





-2027

U.S. Citizenship and Immigration Services Vermont Service Center 38 River Road Essex Junction, VT 05479-0001

### RE:

Form I-1914 filed on behalf of

Form I-914, Supplement A on behalf of Form I-914, Supplement A on behalf of

Form I-914, Supplement A on behalf of

Dear USCIS Officer:

Sanctuary for Families represents (hereinafter " a citizen of Dominican Republic and a victim of a severe form of trafficking, in her Application for T Nonimmigrant Status on Form I-914, and in forms I-914, Supplement A, Application for Immediate Family Member of T-1 Recipient for 's three unmarried, minor daughters; Ms. , and

In connection these applications, please find enclosed the following documents:

- A signed Notice of Appearance of Form G-28;
- A signed Form I-914 and supporting evidence listed in the Index of Supporting Documents
- 3 passport style photos

#### For

- A signed Notice of Appearance on Form G-28
- A signed Form I-914, Supplement A and supporting evidence listed in the Index of Supporting Documents

#### For

- A signed Notice of Appearance on Form G-28
- A signed Form I-914, Supplement A and supporting evidence listed in the Index of Supporting Documents



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#### PAST PRESIDENTS

Sarah Burke Catherine Douglas

Stepha Willian Theres

in memoriam



## For

- A signed Notice of Appearance on Form G-28
- A signed Form I-914, Supplement A and supporting evidence listed in the Index of Supporting Documents

If you have any questions regarding this submission, please do not hesitate to contact me at ext. For by email at b Thank you for your consideration of the enclosed application.

Respectfully submitted,





PAST PRESIDENTS

"in memoriam



# Notice of Entry of Appearance as Attorney or Accredited Representative

OMB No.

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

Department of Homeland Security

Accredited Representative  1. USCIS Online Account Number (if any)	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
<b>▶</b> 113 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
Name of Attorney or Accredited Representative	courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you
2.a. Family Name (Last Name)	need extra space to complete this section, use the space provided in Part 6. Additional Information.
2.b. Given Name (First Name)	Licensing Authority
2.c. Middle Name	1.b. Bar Number (if applicable)
Address of Attorney or Accredited Representative	1.b. Bai Number (II applicable)
3.a. Street Number and Name	1.c. I (select only one box) 🗵 am not 🔲 am subject to any order suspending, enjoining, restraining,
3.b. Apt. Ste. Flr.	disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space
3.c. City or Town	provided in Part 6. Additional Information to provide an explanation.
3.d. State 3.e. ZIP Code	1.d. Name of Law Firm or Organization (if applicable)
3.f. Province	
3.g. Postal Code	2.a.   I am an accredited representative of the following qualified nonprofit religious, charitable, social
3.h. Country	service, or similar organization established in the United States and recognized by the Department of
USA	Justice in accordance with 8 CFR part 1292.
Contact Information of Attorney or Accredited Representative	2.b. Name of Recognized Organization
4. Daytime Telephone Number	2.c. Date of Accreditation (mm/dd/yyyy)
5. Mobile Telephone Number (if any)	3.
6. Email Address (if any)	the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representativ for a limited purpose is at his or her request.
7. Fax Number (if any)	4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).
	4.b. Name of Law Student or Law Graduate

100 100 000	t 3. Notice of Appearance as Attorney or redited Representative	Client's Contact Information
		10. Daytime Telephone Number
	need extra space to complete this section, use the space ded in Part 6. Additional Information.	
	appearance relates to immigration matters before et only one box):	11. Mobile Telephone Number (if any)
1.a.	☑ U.S. Citizenship and Immigration Services (USCIS)	12. Email Address (if any)
1.b.	List the form numbers or specific matter in which appearance is entered.	
	I-914 and I-914sup a	Mailing Address of Client
2.a. 2.b.	U.S. Immigration and Customs Enforcement (ICE) List the specific matter in which appearance is entered.	NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.
3.a.	U.S. Customs and Border Protection (CBP)	13.a. Street Number
3.b.	List the specific matter in which appearance is entered.	and Name  13.b,  Apt.  Ste.  Fir.
4.	Receipt Number (if any)	13.c. City or Town
	<b>*</b>	13.d. State 13.e. ZIP Code
Rec	I enter my appearance as an attorney or accredited representative at the request of the (select only one box):  Applicant Petitioner Requestor  Beneficiary/Derivative Respondent (ICE, CBP)  Formation About Client (Applicant, Petitioner, questor, Beneficiary or Derivative, Respondent,	13.f. Province  13.g. Postal Code  13.h. Country  USA
	Authorized Signatory for an Entity) Family Name	Part 4. Client's Consent to Representation and Signature
	(Last Name)	Consent to Representation and Release of
6.D.	Given Name (First Name)	Information
6.c.	Middle Name	I have requested the representation of and consented to being
7.a.	Name of Entity (if applicable)	represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I
7.b.	Title of Authorized Signatory for Entity (if applicable)	also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.
8.	Client's USCIS Online Account Number (if any)	
9.	Client's Alien Registration Number (A-Number) (if any)	
	► A-	

## Part 4. Client's Consent to Representation and Signature (continued) Options Regarding Receipt of USCIS Notices and Documents USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address. If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS. 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form. 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)). NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c. 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address. Signature of Client or Authorized Signatory for an

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

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

## Part 5. Signature of Attorney or Accredited Representative

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

1. a.	lative	
1.b.	Date of Signature (mm/dd/yyyy)	
2.a.	Signature of Law Student or Law Graduate	
2.b.	Date of Signature (mm/dd/yyyy)	

Entity

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within than composite paper indic	n this form, use what is provide plete and file w r. Type or prin ate the Page N	the spand, you make the third this formal that the third that the	rovide any addi- ace below. If you may make copie form or attach a ame at the top of Part Number, and sign and of	ou need as of thit separate of each and Ite	more space s page to te sheet of sheet; em Number	4.d.					
1.a	Family Name										
1.b.	(Last Name) Given Name (First Name)										
1.c.	Middle Name										
2.a.	Page Number	2.b.	Part Number	2.c.	Item Number						
2.d.						5.0	Page Number	5 h	Part Number	5.c.	Item Number
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## Application for T Nonimmigrant Status

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-914

OMB No. 1615-0099 Expires 12/31/2023

Such status.  B.	STA	RT HERE - Type or print in ink.		For US	CIS Use Only
A.	Part	1. Purpose for Filing This Application		Returned	Receipt
such status.  B.	Selec	all applicable boxes.		Date	
B.	1.	-	d have not previously filed for	Date	
such status. (Provide receipt number below.)  (1) Receipt Number EAC  Part 2. General Information About You (Person filing this application as a victim)  1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)  2. Other Names Used Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.  Family Name (Last Name) Given Name (First Name) Middle Name (if any)  3. Physical Address Street Number and Name  Apt. Ste. Fir. Number  City or Town  State  ZIP Code  City or Town  State  ZIP Code  Action Block  To be fully completed by an attorney or accredited representative, if any.			d have previously filed for	Resubmitted	
Reloc Sent  Date  Reloc Rec'd  Date  Date  Note of Name (Last Name)  Date  Reloc Rec'd  Date  Reloc Rec'd  Date  Date  Reloc Rec'd  Date  Date  Reloc Rec'd  Date  Date  Conditional Approval  Street Number and Name  Apt. Ste. Fir. Number  City or Town  State  ZIP Code  City or Town  State  ZIP Code  City or Town  State  ZIP Code  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.  To be fully completed by an attorney or accredited representative, if any.				Date	
Part 2. General Information About You (Person filing this application as a victim)  1. Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)  2. Other Names Used Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information. Family Name (Last Name) Given Name (First Name) Middle Name (if any)  Remarks  3. Physical Address Street Number and Name Apt. Ste. Flr. City or Town State ZIP Code Action Block  4. Safe Mailing Address If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address. In Care Of Name  To be fully completed by an attorney or accredited representative, if any.		(1) Receipt Number EAC		Date	
Date    Your Full Legal Name   Family Name (Last Name)   Given Name (First Name)   Middle Name (if any)			The second secon	Reloc Sent	
Action Block   Street Number and Name   Street Number and Name   Street Number and Name   Street Number and Name   Apt. Ste. Fir. Number   Street Number and Name   Apt. Ste. Fir. Number   Street Number and Name   Apt. Ste. Fir. Number   Apt. Ste. Fir. Number   To be fully completed by an attorney or accredited representative, if any.	Par	2. General Information About You (Person filing	g this application as a victim)	Date	
Family Name (Last Name)  Cother Names Used  Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.  Family Name (Last Name)  Given Name (First Name)  Middle Name (if any)  Middle Name (if any)  Remarks  Remarks  Conditional Approval  Conditional Approval  Street Number and Name  Apt. Ste. Fir. Number  City or Town  State  ZIP Code  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.	100000			Date	
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Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.  Family Name (Last Name) Given Name (First Name) Middle Name (if any)  Street Number and Name Apt. Ste. Flr. Number  City or Town State ZIP Code  City or Town State ZIP Code  Action Block  4. Safe Mailing Address If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.		Family Name (Last Name) Given Name (First Name	Time) Window Name (17 dily)	Date	
Provide any other names you have used since birth, including aliases, maiden names, and nicknames. If you need extra space to complete this section, use the space provided in Part 9. Additional Information.  Family Name (Last Name) Given Name (First Name) Middle Name (if any)  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Action Block  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.				Date	
space provided in Part 9. Additional Information.  Family Name (Last Name) Given Name (First Name) Middle Name (if any)  Street Number and Name Apt. Ste. Fir. Number  City or Town State ZIP Code  City or Town State ZIP Code  Action Block  4. Safe Mailing Address  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  Street Number and Name Apt. Ste. Fir. Number  To be fully completed by an attorney or accredited representative, if any.	2.	Provide any other names you have used since birth, in	ncluding aliases, maiden		lidity Dates
Family Name (Last Name) Given Name (First Name) Middle Name (if any)  3. Physical Address Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  City or Town  State  ZIP Code  Action Block  4. Safe Mailing Address  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  - Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.		names, and nicknames. If you need extra space to co	omplete this section, use the	To:	
3. Physical Address  Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Action Block  4. Safe Mailing Address  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  - Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.			me) Middle Name (if any)	]	Remarks
Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Action Block  Action Block  Action Block  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.					
Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Action Block  Action Block  Action Block  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.					
Street Number and Name  Apt. Ste. Flr. Number  City or Town  State  ZIP Code  Action Block  Action Block  Action Block  Action Block  Action Block  To be fully completed by an attorney or accredited representative, if any.	3	Physical Address	(USPS ZIP Code Lookup)		
City or Town  State  ZIP Code  Action Block  Action Block  Action Block  Action Block  Action Block  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  Stamp # Date  Action Block  To be fully completed by an attorney or accredited representative, if any.	J.	·	Ant Ste Flr Number	Condit	ional Approval
4. Safe Mailing Address  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  - Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.				Stamp #	Date
4. Safe Mailing Address  If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  - Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.		City or Town	State ZIP Code	Ac	ction Block
If you do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  Street Number and Name  Apt. Ste. Flr. Number  To be fully completed by an attorney or accredited representative, if any.		City of Town			
notices about this application to your home address, you may provide an alternate safe mailing address.  In Care Of Name  - Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  Apt. Ste. Flr. Number	4.	Safe Mailing Address			
- Sanctuary for Families  Street Number and Name  Apt. Ste. Flr. Number  Apt. Ste. Flr. Number		notices about this application to your home address,	n Services (USCIS) to send you may provide an alternate		
Street Number and Name  Apt. Ste. Flr. Number  accredited representative, if any.		In Care Of Name			
Street Number and Name  Apt. Ste. Flr. Number  accredited representative, if any.		- Sanctuary for Far	milies	To be fully con	apleted by an attorney or
		Street Number and Name	Apt. Ste. Flr. Number	accredited	representative, if any.
Select this box if Form G-28 is attached.				Select this b	ox if Form G-28 is attached
City or Town State ZIP Code Attorney State License Bar Number		City or Town	State ZIP Code	Attorney State	License Bar Number
Attorney or Accredited Representative USCIS Online Account Number					

Part	2. General Information About You (Person filing this application as a victim) (continued)
5.	Alien Registration Number (A-Number) (if any)  ► A-  USCIS Online Account Number (if any)  ►
7.	U.S. Social Security Number (SSN) (if any)  8. Gender  ☐ Male ▼ Female
9.	Marital Status  10. Date of Birth (dd/mm/yyyy)
	⊠ Single/Never Married
11.	Place of Birth
	City or Town State or Province
	Country
12.	Country of Citizenship or Nationality  13. Passport or Travel Document Number (if any)
14.	Country That Issued Your Passport or Travel Document (if any) 15. Issue Date for Passport or Travel Document (if any)
	(mm/dd/yyyy) /2019
16.	Expiration Date for Passport or Travel Document (if any)
	(mm/dd/yyyy) 2025
17.	Place of Your Last Entry Into the United States
	City or Town State
18.	Date of Your Last Entry Into the United States, On or About  19. Form I-94 Arrival-Departure Record Number (if any)
	(mm/dd/yyyy) 2021
20.	Your Current Nonimmigrant Status
Esta	
109868	rt 3. Additional Information About Your Application
Ans	wers to the following questions about your claim require explanation and supporting documentation. You should attach uments in support of your claim that you are a victim of a severe form of trafficking in persons and the specific facts on which you
are i	relying to support your claim. You must attach a personal narrative statement addressing the eligibility requirements for T
non	immigrant status as listed in the regulations, including a description of the trafficking you experienced. If you need extra space to uplete this section, use the space provided in <b>Part 9. Additional Information</b> .
1.	I am or have been a victim of a severe form of trafficking in persons.
1.	(Attach evidence to support your claim.)
2.	A. I have cooperated with reasonable requests for assistance from law enforcement.
	B. Due to my age or the trauma I have suffered, I am exempt from the requirement to cooperate with reasonable requests for assistance from law enforcement.

Part	3. A	dditional Information About Your Application (continued)		
3.	Maria States	ohysically present in the United States, American Samoa, or the Commonwealth of the Northern na Islands, or at a port of entry, on account of trafficking, or have been allowed entry into the United to participate in investigative or judicial processes associated with an act or perpetrator of trafficking. u selected "Yes," explain in detail and attach evidence and documents supporting this claim.)	X Yes	□ No
4.	I fear "Yes,	that I will suffer extreme hardship involving unusual and severe harm upon removal. (If you selected "explain in detail and attach evidence and documents supporting this claim.)	X Yes	☐ No
5.	to wh	e reported the trafficking crime of which I am claiming to be a victim. (If you selected "Yes," indicate ich law enforcement agency and office you have made the report, the address and phone number of that and the case number assigned, if any. If you selected "No," explain the circumstances.)	X Yes	□ No
	Law I	Enforcement Agency and Office		
	Street	Number and Name Apt. Ste. Flr. Number		
	City	or Town State ZIP Code		
	Dora			***************************************
	Dovti	me Telephone Number Case Number	WE 1110	
	Dayti	me receptotic rutilises		
6. 7.	I hav	under 18 years of age. (If you selected "Yes," skip to Item Number 8.)  e complied with reasonable requests from Federal, state, local, or tribal law enforcement authorities for tance in the investigation or prosecution of acts of trafficking, or am unable to cooperate with such	Yes X Yes	× No
	reque	ests due to physical or psychological trauma. (If you selected "No," explain the circumstances.)		
8.	and u	is the first time I have entered the United States. (If you selected "No," list each date, place of entry, under which status you entered the United States for the past five years, and explain the circumstances of most recent arrival.) If you need extra space, use the space provided in Part 9. Additional rmation.	Yes	X No
	(1)	Date of Entry (mm/dd/yyyy) 2021		
	(2)	Place of Entry		
		City or Town	Stat	е
	(3)			
	(-)	Status		
9.	M	Status B1		
10.		most recent entry was on account of the trafficking that forms the basis for my claim. (Explain the	X Yes	□N
_ J.	circı	B1	X Yes	

Answeregiste	er the or any lor ot l. (If ionall ering er for Have	rocessing Information  following questions about yourself. Research y aliases. For purposes of this application therwise cleared or if anyone, including a your answer is "Yes" to any one of these lay, explain if any of the acts or circumstate "Yes" does not necessarily mean that you permanent residence.)	n, you must answer "Ye i judge, law enforcement questions, explain in the nces below are related to	es" to the following questions, at officer, or attorney, told you he space provided in <b>Part 9. A</b> t o you having been a victim of	even if you that you no dditional I a severe fo	ir records longer ha	were ave a
name sealed record Additi Answ registe	or any lor of lor of l. (If lionall ering er for Have	y aliases. For purposes of this application therwise cleared or if anyone, including a your answer is "Yes" to any one of these y, explain if any of the acts or circumsta "Yes" does not necessarily mean that yo permanent residence.)	n, you must answer "Ye i judge, law enforcement questions, explain in the nces below are related to	es" to the following questions, at officer, or attorney, told you he space provided in <b>Part 9. A</b> t o you having been a victim of	even if you that you no dditional I a severe fo	ir records longer ha	were ave a
	A.	you EVER:		ininigiant states of the not envi	tled to adju	rm of traff	icking.
		•					
	n	Committed a crime or offense for which				Yes	X No
	В.	Been arrested, cited, or detained by any Security (DHS), former Immigration an reason?	law enforcement office d Naturalization Service	er (including Department of Hor e (INS), and military officers)	omeland for any	Yes	X No
	C.	Been charged with committing any crin	ne or offense?			Yes	X No
	D.	Been convicted of a crime or offense (e	ven if violation was sub	sequently expunged or pardon	ed)?	Yes	× No
	E.	Been placed in an alternative sentencing prosecution, withheld adjudication, defe		gram (for example: diversion,	deferred	Yes	⊠ No
	F.	Received a suspended sentence, been p	laced on probation, or b	een paroled?		Yes	X No
	G.	Been in jail or prison?				Yes	X No
	H.	Been the beneficiary of a pardon, amne	sty, rehabilitation, or of	her act of clemency or similar	action?	Yes	X No
	I.	Exercised diplomatic immunity to avoi	d prosecution for a crim	inal offense in the United Stat	es?	Yes	X No
		If you answered "Yes" to any of the ab space, use the space provided in Part 9	ove questions, complete . Additional Informati	e the following table. If you nedion.	ed extra		
		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 or Town, State, Country)	Outcome (for exam filed, char jail, proba	ple, no ch ges dismi	arges ssed,
2.	Hav	e you:					
	A.	Engaged in prostitution or procuremen procurement of prostitution?	t of prostitution or do ye	ou intend to engage in prostitu	tion or	Yes	⊠ No
	B.	EVER engaged in any unlawful comm	ercialized vice, includir	ng, but not limited to illegal ga	mbling?	Yes	X No
	C.	<b>EVER</b> knowingly encouraged, induced States illegally?				Yes	⊠ No
	D.	<b>EVER</b> illicitly trafficked in any controlled the illicit trafficking of any controlled	lled substance, or know substance?	ringly assisted, abetted, or coll	uded in	Yes	⊠ No

Par	Sandigraphical	e verse mission an	sing Information (continued)		
3.	Have	you E	<b>VER</b> committed, planned or prepared, participated in, threatened to, attempted to, or conspired to for, or solicited funds for any of the following:	commit, g	athered
	<b>A.</b>	Hijac	king or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	× No
	В.	to cor	ng or detaining, and threatening to kill, injure, or continue to detain, another individual in order npel a third person (including a governmental organization) to do or abstain from doing any act explicit or implicit condition for the release of the individual seized or detained?	Yes	X No
	C.	Assas	sination?	Yes	X No
	D.	indiv	ise of any firearm with intent to endanger, directly or indirectly, the safety of one or more idual or to cause substantial damage to property?	Yes	⊠ No
	Е.	weap	ise of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other on or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more iduals or to cause substantial damage to property?	Yes	⊠ No
4.	Have in sec	you Ection 2	EVER been a member of, solicited money or members for, provided support for, attended military to 339D(c)(1) of title 18, United States Code) by or on behalf of, or been associated with an organizat	raining (as ion that is:	defined
	A.	_	gnated as a terrorist organization under the Immigration and Nationality Act section 219?	Yes	× No
	В.		other group of two or more individuals, whether organized or not, which has engaged in or has a coup which has engaged in:		
		(1)	Hijacking 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
		(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	X No
		(5)	Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	X No
		(6)	The use of any biological agent; chemical agent; or nuclear weapon or device; 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	X No
5.	Do y	you int	end to engage in the United States in:		
	A.	-	onage?	Yes Yes	× No
	В.	of th	unlawful activity, or any activity the purpose of which is in opposition, to control, or overthrow e government of the United States?	Yes	
	C.	law	ly, principally, or incidentally in any activity related to espionage or sabotage or to violate any involving the export of goods, technology, or sensitive information?	Yes	X No
6.	whe	n men	ever been or do you continue to be a member of the Communist or other totalitarian party, except abership was involuntary?	Yes	X No
7.	Gov of C	ernme Fermar	during the period of March 23, 1933, to May 8, 1945, in association with either the Nazi ent of Germany or any organization or government associated or allied with the Nazi Government ay, ever ordered, incited, assisted, or otherwise participated in the persecution of any person frace, religion, nationality, membership in a particular social group, or political opinion?	☐ Yes	X No

1 20 3 20 30 30	Carrier Grant School			S. 2015 (1855)
Par	t <b>4.</b> P	rocessing Information (continued)		
8.	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 Yes	⊠ No
	C.	In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes Yes	X No
9.	A.	Are removal, exclusion, rescission, or deportation proceedings pending against you?	Yes Yes	X No
	B.	Have removal, exclusion, rescission, or deportation proceedings EVER been initiated against you?	Yes Yes	X 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 Yes	× No
	E.	Have you EVER been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in Part 9. Additional Information.)	Yes	× No
	F.	Have you <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	X No
10.	Have	you EVER ordered, incited, called for, committed, assisted, helped with, or otherwise participated in an	y of the fo	llowing:
	A.	Acts involving torture or genocide?	Yes	X No
	В.	Killing any person?	Yes	X No
	C.	Intentionally and severely injuring any person?	Yes	X No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	× No
	E.	Limiting or denying any person's ability to exercise religious beliefs?	Yes	X No
11.	Have	e you EVER:		
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	× No
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes	× No
12.	Hav- kind	e you EVER been a member of, assisted in, or participated in any group, unit, or organization of any in which you or other persons used any type of weapon against any person or threatened to do so?	Yes	X No
13.	knov	e you <b>EVER</b> assisted or participated in selling or providing weapons to any person who to your wledge used them against another person, or in transporting weapons to any person who to your wledge used them against another person?	Yes	X No
14.	Hav	e you EVER received any type of military, paramilitary, or weapons training?	Yes	X No
15.	Are doct	you under a final order or civil penalty for violating section 274C (producing and/or using false imentation to unlawfully satisfy a requirement of the Immigration and Nationality Act)?	Yes	⊠ No
16.	Hav visa	e you EVER, by fraud or willful misrepresentation of a material fact, sought to procure, or procured, a or other documentation, for entry into the United States or any immigration benefit?	Yes	X No
17.	Hav	e you EVER left the United States to avoid being drafted into the U.S. Armed Forces?	Yes	× No
18.		e you EVER detained, retained, or withheld the custody of a child, having a lawful claim to U.S. renship, outside the United States from a U.S. citizen granted custody?	Yes	× No
19.	Do	you plan to practice polygamy in the United States?	Yes	× No
20.	Hav	e you entered the United States as a stowaway?	Yes Yes	X No

