County Office of the District Attorney

Name of Certifying Official: Brian Welch Title and Division/Office of Certifying Official: Assistant District Attorney

Name of Head of Certifying Agency: Jeffrey F. Rosen, District Attorne

Agency Address - Street Number and Name: 70 West Hedding Street, West Wing Suite No.: _____

City: San Jose State/Province: CA Zip/Postal Code: 95110

Daytime Phone No. (with area code and/or extension): _____ Fax No. (with area code): _____

Agency Type: Federal State Local

Case Status: On-going Completed Other: _____

Certifying Agency Category: Judge Law Enforcement Prosecutor Other: _____

Case Number: BB411283 FBI No. or SID No. (if applicable): _____

Part 3: Criminal Acts

1. The applicant is a victim of criminal activity involving or similar to violations of one of the following Federal, State or local criminal offenses. (Check all that apply.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abduction | <input type="checkbox"/> Female Genital Mutilation | <input type="checkbox"/> Obstruction of Justice | <input type="checkbox"/> Slave Trade |
| <input type="checkbox"/> Abusive Sexual Contact | <input type="checkbox"/> Hostage | <input type="checkbox"/> Peonage | <input type="checkbox"/> Torture |
| <input type="checkbox"/> Blackmail | <input type="checkbox"/> Incest | <input type="checkbox"/> Perjury | <input type="checkbox"/> Trafficking |
| <input checked="" type="checkbox"/> Domestic Violence | <input type="checkbox"/> Involuntary Servitude | <input type="checkbox"/> Prostitution | <input type="checkbox"/> Unlawful Criminal Restraint |
| <input type="checkbox"/> Extortion | <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Rape | <input type="checkbox"/> Witness Tampering |
| <input checked="" type="checkbox"/> False Imprisonment | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Related Crime(s) |
| <input type="checkbox"/> Felonious Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Sexual Exploitation | <input type="checkbox"/> Other: (If more space needed, attach seperate sheet of paper.) |
| <input type="checkbox"/> Attempt to commit any of the named crimes | <input type="checkbox"/> Conspiracy to commit any of the named crimes | <input type="checkbox"/> Solicitation to commit any of the named crimes | _____ |

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Part 3: Criminal Acts (continued)

2. Provide the date(s) on which the criminal activity occurred.

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

Date (mm/dd/yyyy)

11/20/2004

3. List the statutory citation(s) for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

CA PC 273.5, CA PC 236

4. Did the criminal activity occur in the United States, including Indian country and military installations, Yes No
or the territories or possessions of the United States?

a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute? Yes No

b. If "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

n/a

c. Where did the criminal activity occur?

Mountain View, California

5. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the individual named in Part 1. Attach copies of all relevant reports and findings.

The suspect arrived home from work intoxicated. The victim attempted to leave the residence and the suspect took her shoes from her and threw them in the close. As the victim attempted to walk out the door, the suspect grabbed the victim by her ankles and yanked, causing her to fall onto the floor. The suspect got over the victim with one knee on the floor on each side of the victim's torso and put his two hands around her throat and choked her for 2-3 seconds. The victim pushed the suspect off of her. The victim again attempted to leave and the suspect came up behind her and grabbed her in a "bear hug" and held onto her for about a minute so that she was unable to leave, as the victim tried to fight her way out of the bear hug. The victim attempted to call the police and the suspect grabbed her cell phone and attempted to break it.

6. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

The injuries to the victim consisted of visible swelling on both sides of the throat. The swelling on both sides began near the front of her neck and ended on the sides of her neck, near the end of the jawbone. Besides the swelling on her neck, the victim had a circular bruise, one-half inch in diameter, on the inside of her right bicep. There was a narrow scratch across the center of the bruise.

