

June 27, 2022

USCIS Vermont Service Center
38 River Road
Essex Junction, VT 05479

**Re: Adjustment of Status for T Nonimmigrant Status under INA § 245(I)
T-1 [REDACTED]
Form I-485, Application for Adjustment of Status
Form I-765, Application for Employment Authorization**

Dear USCIS Officer:

On behalf of our client Ms. [REDACTED] who was granted T-1 Nonimmigrant Status on July 09, 2018, and pursuant to Immigration and Nationality Act (INA) § 245(I)(Adjustment of Status for Victims of Trafficking) and 8 CFR § 245.23 (Adjustment of aliens in T nonimmigrant classification), we submit Application for Adjustment of Status on Form I-485. In addition, pursuant to 8 C.F.R. § 274a.12(c)(9)(employment authorization for pending adjustment of status applicants), we submit Application for Employment Authorization on Form I-765. In this letter, we describe Ms. [REDACTED] eligibility for such applications and request that you exercise your discretion to grant her lawful permanent resident status and work authorization.

On behalf of [REDACTED] we submit the following:

- Two (2) Money Orders for \$1000 and \$225 for the total amount of \$1225 payable to U.S. Department of Homeland Security
- Four (4) passport-sized photos of Ms. [REDACTED]
- One (1) G-28 Notice of Appearance of Attorney;
- One (1) Application for Adjustment of Status on Form I-485;
- Supporting Documents with Index, and
- One (1) Application for Employment Authorization on Form I-765

Please note: we will supplement Form I-693, Report of Medical Exam and Vaccination Record for the applicant at a later date to ensure validity at the time of adjudication.

Pursuant to INA § 214(o)(7)(C), which directs U.S. Citizenship and Immigration Services (“USCIS”) to extend T nonimmigrant status “during the pendency of an application for adjustment of status under section 245(1),” we request that you extend Ms. [REDACTED] T nonimmigrant status until such time as you have adjudicated her application for Adjustment of Status.

Hon. Judy Harris Kluger
Executive Director

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**I. MS. [REDACTED] IS ELIGIBLE FOR ADJUSTMENT OF STATUS
PURSUANT TO INA § 245(I) AND 8 C.F.R. § 245.23(a)**

**(1) Ms. [REDACTED] was lawfully admitted as a T-1 Nonimmigrant and
continues to hold such status**

Pursuant to 8 CFR § 245.23(a)(2), principle T visa adjustment of status applicants are required to prove they were lawfully admitted as a T-1 Nonimmigrant and continue to hold such status. As proof of this lawful admission and status, applicants must provide photocopies of their T-1 Approval Notice, most recently issued passport, and Form I-94.¹

Ms. [REDACTED] submits her T visa approval notice, which shows that she was lawfully admitted as a T-1 nonimmigrant on July 09, 2018, and her status remains valid until July 08, 2022.² Ms. [REDACTED] I-94 Arrival Departure Record appears on her T visa approval notice.³ Ms. [REDACTED] submits all pages of her passport, which shows that she has not departed the United States since receiving her T-1 status, and thus maintains her status.⁴ Finally, because Ms. [REDACTED] is submitting her application for adjustment of status prior to the expiration of her T visa status, she remains in T status at the time of filing and her application is timely.

In summary, Ms. [REDACTED] has proven she satisfies the criteria outlined in 8 CFR § 245(a)(2) and § 245.23(e)(1) as a lawfully admitted T-1 Nonimmigrant who continues to hold this status.

**(2) Ms. [REDACTED] has been continuously present in the United States since
being admitted as a T-1 Nonimmigrant**

Pursuant to INA § 245(I)(1)(A) and 8 CFR § 245.23(a)(3), applicants must establish continuous physical presence in the United States for at least three years since the first date of lawful admission as a T-1 nonimmigrant or for a continuous period during the investigation or prosecution of acts of trafficking, if the investigation or prosecution is complete, whichever period of time is less. The applicant shall be considered to fail the continuous presence requirement if the period of time is less or if the applicant has departed from the United States for any single period in excess of 90 days or for any periods in the aggregate exceeding 180 days.⁵ As proof of continuous presence, applicants must submit an affidavit and photocopies of all

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¹ 8 CFR §§ 245.23(e)(1)(iv), 245.23(e)(1)(v), and 245.23(e)(1)(vi).