	31)84C44			
Par	t 4. P	rocessing Information (continued)		
21.	Α.	Do you have a communicable disease of public	c health significance?	Yes X No
	В.	Do you have or have you had a physical or me is likely to recur) associated with the disorder safety, or welfare of yourself or others?	ental disorder and behavior (or a history which has posed or may pose a threat to	of behavior that Yes No o the property,
	C.	Are you now or have you been a drug abuser of	or drug addict?	☐ Yes ☒ No
Par	t 5. I	nformation About Your Family Member	n <b>s</b>	
Prov secti	ide the	e following information about your spouse and a the space provided in Part 9. Additional Info	all of your children, if applicable. If your mation.	ou need extra space to complete this
1.	You	Spouse's Legal Name		
	Fam	ily Name (Last Name)	Given Name (First Name)	Middle Name (if any)
	N/A			
2.	Date	of Birth (mm/dd/yyyy)  3. Country of B	irth	
4.	Curr	ent Location		
		or Town of Residence	Country of Residence	
		or rown or resource.		
5.	Info	rmation About Your Children		
٥,	<b>A.</b>	Child 1		
	А.	Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
		ranny Name (Last Name)	Given runne (1 not runne)	
		D. CD: 4 ( /11/mm) Country of Piret	h Relatio	onshin
		Date of Birth (mm/dd/yyyy) Country of Birt	II Toluti	Oliomp
		Current Location	State Country	
		City or Town	State Country	
	В.	Child 2		
		Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
		Date of Birth (mm/dd/yyyy) Country of Birt	th Relati	onship
		2010		
		Current Location		
		City or Town	State Country	

C		Members (continued)	
C.	Child 3		
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
	Date of Birth (mm/dd/yyyy) Country	y of Birth	Relationship
	Current Location		
	City or Town	State Cou	intry
			nt, for each family member listed above for
whom y	ou are now applying for derivative T non	immigrant status, and attach it to this	application.
Part 6	. Applicant's Statement, Contac	ct Information, Declaration, C	Certification, and Signature
NOTE:	Read the <b>Penalties</b> section of the Form	I-914 Instructions before completing	this section.
Applic	cant's Statement		
NOTE:	Select the box for either Item A. or B. in	n Item Number 1. If applicable, sele	ect the box for Item Number 2.
1. A	pplicant's Statement Regarding the Interp	oreter	
A	••		ry question and instruction on this application
A B	I can read and understand English and my answer to every question.		
	<ul> <li>I can read and understand English and my answer to every question.</li> <li>The interpreter named in Part 7. r question in Spanish</li> </ul>	read to me every question and instruc	
В	<ul> <li>I can read and understand English and my answer to every question.</li> <li>The interpreter named in Part 7. r question in Spanish a language in which I am fluent, a</li> </ul>	read to me every question and instruc	
В	<ul> <li>I can read and understand English and my answer to every question.</li> <li>The interpreter named in Part 7. r question in Spanish</li> </ul>	read to me every question and instruc	
В	I can read and understand English and my answer to every question.  The interpreter named in Part 7. r question in Spanish a language in which I am fluent, a applicant's Statement Regarding the Preparation.	read to me every question and instruction and I understood everything.  arer  Part 8.,	tion on this application and my answer to every
B. 2. A  ∑	I can read and understand English and my answer to every question.  The interpreter named in Part 7. r question in Spanish a language in which I am fluent, a applicant's Statement Regarding the Prepart At my request, the preparer named in I	read to me every question and instruction and I understood everything.  arer  Part 8.,  I only upon information I provided or	tion on this application and my answer to every authorized.
B.  2. A  Applic	I can read and understand English and my answer to every question.  The interpreter named in Part 7. r question in Spanish a language in which I am fluent, a applicant's Statement Regarding the Prepart At my request, the preparer named in prepared this application for me based	read to me every question and instruction and I understood everything.  arer  Part 8.,  I only upon information I provided or	tion on this application and my answer to every
2. A  Applica  3. A	I can read and understand English and my answer to every question.  The interpreter named in Part 7. r question in Spanish a language in which I am fluent, a applicant's Statement Regarding the Prepart At my request, the preparer named in prepared this application for me based cant's Contact Information	read to me every question and instruction and I understood everything.  arer  Part 8.,  I only upon information I provided or	tion on this application and my answer to ever

## Part 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

### Applicant's Declaration and Certification

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

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

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

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

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing,

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

Αp	oplicant's Signature				
ś.	Annlicant's Signature			Date	of Signature (mm/dd/yyy
					222
	TE TO ALL APPLICANTS: If you do not tructions, USCIS may demy your application.		t this application or fa	il to submit requir	ed documents listed in the
PΩ	rt 7. Interpreter's Contact Informa	ition, Certifica	tion, and Signatu	re (if any)	
Pro	wide the following information about the inte	rpreter.			
In	terpreter's Full Name				
i.	Interpreter's Family Name (Last Name)	2 - 4 - 7 - 7 - 844 2 - 7 - 2 10 - 22 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2 10 - 2	Interpreter's Given Name (First Name)		
2.	Interpreter's Business or Organization Nam	ne (if any)	-		
	Sanctuary for Families				
In	terpreter's Mailing Address				
3.	Street Number and Name			Apı. Ste. Flr.	Number
					8
	City or Town			State	ZIP Code
	Province	Postal Code	Country		
	NA	NA	USA		

			7 <b>7.</b> See 18.	es rou		
	t 7. Interpreter's Contact Informat	ion, Certifica	ition, a	and Signatur	e (ii aliy) (c	ontinued)
mika n	erpreter's Contact Information		5 <b>.</b>	Interpreter's M	obile Telephon	e Number (if any)
4.	Interpreter's Daytime Telephone Number		J.	Interpreter's 141	toone reception	o rumoor (ir any)
6.	Interpreter's Email Address (if any)					
Int	erpreter's Certification					
I cer	tify, under penalty of perjury, that:					
I am	fluent in English and Spanish					ecified in Part 6., Item B. in
or he	Number 1., and I have read to this applicanter answer to every question. The applicant in ication, including the Applicant's Declaration	formed me that I	he or sh	e understands ev	very instruction	, question, and answer on the
	erpreter's Signature				Det	e of Signature (mm/dd/yyyy)
7.	Interpreter's Signature / , 1				Dai	- ZoZZ
	rt 8. Contact Information, Declarather Than the Applicant	tion, and Sig	nature	of the Perso	on Preparing	g this Application, if
Prov	vide the following information about the prep	arer.				
Pro	eparer's Full Name					
1.	Preparer's Family Name (Last Name)		F	Preparer's Given	Name (First N	ame)
2.	Preparer's Business or Organization Name	(if any)				
	Sanctuary for Families					
			<del></del>			
3200	eparer's Mailing Address					
Pr					Apt. Ste. F	lr Number
					· 1	II. I (dilico)
<i>Pr</i> 3.	Street Number and Name			- Carrier - Carr		II. Italiaa
	Street Number and Name				State	ZIP Code
	Street Number and Name	Postal Code		Country		

Pr	eparer's Contact Information		
4.	Preparer's Daytime Telephone Number	5.	Preparer's Mobile Telephone Number (if any)
6.	Preparer's Email Address (if any)		
Pr	reparer's Statement		
7.	A. I am not an attorney or accredited representative the applicant and with the applicant's consent.	but have	prepared this application on behalf of
	B. I am an attorney or accredited representative and extends does not extend beyond the pre-		
	<b>NOTE:</b> If you are an attorney or accredited rep Notice of Entry of Appearance as Attorney or A	resentativ ccredited	ve, you may be obliged to submit a completed Form G-28, Representative, with this application.
Pi	reparer's Certification		
rev his	riewed this completed application and informed me that he or	she undendenderdi	application at the request of the applicant. The applicant then erstands all of the information contained in, and submitted with <b>fication</b> , and that all of this information is complete, true, and applicant provided to me or authorized me to obtain or use.
	reparer's Signature		
P	1 <b>7.4.11 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1</b>		

Part L	) Addit	ional li	ıformation
Lait	. Auun	IVIIAI II	

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

1.	Famil	ly Name (Last Name)		Given Name (Fir	st Name)	Middle Name
2.	A-Nu	ımber ▶ A-	. :	]		
3.	A.		umber C. It	em Number 5		
	D.					D on 06/27/21. During PD on my behalf, to
		express my willings	ess to cont	inue assistin	g Doral PD.	The state of the s
4.	Α.	Page Number B. Part N	Tumber C. It	em Number		
	D.	I entered the U.S.	for the fir	st time on 12	/10/20, with B1	visa as domestic
						gh Miami. I entered the
		U.S. for the second	d time on 03	3/12/21, same	B1 visa, by plar	ne through Miami again.
5.	A.	Page Number B. Part N	Number C. It	tem Number		
	D.	Regarding my most :	recent entry	y, on 03/12/21	, I traveled by	plane with my
		and the second s				ming back to the U.S.
		to continue to work				
6.	A.	Page Number B. Part N	Number C. I	tem Number		
	D.					



## Supplement A, Application for Famuy Member of T-1 Recipient

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

**USCIS** Form I-914

OMB No. 1615-0099 Expires 12/31/2023

START HERE - Type or print in ink. Use black ink. See Instructions for information For USCIS Use Only

	The manifest of the T	<ul> <li>List unique et l'additioné montaine publicé de promité à</li> </ul>	ASSESSMENT OF STREET OF THE STREET OF ST
oni	t eligibility and how to complete and file this application. The recipient of the T nmigrant classification is referred to as the principal applicant. His or her family	Returned	Receipt
nen	ber(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be	Date	
	oleted by the principal applicant.	Date	
PA (Sa	RT 1. Family Member Relationship to You (the principal) lect only one box in either Part 1. or Part 2.)	Resubmitted	
	The family member that I am filing for is my:	Date	
•	Husband/Wife	Date	
	⊠ Child	Reloc Sent	
	Parent	Date	
	Unmarried Sibling Under 18 Years of Age	Date	
	Olimaned blomb blidde to remoting	Reloc Rec'd	1
P/	RT 2. Family Member Relationship to Your Derivative	Date	
١.	The family member I am filing for is the adult or minor child of one of the family	Date	
	members listed in Part 1., Item Number 1. who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my	Val	lidity Dates
	cooperation with law enforcement and is the adult or minor	From:	
	(Select only one box in either Part 1. or Part 2.)	To:	
	Child of my spouse		Remarks
	Child of my child (my grandchild)		
	Child of my parent (my sibling over 18 years of age)		
	Child of my unmarried sibling under 18 years of age (my niece or nephew)		
P.	ART 3. General Information About You (the principal)		
1.	Your Full Legal Name	Condit	ional Approval
	Family Name (Last Name) Given Name (First Name) Middle Name (if any )	Stamp #	Date
			ction Block
2.	Date of Birth (mm/dd/yyyy)  3. Alien Registration Number (A-Number)  A-		LION BIOCK
4.	Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)		
	Filing this Form I-914, Supplement A, together	1	
	Pending		
	Approved		npleted by an attorney or representative, if any.
P	ART 4. Information About Your Family Member (the derivative)	Select this attached.	box if Form G-28 is
1.	Your Full Legal Name	Attorney or Ac	credited Representative
	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	USCIS Online	A coount Number

PΑ	RT 4. Information About Your Fa	mily Member (the derivative) (contin	ued)
	Other Names Used Provide any other names you have used since complete this section, use the space provided	e birth, including aliases, maiden names, and r	
	Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
	NA	NA	
3.	U.S. Physical Address or Intended Physical A	Address	(USPS ZIP Code Lookup)
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
١.	Safe U.S. Mailing Address		
	If you do not want U.S. Citizenship and Imm address, you may provide an alternate safe m	nigration Services (USCIS) to send notices aboatiling address.	out this application to your home
	In Care Of Name		
	Sanctuary for Families		
	Street Number and Name		Apt. Ste. Flr. Number
	City or Town		State ZIP Code
5.	Alien Registration Number (A-Number) (if a	any) 6. USCIS Online Account Num	ber
7.	U.S. Social Security Number (SSN) (if any)	8. Gender or Sex	
		☐ Male ☒ Female ☐ O	ther
9.	Marital Status		
	Single/Never Married	Divorced Widowed Annulled	
10.	If your family member was previously made Documents such as divorce decrees or dear use the space provided in Part 9. Additional	ath certificates must be attached. If you nee	s of termination of marriage. ed extra space to complete this section,
	A. Name of Former Spouse		
	Family Name (Last Name)	Given Name (First Name)	Middle Name
	NA		
	B. Date Marriage Ended (mm/dd/yyyy)		
	(mm/dd/yyyy)		

PA	RT	'4. Information About Your F	amily Member (the de	rivative) (continued)
		Where Marriage Ended		
		City or Town	State or Province	Country
	D.	How Marriage Ended		
		Annulled Divorced Separ	ated Widowed	
11.	Date	e of Birth (mm/dd/yyyy)		
		′2003		
12.	Plac	ce of Birth		
	City	y or Town	State or Province	Country
				The state of the s
13.	Cou	untry of Citizenship or Nationality	A CONTRACTOR OF THE CONTRACTOR	14. Passport or Travel Document Number
15.		untry That Issued Your Passport or Trav	el Document	16. Issued Date for Passport or Travel Document
	Do	minican Republic		(mm/dd/yyyy) 2022
17.	Exp	piration Date for Passport or Travel Document	ment 18. Cu	rrent Immigration Status
		m/dd/yyyy) 2028		
		your family member currently living in		Yes No
20.		you answered "Yes" to Item Number 1 United States.	9., give the following infor	nation about your family member if he or she is currently in
	A.	Place of Last Entry		
		City or Town	Star	e
	В.	Date of Last Entry (mm/dd/yyyy)	C. Form I-94 Arr	ival-Departure Record Number
21.	If y	your family member is outside the Unit plication is approved.	ed States, indicate the U.S.	Consulate or inspection facility you want notified if this
	A.	Type of Office (Select one):		
		Consulate Pre-flight In	nspection Facility	Port of Entry
	В.	City or Town	C. U	.S. State or Foreign Country

PA	ART 4.	Information About Your Family	Member (the deriva	tive) (contini	ued)		
	D.	Foreign Address Where You Want Notifie	cation Sent				
		Street Number and Name			Apt. Ste. Flr.	Number	
		NA					
		City or Town			State	ZIP Code	
		Province	Postal Code	Country			
				]		W	****
22.	Give the	e following information about your family	member if he or she has p	reviously trave	led to the Unit	ted States.	
	A.	Place of Entry					
		City or Town		State	-		
		NA					
	В.	Date of Entry (mm/dd/yyyy)	C. Date Authorize	ed Stay Expired			
			(mm/dd/yyyy)	)			
		Y Contract				- Alexandra	
	D.	Immigration Status					
			11 0				₩.
		or family member ever been in immigration		1 4 1914 -4	-1>	∐ Yes	× No
24.	If you a	nswered "Yes" to Item Number 23., what	type of proceedings? (Se	elect all that app	oly)		
	A.	Removal Date (mm/dd/yyyy)					
	В.	Exclusion Date (mm/dd/yyyy)					
	C.	Deportation Date (mm/dd/yyyy)					
	C.						
	D.	Recission Date (mm/dd/yyyy)					
	E.	Next Hearing Date (mm/dd/yyyy)					
25.	Is your	family member requesting an Employmen	t Authorization Documen	it?		Yes	X No
	If you a	nnswered "Yes" to <b>Item Number 25.</b> , subrization Document, with Form I-914, Suppl	nit Form I-765, Applicati ement A, or separately.	on for Employr	ment		
	employ	: If your family member is living outside to ment authorization until he or she is lawfu mily member living outside the United Sta	lly admitted to the United	ne is not eligible I States. Do no	e to receive t file Form I-7	65	

						They seed the Date Service in	
PA	RT	5. Processing Information					
"Ye officuse	s" to cer, o the s	the following questions about your family the following questions even if the record attorney told you that your family meropace provided in <b>Part 9. Additional Infaily</b> member will be denied T nonimmignation.	rds were sealed or o nber no longer has a formation to explair	therwise cleared or if anyone, include record. (If your answer is "Yes" to	ling a judge any one of	e, law enfo f these que	rcement stions,
1.	Has	the family member for whom you are fi	ling EVER:				
	A.	Committed a crime or offense for whic	h he or she has not b	peen arrested?		Yes	X No
	В.	Been arrested, cited, or detained by any Security (DHS), former Immigration an reason?	law enforcement of d Naturalization Ser	ficer (including Department of Homroice (INS), and military officers) fo	eland r any	Yes	⊠ No
	C.	Been charged with committing any crim	ne or offense?			Yes Yes	X No
	D.	Been convicted of a crime or offense (e	ven if violation was	subsequently expunged or pardoned	)?	Yes	X No
	E.	Been placed in an alternative sentencing prosecution, withheld adjudication, defe		program (for example, diversion, de	ferred	Yes	× No
	F.	Received a suspended sentence, been p	laced on probation, o	or been paroled?		Yes Yes	X No
	G.	Been in jail or prison?				Yes	X No
	H.	Been the beneficiary of a pardon, amne	sty, rehabilitation, o	r other act of clemency or similar ac	tion?	Yes	× No
	I.	Exercised diplomatic immunity to avoid	d prosecution for a c	criminal offense in the United States	?	Yes	× No
	If y	ou answered "Yes" to any part of Item Ition, use the space provided in Part 9. A	Number 1., complet dditional Informat	te the following table. If you need extion to explain your answer.	tra space to	to complete this	
	yo	hy was the family member for whom u are filing arrested, cited, detained, charged?	citation, detention, charge cited, detained, or charged? (for expectation, charge)			come or disposition example, no charges , charges dismissed, l, probation, etc.)	
		- Allendaria de la constanta d					
						1 45 4 - 310 France	
2.		s the family member for whom you are f					[2] 3.7
	A.	Engaged in prostitution or procurement prostitution or procurement of prostitution		loes ne or sne intend to engage in		∐ Yes	X No
		EVER engaged in any unlawful comm				Yes	X No
	C.	<b>EVER</b> knowingly encouraged, induced States illegally?	d, assisted, abetted, o	or aided any alien to try to enter the	United	Yes	X No
	D.	EVER illicitly trafficked in any control	olled substance, or ki	nowingly assisted, abetted, or collud	ed in the	Yes	X No

illicit trafficking of any controlled substance?

4755	\$5.512.51.01.	Nama (S				
- 1			Processing Information (continued)			
3.	Has the family member for whom you are filing <b>EVER</b> committed, planned or prepared, participated in, threated to, or conspired to commit, gathered information for, or solicited funds for any of the following:					
	A.	Hij	acking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	× No	
	В.	Seiz	ing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to pel a third person (including a governmental organization) to do or abstain from doing any act as xplicit or implicit condition for the release of the individual seized or detained?	Yes	⊠ No	
	C.	Ass	assination?	Yes Yes	× No	
	D.	The indi	use of any firearm with intent to endanger, directly or indirectly, the safety of one or more vidual or to cause substantial damage to property?	Yes	X No	
		wea indi	use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other pon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more viduals or to cause substantial damage to property?	Yes	⊠ No	
4.	atte	nded	family member for whom you are filing <b>EVER</b> been a member of, solicited money or members for, p military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf o organization that is:	rovided support for, f, or been associated		
	A.	Des	ignated as a terrorist organization under the Immigration and Nationality Act section 219?	Yes	X No	
	В.		y other group of two or more individuals, whether organized or not, which has engaged in or has a group which has engaged in:			
		(1)	Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes Yes	X 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 Yes	× No	
		(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)	Soliciting money or members or otherwise providing material support to a terrorist organization?	☐ Yes	× No	
		(6)	The use of any biological agent; chemical agent; or nuclear weapon or device; 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 Yes	⊠ No	
5.	Do	es th	e family member for whom you are filing intend to engage in the United States in:			
	A.	E	spionage?	Yes Yes	× No	
	В.		y unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of Government of the United States?	Yes Yes	X No	
	C.	Scin	lely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law volving the export of goods, technology, or sensitive information?	Yes	X No	
6.	Ha the	s the	family member for whom you are filing <b>EVER</b> been or does he or she continue to be a member of nmunist or other totalitarian party, except when membership was involuntary?	Yes Yes	X No	
7.	as: all the	socia ied v e per	e family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in tion with either the Nazi Government of Germany or any organization or government associated or with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in secution of any person because of race, religion, nationality, membership in a particular social or political opinion?	Yes	X No	

			Violation Landay Service	er Tolke o nagolinda, iba
PA	RI	5. Processing Information (continued)		
8.	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	X No
	C.	In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	× No
9.	A.	Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing?	Yes	⊠ No
	В.	Have removal, exclusion, rescission, or deportation proceedings <b>EVER</b> been initiated against the family member for whom you are filing?	Yes	⊠ No
	C.	Has the family member for whom you are filing <b>EVER</b> been removed, excluded, or deported from the United States?	Yes	× No
	D.	Has the family member for whom you are filing <b>EVER</b> been ordered to be removed, excluded, or deported from the United States?	Yes	⊠ No
	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, use the space provided in Part 9. Additional Information to explain your answer.)	Yes	⊠ No
	F.	Has the family member for whom you are filing <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	X No
10.	Ha:	s the family member for whom you are filing (or has any member of his or her family) EVER ordered, incit nmitted, assisted, helped with, or otherwise participated in any of the following:	ted, called	for,
	A.	Acts involving torture or genocide?	Yes	× No
	B.	Killing any person?	Yes	X No
	C.	Intentionally and severely injuring any person?	Yes	X No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes Yes	× No
	E.	Limiting or denying any person's ability to exercise religious beliefs?	Yes	X No
11.	На	s the family member for whom you are filing EVER:		
	Α.	unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	⊠ No
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes	⊠ No
12.	an	s the family member for whom you are filing <b>EVER</b> been a member of, assisted in, or participated in y group, unit, or organization of any kind in which he or she or any other persons used any type of appon against any person or threatened to do so?	Yes	⊠ No
13.	we	is the family member for whom you are filing EVER assisted or participated in selling or providing sapons to any person who to his or her knowledge used them against another person, or in transporting sapons to any person who to his or her knowledge used them against another person?	Yes	⊠ No
14		s the family member for whom you are filing EVER received any type of military, paramilitary, or capons training?	Yes	⊠ No
15	. Is 27	the family member for whom you are filing under a final order or civil penalty for violating INA section 4C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?	Yes Yes	⊠ No
16	fac	as the family member for whom you are filing <b>EVER</b> , by fraud or willful misrepresentation of a material ct, sought to procure, or procured, a visa or other documentation, for entry into the United States or any unigration benefit?	Yes	⊠ No

PA	R7	5. Processing Information (continued)									
17.		the family member for whom you are filing <b>EVER</b> left the United States to avoid being drafted into U.S. Armed Forces?	Yes	X No							
18.	chil	the family member for whom you are filing <b>EVER</b> detained, retained, or withheld the custody of a d, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted tody?	Yes	No No							
19.	19. Does the family member for whom you are filing plan to practice polygamy in the United States?										
20.	Dic	the family member for whom you are filing enter the United States as a stowaway?	Yes	⊠ No							
21.	Α.	Yes	⊠ No								
	В.	Does the family member for whom you are filing have or has he or she 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 themselves or others?	Yes	X No							
	C.	Is the family member for whom you are filing now or has he or she been a drug abuser or drug addict?	Yes	⊠ No							
ъ	PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature										
	TE	cant's Statement  Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Numbe plicant's Statement Regarding the Interpreter	r 2.								
••	A.	I can read and understand English, and I have read and understand every question and instruction on and my answer to every question.									
	В.	The interpreter named in <b>Part 7.</b> read to me every question and instruction on this application and m question in Spanish a language in which I am fluent, and I understood everything.	y answer to	every,							
2.	Αŗ	plicant's Statement Regarding the Preparer									
	X	At my request, the preparer named in Part 8., prepared this application for me based only upon information I provided or authorized.		,							
$A_{j}$	ppli	cant's Contact Information									
3.	Ar	oplicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number (	(if any)								
5.	Aj	oplicant's Email Address (if any)									

## PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

## Applicant's Declaration and Certification

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

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

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

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

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

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

Applicant's Signature		
6. Applicant's Signature		Date of Signature (mm/dd/yyyy)
		17022
Applicant's Phone Number (if any)	Applicant's Safe Phon	e Number
7. Signature of Derivative (your family member if physic	ally present in the United States)	Date of Signature (mm/dd/yyyy)
N/A		
NOTE TO ALL APPLICANTS: If you do not complete Instructions, USCIS may deny your application.	cry and out this appropriation or fair to si	ionat required documents fisted at the
		ionin required documents fisted in the
Instructions, USCIS may deny your application.		ionin required documents listed in the
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information		ionin required documents listed in the
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.		
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.  Interpreter's Full Name	, Certification, and Signature	
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.  Interpreter's Full Name	Certification, and Signature  Interpreter's Given Name (I	