Part 4: Helpfulness of the Victim

The victim (or parent, guardian or next friend, if the victim is under the age of 16, incompetent or incapacitated.):

1. Possesses information concerning the criminal activity listed in Part 3. Yes No

2. Has been, is being or is likely to be helpful in the investigation and/or prosecution of the criminal activity detailed above. (Attach an explanation briefly detailing the assistance the victim has provided.) Yes No

3. Has not been requested to provide further assistance in the investigation and/or prosecution. (Example: prosecution is barred by the statute of limitation.) (Attach an explanation.) Yes No

4. Has unreasonably refused to provide assistance in a criminal investigation and/or prosecution of the crime detailed above. (Attach an explanation.) Yes No

Part 4. Helpfulness of the Victim (continued)

5. Other, please specify.

The victim contacted law enforcement as soon as possible and provided them with a full statement regarding the crime and permitted them to photograph her injuries. She requested an Emergency Protective Order. Based on the victim's statement and the marks on her body, the suspect was arrested.

Part 5. Family Members Implicated in Criminal Activity

1. Are any of the victim's family members believed to have been involved in the criminal activity of which he or she is a victim? Yes No

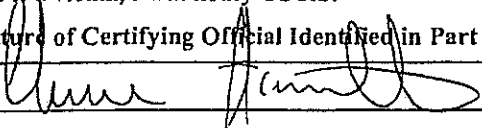
2. If "Yes," list relative(s) and criminal involvement. (Attach extra reports or extra sheet(s) of paper if necessary.)

Full Name	Relationship	Involvement

Part 6. Certification

I am the head of the agency listed in Part 2 or I am the person in the agency who has been specifically designated by the head of the agency to issue U nonimmigrant status certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual noted in Part 1 is or has been a victim of one or more of the crimes listed in Part 3. I certify that the above information is true and correct to the best of my knowledge, and that I have made, and will make no promises regarding the above victim's ability to obtain a visa from the U.S. Citizenship and Immigration Services, based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he/she is a victim, I will notify USCIS.

Signature of Certifying Official Identified in Part 2.



Date (mm/dd/yyyy)

1/26/15

**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

(Read instructions to the form.)
Type or Print in Black Ink

<p>Fee Stamp</p> <p>File No. A- _____</p>
--

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) Jungapeo Michoacan Mexico	4. Present Citizenship/Nationality MEXICO
--	---

5. Present Address, Telephone Number, and E-Mail address
California USA

6. All addresses of which I have resided during the past 5 years (Use a separate sheet of paper, if necessary.)

	California USA	✓	10/2014 present
	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 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 first entered the United States in 2002 without permission. I left the United States in early 2004. I entered the United States without permission later that year in 2004. I left the United States sometime between 2005-2009. I entered the United States again during that time and was apprehended by immigration officials and returned to Mexico. I entered the United States afterward. I returned to Mexico in 2011. I entered the United States on September 23, 2014 on Parole, and my parole has expired. I currently do not have lawful status in the United States. Therefore, I may be inadmissible under INA section 212(a)(6), section 212(a)(7), section 212(a)(9)(B), and section 212(a)(9)(C). I ask that these and all other grounds of inadmissibility that USCIS deem to apply be waived.

13. have have not previously filed an application for advance permission to enter as a nonimmigrant
on _____, _____, at _____.

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 immigration benefits with the U.S. Government, or has one ever been filed on your behalf? If yes, list the applications and/or petitions, the filing locations, and describe the outcome of each application/petition (for example: denied, approved, pending).

[Empty response box for question 15]

16. Have you ever been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Describe in detail.

[Empty response box for question 16]

17. Have you ever, in or outside the United States, been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? Describe in detail. Include all offenses where impaired driving may have been an issue.

[Empty response box for question 17]

18. Applicant's Signature and Certification

I understand that the information herein contained may be used in any proceedings (including civil, criminal, immigration, or any other judicial proceeding) hereafter instituted against me.

I certify that the statements above and all attachments hereto are true and correct to the best of my knowledge and belief.

(Signature of Applicant)

07-13-15

(Date)

Signature of the Applicant/Signature of Guardian or Family Member (if Applicant is unable to sign)

19. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.