² Supporting Documents for Ms. [REDACTED] Exhibit 5, Copy of Approval Notice of Ms. [REDACTED]'s Application for T-1 Nonimmigrant Status on Form I-914 with I-94 card, valid from July 09, 2018 to July 08, 2022;

³ *Id.*

⁴ Supporting Documents for Ms. [REDACTED] Exhibit 1, copies of every page of Ms. [REDACTED]'s most recently issued passport, and Exhibit 7, copies of every page of her expired passport.

⁵ 8 CFR § 245.23(a)(3).

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passports valid during the required period indicating that they have been continuously physically present.⁶

In her affidavit supporting Form I-485, Ms. ██████ attests to her continuous physical presence in the United States since the grant of her T-1 nonimmigrant status in July 2018.⁷ In addition, Ms. ██████ has included photocopies of every page of her valid passport—the only passport she has held during her T visa status—which proves she has not departed the U.S. while in T status.⁸ Finally, Ms. ██████ submits several documents, listed in the following index, as additional proof of her continuous physical presence from July 2018 to the present.⁹

With the documents described in this section, as well as the documents USCIS has in its own file, Ms. ██████ satisfies the criteria outlined in INA § 245(I)(1)(A) and 8 CFR § 245.23(a)(3).

(3) Ms. ██████ is a person of good moral character

Pursuant to INA § 245(I)(1)(B) and 8 CFR § 245.23(a)(5), applicants must demonstrate that they have been persons of good moral character since first being admitted as T-1 nonimmigrants and until USCIS completes adjudication of their applications for adjustment of status. The regulations require applicants to attest to their good moral character in an affidavit and provide local criminal background checks from each locality where the applicant has resided for six months or more during the period in continuous presence.¹⁰ USCIS will also consider other credible evidence of good moral character.¹¹

Ms. ██████ submits an affidavit attesting to her good moral character, in which she describes her lack of criminal record. As proof of her lack of criminal record, Ms. ██████ submits a certificate of conduct from the New York Police Department dated June 08, 2022, indicating that she has no criminal record.¹² New York City is the only jurisdiction in which Ms. ██████ has resided for more than six months since her T nonimmigrant status was granted. Therefore, Ms. ██████ satisfies the criteria outlined in INA § 245(I)(1)(B) and 8 CFR § 245.23(a)(5), because she has demonstrated she has had good moral character since her admission as a T-1 Nonimmigrant and her adjudication of adjustment of status.

⁶ 8 CFR § 245.23(e)(2)(i).

⁷ Exhibit 4, Affidavit of Ms. ██████ explaining that she was admitted as a T-1 Nonimmigrant on July 09, 2018, has not left the U.S. since, and continues to hold such status.

⁸ Exhibit 1, copies of every page of Ms. Peralta's most recently issued passport, and Exhibit 7, copies of every page of her expired passport.

⁹ Supporting Documents for Ms. ██████ Exhibits 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22.

¹⁰ 8 CFR § 245.23(g).

¹¹ 8 CFR § 245.23(g)(3) ("USCIS will consider other credible evidence of good moral character, such as affidavits from responsible persons who can knowledgeably attest to the applicant's good moral character.")

¹² Supporting Documents for Ms. ██████ Exhibit 23, Certificate of Conduct issued by New York Police Department dated June 08, 2022.

- (4) **Ms. [REDACTED] has complied with any reasonable requests for assistance in the investigation or prosecution of the acts of trafficking since admission in T-1 Nonimmigrant Status and would face extreme hardship if removed.**

Pursuant to INA § 245(l)(1)(c) and 8 CFR §§ 245.23(e)(2)(iii) and 245.23(f), applicants must establish that they have complied with any reasonable request for assistance in the investigation or prosecution of the trafficking, or that they would suffer extreme hardship involving unusual and severe harm if removed from the United States. When an applicant wants to rely on evidence of cooperation previously submitted as part of the initial T visa application, “the applicant need not resubmit that evidence but can instead point to any evidence already contained in her DHS file.”¹³ Where the basis of the hardship claim represents a continuation of the hardship claimed in the application for T nonimmigrant status, the applicant need not re-document the entire claim, but rather may submit evidence to establish that the previously established hardship is ongoing.¹⁴

Here, Ms. [REDACTED] complied with all reasonable requests for assistance in her traffickers’ investigations. Despite being conditioned by traffickers to fear law enforcement and despite a deep fear of retaliation, Ms. [REDACTED] reported her trafficking experience to Homeland Security Investigations, Immigration & Customs Enforcement in New York City with detail. Ms. [REDACTED] expressed and continues to express willingness to provide assistance to HSI-ICE NYC¹⁵.