PART 7. Interpreter's Contact Information	mation, Certificat	tion, and Signat	ure (continu	ed)
Interpreter's Mailing Address				
3. Street Number and Name			Apt. Ste. Flr	. Number
City or Town			State	ZIP Code
Province	Postal Code	Country		
		USA		Annual States St
Interpreter's Contact Information				
4. Interpreter's Daytime Telephone Number	5	. Interpreter's Mol	oile Telephone	Number (if any)
6. Interpreter's Email Address (if any)				
Interpreter's Certification				
I certify, under penalty of perjury, that:		<b></b>		
I am fluent in English and Spanish				cified in Part 6., Item B. in
Item Number 1., and I have read to this applica or her answer to every question. The applicant i application, including the Applicant's Declarat	nformed me that he or	r she understands ev	ery instruction,	, question, and answer on the
Interpreter's Signature				
7. Interpreter's Signature			Da	te of Signature (mm/dd/yyyy
				2502
PART 8. Contact Information, Decla Other Than the Applicant	aration, and Sign	ature of the Per	son Prepari	ng this Application, if
Provide the following information about the pre	parer.			
Preparer's Full Name				
1. Preparer's Family Name (Last Name)		Preparer's Given	Name (First Na	ime)
	<i>(</i> :C			
2. Preparer's Business or Organization Name	(it any)			
Sanctuary for Families				

Apt. Ste. Flr. Number    City or Town	City or Town Province				8
City or Town  Province  Postal Code  N/A  Preparer's Contact Information  4. Preparer's Daytime Telephone Number  6. Preparer's Email Address (if any)  Preparer's Statement  7. A.   I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  B.   I am an attorney or accredited representative and my representation of the applicant in this case	Province				
Province N/A  Preparer's Contact Information  4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  Preparer's Email Address (if any)  Preparer's Statement  7. A.	Province			'tata	
Preparer's Contact Information 4. Preparer's Daytime Telephone Number  6. Preparer's Email Address (if any)  Preparer's Statement  7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  B. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,				state	ZIP Code
Preparer's Contact Information 4. Preparer's Daytime Telephone Number  6. Preparer's Email Address (if any)  Preparer's Statement  7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  B. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,					
Preparer's Contact Information  4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  Preparer's Statement  7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  B. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,			Country		- Annual Control of the Control of t
4. Preparer's Daytime Telephone Number  5. Preparer's Mobile Telephone Number (if any)  Preparer's Email Address (if any)  Preparer's Statement  7. A. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.  B. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.  NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,	N/A	N/A			- Company - Comp
<ul> <li>7. A.</li></ul>					
<ul> <li>7. A.</li></ul>	•				
<ul> <li>7. A.</li></ul>			and a second of the second		in the serial automobility of the serial and the se
applicant and with the applicant's consent.  B.   I am an attorney or accredited representative and my representation of the applicant in this case    x   extends   does not extend beyond the preparation of this application.    NOTE: If you are an attorney or accredited representative, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,	Preparer's Statement				
<ul> <li>✓ extends</li></ul>			ve prepared this applicat	ion on behalf	of the
completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative,				cant in this ca	ise
	completed Form G-28, Notice of	r accredited representat f Entry of Appearance a	tive, you may be obliged as Attorney or Accredite	to submit a d Representa	tive,
Preparer's Certification	Preparer's Certification				
By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The application reviewed this completed application and informed me that he or she understands all of the information contained in, and submith, his or her application, including the <b>Applicant's Declaration and Certification</b> , and that all of this information is complete, and correct. I completed this application based only on information that the applicant provided to me or authorized me to or use.	reviewed this completed application and infor with, his or her application, including the Appl true, and correct. I completed this application	med me that he or she policant's Declaration a	understands all of the in: and Certification, and the	formation cornat all of this	ntained in, and submitted information is complete,
Preparer's Signature					
Doto of Signature (mm.	Preparer's Signature	2.1. Super Characteristic States of the Control			
8. Preparative Signature	Preparer's Signature			Dat	e of Signature (mm/dd/yyyy)

## Part 9. Additional Information

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

1. Family Name (Last Name)				Giv	Middle Name			
-•	ĵ.	110000000000000000000000000000000000000						
		umber	► A-			0.000		
3.	A.	Page Number	¬ В.	Part Number	C.	Item Number		
	D.							
								A CONTRACTOR OF THE CONTRACTOR
					····			
		MANAGER MESSES						
4.	A.	Page Number	В.	Part Number	C.	Item Number		
	D.							
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							A CONTRACTOR OF THE CONTRACTOR	
5.	A.	Page Number	В.	Part Number	C.	Item Number		
	D.							
6.	A.	Page Number	В.	Part Number	C.	Item Number	<u>-</u>	
	D.							



## Supplement A, Application for Famuy Member of T-1 Recipient

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

USCIS Form I-914

OMB No. 1615-0099 Expires 12/31/2023

START HERE - Type or print in ink. Use black ink. See Instructions for information For USCIS Use Only about eligibility and how to complete and file this application. The recipient of the T Returned Receipt nonimmigrant classification is referred to as the principal applicant. His or her family member(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be Date completed by the principal applicant. Date PART 1. Family Member Relationship to You (the principal) Resubmitted (Select only one box in either Part 1. or Part 2.) Date 1. The family member that I am filing for is my: Date Husband/Wife Reloc Sent Date Parent Date Unmarried Sibling Under 18 Years of Age Reloc Rec'd PART 2. Family Member Relationship to Your Derivative Date 1. The family member I am filing for is the adult or minor child of one of the family Date members listed in Part 1., Item Number 1. who faces a present danger of retaliation Validity Dates as a result of my escape from the severe form of trafficking in persons or my cooperation with law enforcement and is the adult or minor From: (Select only one box in either Part 1. or Part 2.) To: Child of my spouse Remarks Child of my child (my grandchild) Child of my parent (my sibling over 18 years of age) Child of my unmarried sibling under 18 years of age (my niece or nephew) PART 3. General Information About You (the principal) 1. Your Full Legal Name Conditional Approval Middle Name (if any ) Family Name (Last Name) Given Name (First Name) Date Stamp # **Action Block** 3. Alien Registration Number (A-Number) Date of Birth (mm/dd/yyyy) 1978 Status of your Form I-914, Application for T Nonimmigrant Status: (Select one) Filing this Form I-914, Supplement A, together → Pending Approved To be fully completed by an attorney or accredited representative, if any. PART 4. Information About Your Family Member (the derivative) X Select this box if Form G-28 is attached. 1. Your Full Legal Name Attorney or Accredited Representative Middle Name (if any) Given Name (First Name) USCIS Online Account Number Family Name (Last Name)

PA	ART 4. Information About Your Fa	amily Meml	per (the derivative)	(continue	d)	
2.	Other Names Used	NAC - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	Provide any other names you have used sinc complete this section, use the space provided	e birth, includi d in <b>Part 9. A</b> c	ing aliases, maiden nam Iditional Information.	es, and nick	names. If yo	ou need extra space to
	Family Name (Last Name)	Given Name	e (First Name)	1	Middle Name	(if any)
	NA	NA				
3.	U.S. Physical Address or Intended Physical	Address		ſ	USPS ZIP Code	Lookup)
	Street Number and Name				Apt. Ste. Flr.	Number
	City or Town				State	ZIP Code
4.	Safe U.S. Mailing Address					
•	If you do not want U.S. Citizenship and Imr	nigration Serv	ices (USCIS) to send no	tices about	this applicati	on to your home
	address, you may provide an alternate safe r					
	In Care Of Name		- Harrison Control Con			
	Sanctuary for Families -		Annual V			
	Street Number and Name				Ant. Ste. Flr.	Number
	City or Town				State	ZIP Code
5.	Alien Registration Number (A-Number) (if	any) <b>6.</b>	USCIS Online Accou	unt Number		<b>-</b>
	► A-		<b>&gt;</b>			
7.	U.S. Social Security Number (SSN) (if any)	) 8.	Gender or Sex			
, •	O.S. Social Security Trained (SSA) (In any)	,	☐ Male 🔀 Female	Other	r	
			—			
9.	Marital Status					
	Single/Never Married	Divorced	] Widowed [_] Annulle	ed		
10	If your family member was previously m Documents such as divorce decrees or de use the space provided in Part 9. Addition	eath certificate	es must be attached. If	nd dates of f you need e	termination extra space to	of marriage. complete this section,
	A. Name of Former Spouse					
	Family Name (Last Name)	Given	Name (First Name)		Middle 1	Name
	NA					
	B. Date Marriage Ended (mm/dd/yyyy)					
	(mm/dd/yyyy)					
	(min da yyyy)					

PA	RT	4. Information About Your F	amily Member (the der	ivative) (continued)
	C.	Where Marriage Ended		
		City or Town	State or Province	Country
		A STATE OF THE STA		
	D.	How Marriage Ended		
		Annulled Divorced Separ	rated Widowed	
11.	Date	e of Birth (mm/dd/yyyy) 2010		
12.	Plac	ce of Birth		
	City	y or Town	State or Province	Country
13.	Cou	untry of Citizenship or Nationality		14. Passport or Travel Document Number
		- Allertin	A COMMENT OF THE PARTY OF THE P	
15.	Cot	untry That Issued Your Passport or Trav	vel Document	16. Issued Date for Passport or Travel Document
				(mm/dd/yyyy)
17.	Exp	oiration Date for Passport or Travel Docum	ment 18. Cur	rent Immigration Status
	(mr	m/dd/yyyy) /2028		
19.	Is y	our family member currently living in	the United States?	☐ Yes ☒ N
20.		ou answered "Yes" to Item Number 1 United States.	9., give the following inform	ation about your family member if he or she is currently
	A.	Place of Last Entry		
		City or Town	State	
	B.	Date of Last Entry (mm/dd/yyyy)	C. Form I-94 Arriv	al-Departure Record Number
			<b>&gt;</b>	
21.		your family member is outside the United	ed States, indicate the U.S. C	onsulate or inspection facility you want notified if this
	A.	Type of Office (Select one):		
		Consulate Pre-flight In	nspection Facility	Port of Entry
	B.	City or Town	C. U.S	. State or Foreign Country

	DE 4	T C 11-1	Jambar (the desiret	wa) (confi	neg)		
P/		Information About Your Family M		ive) (contin	ucu)		
	D.	Foreign Address Where You Want Notificat	tion Sent		Apt. Ste. Flr.	Numbor	
		Street Number and Name			Api. Sie. Fir.	Number	
		NA				7ID C. 1	
		City or Town			State	ZIP Code	
		Punican	Postal Code	Country			
		Province	Postar Code	Country			
22.	Give the	e following information about your family me	l ember if he or she has p	reviously trav	eled to the Unit	ted States.	
		Place of Entry					
		City or Town		State			
		NA					
	В.	Date of Entry (mm/dd/yyyy)	C. Date Authorized	d Stay Expired			
			(mm/dd/yyyy)				
	D.	Immigration Status					
23.	Has you	or family member ever been in immigration c	ourt proceedings?			Yes	× No
24.	If you a	nswered "Yes" to Item Number 23., what ty	pe of proceedings? (Sel	ect all that ap	ply)		
	Α.	Removal Date (mm/dd/yyyy)					
	В.	Exclusion Date (mm/dd/yyyy)					
	C.	Deportation Date (mm/dd/yyyy)					
	D.	Recission Date (mm/dd/yyyy)					
	E.	Next Hearing Date (mm/dd/yyyy)					
25.	Is your	family member requesting an Employment A	Authorization Document	?		Yes	X No
		nswered "Yes" to Item Number 25., submit zation Document, with Form I-914, Supplen		n for Employ	ment		
	employ	If your family member is living outside the ment authorization until he or she is lawfully mily member living outside the United States	admitted to the United	e is not eligibl States. Do no	e to receive ot file Form I-7	65	

P	\RT	5. Processing Information						
"Ye offi use	es" to cer, o the s	the following questions about your family the following questions even if the record attorney told you that your family meaning provided in <b>Part 9. Additional Intelligence</b> will be denied T nonimming	ords were sealed or o mber no longer has a formation to explain	therwise cleared or if anyone, include record. (If your answer is "Yes" to	ing a judge any one of	e, law enfor these ques	rcement stions,	
1.	Has	the family member for whom you are fi	lling EVER:					
	A.	Committed a crime or offense for which	th he or she has not b	peen arrested?		Yes	X No	
	В.	Been arrested, cited, or detained by any Security (DHS), former Immigration arreason?	law enforcement of ad Naturalization Ser	ficer (including Department of Homrvice (INS), and military officers) for	eland any	Yes	⊠ No	
	C.	Been charged with committing any crim	ne or offense?			Yes	× No	
	D.	Been convicted of a crime or offense (e	ven if violation was	subsequently expunged or pardoned	)?	Yes Yes	X No	
	E.	erred	Yes	⊠ No				
	F.	Received a suspended sentence, been p	laced on probation,	or been paroled?		Yes	⋉ No	
	G.	Been in jail or prison?				Yes	X No	
	H.	Been the beneficiary of a pardon, amne	sty, rehabilitation, o	r other act of clemency or similar ac	tion?	Yes	ĭ No	
	I.	Exercised diplomatic immunity to avoi	d prosecution for a c	eriminal offense in the United States?	•	Yes	X No	
	sect	tra space to						
	yo	hy was the family member for whom u are filing arrested, cited, detained, charged?	citation, detention, charge cited, detained, or charged? (for expectation)			ome or disposition cample, no charges charges dismissed, probation, etc.)		
							10044 · ·	
2.		s the family member for whom you are f				_	_	
	A.	Engaged in prostitution or procuremen prostitution or procurement of prostitution		oes he or she intend to engage in		Yes	X No	
	B.	EVER engaged in any unlawful comm				Yes	× No	
	C.	<b>EVER</b> knowingly encouraged, induced States illegally?	d, assisted, abetted, o	or aided any alien to try to enter the U	Jnited	Yes Yes	⊠ No	
	<b>D. EVER</b> illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance?							

PA	RT	5.	Processing Information (continued)		
3.	Has	the f	Family member for whom you are filing EVER committed, planned or prepared, participated in, threat inspired to commit, gathered information for, or solicited funds for any of the following:	ened to, att	empted
	A.	Hija	acking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	X No
	В.	com	ing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to pel a third person (including a governmental organization) to do or abstain from doing any act as xplicit or implicit condition for the release of the individual seized or detained?	Yes	X No
	C.	Ass	assination?	Yes	× No
	D.		use of any firearm with intent to endanger, directly or indirectly, the safety of one or more vidual or to cause substantial damage to property?	Yes	X No
	Е.	wea	use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other pon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more viduals or to cause substantial damage to property?	Yes	× No
4.	atte	nded	family member for whom you are filing <b>EVER</b> been a member of, solicited money or members for, pr military training (as defined in section 2339D(c)(1) of title 18, United States Code) by or on behalf of organization that is:	ovided sup , or been as	port for, ssociated
	A.	Des	ignated as a terrorist organization under the Immigration and Nationality Act section 219?	Yes	X No
	В.		other group of two or more individuals, whether organized or not, which has engaged in or has a group which has engaged in:		
		(1)	Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes	X 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	X No
		(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	X No
		(5)	Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes Yes	X No
		(6)	The use of any biological agent; chemical agent; or nuclear weapon or device; 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	X No
5.	Do	es th	e family member for whom you are filing intend to engage in the United States in:		
	A.	Es	pionage?	Yes Yes	X No
	В.		y unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of Government of the United States?	Yes	X No
	C.	Sol inv	ely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law olving the export of goods, technology, or sensitive information?	Yes	⊠ No
6.	Ha the	s the Con	family member for whom you are filing <b>EVER</b> been or does he or she continue to be a member of munist or other totalitarian party, except when membership was involuntary?	Yes	× No
7.	ass alli the	ociat ed w pers	family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in into with either the Nazi Government of Germany or any organization or government associated or with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in ecution of any person because of race, religion, nationality, membership in a particular social or political opinion?	Yes	⊠ No

			San	V. 1. 17.2 (1. 12. 13. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14
PA	\R1	7 5. Processing Information (continued)		
8.	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	X No
	B.	Displaced or moved from his or her residence by force, compulsion, or duress?	Yes	X No
	C.	In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	X No
9.	A.	Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing?	Yes	× No
	В.	Have removal, exclusion, rescission, or deportation proceedings <b>EVER</b> been initiated against the family member for whom you are filing?	Yes	× No
	C.	Has the family member for whom you are filing <b>EVER</b> been removed, excluded, or deported from the United States?	Yes	× No
	D.	Has the family member for whom you are filing <b>EVER</b> been ordered to be removed, excluded, or deported from the United States?	Yes	× No
	E.	Has the family member for whom you are filing <b>EVER</b> been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in <b>Part 9. Additional Information</b> to explain your answer.)	Yes	⊠ No
	F.	Has the family member for whom you are filing <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	X No
10.	Has	s the family member for whom you are filing (or has any member of his or her family) EVER ordered, incit nmitted, assisted, helped with, or otherwise participated in any of the following:	ed, called	for,
	A.	Acts involving torture or genocide?	Yes	X No
	B.	Killing any person?	Yes	X No
	C.	Intentionally and severely injuring any person?	Yes	X No
	D.	Engaging in any kind of sexual contact or relations with any person who was being forced or threatened?	Yes	X No
	E.	Limiting or denying any person's ability to exercise religious beliefs?	Yes	× No
11.	Ha	s the family member for whom you are filing EVER:		
	A.	Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization?	Yes	× No
	В.	Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?	Yes	⊠ No
12.	any	s the family member for whom you are filing EVER been a member of, assisted in, or participated in group, unit, or organization of any kind in which he or she or any other persons used any type of apon against any person or threatened to do so?	Yes	X No
13.	we	s the family member for whom you are filing <b>EVER</b> assisted or participated in selling or providing apons to any person who to his or her knowledge used them against another person, or in transporting apons to any person who to his or her knowledge used them against another person?	Yes	X No
14.		s the family member for whom you are filing <b>EVER</b> received any type of military, paramilitary, or apons training?	Yes	× No
15	Is to 27	the family member for whom you are filing under a final order or civil penalty for violating INA section 4C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?	Yes	X No
16	fac	is the family member for whom you are filing <b>EVER</b> , by fraud or willful misrepresentation of a material st, sought to procure, or procured, a visa or other documentation, for entry into the United States or any migration benefit?	Yes	⊠ No

P	\R	Γ 5. Processing Information (continued)		
17.		the family member for whom you are filing <b>EVER</b> left the United States to avoid being drafted into U.S. Armed Forces?	Yes	X No
18.	chi	s the family member for whom you are filing <b>EVER</b> detained, retained, or withheld the custody of a ld, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted tody?	Yes	⊠ No
19.	Do	es the family member for whom you are filing plan to practice polygamy in the United States?	Yes Yes	X No
20.	Die	the family member for whom you are filing enter the United States as a stowaway?	Yes Yes	× No
21.	A.	Does the family member for whom you are filing have a communicable disease of public health significance?	Yes	X No
	В.	Does the family member for whom you are filing have or has he or she 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 themselves or others?	Yes	X No
	C.	Is the family member for whom you are filing now or has he or she been a drug abuser or drug addict?	Yes	X No
P	AR'	$\Gamma$ 6. Applicant's Statement, Contact Information, Declaration, Certification, and Sig	gnature	
NO	TE	Read the <b>Penalties</b> section of the Form I-914 Instructions before completing this part.		
ΑĮ	pli	cant's Statement		
NC	TE	Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number	2.	
1.	Ap	plicant's Statement Regarding the Interpreter		
	A.	I can read and understand English, and I have read and understand every question and instruction on and my answer to every question.	this applica	ation
	В.	The interpreter named in Part 7. read to me every question and instruction on this application and my	answer to	every
		question in Spanish		,
		a language in which I am fluent, and I understood everything.		
2.	Ap	plicant's Statement Regarding the Preparer		
	×	At my request, the preparer named in <b>Part 8.</b> , prepared this application for me based only upon information I provided or authorized.		,
sakţ).		Turken en e		
$A_{I}$	ppli	cant's Contact Information		
3.	Ar	pplicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number (i	if any)	
5.	Ar	oplicant's Email Address (if any)		

# PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

### Applicant's Declaration and Certification

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

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

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

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

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

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

HAMPAAN TENYA WAXAMBAHA INA KAMBANAN MERUPAKAN BAHAHA KAMBAN BAHAMBAN BAWA BAHAMBAHA KAMBAN BAHAMBAN BAHAMBAHA

6. Applicant's Signature		Date of Signature (mm/dd/yyyy)
		12022
Applicant's Phone Number (if any)	Applicant's Safe Phon	e Number
	3328957468	
7. Signature of Derivative (your family member if physic	ally present in the United States)	Date of Signature (mm/dd/yyyy)
N/A		
NOTE TO ALL APPLICANTS: If you do not complet Instructions, USCIS may deny your application.	ely fill out this application or fail to so	ibmit required documents listed in the
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information		
Instructions, USCIS may deny your application.	, Certification, and Signature	
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.  Interpreter's Full Name	, Certification, and Signature	
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.	, Certification, and Signature	
Instructions, USCIS may deny your application.  PART 7. Interpreter's Contact Information  Provide the following information about the interpreter.  Interpreter's Full Name	, Certification, and Signature  Interpreter's Given Name (F	

PART 7. Interpreter's Contact			-messa C (COHEIII	
Interpreter's Mailing Address				
3. Street Number and Name	Malline was successful manning trees and page 1		Apt. Ste. F	r. Number
	AND SOCIAL TO A CONTROL OF THE SOCIAL PROPERTY OF THE SOCIAL PROPERT	-		
City or Town			State	ZIP Code
Province	Postal Code	Country		www.wathawatawatawatawatawatawatawatawatawat
		USA		
Interpreter's Contact Informatio				
4. Interpreter's Daytime Telephone Nu		5. Interpreter's N	Aobile Telephone	Number (if any)
. Interpreter's Daytime Telephone Num	MIOCI	5. Interpreters to	vioone relephone	7 (united (if any)
6. Interpreter's Email Address (if any)				
interpreter 3 Email Address (If any)				
- <u>트리트를 통하다면서 되었다고 프</u> 스트로 관련 2018년 1918년 1일				
Interpreter's Certification	7			
Interpreter's Certification  I certify, under penalty of perjury, that:			1981 BU BURNES BURNES B 1982 BURNES BURNES	
I certify, under penalty of perjury, that:		, which is the s	ame language sp	ecified in <b>Part 6., Item B.</b> in
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this		Inguage every ques	stion and instruct	
I certify, under penalty of perjury, that: I am fluent in English and Spanish Item Number 1., and I have read to this or her answer to every question. The app	plicant informed me that he	inguage every questor she understands	stion and instruct every instruction	ion on this application and hi n, question, and answer on the
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this	plicant informed me that he	inguage every questor she understands	stion and instruct every instruction	ion on this application and hi n, question, and answer on the
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I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this or her answer to every question. The appapplication, including the Applicant's D  Interpreter's Signature	plicant informed me that he	inguage every questor she understands	stion and instruct every instruction the accuracy of	ion on this application and hin, question, and answer on the every answer.
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this or her answer to every question. The appapplication, including the Applicant's D  Interpreter's Signature	plicant informed me that he	inguage every questor she understands	stion and instruct every instruction the accuracy of	ion on this application and hin, question, and answer on the every answer.  ate of Signature (mm/dd/yyy
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this or her answer to every question. The appapplication, including the Applicant's D  Interpreter's Signature	plicant informed me that he of the operation and Certification	unguage every ques or she understands on, and has verified	stion and instruct every instruction the accuracy of	ion on this application and hin, question, and answer on the every answer.  ate of Signature (mm/dd/yyy
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I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this or her answer to every question. The appapplication, including the Applicant's D  Interpreter's Signature  7.  PART 8. Contact Information, Other Than the Applicant  Provide the following information about	Declaration, and Sign the preparer.	inguage every questor she understands on, and has verified that the property of the Post and the	stion and instruct every instruction the accuracy of	ion on this application and hin, question, and answer on the every answer.  ate of Signature (mm/dd/yyy)  ZOZZ  ing this Application, if
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I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this or her answer to every question. The appapplication, including the Applicant's D  Interpreter's Signature  7.  PART 8. Contact Information, Other Than the Applicant  Provide the following information about  Preparer's Full Name	Declaration, and Sign the preparer.	inguage every questor she understands on, and has verified that the property of the Post and the	erson Prepari	ion on this application and hin, question, and answer on the every answer.  ate of Signature (mm/dd/yyy)  ZOZZ  ing this Application, if