(Signature)

Community Legal Services In East Palo Alto - Immigration
2117 University Avenue
East Palo Alto, CA 94303

(Address)

07/17/15

(Date)

RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED

Addendum

[REDACTED] (Page 1)

Part 6: Additional Address History:

[REDACTED] 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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)
 2.b. Given Name (First Name)
 2.c. Middle Name
 3.a. Street Number and Name
 3.b. Apt. Ste. Flr. B
 3.c. City or Town
 3.d. State 3.e. ZIP Code
 3.f. Province
 3.g. Postal Code
 3.h. Country
 4. Daytime Telephone Number
 5. Fax Number
 6. E-Mail Address (if any)
 7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS
 1.b. List the form numbers

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

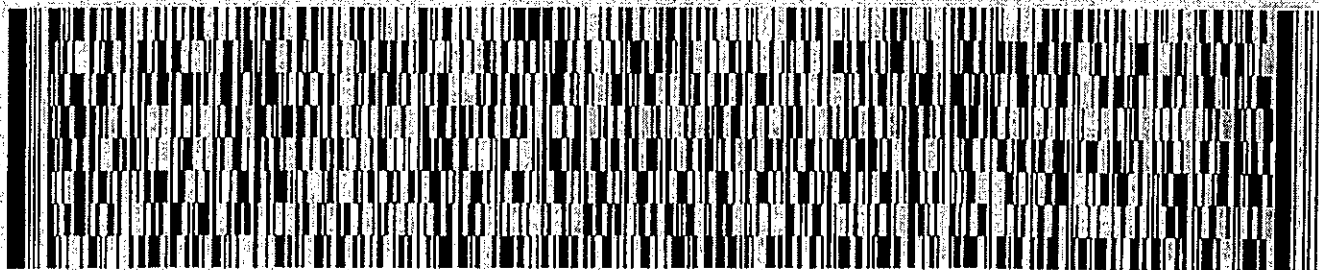
 3.a. CBP
 3.b. List the specific matter in which appearance is entered

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

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

Information About Applicant, Petitioner, Requestor, or Respondent

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



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

7. USCIS ELIS Account Number (if any)
▶

8. Alien Registration Number (A-Number) or Receipt Number

9. Daytime Telephone Number

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, 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 these spaces.

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

Licensing Authority

1.b. Bar Number (if applicable)

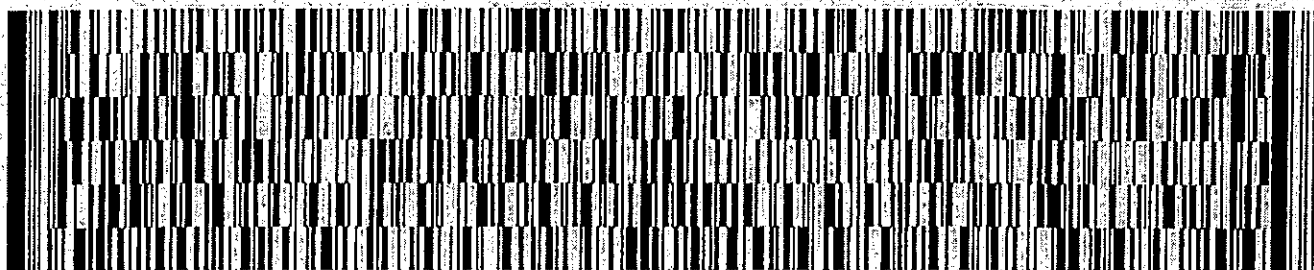
1.c. Name of Law Firm

1.d. I (choose one) am not am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

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

2.b. Name of Recognized Organization

2.c. Date accreditation expires (mm/dd/yyyy) ▶



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

1. 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) ▶ 07-13-15

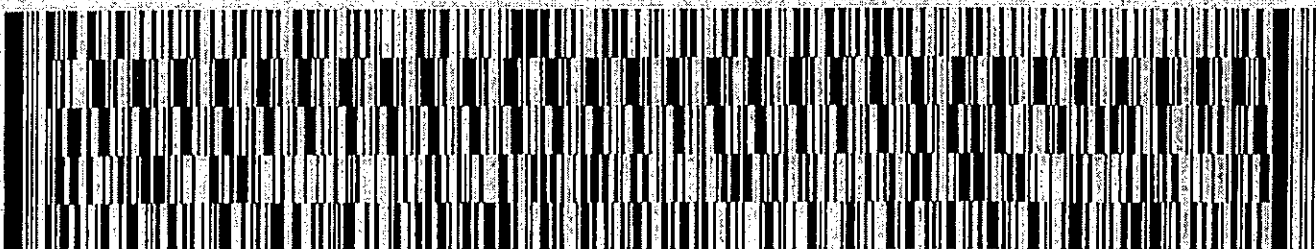
Part 5. Signature of Attorney or Accredited Representative

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 or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 07/13/15



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

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

START HERE - Please type or print in black ink.