Although federal regulations require only that applicants either comply with reasonable requests for assistance from law enforcement, OR provide evidence of extreme hardship if removed, Ms. [REDACTED] meets both prongs. Ms. [REDACTED] would be in extreme fear of revictimization as her trafficker could find her and retaliate against her. Ms. [REDACTED] would also be forced to take her U.S. citizen daughter with her, exposing her to these dangers as well. Finally, she would not have access to the necessary resources to cope with the continuing symptoms of the complex trauma she suffered while being trafficked. Ms. [REDACTED] would be subjected to extreme hardship if forced to return to [REDACTED].

Ms. [REDACTED] thus proves that she has both cooperated with law enforcement and would face extreme hardship if she were forced to return to [REDACTED], satisfying the criteria outlined in INA § 245(l)(1)(C) and 8 CFR §§ 245.23(a)(6) and 245.23(f).

¹³ USCIS Adjudicator’s Field Manual, Chapter 23.5 (n)(1)(D), Adjustment of Status by T Nonimmigrants.

¹⁴ 8 CFR 245.23(f)(2).

¹⁵ Exhibit 4, Affidavit of Ms. [REDACTED] describing her cooperation with law enforcement, and Exhibit 26, Attorney affidavit about law enforcement cooperation submitted with her T application.

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(5) Ms. [REDACTED] merits positive discretion.

Pursuant to 8 CFR § 245.23(e)(3), applicants must establish that approval is warranted and that they merit a favorable exercise of discretion. Ms. [REDACTED] has made progress in recovering from the trafficking victimization she has endured and created a new sustainable life for herself and her family in the United States.

As described in her affidavit, Ms. [REDACTED] has availed herself of many opportunities in the United States to build a life that is safe and financially self-sufficient. For example, Ms. [REDACTED] has completed her certification in cosmetology, seeks to start her own salon, and is improving her English language skills. Ms. [REDACTED] has engaged the support of trafficking-specific social and legal services through Sanctuary for Families and has completed an Economic Empowerment Program through Restore NYC, an anti-trafficking nonprofit in New York City. Finally, Ms. [REDACTED] is a kind and caring mother to her U.S. citizen daughter.

After surviving the harrowing experience of being trafficking, Ms. [REDACTED] is safer in the United States because she can access protection and has fully cooperated with the investigation of her traffickers.

Under these circumstances, Ms. [REDACTED] asks for the favorable exercise of discretion under the grant of lawful permanent status.

II. CONCLUSION

We have enclosed the above-listed forms and supporting documents for Ms. [REDACTED] with indices of supporting documents listing the evidence presented and indicating the elements to which each exhibit relates.

Should you have any questions or concerns, please do not hesitate to contact me. I may be reached by telephone at [REDACTED], by e-mail at [REDACTED] or by mail at 30 Wall Street, 8th Floor, New York, NY 10005.

[REDACTED]
Staff Attorney
Anti Trafficking Initiative - Sanctuary for Families

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Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select all applicable items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

1.a. U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

i-485 ; i-765

2.a. U.S. Immigration and Customs Enforcement (ICE)

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

3.a. U.S. Customs and Border Protection (CBP)

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

4. Receipt Number (if any)

▶

5. 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)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7.a. Name of Entity (if applicable)

7.b. Title of Authorized Signatory for Entity (if applicable)

8. Client's USCIS Online Account Number (if any)

9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

10. Daytime Telephone Number

11. Mobile Telephone Number (if any)

12. Email Address (if any)

Mailing Address of Client

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.

13.a. Street Number and Name 30 Wall Street

13.b. Apt. Ste. Flr. 8

13.c. City or Town New York City

13.d. State NY 13.e. ZIP Code 10005

13.f. Province

13.g. Postal Code

13.h. Country USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I 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.