Preparer's Mailing Add	ress			1 : 11:	
Street Number and Name			Ap	t. Ste. Fl	r. Number
City or Town			Sta	ite	ZIP Code
Province	Postal Code		Country		
N/A	N/A		US		
Preparer's Contact Info	rmation				
10.2 (2.4 (2.4 (2.4 (2.4 (2.4 (2.4 (2.4 (2		_	D 1.36111 m.1		
Preparer's Daytime Telep	none Number	5.	Preparer's Mobile Tele	phone N	umber (if any)
Preparer's Email Address	(if any)				
Preparer's Eman Address	(II any)				
Preparer's Statement					
	mey or accredited representative but hith the applicant's consent.	ave pr	repared this application	on beha	If of the
	or accredited representative and my r does not extend beyond the preparation	100	보세요 그리지 않는 이번 보를 받았다.	nt in this	case
	are an attorney or accredited represent G-28, Notice of Entry of Appearance ation.				
Preparer's Certification			anlication at the reques	t of the a	nnlicant. The annlicant the
y my signature, I certify, un viewed this completed appl ith, his or her application, in	der penalty of perjury, that I prepared ication and informed me that he or she icluding the <b>Applicant's Declaration</b> I this application based only on inform	under	rstands all of the infor- certification, and that	mation co	ontained in, and submitted information is complete,
y my signature, I certify, un viewed this completed appl ith, his or her application, in ue, and correct. I completed	ication and informed me that he or she icluding the Applicant's Declaration	under	rstands all of the infor- certification, and that	mation co	ontained in, and submitted information is complete,
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P																										

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

1.	Fan	nily Name (Last Na	ame)		Giv	ven Name (First Name)	Middle Name
2.	A-N	Number	► A-[				
3.	A. D.	Page Number	В.	Part Number	C.	Item Number	
4.		Page Number	В.	Part Number	C.	Item Number	
	D.						
		,					
5.	A.	Page Number	В.	Part Number	С.	Item Number	
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	D.						· · · · · · · · · · · · · · · · · · ·
							TF 70-11-07-11-11-11-11-11-11-11-11-11-11-11-11-11



### Supplement A, Application for Family Member of T-1 Recipient

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

**USCIS** Form I-914

OMB No. 1615-0099 Expires 12/31/2023

For USCIS Use Only

START HERE - Type or print in ink. Use black ink. See Instructions for information about eligibility and how to complete and file this application. The recipient of the T

	immigrant classification is referred to as the principal applicant. His or her family	Returned	Receipt
mei	mber(s) is referred to as a derivative applicant. Form I-914, Supplement A, is to be	Date	
	npleted by the principal applicant.	Date	
	ART 1. Family Member Relationship to You (the principal) elect only one box in either Part 1. or Part 2.)	Resubmitted	
1.	The family member that I am filing for is my:	Date	
1.	Husband/Wife	Date	
	☐ Indisolate wife	Reloc Sent	
	Parent	Date	
	Unmarried Sibling Under 18 Years of Age	Date	
	Unimarited Storing Order to Teas of Age	Reloc Rec'd	
P	ART 2. Family Member Relationship to Your Derivative	Date	
1.	The family member I am filing for is the adult or minor child of one of the family	Date	
	members listed in <b>Part 1., Item Number 1.</b> who faces a present danger of retaliation as a result of my escape from the severe form of trafficking in persons or my	Vali	dity Dates
	cooperation with law enforcement and is the adult or minor	From:	
	(Select only one box in either Part 1. or Part 2.)	To:	
	Child of my spouse	T.	temarks
	Child of my child (my grandchild)		cmarks
	Child of my parent (my sibling over 18 years of age)		
	Child of my unmarried sibling under 18 years of age (my niece or nephew)		
P	ART 3. General Information About You (the principal)		
. 703		C144	
1.	Your Full Legal Name Family Name (Last Name) Given Name (First Name) Middle Name (if any)	Conditi	onal Approval
	ramily Name (Last Name) Given Name (First Name) Windure Name (If any)	Stamp #	Date
•	Date of Birth (mm/dd/vvvv)  3. Alien Registration Number (A-Number)	Ac	tion Block
2.	Date of Birth (mm/dd/yyyy)  3. Alien Registration Number (A-Number)  A-		
4.	Status of your Form I-914, Application for T Nonimmigrant Status: (Select one)		
	Filing this Form I-914, Supplement A, together		
	Pending		
	Approved		pleted by an attorney or epresentative, if any.
P	ART 4. Information About Your Family Member (the derivative)	Select this be	ox if Form G-28 is
1.	Your Full Legal Name	attached.	
-	Family Name (Last Name) Given Name (First Name) Middle Name (if any)	USCIS Online A	redited Representative

Other Names Used		
Provide any other names you have complete this section, use the space	used since birth, including aliases, maiden name provided in Part 9. Additional Information.	nes, and nicknames. If you need extra space to .
Family Name (Last Name)	Given Name (First Name)	Middle Name (if any)
NA	NA	
U.S. Physical Address or Intended	Physical Address	(USPS ZIP Code Lookup)
Street Number and Name		Apt. Ste. Flr. Number
OLIVOT WILL I WAR		
City or Town		State ZIP Code
Oily of Tomi		
Safe U.S. Mailing Address		
_	p and Immigration Services (USCIS) to send no	notices about this application to your home
address, you may provide an altern	nate safe mailing address.	
In Care Of Name		
Sanctuary for Families	- Barbara Vidal-Guiresse	
Street Number and Name		Apt. Ste. Flr. Number
City or Town		State ZIP Code
Alien Registration Number (A-Nu	umber) (if any) 6. USCIS Online Acco	ount Number
► A-	<b>→</b>	
V 0 0 110 11 N -1 - (00)	N) (if any) 8. Gender or Sex	
U.S. Social Security Number (SS)	¬	e 🖂 Other
	Male X Female	e 📋 Other
Marital Status		
Single/Never Married ☐ Ma	rried Divorced Widowed Annull	led
If your family member was pre- Documents such as divorce decruse the space provided in Part 9.	viously married, list names of prior spouses a rees or death certificates must be attached. I	and dates of termination of marriage. If you need extra space to complete this section
•	Additional Information.	
A. Name of Former Spouse	Given Name (First Name)	Middle Name
Family Name (Last Name)	Given Name (First Name)	Priddle Ivanie
NA		
B. Date Marriage Ended (mm/dd.	/уууу)	
	1	

PA	RT	4. Information About You	r Family Member (the	e derivative) (continued)
	c.	Where Marriage Ended		
		City or Town	State or Province	Country
	D.	How Marriage Ended		
		Annulled Divorced S	eparated  Widowed	
11.	Date	e of Birth (mm/dd/yyyy)		
		2017		
12.	Plac	ce of Birth		
	City	or Town	State or Province	Country
		n Cristobal		Dominican Republic
13.	Cou	untry of Citizenship or Nationality		14. Passport or Travel Document Number
		minican Republic	A CONTRACTOR OF THE CONTRACTOR	
15	Cor	untry That Issued Your Passport or	Travel Document	16. Issued Date for Passport or Travel Document
15.		minican Republic	400	(mm/dd/yyyy) 2021
			Oocument 18.	Current Immigration Status
17.		oiration Date for Passport or Travel I m/dd/yyyy) 2027	- Is.	Current immigration secural
10			a in the United States?	Yes X No
	_	your family member currently living		
20.		ou answered "Yes" to <b>Item Num</b> b United States.	er 19., give the following in	formation about your family member if he or she is currently in
	A.	Place of Last Entry		
		City or Town		State
	В.	Date of Last Entry (mm/dd/yyyy	C. Form I-94	Arrival-Departure Record Number
			<b>→</b>	
21.		your family member is outside the plication is approved.	United States, indicate the U	.S. Consulate or inspection facility you want notified if this
	A.	Type of Office (Select one):		,
		Consulate Pre-flig	tht Inspection Facility	Port of Entry
	В.	City or Town	C.	U.S. State or Foreign Country
		Santo Domingo		Dominican Republic

PAR	RT 4.	Information About Your Family	y <b>Member</b> (the derivation	ve) (contin	ued)		
		Foreign Address Where You Want Notif					
	٠.	Street Number and Name			Apt. Ste. Flr.	Number	
		NA					
		City or Town			State	ZIP Code	
		Province	Postal Code	Country			
				. 1	alad to the IIni	tad States	
<b>22.</b> G	ive the	following information about your family	y member if he or she has pro	eviously trav	eled to the Oni	ieu states.	
	A.	Place of Entry					
		City or Town		State	7		
		NA					
	В.	Date of Entry (mm/dd/yyyy)	C. Date Authorized	Stay Expired	1		
			(mm/dd/yyyy)				
	D.	Immigration Status					
23. I	Has yo	ur family member ever been in immigration	on court proceedings?			Yes Yes	X No
24.	lf you a	answered "Yes" to Item Number 23., wh	nat type of proceedings? (Sel-	ect all that a	oply)		
	A.	Removal Date (mm/dd/yyyy)					
	В.	Exclusion Date (mm/dd/yyyy)					
	C.	Deportation Date (mm/dd/yyyy)					
	D.	Recission Date (mm/dd/yyyy)					
	E.	Next Hearing Date (mm/dd/yyyy)					
25.	Is you	family member requesting an Employme	ent Authorization Document	:?		Yes Yes	⊠ No
	If you	answered "Yes" to Item Number 25., surization Document, with Form I-914, Sup	ıbmit Form I-765, Applicatio		yment		
	emplo	: If your family member is living outsid yment authorization until he or she is law amily member living outside the United S	fully admitted to the United	e is not eligit States. Do r	ole to receive not file Form I-	765	

PA	RT	5. Processing Information					
"Ye offi use	s" to cer, o the s	the following questions about your family the following questions even if the record attorney told you that your family mer pace provided in <b>Part 9. Additional Inf</b> uily member will be denied T nonimmignation.	rds were sealed or o nber no longer has a Tormation to explair	therwise cleared or if anyone, include record. (If your answer is "Yes" to	any one of	these ques	rcement stions,
1.	Has	the family member for whom you are fi	ling EVER:				
	A.	Committed a crime or offense for whice	h he or she has not b	oeen arrested?		Yes	× No
	В.	Been arrested, cited, or detained by any Security (DHS), former Immigration an reason?	law enforcement of d Naturalization Ser	ficer (including Department of Hom- rvice (INS), and military officers) for	eland r any	Yes	⊠ No
	C.	Been charged with committing any crin	ne or offense?			Yes	X No
	D.	Been convicted of a crime or offense (e	ven if violation was	subsequently expunged or pardoned	1)?	Yes	X No
	E.	Been placed in an alternative sentencing prosecution, withheld adjudication, def	g or a rehabilitative erred adjudication)?	program (for example, diversion, det	ferred	Yes Yes	⊠ No
	F.	Received a suspended sentence, been p	laced on probation,	or been paroled?		Yes	× No
	G.	Been in jail or prison?				Yes	⊠ No
	H.	Been the beneficiary of a pardon, amne	sty, rehabilitation, o	or other act of clemency or similar ac	tion?	Yes Yes	X No
	I.	Exercised diplomatic immunity to avoi				Yes	X No
	If yes	ou answered "Yes" to any part of Item Item item, use the space provided in Part 9. A	Number 1., completed ditional Informational Informational Information and the second s	te the following table. If you need extion to explain your answer.	tra space to	complete	tnis
	W	hy was the family member for whom	Date of arrest,	Where was the family member		ne or disp	
	yo	hy was the family member for whom u are filing arrested, cited, detained, charged?	Date of arrest, citation, detention, charge (mm/dd/yyyy)	for whom you are filing arrested,	(for exa filed, cl	ne or disp imple, no o narges dis probation,	charges missed,
	yo	u are filing arrested, cited, detained,	citation, detention, charge	for whom you are filing arrested, cited, detained, or charged?	(for exa filed, cl	mple, no c harges dis	charges missed,
	yo	u are filing arrested, cited, detained,	citation, detention, charge	for whom you are filing arrested, cited, detained, or charged?	(for exa filed, cl	mple, no c harges dis	charges missed,
	yo	u are filing arrested, cited, detained,	citation, detention, charge	for whom you are filing arrested, cited, detained, or charged?	(for exa filed, cl	mple, no c harges dis	charges missed,
	yo	u are filing arrested, cited, detained,	citation, detention, charge	for whom you are filing arrested, cited, detained, or charged?	(for exa filed, cl	mple, no c harges dis	charges missed,
2.	yo	u are filing arrested, cited, detained, charged?  s the family member for whom you are	citation, detention, charge (mm/dd/yyyy)  filing:	for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country)	(for exa filed, cl	mple, no charges disprobation,	charges missed, etc.)
2.	yo	u are filing arrested, cited, detained, charged?	citation, detention, charge (mm/dd/yyyy)  filing: at of prostitution or o	for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country)	(for exa filed, cl	mple, no c harges dis	charges missed,
2.	yo or Haa A. B.	u are filing arrested, cited, detained, charged?  s the family member for whom you are Engaged in prostitution or procuremer prostitution or procurement of procurement	citation, detention, charge (mm/dd/yyyy)  filing: at of prostitution or contion? hercialized vice, incl	for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country)  does he or she intend to engage in luding but not limited to illegal gamb	for exa filed, ch jail, p	mple, no charges disprobation,	Etarges missed, etc.)
2.	Ha. A. B. C.	u are filing arrested, cited, detained, charged?  s the family member for whom you are Engaged in prostitution or procuremer prostitution or procurement of prostitution.	citation, detention, charge (mm/dd/yyyy)  filing: at of prostitution or of tion? hercialized vice, include, assisted, abetted,	for whom you are filing arrested, cited, detained, or charged? (City or Town, State, Country)  does he or she intend to engage in luding but not limited to illegal gamb or aided any alien to try to enter the	oling?	mple, no charges disprobation,	Etharges missed, etc.)

		a ya kasa	T. Continued		
			Processing Information (continued)	ened to atte	emnted
•	Has	the f	amily member for whom you are filing <b>EVER</b> committed, planned or prepared, participated in, threat spired to commit, gathered information for, or solicited funds for any of the following:	eneu io, aid	
	A.	Hija	cking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes Yes	X No
	В.	Seiz	ing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to pel a third person (including a governmental organization) to do or abstain from doing any act as explicit or implicit condition for the release of the individual seized or detained?	Yes	⊠ No
	C.	Assa	assination?	Yes Yes	× No
	D.	indi	use of any firearm with intent to endanger, directly or indirectly, the safety of one or more vidual or to cause substantial damage to property?	Yes	⊠ No
	Е.	wea indi	use of any biological agent; chemical agent; or nuclear weapon or device; explosive; or other pon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more viduals or to cause substantial damage to property?	☐ Yes	X No
1.	atte	ended	family member for whom you are filing <b>EVER</b> been a member of, solicited money or members for, p military training (as defined in section $2339D(c)(1)$ of title 18, United States Code) by or on behalf organization that is:	rovided sup f, or been as	port for, ssociated
			ignated as a terrorist organization under the Immigration and Nationality Act section 219?	Yes Yes	X No
	В.	An; sub	other group of two or more individuals, whether organized or not, which has engaged in or has a group which has engaged in:		
		(1)	Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)?	Yes Yes	⊠ No
		(2)	and the state of t	Yes	X No
		(3)	Assassination?	Yes Yes	X No
			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	X No
		(5)	Soliciting money or members or otherwise providing material support to a terrorist organization?	Yes	X No
			The use of any biological agent; chemical agent; or nuclear weapon or device; 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.	D	oes tł	e family member for whom you are filing intend to engage in the United States in:		
	A		spionage?	Yes	X No
	В	th	by unlawful activity, or any activity the purpose of which is in opposition, to control or overthrow of a Government of the United States?	Yes Yes	X No
	C	in	olely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law volving the export of goods, technology, or sensitive information?	Yes	X N
6.	tŀ	e Co	e family member for whom you are filing <b>EVER</b> been or does he or she continue to be a member of mmunist or other totalitarian party, except when membership was involuntary?	Yes	
7.	a a tl	ssocia llied ' ne per	e family member for whom you are filing, during the period of March 23, 1933, to May 8, 1945, in ation with either the Nazi Government of Germany or any organization or government associated or with the Nazi Government of Germany, ever ordered, incited, assisted, or otherwise participated in secution of any person because of race, religion, nationality, membership in a particular social or political opinion?	☐ Yes	⊠ N

TD A	DЛ	5. Processing Information (continued)		
2.3	111 111			
		the family member for whom you are filing <b>EVER</b> been present or nearby when any person was:	☐ Yes	⊠ No
		Intentionally killed, tortured, beaten, or injured?	Yes	⊠ No
		Displaced or moved from his or her residence by force, compulsion, or duress?	Yes	ĭ No
		In any way compelled or forced to engage in any kind of sexual contact or relations?	Yes	× No
		Are removal, exclusion, rescission, or deportation proceedings pending against the family member for whom you are filing?	_	
	В.	Have removal, exclusion, rescission, or deportation proceedings <b>EVER</b> been initiated against the family member for whom you are filing?	∐ Yes	X No
	C.	Has the family member for whom you are filing <b>EVER</b> been removed, excluded, or deported from the United States?	Yes	X No
	D.	Has the family member for whom you are filing <b>EVER</b> been ordered to be removed, excluded, or deported from the United States?	Yes	⊠ No
	E.	Has the family member for whom you are filing <b>EVER</b> been denied a visa or denied admission to the United States? (If a visa was denied, use the space provided in <b>Part 9. Additional Information</b> to explain your answer.)	Yes	⊠ No
	F.	Has the family member for whom you are filing <b>EVER</b> been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?	Yes	X No
10.	Ha	s the family member for whom you are filing (or has any member of his or her family) EVER ordered, incit nmitted, assisted, helped with, or otherwise participated in any of the following:	ed, called	for,
	A.	Acts involving torture or genocide?	Yes	X No
	В.		Yes	⋉ No
	C.		Yes Yes	X No
	D.	the state of the s	Yes Yes	X No
	E.	1 111 multi-lang hallofo?	Yes	X No
11.		as the family member for whom you are filing EVER:		
	A.	and the state of a special in an participated in any military unit paramilitary unit, police	Yes	⊠ No
	В.	departing facility, labor camp, or any other situation that	Yes	X No
12	ar	as the family member for whom you are filing <b>EVER</b> been a member of, assisted in, or participated in by group, unit, or organization of any kind in which he or she or any other persons used any type of eapon against any person or threatened to do so?	Yes	⊠ No
	w w	as the family member for whom you are filing <b>EVER</b> assisted or participated in selling or providing eapons to any person who to his or her knowledge used them against another person, or in transporting eapons to any person who to his or her knowledge used them against another person?	Yes	⊠ No
	W	as the family member for whom you are filing <b>EVER</b> received any type of military, paramilitary, or eapons training?	Yes	⊠ No
15	To	the family member for whom you are filing under a final order or civil penalty for violating INA section 74C (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?	☐ Yes	⊠ No
16	. H	las the family member for whom you are filing <b>EVER</b> , by fraud or willful misrepresentation of a material act, sought to procure, or procured, a visa or other documentation, for entry into the United States or any nmigration benefit?	Yes	X No

#2.6542.02E				
27, 13, 27	111	5. Processing Information (continued)		
	the	the family member for whom you are filing <b>EVER</b> left the United States to avoid being drafted into U.S. Armed Forces?	Yes	X No
18.	chi	s the family member for whom you are filing <b>EVER</b> detained, retained, or withheld the custody of a ld, having a lawful claim to U.S. citizenship, outside the United States from a U.S. citizen granted tody?	Yes	X No
19.	Do	es the family member for whom you are filing plan to practice polygamy in the United States?	Yes Yes	X No
20.	Dic	the family member for whom you are filing enter the United States as a stowaway?	Yes Yes	X No
21.		Does the family member for whom you are filing have a communicable disease of public health significance?	Yes	X No
	В.	Does the family member for whom you are filing have or has he or she 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 themselves or others?	Yes	X No
	C.	Is the family member for whom you are filing now or has he or she been a drug abuser or drug addict?	Yes	X No
Ъ	A TO	T 6. Applicant's Statement, Contact Information, Declaration, Certification, and Si	gnature	
	TE	icant's Statement  Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number opplicant's Statement Regarding the Interpreter		ation
	A. B.	and my answer to every question.		
		question in Spanish		,
		a language in which I am fluent, and I understood everything.		
2.		At my request, the preparer named in Part 8.,  prepared this application for me based only upon information I provided or authorized.		,
A	ppl	licant's Contact Information		
3.	A	pplicant's Daytime Telephone Number  4. Applicant's Mobile Telephone Number	(if any)	
5.	A	pplicant's Email Address (if any)		

# PART 6. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

### Applicant's Declaration and Certification

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

I authorize the release of any information from my record that USCIS needs to determine eligibility for the benefit I am seeking for the family member for whom I am applying, to investigate my claim, and to investigate fraudulent claims. I further authorize USCIS to release information to law enforcement agencies and prosecutors investigating or prosecuting crimes of trafficking or related crimes. I further authorize USCIS to release information to Federal, State, and local public and private agencies providing benefits, to be used solely in making determinations of eligibility for benefits pursuant to 8 USC 1641(c).

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

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

- 1) I reviewed and understood all of the information contained in, and submitted with, my application; and
- 2) All of this information was complete, true, and correct at the time of filing.