*(The recipient of the U-1 nonimmigrant classification is referred to as the "principal."
His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is to be completed by the principal.)*

Part 1. Family member(s) relationship to you (the principal).

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 of Birth (mm/dd/yyyy): _____ A-Number (if any): _____

Status of your Form I-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: **Mexico** Country of Citizenship: **MEXICO**

Residence or Intended Residence in the U.S. - Street Number and Name: _____ Apt. No.: _____

City: _____ State/Province: **California** Zip/Postal Code: _____

Safe Mailing Address (if other than above) - Street Number and Name: **2117-B University Avenue** Apt. No.: _____

C/O (in care of): **CLSEPA**

City: **East Palo Alto** State/Province: **California** Zip/Postal Code: **94303**

A-No. (if any): _____ U.S. Social Security No. (if any): _____ I-94 No. (if any): _____

Home Phone No. (with area code): _____ Safe Daytime Phone No. (with area code): _____

- Marital Status: Single Married Divorced Widowed
- Gender: Male Female

For USCIS Use Only	
Returned	Receipt
Date	
Date	
Resubmitted	
Date	
Date	
Reloc Sent	
Date	
Reloc Rec'd	
Date	
U.S. Embassy/Consulate:	
Validity Dates	
From: _____	
To: _____	
Remarks	
Conditional Approval	
Stamp No.: _____ Date: _____	
Action Block	
To Be Completed by Attorney or Representative, if any.	
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.	
ATTY State License Number 260273	

Part 4. Additional information about your family member.

1. Give the following information about your family member if he or she is currently in the United States.

Place of Last Entry San Ysidro, CA	Date of Last Entry	Current Immigration Status asylum seeker
Passport Number	Place of Issuance	Date of Issue (mm/dd/yyyy)

2. 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)	Date Authorized Stay Expired (mm/dd/yyyy)	Immigration Status

3. If your relative was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached.

Name of Former Spouse(s)	Date Marriage Ended (mm/dd/yyyy)	Where and How Marriage Ended

4. If your relative is outside the United States give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): Consulate Pre-flight inspection Port of Entry

Office Address (City) _____ U.S. State or Foreign Country _____

Foreign Address Where You Want Notification Sent. _____

5. Has your family member ever been in immigration proceedings? Yes No
 If "Yes," what type of proceedings? (Check all that apply.)

Removal Date (mm/dd/yyyy) Exclusion Date (mm/dd/yyyy) Deportation Date (mm/dd/yyyy) Recission Date (mm/dd/yyyy) Judicial Date (mm/dd/yyyy)

See addendum _____

6. Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document, separately.) Yes No

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file an I-765 for a family member living outside the United States.

7. List your family member's spouse and children. (Attach additional sheet(s) of paper if necessary.)

Full Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship

Part 4. Additional information about your family member. (Continued.)

Please answer the following questions about your family member. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (Answering "Yes" does not necessarily mean that your family member will be denied U nonimmigrant status.)

8. Has the family member for whom you are filing EVER:

- a. Committed a crime or offense for which he or she has not been arrested? Yes No
- b. Been arrested, cited, or detained by any law enforcement officer (including DHS (former INS) and military officers) for any reason? Yes No
- c. Been charged with committing any crime or offense? Yes No
- d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
- e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- g. Been in jail or prison? Yes No
- h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

If the answer is "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet(s) of paper.