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 Entity

- 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. Signature of Attorney or Accredited Representative
- 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)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d. _____

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____



Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 03/31/2023

For USCIS Use Only		
Preference Category:	Receipt	Action Block
Country Chargeable:		
Priority Date:		
Date Form I-693 Received:		
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(m)	<input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____

To be completed by an attorney or accredited representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any)	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
	<input type="text"/>	<input type="text"/>	<input type="text"/>

▶ **START HERE** - Type or print in black ink.

A-Number ▶ A- [REDACTED]

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may deny your application.

Part 1. Information About You (Person applying for lawful permanent residence)

Your Current Legal Name (do not provide a nickname)

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Other Names You Have Used Since Birth (if applicable)

NOTE: Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Other Information About You

5. Date of Birth (mm/dd/yyyy)

NOTE: In addition to providing your actual date of birth, include any other dates of birth you have used in connection with any legal names or non-legal names in the space provided in **Part 14. Additional Information.**

6. Sex Male Female

7. City or Town of Birth



Part 1. Information About You (Person applying for lawful permanent residence) (continued)

8. Country of Birth
[REDACTED]
9. Country of Citizenship or Nationality
[REDACTED]
10. Alien Registration Number (A-Number) (if any)
▶ A- [REDACTED]

NOTE: If you have **EVER** used other A-Numbers, include the additional A-Numbers in the space provided in **Part 14. Additional Information.**

11. USCIS Online Account Number (if any)
▶ [REDACTED]

U.S. Mailing Address

- 12.a. In Care Of Name (if any)
[REDACTED]
- 12.b. Street Number and Name
Confidential
- 12.c. Apt. Ste. Flr. [REDACTED]
- 12.d. City or Town
Confidential
- 12.e. State NY 12.f. ZIP Code 11369

Alternate and/or Safe Mailing Address

If you are applying based on the Violence Against Women Act (VAWA) or as a special immigrant juvenile, human trafficking victim (T nonimmigrant), or victim of a qualifying crime (U nonimmigrant) and you do not want USCIS to send notices about this application to your home, you may provide an alternative and/or safe mailing address.

- 13.a. In Care Of Name (if any)
[REDACTED]
- 13.b. Street Number and Name
30 Wall St
- 13.c. Apt. Ste. Flr. 8
- 13.d. City or Town
New York
- 13.e. State NY 13.f. ZIP Code 10005

Social Security Card

14. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

If you answered "Yes," provide the information requested in **Item Number 15.**

15. Provide your U.S. Social Security Number (SSN).
▶ [REDACTED]
16. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to **Item Number 17. Consent for Disclosure**, to receive a card).
 Yes No
17. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card.
 Yes No

Recent Immigration History

Provide the information for **Item Numbers 18. - 24.** if you last entered the United States using a passport or travel document.

18. Passport Number Used at Last Arrival
N/A
19. Travel Document Number Used at Last Arrival
N/A
20. Expiration Date of this Passport or Travel Document (mm/dd/yyyy)
[REDACTED]
21. Country that Issued this Passport or Travel Document
N/A
22. Nonimmigrant Visa Number from this Passport (if any)
N/A
- Place of Last Arrival into the United States
- 23.a. City or Town
US Mexico Border
- 23.b. State
[REDACTED]
24. Date of Last Arrival (mm/dd/yyyy) Approx. 2008

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

When I last arrived in the United States, I:

25.a. Was inspected at a port of entry and admitted as (for example, exchange visitor; visitor, waived through; temporary worker; student):

25.b. Was inspected at a port of entry and paroled as (for example, humanitarian parole, Cuban parole):

25.c. Came into the United States without admission or parole.

25.d. Other:

If you were issued a Form I-94 Arrival-Departure Record Number:

26.a. Form I-94 Arrival-Departure Record Number

▶

26.b. Expiration Date of Authorized Stay Shown on Form I-94

(mm/dd/yyyy)

26.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

27. What is your current immigration status (if it has changed since your arrival)?

Provide your name exactly as it appears on your Form I-94 (if any)

28.a. Family Name (Last Name)

28.b. Given Name (First Name)

28.c. Middle Name

Part 2. Application Type or Filing Category

NOTE: Attach a copy of the Form I-797 receipt or approval notice for the underlying petition or application, as appropriate.