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

Ap	plicant's Signature		
6.	Applicant's Signature		Date of Signature (mm/dd/yyyy)
			12027
	Applicant's Phone Number (if any)	Applicant's Safe Phon	e Number
7.	Signature of Derivative (your family member if physically pre-	sent in the United States)	Date of Signature (mm/dd/yyyy)
	N/A		
P#	ART 7. Interpreter's Contact Information, Cert	fication, and Signature	
Pro	vide the following information about the interpreter.		
In	erpreter's Full Name		
1,	Interpreter's Family Name (Last Name)	Interpreter's Given Name (I	First Name)
2.	Interpreter's Business or Organization Name (if any)		the second secon
	Sanctuary For Families		

Interpreter's Mailing Address				
Street Number and Name	1200		Apt. Ste. Fl	r. Number
				_
City or Town	Laboratoria de la constantina della constantina		State	ZIP Code
			NY	
Province	Postal Code	Country		
		USA		AND THE RESERVE TO TH
Interpreter's Contact Information				
Interpreter's Daytime Telephone Number	entera um trasce de proprio de recisa. S	5. Interpreter's M	obile Telephone	Number (if any)
i. Interpreter's Email Address (if any)				
		so to the of the local deviation (CSE) which		
Interpreter's Certification				
Tallight Charles Thanks and the same and the				
certify, under penalty of perjury, that:		, which is the sa	ıme language sp	ecified in <b>Part 6., Item B.</b> ir
certify, under penalty of perjury, that:  am fluent in English and Spanish  (Approximately applied to this applied to the transfer of the tran	unt in the identified la	I nguage every quest	tion and instruct	ecified in <b>Part 6.</b> , <b>Item B.</b> in ion on this application and h
certify, under penalty of perjury, that:  am fluent in English and Spanish  (tem Number 1., and I have read to this applicant persons are supplied to the supplicant of the supplicant to every question. The applicant	informed me that he o	nguage every quest or she understands	tion and instruct	ion on this application and h
certify, under penalty of perjury, that:  am fluent in English and Spanish  (tem Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declarate	informed me that he o	nguage every quest or she understands	tion and instruct	ion on this application and h
certify, under penalty of perjury, that:  am fluent in English and Spanish  (tem Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declarate	informed me that he o	nguage every quest or she understands	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.
certify, under penalty of perjury, that:  am fluent in English and Spanish  [tem Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature	informed me that he o	nguage every quest or she understands	tion and instruct every instruction the accuracy of	cion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy
certify, under penalty of perjury, that:  am fluent in English and Spanish  (tem Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature	informed me that he o	nguage every quest or she understands	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.
certify, under penalty of perjury, that:  am fluent in English and Spanish	informed me that he c	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy
certify, under penalty of perjury, that:  am fluent in English and Spanish  Item Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature  7.  PART 8. Contact Information, Declaration.	informed me that he c	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy
certify, under penalty of perjury, that:  am fluent in English and Spanish  (tem Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature  7.	informed me that he c	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy
certify, under penalty of perjury, that:  am fluent in English and Spanish  Item Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature  7.  PART 8. Contact Information, Declaration of the Applicant in the Applicant.	informed me that he of the continuous and Certification and Certification and Certification aration, and Sign	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy
certify, under penalty of perjury, that:  am fluent in English and Spanish  Item Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature  7.  PART 8. Contact Information, Declaration of the Applicant in the Applicant.	informed me that he of the continuous and Certification and Certification and Certification aration, and Sign	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy)
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declaration.  Interpreter's Signature  7.  PART 8. Contact Information, Declaration of the Applicant  Provide the following information about the pro-	informed me that he of the continuous and Certification and Certification and Certification aration, and Sign	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy)
I certify, under penalty of perjury, that:  I am fluent in English and Spanish  Item Number 1., and I have read to this applicator her answer to every question. The applicant application, including the Applicant's Declarate  Interpreter's Signature  7.  PART 8. Contact Information, Declarate Other Than the Applicant  Provide the following information about the properties of the propertie	informed me that he of the continuous and Certification and Certification and Certification aration, and Sign	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy)
PART 8. Contact Information, Decl Other Than the Applicant  Provide the following information about the pro-	aration, and Sign	nguage every quest or she understands on, and has verified	tion and instruct every instruction the accuracy of	tion on this application and hen, question, and answer on the every answer.  Pate of Signature (mm/dd/yyy)

Preparer	's Mailing Address				
. Street	Number and Name			Apt. Ste. Flr	. Number
City or	r Town			State	ZIP Code
			-	NY	
Provin	ce	Postal Code	Country		
N/A		N/A	US		
Prepare	r's Contact Information				
Add Tradition	er's Daytime Telephone Number	ila ripatna Patri Batan anti ita mata	5. Preparer's Mo	bile Telephone Ni	umber (if any)
6. Prepar	L E - 11 A 14 (25)				
· Tichan	rer's Email Address (II any)				
. Trepar	rer's Email Address (if any)		5		
	www.sections.com		·		
	r's Statement				
Prepare	r's Statement  I am not an attorney or accreding applicant and with the applicant	nt's consent.			
Prepare	r's Statement  I am not an attorney or accredi	nt's consent. representative and my re	presentation of the	applicant in this	
Prepare	r's Statement  I am not an attorney or accredical applicant and with the applicant.  I am an attorney or accredited	nt's consent.  representative and my repend beyond the preparation  or accredited representa	presentation of the n of this applicatio tive, you may be o	applicant in this on.  bliged to submit a	case
Prepare. 7. A.   B.   S	r's Statement  ☐ I am not an attorney or accreding applicant and with the applicant and attorney or accredited with the applicant and attorney or accredited with a completed Form G-28, Notice	nt's consent.  representative and my repend beyond the preparation  or accredited representa	presentation of the n of this applicatio tive, you may be o	applicant in this on.  bliged to submit a	case
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If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.	Fam	ily Name (Last Name)	Give	n Name (First Name	)	Middle Name	
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# INDEX OF SUPPORTING DOCUMENTS FOR THE I-914 APPLICATION FOR T NONIMMIGRANT STATUS FOR ALICIA ROSSIS-PUJOLS

				Document relates to:	to:	
Exhibit #	Document	Victim of a Severe Form of Trafficking	Present in the United States on Account of Trafficking	Compliance with Reasonable Requests from Law Enforcement	Extreme Hardship of a Severe and Unusual Nature	Alien Information
1	Declaration of describing her experiences as a victim of a severe form of trafficking, her presence in the United States on account of trafficking, her compliance with requests from law enforcement, and the extreme hardship she would face if removed from the United States.	X	×	×	×	×
7.	Declaration of (Alicia Rossis-Pujols sister-in-law) describing interactions with Doral Police Department, and copy of correspondence with Law Enforcement, dated 06/27/2021.	×	×	×		

				Document relates to:	to:	
Exhibit #	Document	Victim of a Severe Form of Trafficking	Present in the United States on Account of Trafficking	Compliance with Reasonable Requests from Law Enforcement	Extreme Hardship of a Severe and Unusual Nature	Alien Information
က်	Declaration of attorney of record Barbara interactions with Doral Police Department, on behalf of an analysis and supporting correspondence with Sergeant from Doral Police availability to continue to availability to continue to collaborate in the investigation against her trafficker, dated 2021;	×	×	×		
4:	Notice of Identification of  as a Human Trafficking Victim in Miami-Dade County issued by  Supervisor at the Coordinated Victims Assistance Center, dated  2022.	×	×		×	
າບຸ	Letter from Counselor Trauma Resolution Center, detailing all of the current specialized trauma-informed services dated  2022.	×	×	×	×	

				Document relates to:	: to:	
Exhibit #	Document	Victim of a Severe Form of Trafficking	Present in the United States on Account of Trafficking	Compliance with Reasonable Requests from Law Enforcement	Extreme Hardship of a Severe and Unusual Nature	Alien Information
9	Copy of Birth Certificate (with Certificate translation).					×
	Copy of the identity information page of s current Dominican Republic passport (valid from 10/28/2019 through 10/28/2025.					×
<u>&amp;</u>	Copy of Sand Sand Sand Sand Sand Sand Sand Sand		×			×
9.	Copy of most recent I-94 and travel history		×	1		×
10.	Copy of five news articles supporting the influential status of trafficke.  In Dominican Republic (with Certified English translation), N°s 1 to 5.				×	
11.	2021 United States Department of State Trafficking in Persons Report designating the Dominican Republic a Tier 2 Country				×	

				Document relates to:	. to:	
Exhibit##	Document	Victim of a Severe Form of Trafficking	Present in the United States on Account of Trafficking	Compliance with Reasonable Requests from Law Enforcement	Extreme Hardship of a Severe and Unusual Nature	Alien Information
12.	Copy of the identity information page of the current Dominican Republic passport of					×
13.	Copy of Birth Certified English Translation).					×
14.	Copy of the identity information page of the current Dominican Republic passport of					×
15.	Copy of Birth Certified English Translation).					×
16.	Copy of the identity information page of the current Dominican Republic passport of					×

				Document relates to:	. to:	
Exhibit #	Document	Victim of a Severe Form of Trafficking	Present in the United States on Account of Trafficking	Compliance with Reasonable Requests from Law Enforcement	Extreme Hardship of a Severe and Unusual Nature	Alien Information
17.	Copy of Shrth Certified English translation).					×

# Exhibit 1

### United States Department of Homeland Security United States Citizenship and Immigration Services

Affidavit in support of Applic Nonimmigrant Status on Fo		Affidavit of
STATE OF NEW YORK	)	
	) ss.:	
COUNTY OF NEW YORK	)	

I, Alicia ROSSIS PUJOLS, being duly sworn, depose and say:

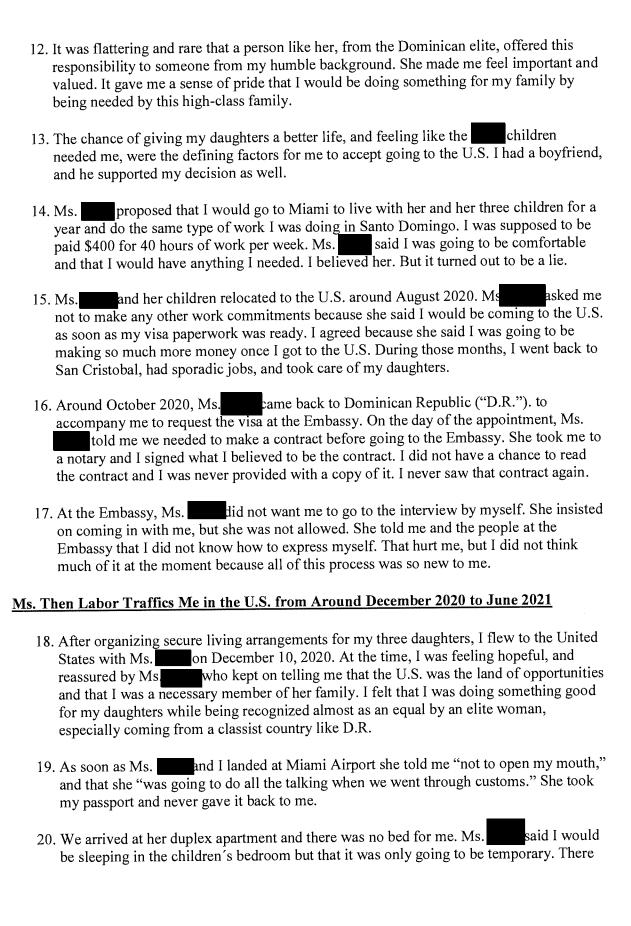
- 1. I was born in Azua, Dominican Republic on November 11, 1961. I am submitting this affidavit in support of my Application for T Nonimmigrant Status on Form I-914. I am applying for T Nonimmigrant Status based on being a victim of a severe form of human trafficking.
- 2. My trafficker manipulated me into coming from Dominican Republic to the United States under false pretenses. Upon arriving in the United States, my trafficker immediately started abusing me verbally and physically, forcing me to work from 5 AM to 10 PM, every day of the week. My trafficker exercised great power over me and controlled my movements and interactions. After six months of forced labor, the police helped me to escape my trafficker. I have reported my trafficking experience to Doral Police Department, in Florida State and remain willing to cooperate with any investigation against my trafficker.
- 3. I am hoping to obtain lawful status so that I may remain safe in the United States. This affidavit describes the experiences I suffered at the hands of my trafficker, the trauma I continue to endure, my willingness to assist law enforcement, and the extreme hardship I would suffer if forced to return to Dominican Republic.

### **Background**

- 4. I have lived most of my life in San Cristobal, Dominican Republic ("D.R"). In San Cristobal, I lived with my three daughters (19 years old, 12 years old, and 5 years old). I am a single mother and I support my three daughters mostly by myself, as the fathers do not provide for them regularly.
- 5. I have always worked as a domestic employee, mostly in Santo Domingo, which is an hour and a half bus ride from San Cristobal. While working in Santo Domingo, my eldest daughters would go to high school and middle school, and my youngest daughter would stay with my neighbor.

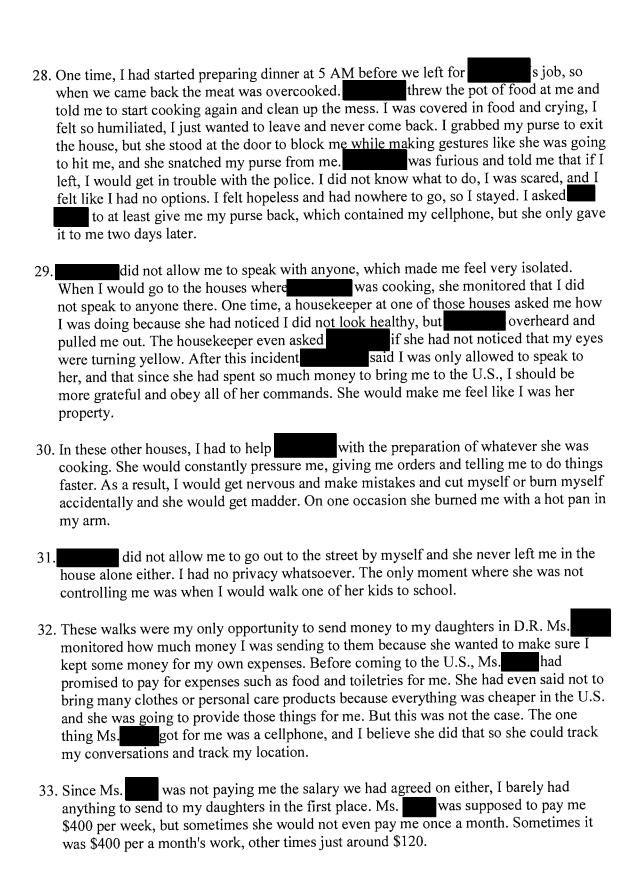
## Recruitment: Meeting My Trafficker, Veronica Then Rojo

6.	Around 2017, another domestic worker I knew told me there was a job opportunity to work as a housemaid at Ms. s house in Santo Domingo during the weekends and recommended me for the position.
7.	I knew that Ms. was the daughter of a famous chef that had a cooking show on national TV for over 20 years, and that she also had a cooking show on TV. Despite being famous, when I first met Ms. she was nice and warm. Ms. told me she needed a housemaid to work from Fridays to Mondays as those were the days that her primary housemaid was off.
8.	I started working at Ms. shouse in Santo Domingo in 2017. I would arrive at her house on Fridays at 8 AM and leave on Monday at 9 AM. My job consisted in cleaning the house, cooking, and taking care of her three children. Ms. paid me 8000 pesos (approx. \$140 per month) and 200 pesos (approx. \$3.5) for the bus fare. I had a room for myself and they provided food for me.
9.	Early during my employment at the household, I noticed that Ms. would have acute mood swings. Ms. and her husband would constantly fight and get into violent arguments. One time, while I was in the kitchen cooking, I heard Ms. and her husband in the next room screaming at each other. A few moments later, she came storming into the kitchen, yelled at me, and hit me in the back with a closed fist. I heard her say to her husband "do you see what you make me do"? That night I left the house and did not come back for two weeks. Ms. called me many times, she said she was sorry and asked me to forgive her. She said she needed me, and that her children needed me as well. I did not want to come back, I felt disrespected but this job was my only source of income, so two weeks after this incident, I returned to Ms.
10	In 2020, Ms. started talking about leaving her husband and relocating with her three children to the United States. Ms. said that she would need someone to come help with the kids and to do the house chores. I did not think much about it at the time. But when Ms. offered me to go to the U.S. instead of the other housemaid, it made sense to me. The housemaid that worked during weekdays mostly helped with prepping food for the cooking shows and Ms sevents, and did the cleaning of the house when the children were in school. On the other hand, I worked in the house during the weekends when the children were around, and I had developed a strong relationship with them.
11	I was hesitant about leaving my daughters and about relocating overall. I had never left the country before. Ms. told me that if I came, I was going to be able to better provide for my daughters because the U.S. was the land of opportunities and because I would be making a salary in dollars. Ms. also told me that I was part of her family, that she and her kids loved me, and that they needed me. Ms. added that she wanted me to be in charge of the kids while she worked because she trusted me.



were two beds in the bedroom, the older children will have to share a bed and I would be sleeping in the other one. I felt disappointed that Ms. did not have a place for me as she had promised back in D.R., but I believed her when she said it was a temporary situation.

- 21. During the first week, I started my day at 6 AM to make breakfast for the kids, get them ready for school and walk the youngest one to school. Once I was back in the house I would do the cooking and cleaning.
- 22. By the second week, Ms. started working for a company that provided home catering services and told me that I had to go with her. I asked her when I was going to do the cooking and house chores for her house, and she just said "after".
- 23. From this point on, I was forced to wake up at 5 AM to start cooking for house, prepare breakfast, walk one of the kids to school, and then accompany Ms. to do grocery shopping for her job, and then help her out with cooking in these other houses. After the cooking, I would have to do the cleaning as well. Then, by 4 PM, we would come back to shouse where I would have to start cooking again and doing the cleaning for her house. I was working from 5 AM to 10 PM, and I was exhausted.
- 24. Ms. forced me to go with her to her job every day. If I said I did not want to go, she would get upset and yell at me. She would call me names constantly, like "hija de la gran puta" or "daughter of a bitch/whore". Even if I was feeling ill, she would make me go.
- 25. My workload had increased so much and I was getting barely any rest. I was still in the children's bedroom, and the kids were constantly bickering about sharing their bed, every night the same fight so I found an inflatable mattress and move to a different room. Approximately a month later, told me she needed that room and the inflatable mattress for her younger kid because he was too big to be sleeping with her anyway. I was so tired that I did not have any strength to fight about this. I was so disappointed that had not gotten me a proper bed by then, and worst that she was taking the inflatable mattress from me. I was so defeated by then that I just accepted this situation. I found an old sheet and took it with me to the living room and that became my "bed". That sheet became my amulet.
- 26. During my first months in Miami, I suffered from medical issues but refused to take me to see a doctor. In December 2020 I had complications from a spider bite, my leg got swollen, and turned purple and I had blisters. After three weeks of severe pain, and never taking me to a doctor got antibiotics and an ointment from a "friend" and told me to take it. It took approximately two months for my leg to heal. In January 2021, and I contracted COVID-19. She went to the doctor to treat herself but did not take me with her, and only gave me some of the medicine that she was prescribed.
- 27. Despite these medical issues, I was working every day of the week. I did not even have Sundays off. For me every day looked the same.



34. Thus, I needed to send my daughters as much money as I could and since she did not allow me to do it, these walks were my only chance. 35. In March 2021, Ms. told me that she had to take me to D.R. because it was a requirement of my visa. She said we would be going for two or three days and that we were leaving the next day. 36. We arrived in Santo Domingo one afternoon, and Ms. told me that I could go home to San Cristobal, but that I had to be back first thing in the morning to take the plane back did not let me go until I had provided an address and phone number to Miami. Ms. where she could locate me in San Cristobal. I had rented my house before going to the U.S., so I provided my boyfriend's address and cellphone. I did not feel comfortable providing this information to her, but I did not have a choice. kept my phone, and my passport and told me not to even think about not coming back, because that would be a breach of my contract, and I would "get in trouble for it". I did not know if staying in D.R. would bring worse consequences than going to the U.S., so I did not dare to disobey. 38. I went to San Cristobal and was able to see two of my three daughters. Because the trip was so short notice, I could not arrange for one of them to come as she was staying with her grandmother in another town. I was not able to tell my family about the nightmare I was living in the U.S., not even my boyfriend. I was too ashamed, and even while in D.R., I felt completely trapped. 2021, two or three days after arriving in D.R., I traveled back to Miami Things just kept getting worse. I was very isolated. I had a phone that Ms. with Ms. had given me when I arrived in the U.S, but whenever I called my family, Ms. would make sure to be around me to overhear my conversations, so I could not tell them what was going on. Every text I sent she seemed to know about it, so I started deleting them because I was scared Ms. Then was able to read them. I had to be always on alert to not upset Ms. Then. 40. When I finally dared to tell Ms. that I wanted to go back to D.R. permanently, sometimes she would tell me "yes, of course, I will buy your tickets". She made me feel hope and made me believe she had actually purchased the tickets. Ms. would later give me excuses and tell me that the flight had been canceled. On other occasions, she would just yell at me and tell me I was ungrateful and remind me she had spent a lot of money on me. always kept my passport from me. I was so scared of her that I did not even 41. Ms. dare to look for it. I was terrified about what she could do to me if she saw me going

through her things. Besides, she barely left me out of her sight so it seemed too risky.

42. I was exhausted from working two jobs and being mistreated, I had been sleeping on the floor for months now. I remember one time a friend of Ms.

told her that she should get me a mattress, that they were places that had them for cheap. However, Ms. did not do anything about it.

- 43. On another opportunity, I overheard Ms. talking on the phone, saying that I was there to do as told. She even said, "I could ask her to lick my feet and she would do it".
- 44. I tried to leave the apartment a second time. I don't remember what gave me the courage to try to leave at that time, but I remember her son crying and asking his mom to stop treating me so badly. Just like the last time I tried leaving, Ms. blocked my way out and threatened me saying that if I left I was going to get in trouble with the police and then I would be in serious problems. I was distrustful of the police in general based on how corrupt the police are in D.R., and I felt that if I did try to go to the police, it would be my word against hers. I thought that nobody would believe me. Thus, again, I stayed.
- 45. I could not take the abuse and the working hours any longer. I stopped eating; I wanted to get ill so she would send me back to D.R.
- 46. I was desperate and ashamed because I was being treated like a slave. Even Ms. Then's older son would call me that, "a slave." I did not even feel like a human being anymore.

### **Escaping My Trafficker**

- 47. In June 2021, I finally spoke to my sister in D.R. and told her what was going on. My sister contacted my brother that lives in New Jersey. My brother called me and I told him that if I stayed any longer I was going to die; I was so tired. My brother and his wife contacted the police in Florida, and with some pictures of the parking lot that I was able to send, the police figured out the location and came to look for me.
- 48. The police came at night, around 1 AM. Ms. opened the door, I could hear her speaking to one of the officers in English, so I could not understand what they were talking about. When one of the police officers noticed me, sleeping on the floor, he asked if I was Alicia. When I said yes, he asked me to step outside the hall and bring my phone. When I stepped outside I was so scared and confused, that in the hurry I did not even put shoes on. Then, the police officer asked me if I knew why they were there, I said no, and then he explained they had received a concerning call from my sister-in-law and they had come to check-in. The police officer added that they had called me many times but the call never went through. He asked to see my phone and he saw there was no record of his calls. I told the police that I believed Ms. had intervened my cellphone.
- 49. The police asked me a lot of questions, but I did not know if it was safe to speak to them because Ms. was just inside the house and she had always told me to stay away from the police because I would get in trouble.
- 50. When the police were interviewing me I felt very weak, I had not eaten in two days. The police called an ambulance for me.

- 51. When the officer told me they were there to help me, I could not believe it. They asked me why I had not reached out to them earlier, and I explained that Ms. had told me I would get in serious trouble if I contacted the police. I was also scared that it would be my word against Ms. and that the police would believe her instead of me, as they would in D.R. So when the police were asking me questions I was overwhelmed by fear, and I remember just wanting to leave fast and never look back. Nonetheless, I was able to tell the police about the abuse I have been suffering at the hands of Ms.
- 52. The police gave me a ride to a hotel that my brother had arranged for me. During the ride and while I stayed at the hotel, Ms. was calling me and texting me nonstop, but the police advised me not to answer, so I did not answer.
- 53. In her texts, Ms. wrote she wanted me back, that she would pick me up immediately, and that she cared for me. But, then she changed her tone and texted that I needed to go back because I work for her.
- 54. Finally, Ms. tried to bribe me. She texted that she was going to give me the money she owed me, and that she was going to let me go back to D.R. She went as far as offering me money if I did not tell anyone what had happened. She asked if my brother was going to report her, and how much money we would want to not report her; she even asked for my brother's bank account, but I didn't answer any of her texts or phone calls.
- 55. Ms. Then owed me a lot of money because she barely paid me. During the seven months, I lived with Ms. Then, I earned only \$1750. Ms. and I had agreed that I was going to be making \$400 per week, but I was ultimately paid \$62.5 per week.
- had also insistently called my boyfriend in D.R. She had his phone number and address since the time I was back in D.R. in March 2021. My boyfriend told me that since the night I was rescued, Ms. had called and texted him nonstop. Ms. was asking him where I was and offering him money so I would not press charges against her. My boyfriend told me that after three weeks of harassment, he blocked her phone number.

### Rebuilding My Life in the U.S.

- 57. After the police rescued me from Ms. shows in June 2021, I stayed in a hotel for two nights, which was all that my brother could afford. My sister arranged for a couple that she knew in Miami to pick me up so I could stay with them while my brother made it to Miami.
- 58. I was in very poor shape then, I haven't eaten anything at the hotel because I was too afraid to leave the room.
- 59. Once my brother and his wife were able to pick me up, they brought me to live in their house in New Jersey along with their four kids.