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)	Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)
seeking to enter the US without permission	—	San Ysidro, CA, United States	Paroled on September 25, 2014

- 9. Has the family member for whom you are filing 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 is he or she likely to receive public assistance in the future? 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 No

11. Has the family member for whom you are filing ever committed, planned or prepared, participated in, threatened to, 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 for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

- 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:
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 No

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 No

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, or otherwise participated in any act that involved:

- 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
- 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 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 served in, been a member of, or been involved in 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 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 is "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 separate 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 No

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 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 signature. (Read information on penalties in the instructions before completing this part.)

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.

Signature of Principal (you)

Date (mm/dd/yyyy)

[Redacted Signature]

[Redacted Date]

Please Note: Your qualifying family member for whom you are filing must sign if he or she is present in the United States.

Signature of Qualifying Family Member if in the United States

Date (mm/dd/yyyy)

[Redacted Signature]

07-13-15

WARNING: Petitioners who are in the United States illegally are subject to removal if their claims are not granted. Any information provided while completing this supplementary petition may be used as a basis for the institution of, or as evidence in, removal proceedings even if the petition is withdrawn.

Part 6. Signature of person preparing form, if other than above. (Sign below.)

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.

Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail? Yes No

Preparer's Signature

Date (mm/dd/yyyy)

[Handwritten Signature]

07/17/2015

Preparer's Printed Name

Preparer's Firm Name (if applicable)

Kaitlin Kalna Darwal

Community 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 Address (if any)

650-326-6440

866-688-5204

kaitlin@clsepa.org

Addendum

Form: I-918-SuppA, A (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 21b:

is currently in removal proceedings.

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

(Read instructions to the form.)
Type or Print in Black Ink

Fee Stamp

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) **Michoacan Mexico** 4. Present Citizenship/Nationality **MEXICO**

5. Present Address, Telephone Number, and E-Mail address
CA USA

6. All addresses at which I have resided during the past 5 years (Use a separate sheet of paper, if necessary.)

CA	USA	10/2014	present
CA	USA	09/2014	10/2014
Tuxpan	Michoacan Mexico	01/2007	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 entered the United States on Parole on September 25, 2014 and my parole has expired. I currently do not have lawful status in the United States. I ask that USCIS waive all applicable grounds of inadmissibility.

13. have have not previously filed an application for advance permission to enter as a nonimmigrant

on _____, _____, at _____

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?

[Empty box for answer to question 14]

15. Have you ever filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? If yes, list the applications and/or petitions, the filing locations, and describe the outcome of each application/petition (for example: denied, approved, pending).

[Empty response box for question 15]

16. Have you ever been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Describe in detail.

[Empty response box for question 16]

17. Have you ever, in or outside the United States, been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? Describe in detail. Include all offenses where impaired driving may have been an issue.

[Empty response box for question 17]

18. Applicant's Signature and Certification

I understand that the information herein contained may be used in any proceedings (including civil, criminal, immigration, or any other judicial proceeding) hereafter instituted against me.

I certify that the statements above and all attachments hereto are true and correct to the best of my knowledge and belief.

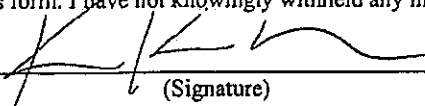
(Signature of Applicant)

07-13-15
(Date)

Signature of the Applicant/Signature of Guardian or Family Member (if Applicant is unable to sign)

19. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.


(Signature)

Community Legal Services In East Palo Alto - Immigration
2117 University Avenue
East Palo Alto, CA 94303

(Address)

07/17/15
(Date)

RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED



**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

Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (if any)
▶

Name and Address of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. Ste. Flr. B

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or Accredited Representative

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

1.a. USCIS

1.b. List the form numbers

2.a. ICE

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

3.a. CBP

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

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

4. Select only one box:

Applicant Petitioner Requestor

Respondent (ICE, CBP)