I am applying to register lawful permanent residence or adjust status to that of a lawful permanent resident based on the following immigrant category (select **only one** box). (See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

1.a. Family-based

- Immediate relative of a U.S. citizen, Form I-130
- Other relative of a U.S. citizen or relative of a lawful permanent resident under the family-based preference categories, Form I-130
- Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen, Form I-129F (K-1/K-2 Nonimmigrant)
- Widow or widower of a U.S. citizen, Form I-360
- VAWA self-petitioner, Form I-360

1.b. Employment-based

- Alien worker, Form I-140
- Alien entrepreneur, Form I-526

1.c. Special Immigrant

- Religious worker, Form I-360
- Special immigrant juvenile, Form I-360
- Certain Afghan or Iraqi national, Form I-360
- Certain international broadcaster, Form I-360
- Certain G-4 international organization or family member or NATO-6 employee or family member, Form I-360

1.d. Asylee or Refugee

- Asylum status (INA section 208), Form I-589 or Form I-730
- Refugee status (INA section 207), Form I-590 or Form I-730

1.e. Human Trafficking Victim or Crime Victim

- Human trafficking victim (T Nonimmigrant), Form I-914 or derivative family member, Form I-914A
- Crime victim (U Nonimmigrant), Form I-918, derivative family member, Form I-918A, or qualifying family member, Form I-929



Part 2. Application Type or Filing Category
(continued)

1.f. Special Programs Based on Certain Public Laws

- The Cuban Adjustment Act
- The Cuban Adjustment Act for battered spouses and children
- Dependent status under the Haitian Refugee Immigrant Fairness Act
- Dependent status under the Haitian Refugee Immigrant Fairness Act for battered spouses and children
- Lautenberg Parolees
- Diplomats or high ranking officials unable to return home (Section 13 of the Act of September 11, 1957)
- Indochinese Parole Adjustment Act of 2000

1.g. Additional Options

- Diversity Visa program
- Continuous residence in the United States since before January 1, 1972 ("Registry")
- Individual born in the United States under diplomatic status
- Other eligibility

2. Are you applying for adjustment based on the Immigration and Nationality Act (INA) section 245(i)?
- Yes No

NOTE: If you answered "Yes" to **Item Number 2.**, you must have selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 1.a. - 1.g.** as the basis for your application for adjustment of status. Fill out the rest of this application **and** Supplement A to Form I-485, Adjustment of Status Under Section 245(i) (Supplement A). For detailed filing instructions, read the Form I-485 Instructions (including any **Additional Instructions** that relate to the immigrant category that you selected in **Item Numbers 1.a. - 1.g.**) and Supplement A Instructions.

Information About Your Immigrant Category

If you are the **principal applicant**, provide the following information.

3. Receipt Number of Underlying Petition (if any)
-
4. Priority Date from Underlying Petition (if any)
(mm/dd/yyyy)
-

If you are a **derivative applicant** (the spouse or unmarried child under 21 years of age of a principal applicant), provide the following information for the **principal applicant**.

Principal Applicant's Name

- 5.a. Family Name (Last Name)
- 5.b. Given Name (First Name)
- 5.c. Middle Name
6. Principal Applicant's A-Number (if any)
▶ A-
7. Principal Applicant's Date of Birth
(mm/dd/yyyy)
8. Receipt Number of Principal's Underlying Petition (if any)
▶
9. Priority Date of Principal Applicant's Underlying Petition
(if any) (mm/dd/yyyy)

Part 3. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? Yes No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2.a. - 4.** below. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Location of U.S. Embassy or U.S. Consulate

- 2.a. City
- 2.b. Country
3. Decision (for example, approved, refused, denied, withdrawn)
4. Date of Decision (mm/dd/yyyy)





Part 3. Additional Information About You
(continued)

Address History

Provide physical addresses for everywhere you have lived during the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Physical Address 1 (current address)

5.a. Street Number and Name

5.b. Apt. Ste. Flr.

5.c. City or Town

5.d. State 5.e. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

Dates of Residence

6.a. From (mm/dd/yyyy)

6.b. To (mm/dd/yyyy)

Physical Address 2

7.a. Street Number and Name

7.b. Apt. Ste. Flr.