- 60. From July 2021 to September 2021, I lived at my brother's house in New Jersey. My brother and his family were supportive, but I was depressed and felt like a burden. I had escaped with nothing, no money, no clothes, to the point that my brother even had to buy panties for me. I felt worthless and ashamed.
- 61. I was alone most of the day because my brother and his wife were at work and their children were at school. Being by myself all day put me in a deeper state of depression. Ms. Then had made me feel like garbage for so long, that I felt like I was not even worth rescuing.
- 62. The only thing that I brought from Miami was the sheet that I was using when sleeping on the floor at s. I developed a fixation with it, and I needed to carry it with me all the time. My sister-in-law would beg me to get rid of it but I could not.
- 63. My sister-in-law contacted a nonprofit organization to connect me with services for survivors of human trafficking, and I was put on a waitlist. In the meantime, I spent my days inside my brother's house because I was too ashamed to go outside, I felt like I didn't even know how to behave in front of other people anymore. My brother would try to take me to the park or to eat, but I just could not handle it, I felt paralyzed.
- 64. At some point, I got in contact with the couple from Miami that had received me when I was rescued. The lady of the house told me she had cancer, and that she would be happy to have me there to keep her company and to help her with the house chores. I was scared of leaving the house, especially to go to Miami, but I was so lonely at my brother's and everyone convinced me that I needed the distraction.
- 65. Around September 2021, I moved to Miami to live with this couple, and I have been staying with them since.
- 66. Around this time, I was connected with Sanctuary for Families, a non-profit organization helping victims of domestic violence and human trafficking in New York. I started working with them virtually.
- 67. Thanks to Sanctuary for Families, I was assigned an attorney and I was connected to counseling services in Miami to recover from the trauma and depression that I have been experiencing. I started seeing a therapist in October 2021.
- 68. The impact of counseling has been tremendous. When I first went back to Miami, even though I knew it is a huge city, I was terrified that Ms. was going to find me. It took me months to be able to leave the apartment for a walk around the block, and I don't think I would have been able to get to that point without the support and assistance of my therapist.
- 69. Working with the counselor once a week for the past six months has made me understand that the way I was treated by Ms. constitutes human trafficking and that I did

nothing to deserve that. I know there is a long way ahead before I can heal from this traumatic experience, and to this day I still carry my "safety blanket". I hope that as I progress with my therapist, I will be able to move on.

### Cooperation with Law Enforcement

- 70. Or 2021, the night I was rescued by Doral PD, I reported to them my trafficking experience.
- 71. During October and November 2021, my attorney contacted Doral PD on my behalf and communicated to them that I remain willing to cooperate with the investigation against my trafficker.

### I Cannot Return to the Dominican Republic Due to Extreme Hardship

- 72. I would suffer extreme hardship if I were to be forced to return to the Dominican Republic.
- 73. If I am forced to return to D.R., I will lose access to the trauma-specific services that I need and that I have been receiving in the U.S. These services are not accessible in my home country, as the Dominican Republic places very little importance on psychological services. Thanks to a referral from Sanctuary for Families, I have been seeing a therapist at the Trauma Resolution Center in Miami, since October 2021, which has helped me to cope with self-blame and trauma. My counselor is helping me to understand that I am not to blame for what happened to me. I am afraid that the stress of the constant fear of knowing that they could find me, and harm me or my daughters, the anxiety of having to protect myself, and the long-lasting trauma from my trafficking experience will cause me to relapse into depressive symptoms.
- 74. If I am forced to return to the Dominican Republic, I fear retaliation from my trafficker.

  comes from a well-known family in the Dominican Republic. Her mother was a famous cook with a TV show that aired for over 20 years on national television. Ms. herself had two cooking shows on TV, "Las Delicias Gourmet" ("Gourmet Delights") that aired for the first time in 2012, and "Ligero y Gourmet" ("Light and Gourmet") that aired for the first time on 2019. Her husband is also well connected because he used to work for the former president of the Dominican Republic, Leonel Fernandez. They are wealthy and influential, and I fear that if I come back she will find me and cause me terrible harm. As someone poor, I would not have protection against someone so influential as and her family.
- 75. The last week of October 2021, Ms. contacted my then 11 year old daughter, My daughter had uploaded an old picture with me on her Facebook account, and saw this by looking at her son's Facebook account. Ms. using her son's cellphone, called my daughter, and said to her that she was sorry about what had happened with me and asked where I was. My daughter said she did not tell Ms.

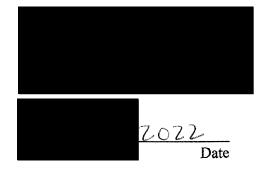
where I am, but she is only 11 years old, so I am scared that she might have shared information about our locations. I told my daughter to block the number, and that if she is ever contacted by Ms. or her family to not answer.

- 76. If I was forced to return to D.R. I would lose access to the U.S. criminal justice system. I remain available to cooperate in the investigation against my trafficker, but if I am forced to leave, I will lose this opportunity and I will bit not be able to press charges in my home country.
- 77. Furthermore, if Ms. or her family continue to look for me and my daughters or if they were to harass, threaten, or even harm me, I can't count on local law enforcement to assist me. The Dominican Republic police are known to accept bribes, and Ms. rich and powerful and I am not. Ms. already tried to bribe her way out of this situation by offering money to my brother, my boyfriend, and myself. On top of the bribes, the police in D.R. would also never believe the word of a domestic worker against her rich and famous employer.
- 78. Therefore, if I am forced to return to D.R., I will be in danger of retaliation and I would have to live my life in hiding. As a public figure, Ms. does not want the history of my trafficking in the open, and she will make sure I am silenced. She has the money and the power to do so. In D.R. hitmen are hired for \$100, and I don't know what Ms. would be capable of to protect her name.
- 79. I am just now trying to heal in the safety of the United States. My counselor has helped me to develop healthy ways to cope with my trauma. I am rebuilding my self-confidence one step at a time. Being called and treated as a slave made me lose all of my self-worth, and I am slowly regaining trust in myself and beginning to feel like I am a human being again. My only wish is to be able to live in the United States where I feel safe and can continue to recover from this terrible experience.

For the reasons stated above, I respectfully request that my T Nonimmigrant Status application be approved.

Wherefore, I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.





### CERTIFICATE OF TRANSLATION

I,	certify that I am competent	to translate English into Spanish
and that I have read and translated	d this affidavit to	to the best of my
abilities.		

# UNITED STATES DEPARTMENT OF HOMELAND SECURITY UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

, ma. s	Affidavit in Support of the T Nonimmigrant Status Petition of  X AFFIDAVIT OF
	TATE OF NEW YORK ) ss.:
I,	pursuant to 28 USC §1746, declare that the following is true and meet:
1.	My name is A live in New Mew Jersey.
2.	On 2011, I married brother. I am sister-in-law.
3.	I submit the following statement, in support of  T. Nonimmigrant status, concerning her willingness to assist law enforcement in the investigation against her trafficker, her former employer,
4,	The information provided here is based upon my participation in contacting law enforcement to rescue my sister in law from her trafficker and upon my knowledge of
	actual cooperation with law enforcement in the investigation of the human trafficking case in which she was a victim.

## I contacted Doral Police Department to Rescue My Sister in Law

5.	I am aware that (hereinafter ) had moved from Dominican
	Republic to Miami to work as housemaid for on or about December 2020.
6.	Or 2021, contacted my husband via text message and said she was being abused
	by her employer for the past six months. I read the texts where
	sleeping in the floor for months, that she was not allowed to leave or to contact the police, and
	that her employer had confiscated her passport and visa documents.
	not respond or call her because she believed her trafficker could access her cellphone.
7.	That same day, I called the ( ), in the state of Florida, to
	inform them of the situation, and to request that they check on and remove her from her
	abuser.
8.	I spoke on the phone with I did
	not know the address where she was staying, she sent me a picture of the parking lot of the
	condominium via text, which I forwarded via email to to help him locate
	(See Exhibit A, attached hereto). Further, shared with me his cellphone number so
	we could be in touch while he was looking for and I spoke several times on
	the phone that day.
9.	After receiving the messages from my husband and I attempted to call and message
	her, but nobody answered. relayed to me that his phone calls to where also
	unsuccessful.
10	Later that day, call me to say that he had located the address, and that he was on
	the premises with relayed to me that appeared to be distraught and in
	shock. put on the phone, and my husband and I tried to comfort her and
	reassure that she could trust the police and that they were there to help her, informed

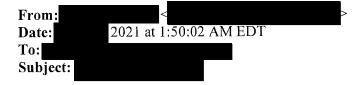
I	ne that they were going to remove from the trafficker's home, so my husband and I
t	booked a hotel room for her where she could rest safely.
	The next day, on 2021, my husband and I drove to to pick up and bring ser to our home in 2021 so that we could care for her.
v	Approximately four days after was removed from her trafficker's house, PO Punyet salled me. I informed PO Punyet that was still scared and in shock, but safe, and that we were driving back to New Jersey, along with did not provide further instructions.
tİ	or another officer from request any additional information from me, I would be available assist and support in this way.
	pray that is able to remain in the United States where she can be safe and free from her rafficker, and where she can continue to heal with supportive services.
	lare under the penalty of perjury that the foregoing is true and correct to the best of my ledge and understanding.

### **Barbara Vidal Guiresse**



Sent from my iPhone

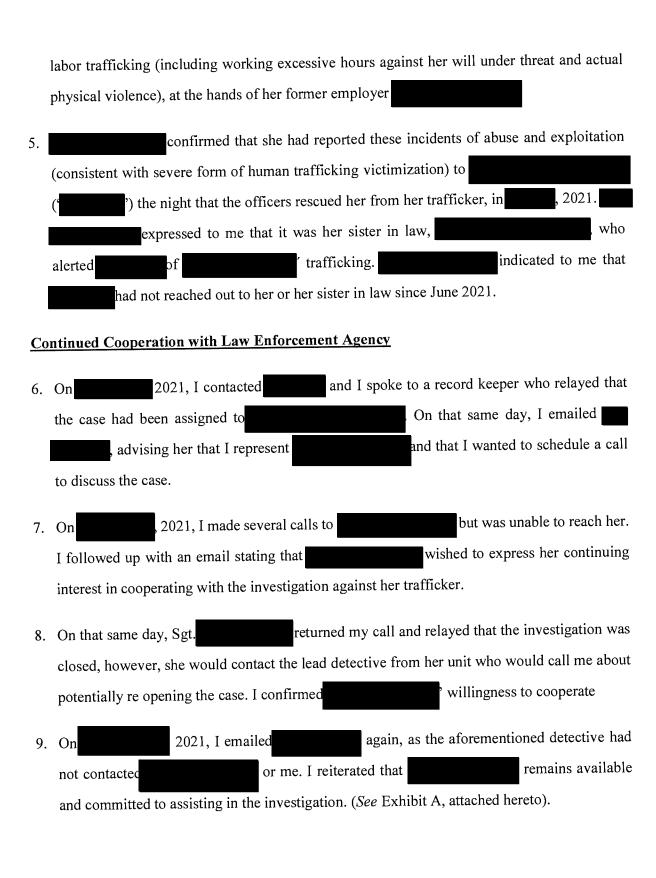
Begin forwarded message:





# UNITED STATES DEPARTMENT OF HOMELAND SECURITY UNITED STATES CITIZENSHIP AND IMMIGRATION SERVICES

	Affidavit in Support of the T  Nonimmigrant Status Petition of
	ATE OF NEW YORK ) ) ss.: DUNTY OF NEW YORK )
l, cor	pursuant to 28 USC §1746, declare that the following is true and rect:
	I am a Staff Attorney with the at Sanctuary for Families, a nonprofit organization that serves domestic violence victims and victims of human trafficking.  I submit the following statement on behalf of support of her I-914 Application for T Nonimmigrant status, concerning her willingness to
	assist law enforcement in the investigation against her trafficker, her former employer,
3.	The information provided here is based upon my knowledge of cooperation, and willingness to cooperate further with law enforcement in the investigation of the human trafficking case in which she was a victim.
<u>In</u>	itial Cooperation with Law Enforcement
4.	Around was referred to Sanctuary for Families. On I conducted an interview with , who shared details of



agency on 2021. Moreover, during October 2021 and November 2021, made reasonable efforts, through her attorney, to continue her cooperation with the investigation.

I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge and understanding.



### **Barbara Vidal Guiresse**

From: Sent:

Friday

To:

Subject:

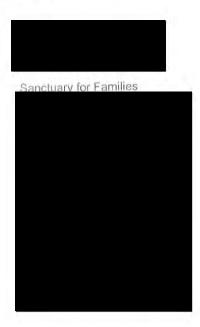
2021 11:20 AM

Good day

Hope you are doing well.

Thanks for speaking to me on 11/1. On that day you mentioned that a detective from your unit was going to be calling me to discuss reopening the case, but haven't been contacted yet. Do you know if anyone will be reaching out me soon? My client remains available and committed to assist in the investigation. Please let me know if I can provide any more information.

### Best regards,



From: 2021 1:18 PM Sent: Monday To:

Subject: RE:

Good afternoon Sergeant Mercado,

Hope you are doing well.

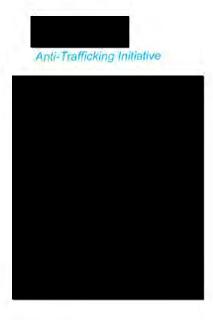
I have been trying to reach out to you by phone and left a few messages.

As I mentioned in my last email, I represent Alicia R.P.. My client is interested in cooperating with the investigation corresponding to incident report

I would like to schedule a call this week to talk about this case if you are available.

Could you please let me know when it would be a good moment to call you?

Thanks,



From:
Sent: Monday, 2021 12:15 PM
To:
Subject:

Good afternoon Sergeant Mercado

My name is an attorney at an analyst that represents survivors of human trafficking.

I represent and I would like to talk to you about the case corresponding to incident report

I spoke to an officer that told me that the case had been assigned to you, and that the case was closed because it was not possible to reach my client.

I would like to schedule a call this week to talk about this case if you are available.

Could you please let me know when it would be a good moment to call you?

Thanks,









2022

To Whom It May Concern:

Please be informed that since 2021, Ms has been identified as a victim of Human Trafficking and has been receiving services at the If you should need additional information, please call me at

Sincerely,

Coordinated Victims Assistance Center

	America's First Trauma-Focused Community Mental Health Center
	February 07th, 2022
BOARD PRESIDENT	Re:
VICE PRESIDENT	To Whom It May Concern:
SECRETARY/TREASURER MEMBERS	TRC) provides holistic services to individuals who are experiencing posttraumatic stress as result of traumatic experiences TRC is a non-profit agency that was established in 1995 with the support of the State Attorney's Office. The main treatment approach utilized at our agency is Traumatic Incident Reduction, which is an evidence-based, exposure treatment that enables a person to form a conscious memory of a traumatic event (s) while resolving the emotional and triggering aspects of the experience (s).
FOUNDED 1995	came to the (TRC) for traumas related to abuses, exploitation, intimidations, and threats she experienced by her former employer. was admitted to TRC on 2021 under the Human Trafficking grant to receive our trauma-based therapy. completed several validated measurements for Post-Traumatic Stress Disorder (PTSD) as well as for anxiety and depression. Her test scores met the clinical cut-off for depression. Even though her PTSD assessment didn't meet the criteria for this disorder was visibly afraid and distraught on her first session on the date of reporting to me her traumatic experiences with her abusive employer. These symptoms were consistent with the criteria (A), (B), and (C) of the DSM-5 for Posttraumatic Stress Disorder, Diagnostic Criteria 309.81 (F43.10). These criteria include Direct exposure to abuse: criterion (A). Unwanted upsetting memories, flashbacks, emotional distress after exposure to traumatic reminders: criterion (B), and Trauma-related thoughts or feelings: criterion (C).
Executive Director	Ms. Rossis-Pujols has attended the following psycho-educational classes that are mandated as part of our program for our clients to understand causes, consequences, and healing processes after enduring traumatic events in their life.
http://www.traumaresolutioncenter.net	<ul> <li>Psychobiology of Trauma — 2021. With this Psychoeducational class, the client will understand how the brain process trauma, the brain's chemistry interactions that have been triggered and cause symptoms like PTSD, anxiety, or depression. The client will also learn how to process these experiences to diminish the negative emotional charges produced by this mechanism of the brain after traumatic experiences.</li> <li>Trauma Bonding — 2021. This term that it was known as the (Stockholm syndrome) is a complex symptom that victims of trauma suffer. With this psychoeducational class, we educate our clients for them to understand why they refused to report to the authorities the abuse experienced, violence, intimidations or other criminal behavior against them and sometimes even justify these crimes for them. This class aims to help relieve the client's guilt and shame after understanding the brain process and the mechanisms involved to deal with and survive trauma at all costs.</li> </ul>
	After completing the Psychoeducational classes, was assigned for trauma-specific therapy with clinician for 4 years. has been providing services to a population that suffers from trauma and abuses related to Human trafficking, Domestic violence, Sexual assault, and other related violent crimes. also provides therapy for Grief, Phobias and other symptoms related to traumatic experiences.
	had completed a total of 15 hours of individual sessions and is committed to continue until she reaches her therapy goals.  Should you have any further questions, please feel free to contact me.
	Respectfully.
	TRC, Trauma Specialist.





	JUNTA CENTRAL E	LECTORAL	No. Evento
	DIRECCION NACIONAL DE REGIS		Mun. O.C. Año Reg. No
	ACTA INEXTENSA I (Art. 99 Ley No.659	del 17-7-1944)	
inscrito en el Libro No.	e: Que en la Oficialía del Estado Civil de mes de de del Mil de registros de NACIMIENTO, registro perteneciente a:	a las	se encuentra
	**** ALICIA	<b>/</b> ****	
De sexo a las	del de de del de del de del de		
DECLARA: Dominicana, Cédula de	Identidad No.	quien es La Madre, país de na	cionalidad República
PADRE:	The state of the s	d República Dominicana, Cédu	la de Identidad No.
MADRE: PUJO del mes de Enero d	DLS DELGADILLO, NERIS JULIANA	país de nacionalidad Repúblic	a Dominicana, nacida e
ocupación Quehaceres	Domésticos, domiciliada en Las Charcas,	lugar de nacimiento Cédula de Identidad No. 20100	Azua, Soltera, de 0-135
ANOTACIONES: RATIFICACION: Ratificada	a Acta de nacimiento de declaracion tardia por sente	encia # 112 del juzgado de las instancia	dol diamin had the
fecha 01/11/1992	No más información deb		
		3/3/	
		No.	
	Million Alba and the	302	
El presente documento e	e expide a petición de la parte interesada		
República Dominicana, I		es de	
del año			
DIRECTORA DE LA OI	FICINA CENTRAL DEL ESTADO CIVI		
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### DOMINICAN REPUBLIC

### **CENTRAL ELECTORAL COMMISSION**



National Civil Registry Directorate

### **BIRTH CERTIFICATE**

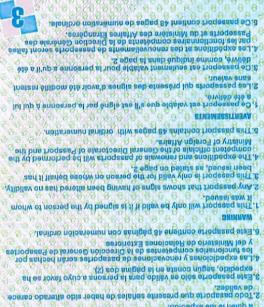
(Article 99 Law n. 659 from 17-7-1994)
we hereby certify that the BIRTH RECORD (filed as a LATE DECLARATION) Book number page N. page N. a.m. at the Registry Office from first circuit of the national district LAS CHARCAS and that it belongs to:
**** ALICIA ****
Feminine gender, born in November at
CERTIFIES: from the Dominican Republic, ID N to be her Mother.
FATHER: from the Dominican Republic,
from the Dominican Republic, born in in single, housewife and with residency in
FILINGS: VERIFICATION: Birth certificate was a judgment late declaration by First-instance Court # from Dated from
This section intentionally left blank
This certificate is being issued at the request of the interested party in Dominican Republic, today, 2021.



I, am competent to translate from Spanish into English and certify that the translation of the foregoing document is true and accurate to the best of my abilities.







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8





For:



### Most Recent I-94

Admission (I-94) Record Number:

Most Recent Date of Entry: 2021

Class of Admission: B1

Admit Until Date :

Details provided on the I-94 Information form:

Last/Surname :

First (Given) Name : Birth Date :

Document Number :

Country of Citizenship: Dominican Republic

Get Travel History

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111 Expiration Date: 05/31/2022

For inquiries or questions regarding your I-94, please click here

Accessibility Privacy Policy



Document Number:

Document Country of Issuance : **Dominican Republic** 

	Date	Туре	Location	
1	2021-	Arrival	MIA	
2	2021-	Departure	MIA	
3	2020-	Arrival	MIA	

News article 1



Type to search...

Portada

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Interes

# Cnet veronica Then Rojo Trae Su Programa "Ligero & Gourmet" Al Canal Hilando Fino TV ¡Televisión A Otro Nivel!

Noticias SC

22:28

No comments



Santo Domingo, RD. – La chef profesional Verónica Then Rojo trajo su programa "Ligero & Gourmet" al canal Hilando Fino TV iTelevisión a otro nivel!, en el cual se encargará de desarrollar suculentas recetas para el deleite de sus televidentes, además de compartir consejos muy útiles a la hora de cocinar.

La especialista en gastronomía Verónica Then explicó que trabajará fuerte, con mucho amor y cariño para mantener su espacio televisivo por muchos años, en el gusto de la gente. "Mi pasión es la cocina", expresó.

Dicho programa inició este lunes 08 de julio, y se transmitirá de lunes a viernes en horario de 12 a 1 PM.

Contact

La oferta televisiva será transmitida por Hilando Fino TV iTelevisión a otro nivel!, canal 34 en el sistema de cable, por nuestra poderosa plataforma de redes sociales Twitter Live, Facebook Live, Instagram Live y Youtube Live, de igual forma por nuestra aplicación que puede descargar en Android (Play Store) y Apple (App Store) como Hilando Fino TV, y en más de 30 plataformas digitales con conexión mundial para toda la República Dominicana, Estados Unidos, Centro América y Europa.

Int	roduce	tu comentario	
		ntar como: ita de Google	<b>∨</b> .
Pu	blicar	Vista previa	

Contact

[This document consists of a screen shot from the online news outlet "Noticias SC."]

https://www.noticiassc.com/2019/07/chef-veronica-then-rojo-trae-su-html

**NSC** 

Chef Verónica Then Rojo brings her program "Light and Gourmet" to the Hilando Fino TV Television A Otro Nivel!! channel.

**Santo Domingo, Dominican Republic.** – Professional chef Verónica Then Rojo has brought her program "Light and Gourmet" to the Hilando Fino TV Television A Otro Nivel!! channel, where viewers will be treated to delicious recipes and useful cooking tips.

Verónica Then, a culinary expert, said she will work hard and bring a lot of love to the show to satisfy the tastes of her audience for many years. "Cooking is my passion," she said.

The program started this Monday, July 8, and will be broadcast Monday through Friday from 12 to 1 pm.

The show will be on Hilando Fino TV Television A Otro Nivel!! cable channel 34, on Twitter Live, Facebook Live, Instagram Live, and YouTube Live on our social media platform, on Hilando Fino TV via our app on Android (Play Store) and Apple (App Store), and on more than 30 worldwide digital platforms throughout the Dominican Republic, the United States, Central America, and Europe.



- · Inicio
- · Nosotros»
- Qué se cuece?
- · Recetas »
- Críticas
- Servicios
- Videos
- Contacto

Qué se cuece?

November 17, 2012 at 12:11 am

### Las cocineras están de moda!

Posted by gtaino

Tweet



Portada de Mujer Única destaca a ocho chefs.

Sin dudas la cocina está de moda y buen ejemplo de ello es la portada de noviembre de la revista Mujer Única, en la cual figura un grupo de las más destacadas chefs del país.

La revista dedica su artículo principal a las féminas que gobiernan la cocina dominicana, tanto en afamados restaurantes, al frente de exitosos negocios y en medios de comunicación. Lo interesante es que la producción de Norka Amesquita las vistió de alta costura y todas lucen fenomenales.

Diana Munné, Rosa María Gómez (La Chefa), Gabriella Reginato, Yuri Sasaki (Chef Pandita), Catherine Lemoine, Inés Páez (Chef Tita), , Rosanna Ovalles y Verónica Then Rojo, fueron entrevistadas y fotografiadas tanto de manera individual como grupal y el resultado es verdaderamente espectacular.