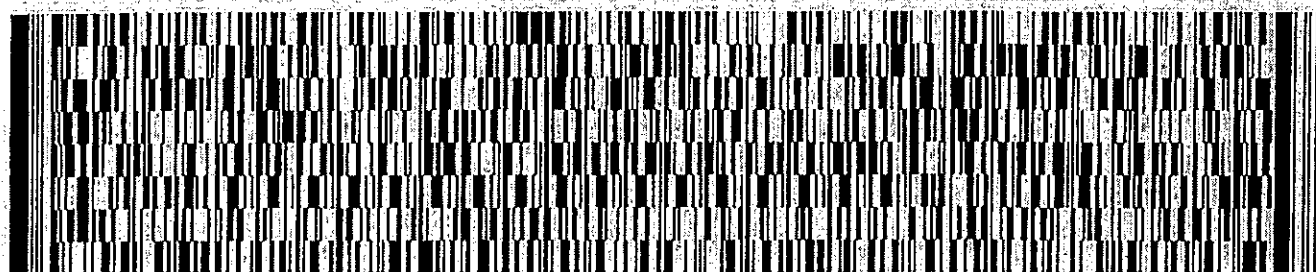
Information About Applicant, Petitioner, Requestor, or Respondent

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)

Information About Applicant, Petitioner, Requestor, or Respondent (continued)

- 7. USCIS ELIS Account Number (if any)
▶
- 8. Alien Registration Number (A-Number) or Receipt Number
- 9. Daytime Telephone Number
- 10. Mobile Telephone Number (if any)
- 11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, 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 these spaces.

- 12.a. Street Number and Name
- 12.b. Apt. Ste. Flr. B
- 12.c. City or Town
- 12.d. State 12.e. ZIP Code
- 12.f. Province
- 12.g. Postal Code
- 12.h. Country

Part 3. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

- 1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. (If you need additional space, use Part 6.)

Licensing Authority

- 1.b. Bar Number (if applicable)

- 1.c. Name of Law Firm

- 1.d. I (choose one) am not am

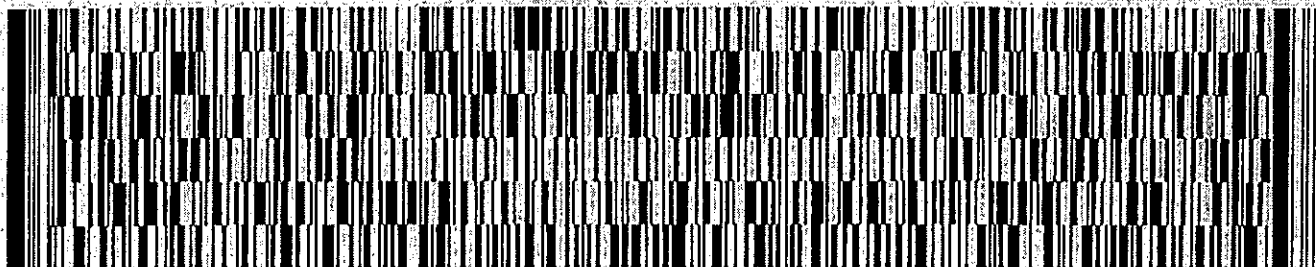
subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

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

- 2.b. Name of Recognized Organization

- 2.c. Date accreditation expires

(mm/dd/yyyy) ▶



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

1. 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) ▶ 07-13-15

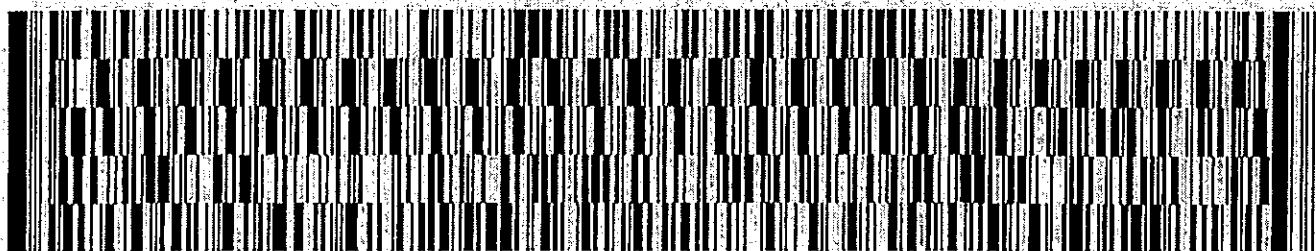
Part 5. Signature of Attorney or Accredited Representative

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 or Accredited Representative

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ 07/17/15



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

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

START HERE - Please type or print in black ink.

*(The recipient of the U-1 nonimmigrant classification is referred to as the "principal."
His or her family member(s) is referred to as a "derivative." Form I-918, Supplement A is to be completed by the principal.)*

Part 1. Family member(s) relationship to you (the principal).

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 of Birth (mm/dd/yyyy): _____ A-Number (if any): _____

Status of your Form I-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: **Mexico** Country of Citizenship: **Mexico**

Residence of Intended Residence in the U.S. - Street Number and Name: _____ Apt. No.: _____

City: **Sunnyvale** State/Province: **CA** Zip/Postal Code: _____

Safe Mailing Address (if other than above) - Street Number and Name: **2117-B University Ave** Apt. No.: _____

C/O (in care of): _____

City: **East Palo Alto** State/Province: **CA** Zip/Postal Code: **94303**

A-No. (if any): **206911792** U.S. Social Security No. (if any): _____ I-94 No. (if any): _____

Home Phone No. (with area code): _____ Safe Daytime Phone No. (with area code): _____

- Marital Status: Single Married Divorced Widowed
Gender: Male Female

For USCIS Use Only		
Returned	Receipt	
Date		
Date		
Resubmitted		
Date		
Date		
Reloc Sent		
Date		
Date		
Reloc Rec'd		
Date		
Date		
U.S. Embassy/Consulate:		
Validity Dates		
From: _____		
To: _____		
Remarks		
Conditional Approval		
Stamp No.: _____ Date: _____		
Action Block		
To Be Completed by Attorney or Representative, if any.		
<input checked="" type="checkbox"/> Fill in box if G-28 is attached to represent the applicant.		
ATTY State License Number		
260273		

Part 4. Additional information about your family member.

1. 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 Immigration Status
San Ysidro, CA		none
Passport Number	Place of Issuance	Date of Issue (mm/dd/yyyy)

2. 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)	Date Authorized Stay Expired (mm/dd/yyyy)	Immigration Status
San Ysidro, CA			asylum seeker

3. If your relative was previously married, list names of prior spouses and dates of termination of marriage. Documents such as divorce decrees or death certificates must be attached.

Name of Former Spouse(s)	Date Marriage Ended (mm/dd/yyyy)	Where and How Marriage Ended

4. If your relative is outside the United States give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (Check one): Consulate Pre-flight inspection Port of Entry

Office Address (City) Mexico City U.S. State or Foreign Country Mexico

Foreign Address Where You Want Notification Sent. Mexico

5. Has your family member ever been in immigration proceedings? Yes No

If "Yes," what type of proceedings? (Check all that apply.)

Removal Date (mm/dd/yyyy) see addendum Exclusion Date (mm/dd/yyyy) Deportation Date (mm/dd/yyyy) Recission Date (mm/dd/yyyy) Judicial Date (mm/dd/yyyy)

6. Is your family member requesting an Employment Authorization Document? (If "Yes," submit Form I-765, Application for Employment Authorization Document, separately.) Yes No

NOTE: If your family member is living outside the United States, he or she is not eligible to receive employment authorization until he or she is lawfully admitted to the United States. Do not file an I-765 for a family member living outside the United States.

7. List your family member's spouse and children. (Attach additional sheet(s) of paper if necessary.)

Full Name	Date of Birth (mm/dd/yyyy)	Country of Birth	Relationship

Part 4. Additional information about your family member. (Continued.)

Please answer the following questions about your family member. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if the records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that your family member no longer has a record. (Answering "Yes" does not necessarily mean that your family member will be denied U nonimmigrant status.)

8. Has the family member for whom you are filing EVER:

- a. Committed a crime or offense for which he or she has not been arrested? Yes No
- b. Been arrested, cited, or detained by any law enforcement officer (including DHS (former INS) and military officers) for any reason? Yes No
- c. Been charged with committing any crime or offense? Yes No
- d. Been convicted of a crime or offense (even if violation was subsequently expunged or pardoned)? Yes No
- e. Been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? Yes No
- f. Received a suspended sentence, been placed on probation, or been paroled? Yes No
- g. Been in jail or prison? Yes No
- h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? Yes No
- i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes No

If the answer is "Yes" to any of the above questions, complete the following table. If you need more space, use a separate sheet(s) of paper.