Felicidades a Mujer Única y a todo su equipo por esta audacia que refresca la moda y resalta la culinaria de nuestro país.

CC

[Female] Chefs are in fashion! | Cocina Caribe



[Caribbean cooking] [The flavor of paradise]

- Start
- <u>Us >></u>
- What's cooking?
- Recipes >>
- Reviews
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#### What's cooking?

November 17, 2012 at 12:11 am

## [Female] Chefs are in trend!

Posted by gtaino

#### <u>Tweet</u>



The cover of Mujer Única [Unique Woman] shines a spotlight on eight chefs.

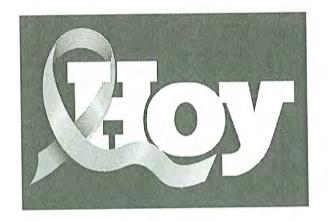
Cooking is undoubtedly in fashion and a good example of this is the cover of the November edition of Mujer Única [Unique Woman] magazine which features a group of the country's most outstanding chefs.

The magazine devotes its first main articles to the woman who rule Dominican cuisine, be it in famous restaurants, at the head of successful businesses or in the media. The interesting thing is that the work of Norka Amequista dressed them in haute couture and they all look phenomenal.

Diana Munné, Rosa María Gómez (La Chefa), Gabriella Reginato, Yuri Sasaki (Chef Pandita), Catherine Lemoine, Inés Páez (Chef Tita), , Rosanna Ovalles and Verónica Then Rojo were interviewed and photographed both individually and as a group and the result is truly spectacular.

Congratulations to Mujer Única and to all its team for this audacity that refreshes fashion and highlights our country's cuisine.

News Article 3



INICIO PAÍS - OPINIÓN - DEPORTES - Q

ECONOMÍA MUNDO - VIVIR - SUPLEMENTOS -

## Tras la huella de mamá

VIVIR



Hoy O 24 mayo, 2012





Hace ya dos años que Verónica Then Rojo inició su proyecto televisivo Las Delicias Gourmet, en el que comparte recetas y consejos tal y como viene haciendo, desde hace más de 15 años, su madre Eugenia Rojo, la mujer a quien más admira.

Tanto así, que después de intentar desarrollarse en otras labores profesionales, sólo pudo encontrar su vocación al retornar a sus raíces para dedicarse al oficio que vio ejercer a su madre, una pasión que las une delante y detrás de las cámaras: la cocina.

A los 19 años, comenzó a dar sus primeros pasos en el programa de su madre, donde presentaba un segmento con consejos de cocina y datos nutricionales de los alimentos. Pero no descubrió su talento para la cocina hasta que al verse sola, después de partir a Estados Unidos, tuvo que ponerlo en práctica.

Nunca me molestó la cocina, entre mis hermanos la que siempre quería estar detrás de la cocina, en los cursos, era yo, que siempre me involucraba, ya fuera brindando o sirviendo.

٨

Creo que era mi destino porque me puse a estudiar tres carreras universitarias y las dejé porque lo único que me gustaba era cocinar. La que terminé fue Cocina.

Lo suyo era la televisión, en eso estaba clara, pero siempre pensó que su posición estaba detrás de las cámaras. Hasta que en búsqueda de su vocación descubrió que podía cocinar muy bien y decidió estudiar Cocina en Apron Cooking School, en Florida.

**El legado.** El poder continuar con la labor de su madre, más que un privilegio, significa para Verónica su mayor responsabilidad.

Mi mamá es la mujer que yo más admiro por su fortaleza, su perseverancia, por ser una mujer luchadora, porque salió adelante sola y logró todas las metas que se propuso y las ha mantenido. Ella es mi mejor ejemplo a seguir y la responsabilidad más grande que siento se debe a que la gente espera mucho de mí por el simple hecho ser su hija y no la puedo defraudar.

Un proyecto de amor. Ambas tienen muchas cosas en común. Es algo que salta a la vista al verlas en sus respectivos programas y que, evidentemente, no es nada fortuito. Es una gracia que ha pasado de madre a hija y con la que atrapan a sus televidentes, sin denostar sus habilidades como expertas en cocina.

Ser hija de Eugenia es un reto que me ha enseñado a ser mejor persona. Mami ha creado en mí disciplina, me ha enseñado a ser una persona responsable, que no puede bajar su calidad de trabajo. Me ha dicho, aunque algún día te sientas mal, o tengas un niño enfermo, no es que tu trabajo



está primero que tu familia, pero tienes que recordar siempre que son millones de personas las que esperan por ti, y eso nunca se me ha olvidado. Cuando yo empecé mi programa, lo hacía con tanto amor que me decía esto yo lo puedo hacer de gratis. Creo que ese ha sido el éxito de mi mamá y también el mío, porque cuando haces algo solamente pensando en que es tu negocio y no le pones amor, no da resultados.

Publicidad



HOY

### **Publicaciones Relacionadas**

Publicidad

Publicidad



4 of 6

[This document consists of a screen shot from the online news outlet "Hoy.]

https://hoy.com.do/tras-la-huella-de-mama/

### Hoy

#### Following in mom's footsteps

24 May 2012

It's been two years since Verónica Then Rojo first aired her TV program "Las Delicias Gourmet," in which she shares recipes and cooking tips, just like Eugenia Rojo, her mother and the woman Verónica most admires, has been doing for more than 15 years.

After pursuing other professional careers, Verónica discovered her true vocation by returning to her roots and taking up what she watched her mother doing. It's a passion that they share, both in front of and behind the cameras: Cooking.

Verónica got her start at age 19 with a segment on her mother's program, where she provided cooking tips and information about nutrition. But she didn't discover her talents in the kitchen until she left for the United States, on her own, and had to put her skills to the test.

I always liked cooking. Among my siblings, I was always the one who wanted to be in the kitchen, taking cooking lessons, getting involved, whether it was preparing dishes or serving them. I think it was my destiny, because I studied three different majors in college and dropped them all. What I wanted was to cook. So I ended up in the kitchen.

She'd always been drawn to television, that was clear, but she thought it was behind the camera until, searching for her true vocation, she discovered that she was a very good cook and decided to enroll in Aprons Cooking School in Florida.

**The legacy.** Following in her mother's footsteps is more than a privilege; for Verónica, it's her greatest responsibility.

My mom is the person I most admire. For her strength, her perseverance, for being a hard-working woman, and because she made something of herself on her own. She met the goals she set for herself and stuck with them. She's my role model and my biggest responsibility, because people expect a lot of me simply because I'm her daughter. I can't let them down.

A product of love. The two women have a lot in common. It's something that jumps out at you when you see their shows, and clearly, it's no accident. They both have a certain charm that captivates the audience, without detracting from their skills as expert cooks.

Being the daughter of Eugenia is a challenge that taught me to be a better person. My mom instilled a sense of discipline in me. She taught me to be a responsible person and not to lower my standards. She told me, if one day you're not feeling well, or one of your kids is sick, it's not that work matters more than family. But you need to remember that millions of people are expecting to see you. That's something I've never forgotten. When I started my show, I did it with so much love that I'd say to myself, I'd do this for free. I think that's the key to my mother's success, and mine, too. If you only think about what you're doing as a business, and you don't put love into it, it doesn't work.



· Pandôra











Lea el periódico del día

### Verónica Then y Ana Simó celebran la Navidad

Yulissa Matos | 22 diciembre, 2011

Los programas "Delicias Gourmet", con Verónica Then Rojo, y "Consultando con Ana Simó", de la psicóloga Ana Simó, celebraron un coctel con motivo de la Navidad. El lugar escogido para la celebración fue el restaurante Scherezade, donde los invitados fueron los representantes de las diferentes agencias publicitarias del país, quienes le auguraron una feliz navidad y un mejor año 2011 a las conductoras.

Then Rojo dio la bienvenida a los presentes agradeciendo el apoyo incondicional que ofrecen a su programa, mientras que Simó se manifestó sumamente feliz de contar con la presencia de cada uno de los invitados en la especial noche.

Verónica, transmite su programa por CDN2, con un contenido ameno y variado en el que se ofrecen recetas de cocina de fácil elaboración. Sus entregas son diarias desde las 10 de la mañana.

"Consultando con Ana Simó" tiene sus entregas diarias desde las 9 de la mañana, por la emisora CDN La radio, con un contenido de orientación interactiva dirigido a toda la familia. Los representantes de agencias disfrutaron de una rica cena, además de numerosas rifas con regalos de Navi-dad.



**Yulissa Matos** 

Mantente informado!

Recibe el de las notici

Verónica Then and Ana Simó celebrate Christmas – El Caribe newspaper https://www.elcaribe.com.do/sin-categoria/veronica-then-ana-simon-celeb...















Lea el periódico del día

[Digital edition/PDF] [Read the newspaper of the day]

#### Verónica Then and Ana Simó celebrate Christmas

Yulissa Matos | December 22, 2011

The shows "Delicias Gourmet" [Gourmet Delights"] with Verónica Then Rojo and "Consultando con Ana Simó" ["Consulting with Ana Simó"] with psychologist Ana Simó held a cocktail party to celebrate Christmas. The venue chosen for the celebration was the Scherezade restaurant, where the guests were representatives of the different advertising agencies in the country. They predicted the presenters would have a Merry Christmas and a better 2011.

Then Rojo welcomed those present, thanking them for the unconditional support they have demonstrated for her show, while Simó seemed extremely happy about the presence of each of the guests on this special night.

Verónica broadcasts her show on CDN2 with entertaining and varied content that features easy cooking recipes. Her episodes are aired daily from 10 in the morning.

Episodes of "Consultando con Ana Simó" ["Consulting with Ana Simó"] are aired daily starting at 9 in the morning on CDN radio with interactive, family-oriented content. The representatives of the [advertising] agencies enjoyed a delicious dinner in addition to many raffles with Christmas presents.



**Yulissa Matos** 

@ 18 de Octubre 2021 12:33:00 P.M

News Article 5

### **El Nacional**

Q

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JOUÉ PASA?

### Las delicias gourmet de aniversario

Por El Nacional O abril 12, 2011

Las delicias gourmet de aniversario

El primer aniversario del programa de televisión Las Delicias Gourmet con Verónica Then Rojo, que entrega a los dominicanos la especialista en gastronomía Verónica Beatriz Then Rojo para CDN2, festejó la llegada de su primer año en el aire. La comunicadora reunió en el restaurante Scherezade a familiares, amigos, seguidores, patrocinadores y relacionados para brindar por el éxito logrado con este proyecto y por gozar del agrado del público.

Verónica Then Rojo expresó me siento satisfecha y agradecida de Dios por los resultados de mi programa. Continuaré trabajando fuerte con mucho amor y empeño para mantener su espacio televisivo por muchos años como me piden mis televidentes. Al principio lo pensé mucho, porque era un reto muy grande para mi, sabía que por ser hija de Eugenia Rojo el público iba a ser bien exigente y tenía que llenar las expectativas, destacó. Señaló que desde muy joven trabajó con su madre Eugenia Rojo en el programa de cocina tan exitoso, en un segmento de cocina llamado Los cortitos de Verónica, donde daba consejos de cocina y hablaba de las propiedades nutricionales de diferentes alimentos.

ETIQUETAS:



El Nacional

La Voz de Todos

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October 18 2021 12 : 33 : 00 P.M.

### **El Macional**

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WHAT'S GOING ON?

### The anniversary gourmet delights

By El Nacional April 12, 2011

The anniversary gourmet delights

The first anniversary of the Las Delicias Gourmet [Gourmet Delights] television show with Verónica Then Rojo, which presents gastronomy specialist Verónica Beatriz Then Rojo to Dominicans on CDN2, celebrated the arrival of its first year on air. The presenter brought together family, friends, followers, sponsors and associates at Scherezade restaurant to toast to the success achieved with this project and to enjoy viewers' appreciation.

Verónica Then Rojo expressed I feel satisfied and grateful to God for the results of my program. I will continue to work hard with lots of love and effort to maintain my place on television for many years as my viewers ask of me. At first, I thought about it a lot because it was a very big challenge for me. I knew that as the daughter of Eugenia Rojo, viewers would be very demanding and I needed to fulfil their expectations, she stressed. She underlined that since a very young age she had worked with her mother Eugenia Rojo on a very successful cooking show, in a cooking segment called "Los cortitos de Verónica" ["Verónica's Short Segments"], where she gave cooking tips and talked about the nutritional properties of different foods.

#### TAGS:



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Dominican Republic

# 2021 Trafficking in Persons Report: Dominican Republic

OFFICE TO MONITOR AND COMBAT TRAFFICKING IN PERSONS

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IN THIS SECTION /
DOMINICAN REPUBLIC: TIER 2

### **DOMINICAN REPUBLIC: Tier 2**

The Government of the Dominican Republic does not fully meet the minimum standards for the elimination of trafficking but is making significant efforts to do so. The government demonstrated overall increasing efforts compared to the previous reporting period, considering the impact of the COVID-19 pandemic on its anti-trafficking capacity; therefore the Dominican Republic was upgraded to Tier 2. These efforts included increasing efforts to investigate official complicity in trafficking crimes, paying restitution to a trafficking victim, prohibiting child marriage to reduce girls' vulnerability to trafficking, and offering shelter and immigration relief for vulnerable Venezuelans. However, the government did not meet the minimum standards in several key areas. The government did not always apply minimum sentences as required by law; did not pass a revised trafficking law to remove the requirement to prove force, fraud, or coercion of sex trafficking victims younger than 18 years of again not effectively screen all vulnerable individuals for trafficking indicators or refer them to services; and did not report how many, if any, identified victims received care. Government

services available for victims, including shelters, remained inadequate.

### PRIORITIZED RECOMMENDATIONS:

Increase criminal investigations and prosecutions of government officials allegedly complicit in trafficking and impose stronger sentences. • Vigorously investigate, prosecute, and convict traffickers involved in forced labor and sex trafficking and apply appropriate sentences as ordered by law. • Proactively screen for trafficking indicators among Venezuelans, Haitians, other undocumented or stateless persons at risk of deportation, and Cuban medical and sports professionals to identify victims, refer them to care, and prevent re-trafficking. • Amend the 2003 anti-trafficking law to remove the requirement to prove force, fraud, and coercion of sex trafficking victims younger than 18 years of age to be consistent with international law. • Adopt and fund a new national action plan. • Fully implement protocols to identify adult and child trafficking victims and refer them to protective services. • Provide a dedicated budget for trafficking victim assistance services and provide dedicated shelters for adult and child victims of trafficking. • Provide adequate human and financial resources and training to law enforcement, prosecutors, and judges to combat trafficking, particularly in areas outside of Santo Domingo. • Involve survivors when developing and implementing anti-trafficking laws, regulations, and policies.

### **PROSECUTION**

The government increased prosecution efforts. Dominican law criminalized sex trafficking and labor trafficking. The 2003 Law on Human Smuggling and Trafficking (Law 137-03) criminalized all forms of labor trafficking and some forms of sex trafficking and prescribed penalties of 15 to 20 years' imprisonment and fines. Inconsistent with international law, the law required a demonstration of force, fraud, or coercion to constitute a child sex trafficking offense and therefore did not criminalize all forms of child sex trafficking. Article 25 of the Child Protection Code of 2003 criminalized the offering, delivering, or accepting, without regard to means used, anyone younger than 18 years of age for the purpose of sexual exploitation, forced labor, or any other purpose that demeaned the individual, for remuneration or any other consideration, and prescribed a penalty of 20 to 30 years' imprisonment and a fine. All penalties were sufficiently stringent and, with respect to sex trafficking, commensurate with

those prescribed for other serious crimes, such as rape. During the current reporting period, the foreign ministry led a consultation process with government agencies, NGOs, international organizations, and foreign donors for the modification of the law to remove the provision requiring a demonstration of force, fraud, or coercion to constitute a child sex trafficking crime; while the government completed an initial draft of the amendment, it remained pending completion and passage in the National Congress.

The Attorney General's Office (AGO) reported initiating 63 investigations (59 for sex trafficking, four for labor trafficking) in 2020, compared with 26 investigations in 2019, 11 in 2018, 17 in 2017, and 25 in 2016. The police anti-trafficking unit (ATU) reported initiating 44 investigations in 2020, compared with 35 investigations in 2019, 45 investigations in 2018, and 83 in 2017. Of the 44 investigations reported by the police, 36 were co-initiated by the Special Prosecutor against Trafficking of Persons and Smuggling of Migrants' office (PETT). An NGO reported assisting the government in the investigation of one of the cases that involved child victims. The government reported one ongoing labor trafficking investigation from a previous reporting period. The government reported initiating prosecutions of 42 defendants in 2020 (36 for sex trafficking and six for labor trafficking), compared with prosecuting 47 defendants in 2019, 14 defendants in 2018, 20 defendants in 2017, and 40 defendants in 2016. The AGO secured convictions of four traffickers, compared with five in 2019, 22 in 2018, 16 in 2017, and 13 in 2016. Courts in Santo Domingo convicted two individuals in February 2020 for trafficking in persons for the purpose of sexual exploitation, psychological abuse, and sexual assault of children; they received 25 and 20 years' imprisonment, respectively, were fined 175 times the minimum salary (1.75 million Dominican pesos or \$30,100), and forfeited property to the government. The Court of Appeals upheld a 2019 guilty verdict with a 25-year sentence in one trafficking case. In addition, a local NGO—not the PETT—brought an appeal against a trial court's sentence in a previous reporting period of six years' imprisonment for a sex trafficking conviction as inconsistent with Dominican law. The Court of Appeals ruled in favor of the NGO and increased the sentence to 15 years' imprisonment, in accord with the Dominican trafficking law. In cooperation with a foreign government, the ATU made three arrests as part of a joint operation in September 2020, resulting in the identification of three female sex trafficking victims. The government reported it prosecuted four cases of sex trafficking initiated in prior reporting periods as procuring or pandering cases because it determine individuals involved in commercial sex were not trafficking victims.

Corruption and official complicity in trafficking crimes remained significant concerns, inhibiting law enforcement action during the year; the government increased efforts to investigate allegations of official complicity, although it did not initiate any prosecutions in these cases. The government reported opening one investigation into official complicity involving a regional employee of the AGO over allegations of leaks to suspects in a case involving sexual exploitation of children. The government reported it opened an investigation in November 2020 into two Dominican diplomats posted in Argentina accused of child sex trafficking of Dominican children in Argentina. The government reassigned the diplomats but did not report initiating prosecution in this case because no complaint was filed. The National Police opened a trafficking investigation into a member of the armed forces accused of accepting bribes at the border. The government completed two investigations initiated in the previous reporting period of three government employees assigned to the PETT. One prosecutor allegedly sexually abused an identified trafficking victim, while two police investigators allegedly provided confidential information to nightclub owners before planned raids to help them evade capture; the government suspended all three from their positions. The government did not prosecute the police officers due to lack of evidence; the government had not initiated prosecution of the public prosecutor by the end of the reporting period. The government did not report the status of a 2017 sex trafficking case involving police officers and members of the military.

The PETT and the ATU were the principal law enforcement bodies pursuing trafficking cases, with police units in Santo Domingo, Punta Cana, San Cristóbal, Puerto Plata, and Boca Chica. The PETT had established liaisons in each of the 35 district attorney's offices nationwide. However, the government concentrated its anti-trafficking resources in Santo Domingo, resulting in a lack of institutional capacity—including resources, training, and experience—to properly investigate and prosecute human trafficking cases in areas of the country outside of the Santo Domingo metropolitan area. NGOs reported Dominican authorities often lacked the training and technology for the identification, investigation, prosecution, and sentencing of both traditional and online trafficking crimes, sometimes favoring the rights of the defendant over those of the victim. NGOs suggested evidence of corruption and misuse of victim assistance funds, as well as the departure of specialized personnel from the PETT in recent years, including the current reporting period, significantly lowered public confidence in government's ability to investigate and prosecute trafficking cases or protect victims effectively. NGOs stated the PETT remained the weakest link in the government's anti-

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trafficking response. The government also reported a lack of understanding of the nature of human trafficking among the Dominican population hindered effective identification and investigation of the crime.

The government did not have courts specifically for trafficking cases, nor was there a separate judicial budget for trafficking. In response to the pandemic, courts closed in March 2020 and began to gradually re-open beginning in July 2020. Both the government and NGOs reported the courts created protocols for virtual and in-person hearings, but the number of cases processed by law enforcement both at the investigative level and in the courts fell. The government and local NGOs reported the pandemic may have pushed traffickers online into chat rooms and social media, which made the crime more difficult to identify. The pandemic also hindered investigators' ability to collect evidence, and NGOs reported police attention shifted to enforcing nightly curfews and other public health-related measures. The government reported a lack of adequate personnel and equipment for the anti-trafficking police for the entire reporting period affected operations. Despite this, NGOs reported the ATU remained proactive and effective in investigating suspected trafficking cases.

The government reported training 153 defense, tourism, police, and immigration officials and civil society representatives on the detection of the crime of human trafficking and on fraudulent methods traffickers employ in cooperation with an international organization. The government also reported training 50 judges, prosecutors, and public defenders from the Supreme Court, AGO, and National Office of Public Defense on the Legal Protection Course on the rights of the child, including trafficking and child sexual exploitation, in coordination with an international organization and a foreign donor, and 80 Supreme Court and AGO judges and prosecutors on human trafficking and the sexual exploitation of children and adolescents in coordination with an international organization, an NGO, and a foreign donor. An NGO reported police cadets received training on human trafficking and sexual exploitation but that the training was insufficiently detailed and inaccessible to patrol officers. Authorities began a joint project with an NGO to improve the police cadet training curriculum. The government reported assisting three foreign governments with trafficking investigations, of which one resulted in a conviction for sexual exploitation of a child. An international organization reported the government participated in an INTERPOL law enforcement operation, alo 32 countries across four continents. Police authorities signed an agreement with the Ro Canadian Mounted Police to expand cooperation against the sale of children, child

prostitution and pornography, child trafficking, and other forms of child sexual abuse. The government continued cooperation with two foreign countries and an international organization on a 2019 prosecutor anti-trafficking training project.

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### **PROTECTION**

The government maintained victim protection efforts. Authorities reported identifying 95 victims (82 for sex trafficking and 13 for labor trafficking), compared with 195 victims in 2019, 96 in 2018, 102 in 2017, and 157 in 2016. Of the 95 victims identified, 56 were Dominican and 39 foreigners; 54 were adults and 41 children. Of the victims of sex trafficking, 24 were girls, four were boys, and 54 were adult females. Of the labor trafficking victims, six were girls and seven were boys. However, experts questioned the number of reported sex trafficking victims identified in 2020 and 2019, since it may have included individuals in commercial sex present during raids of nightclubs that did not identify as victims, and it may not have included potential Haitian victims not screened or referred before deportation, despite the known prevalence of trafficking among Haitian migrants.

The government provided entrance and referred to care 12 adult female Venezuelan trafficking victims during the reporting period who were identified in a neighboring country. Upon arrival, the government, working with an international organization, provided shelter and 24-hour security for the victims. One victim remained in the country at the end of the reporting period and was working with an NGO to normalize her immigration status; the government collaborated with an NGO to return another victim to Venezuela at the victim's request.

The government did not report how many of the 83 additional identified victims received services and reported a lack of resources to provide assistance for victims, including shelters. The government reported housing trafficking victims in Ministry of Women domestic violence shelters. NGOs reported child victims went to National Counsel for Children and Adolescents (CONANI) temporary homes until they were reunited with their families, whereupon the government did not offer the victims additional services. The government centers did not offer specialized, expert care, and the government reported it did not have a dedicated bud victim services or a full-time government shelter for adult trafficking victims; temporary sector and food were provided to victims from PETT's budget only after raids. Observers noted the

AGO had not accounted for utilization of victim assistance donations conveyed as cash transfers from international donor organizations. The government largely relied on NGOs and religious-based organizations to provide accommodations for foreign and domestic trafficking victims in addition to psychological, reintegration, repatriation, and medical assistance and medical services. These organizations were inadequate in terms of staff skills and resources, and they lacked capacity to provide for the large number of victims in country. The government reported it started discussions with local NGOs about the need for dedicated shelters for trafficking victims. The government reported implementing health protocols for victim services in response to the pandemic. NGOs reported the pandemic did not affect the already low quality of the government's victim referral efforts although due to restrictions few, if any, victims were identified from March to May 2020.

Government officials reported having two protocols to identify and assist adult and child trafficking victims; the Ministry of Women was revising these with international technical assistance and funding. Observers noted authorities did not effectively implement the protocols, particularly with regard to detained migrants. The government worked with NGOs to screen for potential victims; although the government reported it had a process for referring victims to care with local NGOs, experts reported that it was not formal. The government had protocols to screen for trafficking victims when detaining or arresting individuals in vulnerable groups, but authorities acknowledged they had not yet applied them effectively. The government reported law enforcement conducted interviews to identify trafficking victims after raids of commercial sex establishments, but civil society representatives reported the government did not effectively implement its screening procedures. An international organization reported a joint project with the judiciary to develop an interview protocol for child victims and witnesses of crimes of sexual violence that established guidelines for abiding by applicable human rights concerns and intended to avoid re-traumatizing the victims and witnesses. The trafficking law did not provide immigration protections for trafficking victims whether or not they assisted with court cases. However, the government reported it did not detain or deport trafficking victims and if victims wished to return to their country of origin, the government would forgive the overstay fee they may have incurred. Local NGOs stated that although the government did not deport foreign trafficking victims, it also did not offer temporary residence or work permits or take constructive regularize a victim's immigration status after a short period of time. As a result, foreign may have found themselves without legal status, which increased their vulnerability to

trafficking. The pandemic slowed the government's efforts to repatriate foreign victims.

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The government permitted victims to work and offered legal assistance, although there was no report of the government providing such assistance to victims. This included legal assistance for victims who wished to file civil suits for restitution against their traffickers; NGOs reported prosecutors did not always pursue restitution for victims. The government, working with NGOs, offered protection to trafficking victims during the legal process, including videotaped testimony. Witnesses could provide testimony despite limitations imposed as a result of the pandemic, although the government reported this was more challenging when victims opted to leave NGO shelters. The government reported 12 victims gave testimony by video or written statements during the reporting period, compared with approximately 20 in 2019. However, the court system lacked a sufficient number of specialized cameras to allow victims to be interviewed in a safe environment to avoid re-traumatization. In February 2020, a court ordered two defendants to pay a child victim 500,000 Dominican pesos (\$8,600) in restitution.

The government offered diploma certificate courses to 153 National Institute of Migration (INM) employees and 45 other government employees on Trafficking in Women, Children, and Adolescents: Strategies for Protection and Assistance to Survivors, in cooperation with an international organization. The government reported pandemic response measures reduced the number of training opportunities for victim identification procedures, but these trainings resumed as the country relaxed certain restrictions and adapted the courses for virtual delivery. The government reported no Dominican victims of human trafficking were identified abroad.

### PREVENTION

The government slightly increased prevention efforts. The Inter-institutional Commission against Trafficking in Persons and Smuggling of Migrants (CITIM) continued to function normally during the reporting period after moving its meetings online in response to the pandemic. The pandemic caused across-the-board cuts in the government's budget, and the government did not allocate specific funds for implementation of its national anti-traff plan beyond the standard operating budgets for CITIM institutions. The plan assigned go responsibilities, and deadlines to each of the 14 government agencies comprising the CITIM,

State

and it was overseen by the Ministry of Foreign Affairs (MFA). The MFA published on its website an annual evaluation of anti-trafficking efforts of each CITIM member institution. Authorities reported undertaking an assessment of the current plan and began development of the subsequent plan, which was ongoing at the end of the reporting period. Draft anti-trafficking legislation included a proposal to earmark a portion of the existing tourism tax to fund antitrafficking efforts, and it also included a new visa category for certain human trafficking victims. In addition, a new law prohibiting child marriage took effect in January 2021; the law aimed to prevent girls from becoming trafficking victims. Local NGOs reported traffickers used child marriage to mask child sex and labor trafficking. The government also announced it would begin to implement a program to normalize the immigration status of the estimated 115,000 Venezuelan migrants in the country, another group highly vulnerable to human trafficking. The program would initially provide a 60-day extension of stay to qualified Venezuelan migrants, who would then have the opportunity to apply for one-year, renewable, non-resident work or study visas.

The government reported it continued to disseminate material on billboards and to the local press and radio through the "Ojo Pelao" ("Eyes Peeled") awareness and prevention campaign for potential victims, focusing particularly on commercial sex. The government instituted a state of emergency in March 2020, which reduced transit into and out of the country. However, the government reported it relaunched the national "No Hay Excusas" ("No Excuses") campaign against child sexual exploitation, created community groups in tourist areas to raise awareness of trafficking, and worked with Haitian counterparts to address unaccompanied children crossing the border. The government reported it canceled trainings for the Specialized Tourist Security Corps between May to July 2020 and face-to-face trainings on passport security measures between March and September 2020 due to the pandemic. The government reported that in response to the pandemic, INM expanded its course offerings in 2020 and modified the courses for distance learning. The government reported training 23 senior military officers on migration and human rights; 153 government officials and civil society representatives on awareness raising in the areas of migrant smuggling and human trafficking; 153 INM employees on basic trafficking concepts, the country's trafficking profile, and victim assistance, in cooperation with an international organization; and 330 air traffic MFA, migration, and passport inspectors, servers, and officials linked to internal and example 1 civil aviation on passport security measures and mechanical reading. The government a reported the MFA implemented virtual training for 170 diplomatic and consular personnel on

human trafficking and human smuggling, and it offered virtual talks on human trafficking for designated Foreign Service personnel.

The national action plan delegated responsibility to conduct research on human trafficking to the INM. In 2019, with the financial support of an international organization, INM commissioned four research projects, two of which it completed and presented to a variety of stakeholders the same year and informed recommendations to the government on trafficking. Authorities were finalizing the third study addressing foreign children at risk of trafficking in the country at the end of the reporting period. The government also reported it was working with a local university to produce a study analyzing trafficking patterns of Dominican women in Spain, Switzerland, and Costa Rica.

PETT operated a dedicated 24/7 national trafficking hotline and reported it received 37 calls during the reporting period. Four other general hotlines could also receive human trafficking calls in Spanish, English, French, and Creole. In addition, CONANI established a hotline during the reporting period for referral of children without appropriate care during the pandemic. The government reported the PETT hotline referred one case to the special tourist police, who investigated in collaboration with the National Directorate of Children, Adolescents and Family. Authorities identified and removed three victims, two girls and one boy.

The labor code prohibited the charging of fees for the recruitment of workers; the recruitment of workers through fraudulent offers of employment; misrepresentation of wages, working conditions, location or nature of work; and the confiscation or denial of workers' access to identity documents. The government worked with an international organization and a foreign donor to improve operations and capacity at the Ministry of Labor (MOL) to investigate potential labor violations. The government reported 41,953 labor inspection visits in 2020, a 45 percent decrease from 2019, due to the pandemic. Complaints about child labor could be made electronically, by telephone, or in person at any of the 40 offices of the MOL, and the government reported it had a system of referring children found during labor inspections to appropriate social services. The government did not make efforts to reduce the demand for commercial sex acts. The government continued to participate in a multi-country operation to identify and investigate individuals traveling overseas who had been convicted of sexuacrimes against children and may engage in sex tourism. The government denied entry persons at the second highest rate in the program. In 2020, the government reported two

open investigations for the sale of tourist packages to individuals in the United States, Canada, and Europe, with the apparent inclusion of sexual contact with individuals identified as children. Authorities reported increasing personnel assigned to the protection and rescue program for children and adolescents run by the specialized tourist police, who also received additional equipment and opened a new facility in a popular tourist location for this program. Laws did not provide for the prosecution of Dominican citizens who engage in child sex tourism abroad.

### TRAFFICKING PROFILE

As reported over the past five years, human traffickers exploit domestic and foreign victims in the Dominican Republic, and traffickers exploit victims from the Dominican Republic abroad. Dominican women and children were sex trafficking victims throughout the Dominican Republic, the Caribbean, South and Central America, Europe, the Middle East, and the United States. Foreign victims from Haiti and other parts of the Caribbean, Asia, and Latin America were trafficking victims in the Dominican Republic. Experts noted an increase in the number of Venezuelan trafficking victims in the Dominican Republic since the onset of Venezuela's economic and political crisis. Cuban nationals working as doctors and baseball players may have been forced to work by the Cuban government. The Dominican Republic is a destination for sex tourists primarily from North America and Europe for child sex trafficking. Sex trafficking of 15- to 17-year-old girls occurs in streets, in parks, and on beaches. Traffickers operating in networks continue to employ methods to mask their activities, including the use of catalogs to sell victims to potential clients, using private homes, rented private apartments, or extended stay hotels to house victims. In cases of sexual exploitation of children, WhatsApp chats and social media are used to attract children and exploit them. NGOs report police complicity in areas known for child sex trafficking. Government officials and NGOs report an increase in traffickers recruiting Colombian and Venezuelan women to dance in strip clubs and later coerce them into sex trafficking. Traffickers lure Dominican women to work in nightclubs in the Middle East, Africa, the Caribbean, and Latin America and subject them to sex trafficking. The pandemic forced many companies to idle workers at partial salaries or lay them off entirely, increasing their vulnerability to trafficking. The government offered unemployment benefits, but many households sought informal labor opportunities; the along with the fact that schools were closed entirely between April and November 2020 and did not offer an extended school day, likely increased the incidence of child labor. Dominican

officials and NGOs documented cases of children forced into domestic service, street vending, begging, agricultural work, construction, and moving illicit narcotics. During the reporting period, the government described an increase in Dominican trafficking victims, specifically children brought from the interior of the country to coastal tourist areas. There are reports of forced labor of adults in construction, agricultural, and service sectors. Haitian women report smugglers often become traffickers for the purpose of sexual exploitation along the border, and observers note traffickers operate along the border with impunity and sometimes with the assistance of corrupt government officials who accept bribes to allow undocumented crossings. Unofficial border crossings remain unmonitored and porous, leaving migrants, including children, vulnerable to trafficking.

#### TAGS

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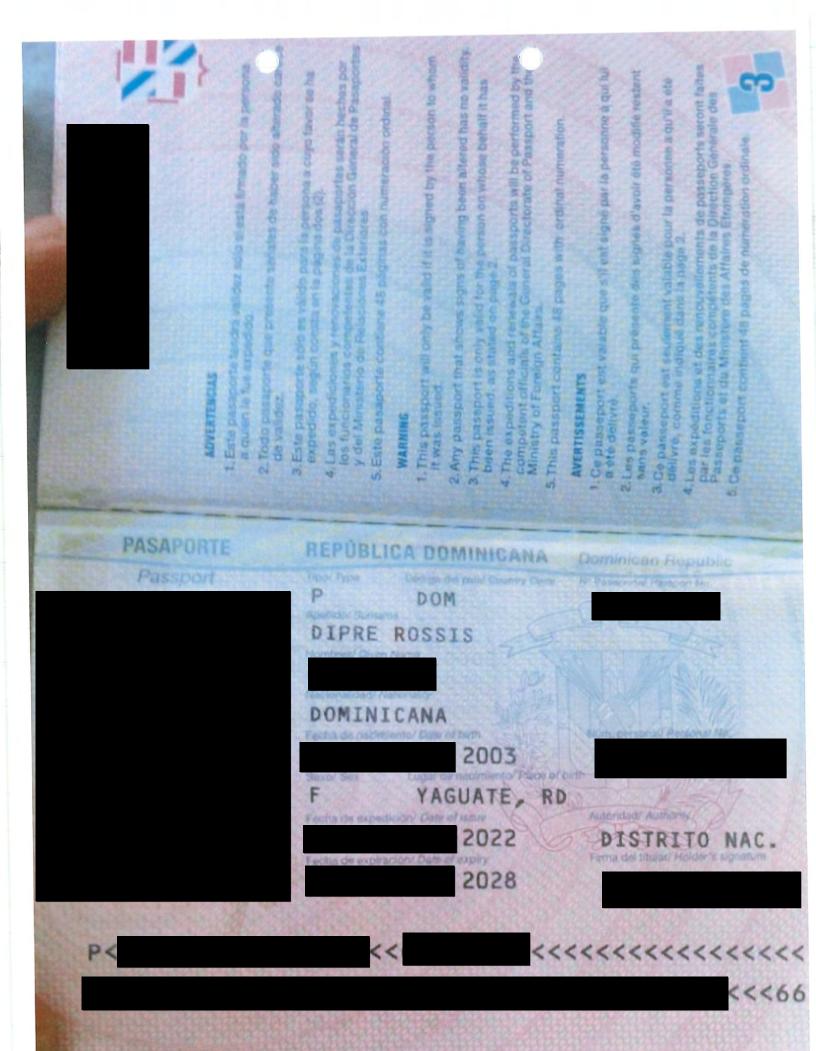




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# Exhibit 13

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### [Shield]

### DOMINICAN REPUBLIC **CENTRAL ELECTORAL COMMISSION**

NATIONAL OFFICE OF THE CIVIL REGISTRY

### **UNABRIDGED BIRTH CERTIFICATE**

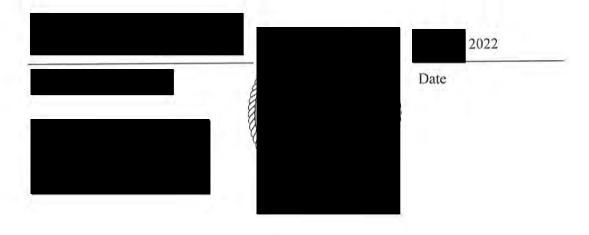
[bar code]

Event No.

Mun. O.C. Year Reg. No.

(Art. 99 Law No. 659 of 7/17/1944)
WE CERTIFY: That in the Civil Registry Office of the the second of the month of the year at 11:00 AM, there is recorded in Book No. Certificate No. Year the entry belonging to:
**** ***  **** Unique Identity Number: ****
Of the <u>FEMALE</u> sex, born in a second on the grade of the month of a set of the year at 1 at 1 PM.
INFORMANT:  Republic; Identity and Electoral Card No.  FATHER:  eighteenth of the month of May of the year  place of birth:  NOTHER:  ROSSIS PUJOLS, ALICIA, country of nationality: Dominican Republic; born on the  of the month of  of the year  place of birth:  NOTHER:  ROSSIS PUJOLS, ALICIA, country of nationality: Dominican Republic; born on the  of the month of  of the year  place of birth:  D.R.; single; occupation: student; residing at  Identity and Electoral Card No.  No further information below this line
[seal:] Central Electoral Commission, Office for Voter Registration Abroad, Miami, Florida
This document is issued at the request of the interested party in  Dominican Republic, on this day of the month of of the year  [bar code]
DIRECTOR OF THE CENTRAL CIVIL REGISTRY OFFICE [bar code]

I, am competent to translate from Spanish into English and certify that the translation of the foregoing document is true and accurate to the best of my abilities.



### Exhibit 14



IS ASSET BYTHE ADOL FOR IN DRIVING algoin is the expeditor.

Charle Sayon Se ha Este passporte sons se valdo para la persona mandido, segun consta en la pagna divido. Este passag

the functorated complete letter the Disapporter safety Nechas por if the Menstern of Rescount Estimans Este passa

THE DISTORY

ing been altered has no voice Print passport is only valid for the person on whose behalf it has 2. Any passport m

house of the General Devotorate of Passport and the Ministry of Foreign Affairs. This passport on

The expect tors and remeats of passyorts will be performed by the

# AVERTISSENENTS

Cd passeport est

valable gue sif ext signe par la personne a qui u

Etes passaports qui presente dos signes d'avoir été modifie sestent A.Co passeport est souler Dominiona Republic

par les fonctionnaires compétents de passeports seront fales Passeports et de Monstere des Africa de la Direction Générale des De manuel

No plassepont est seufernent valable pour la personne a duit a ede décivre, commo indiqué dans la nage 2.

Les expeditions et des renouvelles

PASAPORTE Parsport

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### Exhibit 15

FORM. OC - 11





REPUBLICA DOM  JUNTA CENTRAL E  DIRECCION NACIONAL DE REGIS	ELECTORAL 010-01-2010-01-00009838
ACTA INEXTENSA 1 (Art. 99 Ley No.659	DE NACIMIENTO
CERTIFICAMOS: Que en la Oficialía del Estado Civil de lel mes de del año a las de registros de NACIMIENTO, DECLARACIÓN OPORT registro perteneciente a:	s 11:00 AM, se encuentra inscrito en el Libro No.
**** **** Número Unico de Identio	**** dad:
De sexo <u>FEMENINO</u> , nacida en 2010) a las PM.	el del mes de del año Dos Mil Diez
DECLARA: quien es La M de Identidad y Electoral No.	ladre, país de nacionalidad República Dominicana, Cédul
Electoral No.  MADRE:  país de nacion  del año	alidad República Dominicana, nacida el del mes de la lugar de nacimiento Softera, de Identidad y Electoral No.
	CHARAL ELECTOR OF THE PARTY OF
El presente documento se expide a petición de la parte interesa	da en
República Dominicana, hoy dia de	el mes de
del año DOS MIL VEINTIUNO (2021)	
MIRIAM TERESA SUAREZ CONTRERAS DIRECTORA DE LA OFICINA CENTRAL DEL ESTADO C	

Form OC-11

[hologram]

### [Shield]

[bar code]

[bar code]

2021 11:35AM

### DOMINICAN REPUBLIC CENTRAL ELECTORAL COMMISSION

NATIONAL OFFICE OF THE CIVIL REGISTRY

Event No. 010-01-2010-01-00009838 Mun. O.C. Year Reg. No.

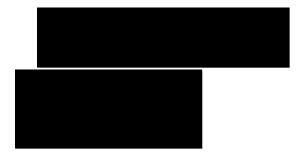
,,,,,,	NAL OFFICE OF THE CIVIL REGISTRY	Mun. O.C. Year Reg. N
	RIDGED BIRTH CERTIFICATE  . 99 Law No. 659 of 7/17/1944)	
(Art.	. 99 Law No. 039 Of 7/17/1944)	
WE CERTIFY: That in the Civ		registered on the
	the year	at 11:00 AM, there
Certificate No	f records of <b>BIRTH, TIMELY REGISTRA</b> the entry belonging to:	rion, Page No.
**** !!~:~	**** e Identity Number:	**
Onique	e identity Number.	_
Of the <u>FEMALE</u> sex, born in	on the	of the month of
of the year	) at 6:55 PM.	
INFORMANT:	who is the mother; country of na	tionality: Dominican
Republic; Identity and Electoral Ca		
FATHER:	, country of nationality: Dominican	Republic; Identity and
Electoral Card No.  MOTHER:	country of nationality: Dominicar	n Republic; born on the
	of the year	
·	occupation: student; residing in	Identity and
Electoral Card No.	Inther information below this line ****	~~~~~~
Note	mener information selow this line	
[seal:] Central Electoral Cor	mmission, Office for Voter Registration	n Abroad, Miami, Florida
This document is issued at the req	uest of the interested party in	
Don	ninican Republic, on this	$\_$ day of the month of
of the year		010-01-2010-01-00009838
		[bar code]
[signature]		00000 0004440222
		00006-6604110323

DIRECTOR OF THE CENTRAL CIVIL REGISTRY OFFICE

### CERTIFICATE OF TRANSLATION



I, am competent to translate documents from Spanish to English, and certify that I have translated the preceding documents faithfully and accurately to the best of my ability.



# Exhibit 16



ADVERTENCIAS

a si està firmado por la persona Este pasaporte tendra un a quien le fue axpadido

Todo pasaporte que pre

os funcionarios competentes de la Dirección General de Pasaporte y del Ministerio de Refaciones Exteriores as expediciones y renovaciones de pasaportes serán bechas por expedido, segun consta en la página dos (2).

Este Dasa

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ws signs of having been altered has no valid h only be valid if it is algined by the person to whom 3. This passbort is only valid for the person on whose behalf it has 2. Any passport that sho This passport will

The expeditions and renewals of passports will be performed by the ompetent officials of the General Directorate of Passport and the Ministry of Foreign Affairs.

**AVERTISSEMENTS** 

delivre, comme indiqué dans la page 2. Dar les functionnaires compétents de la Direction Genérale des Passaports et du Ministère des Affaires Etrangères. 2. Las passepor Daine valou

ments de passeports seront faites

a des signes d'avoir ste modifie restent

PASAPORTE

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do/ Date of birth

CRISTOBAL, SAN

expedicion/ Date of Issue

2021

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# Exhibit 17

FORM. OC - 11





#### REPUBLICA DOMINICANA

#### JUNTA CENTRAL ELECTORAL DIRECCION NACIONAL DE REGISTRO DEL ESTADO CIVIL

No. Evento 002-02-2017-01-00000749 Mun. O.C. Año Reg. No.

	(Art. 99 Ley No.659, del 17-7-1944)
CERTIFICAMOS: Que en la Ofici registrado el del mes de el Libro No. de registros de N Año el registro pertenec	a las 10:28 AM, se encuentra inscrit ACIMIENTO, DECLARACIÓN OPORTUNA, Folio No, Acta No.
**** Ni	**** ABRAHAMNA **** úmero Unico de Identidad:
De sexo <u>FEMENINO</u> , nacida en a las 03:00 PM	del mes de Enero del :
DECLARA:	quien es El Padre, país de nacionalidad República Dominicana, Céc
de Identidad y Electoral No.  PADRE: mes de del año	país de nacionalidad República Dominicana, nacido el legar de Valencia de Valencia de lugar de nacimiento Las Gallardas, Yaguate, R.D.
Soltero, de ocupación Albañil, domicili	ado en San Cristobal, Cédula de Identidad y Electoral No.
MADRE: Noviembre del año Mil Novecientos Set	país de nacionalidad República Dominicana, nacida el Diez del mes tenta y Ocho 1978), lugar de nacimiento Solt
	domiciliada en Doña Ana, San Cristobal, Cédula de Identidad y Electoral No.
	No más información debajo de esta línea
	SENTRAL ELECTOR CA
	CENTRAL ELECTOR CA
	TANGE ELECTOR OF THE PARTY OF T
	MAMI, FLCO
El presente documento se expide a petic República Dominicana, hoy dia	MAMI, FLCO
	sión de la parte interesada en del mes de
República Dominicana, hoy dia	sión de la parte interesada en
República Dominicana, hoy dia	sión de la parte interesada en del mes de

Form OC-11

[Shield]

[hologram]

### **DOMINICAN REPUBLIC CENTRAL ELECTORAL COMMISSION** NATIONAL OFFICE OF THE CIVIL REGISTRY

Event No. 002-02-2017-01-00000749 Mun. O.C. Year Reg. No.

[bar code]

UNABRIDGED BIRTH CERTIFICA	TE Wan o.e. real Reg. N
(Art. 99 Law No. 659 of 7/17/1944)	
	of records of <b>BIRTH, TIMELY</b> the entry belonging to:
**** ***  **** Unique Identity Number:	***
Of the sex, born in month of of the year (	on the PM.
INFORMANT:  Identity and Electoral Card No.  FATHER:  DIAZ BRIOSO, ABRAHAN, country of nationality: the of the month of of the year place of birth:  ; Identity and Electoral Card No.  MOTHER:  of the month of of the year place of birth: country of nationality: Domi of the month of of the year place of birth: Las Charcas, Azua, D.R.; single; occupation: homemal Identity and Electoral Card No.	; born on ; on; residing at nican Republic; born on the ; ker;
[seal:] Central Electoral Commission, Office for Voter Registr	ation Abroad, Miami, Florida
This document is issued at the request of the interested party in Dominican Republic, on this of the year	day of the month of 082-01-2010-01-00002715 [bar code]
[signature]	00001-0592825494
DIRECTOR OF THE CENTRAL CIVIL REGISTRY OFFICE	[bar code]

I, am competent to translate from Spanish into English and certify that the translation of the foregoing document is true and accurate to the best of my abilities.