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)	Outcome or disposition. (e.g., no charges filed, charges dismissed, jail, probation, etc.)
seeking admission to the US without permission		San Ysidro, CA, United States	detained in immigration custody

- 9. Has the family member for whom you are filing 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 is he or she likely to receive public assistance in the future? 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 No

11. Has the family member for whom you are filing ever committed, planned or prepared, participated in, threatened to, 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 for, provided support for, attended military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organization that is:

- 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:
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 No

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 No

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, or otherwise participated in any act that involved:

- 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
- 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 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 served in, been a member of, or been involved in 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 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 is "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 separate 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 No

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 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 signature. (Read information on penalties in the instructions before completing this part.)

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this petition is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this petition.

Signature of Principal (you)

[Signature]

Date (mm/dd/yyyy)

07-13-2015

Please Note: Your qualifying family member for whom you are filing must sign if he or she is present in the United States.

Signature of Qualifying Family Member if in the United States

[Signature]

Date (mm/dd/yyyy)

[Date]

WARNING: Petitioners who are in the United States illegally are subject to removal if their claims are not granted. Any information provided while completing this supplementary petition may be used as a basis for the institution of, or as evidence in, removal proceedings even if the petition is withdrawn.

Part 6. Signature of person preparing form, if other than above. (Sign below.)

I declare that I prepared this petition at the request of the above person, and it is based on all information of which I have knowledge. I have not knowingly withheld any material information that would affect the outcome of this petition.

Attorney or Representative: In the event of a Request for Evidence, may USCIS contact you by Fax or E-Mail? Yes No

Preparer's Signature

[Signature]

Date (mm/dd/yyyy)

07/17/2015

Preparer's Printed Name

Kaitlin Kalna Darwal

Preparer's Firm Name (if applicable)

Community Legal Services In East Palo Alto - Immigration

Preparer's Address

2117 University Avenue East Palo Alto CA 94303

Daytime Phone Number (with area code)

650-326-6440

Fax Number (if any)

866-688-5204

E-Mail Address (if any)

kaitlin@clsepa.org

Addendum

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

Part 4 21c:

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

Part 4 21d:

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

Part 4 21e:

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

(Read instructions to the form.)
Type or Print in Black Ink

Fee Stamp

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) **Michoacan Mexico** 4. Present Citizenship/Nationality **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.)

Tuxpan Michoacan Mexico	01/2015 present
Baja California Mexico	07/2014 10/17/2014
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.

13. have have not previously filed an application for advance permission to enter as a nonimmigrant
on _____, _____, at _____.

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 immigration benefits with the U.S. Government, or has one ever been filed on your behalf? If yes, list the applications and/or petitions, the filing locations, and describe the outcome of each application/petition (for example: denied, approved, pending).

[Empty response box for question 15]

16. Have you ever been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? Describe in detail.

[Empty response box for question 16]

17. Have you ever, in or outside the United States, been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? Describe in detail. Include all offenses where impaired driving may have been an issue.

[Empty response box for question 17]

18. Applicant's Signature and Certification

I understand that the information herein contained may be used in any proceedings (including civil, criminal, immigration, or any other judicial proceeding) hereafter instituted against me.

I certify that the statements above and all attachments hereto are true and correct to the best of my knowledge and belief.

(Signature of Applicant) 07-13-15

(Date)
Signature of the Applicant/Signature of Guardian or Family Member (if Applicant is unable to sign)

19. Preparer's Signature and Certification

I declare that this document was prepared by me at the request of the applicant or qualified relative/legal guardian of the applicant, and it is based on all information of which I have knowledge and/or was provided to me by the above named person in response to the exact questions contained on this form. I have not knowingly withheld any information.


(Signature) Community Legal Services In East Palo Alto - Immigration
2117 University Avenue
East Palo Alto, CA 94303 07/17/2015

(Address) (Date)

RECEIVED	TRANS. IN	RET'D TRANS. OUT	COMPLETED