7.c. City or Town

7.d. State 7.e. ZIP Code

7.f. Province

7.g. Postal Code

7.h. Country

Dates of Residence

8.a. From (mm/dd/yyyy)

8.b. To (mm/dd/yyyy)

Provide your most recent address outside the United States where you lived for more than one year (if not already listed above).

see attached

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State 9.e. ZIP Code

9.f. Province

9.g. Postal Code

9.h. Country

Dates of Residence

10.a. From (mm/dd/yyyy)

10.b. To (mm/dd/yyyy)

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Employer 1 (current or most recent)

Unemployed See attached

11. Name of Employer or Company

Address of Employer or Company

12.a. Street Number and Name

12.b. Apt. Ste. Flr.

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

12.h. Country

13. Your Occupation





Part 3. Additional Information About You
(continued)

Dates of Employment

14.a. From (mm/dd/yyyy)

03/08/2017

14.b. To (mm/dd/yyyy)

Present

Employer 2

15. Name of Employer or Company

[Redacted]

Address of Employer or Company

16.a. Street Number and Name

[Redacted]

16.b. Apt. Ste. Flr.

[Redacted]

16.c. City or Town

[Redacted]

16.d. State

[Redacted]

16.e. ZIP Code

[Redacted]

16.f. Province

[Redacted]

16.g. Postal Code

[Redacted]

16.h. Country

[Redacted]

17. Your Occupation

[Redacted]

Dates of Employment

18.a. From (mm/dd/yyyy)

[Redacted]

18.b. To (mm/dd/yyyy)

[Redacted]

Provide your most recent employment outside of the United States (if not already listed above).

19. Name of Employer or Company

[Redacted]

Address of Employer or Company

20.a. Street Number and Name

[Redacted]

20.b. Apt. Ste. Flr.

[Redacted]

20.c. City or Town

[Redacted]

20.d. State

[Redacted]

20.e. ZIP Code

[Redacted]

20.f. Province

[Redacted]

20.g. Postal Code

[Redacted]

20.h. Country

[Redacted]

21. Your Occupation

[Redacted]

Dates of Employment

22.a. From (mm/dd/yyyy)

[Redacted]

22.b. To (mm/dd/yyyy)

[Redacted]

Part 4. Information About Your Parents

Information About Your Parent 1

Parent 1's Legal Name

1.a. Family Name (Last Name)

[Redacted]

1.b. Given Name (First Name)

[Redacted]

1.c. Middle Name

[Redacted]

Parent 1's Name at Birth (if different than above)

2.a. Family Name (Last Name)

[Redacted]

2.b. Given Name (First Name)

[Redacted]

2.c. Middle Name

[Redacted]

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

[Redacted]

4. Sex Male Female

5. City or Town of Birth

Unknown

6. Country of Birth

Mexico



Part 4. Information About Your Parents
(continued)

- 7. Current City or Town of Residence (if living)
Deceased
- 8. Current Country of Residence (if living)
Deceased

Information About Your Parent 2

- Parent 2's Legal Name
- 9.a. Family Name (Last Name) [REDACTED]
 - 9.b. Given Name (First Name) [REDACTED]
 - 9.c. Middle Name [REDACTED]
- Parent 2's Name at Birth (if different than above)
- 10.a. Family Name (Last Name) [REDACTED]
 - 10.b. Given Name (First Name) [REDACTED]
 - 10.c. Middle Name [REDACTED]
 - 11. Date of Birth (mm/dd/yyyy) [REDACTED]
 - 12. Sex Male Female
 - 13. City or Town of Birth
Unknown
 - 14. Country of Birth
Mexico
 - 15. Current City or Town of Residence (if living)
[REDACTED]
 - 16. Current Country of Residence (if living)
Mexico

Part 5. Information About Your Marital History

- 1. What is your current marital status?
 Single, Never Married Married Divorced
 Widowed Marriage Annulled
 Legally Separated
- 2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard?
 N/A Yes No

- 3. How many times have you been married (including annulled marriages and marriages to the same person)?
1

Information About Your Current Marriage
(including if you are legally separated)

If you are currently married, provide the following information about your current spouse.

- Current Spouse's Legal Name
- 4.a. Family Name (Last Name) [REDACTED]
 - 4.b. Given Name (First Name) [REDACTED]
 - 4.c. Middle Name [REDACTED]
 - 5. A-Number (if any) ▶ A- [REDACTED]
 - 6. Current Spouse's Date of Birth (mm/dd/yyyy) [REDACTED]
 - 7. Date of Marriage to Current Spouse (mm/dd/yyyy) [REDACTED]

Current Spouse's Place of Birth

- 8.a. City or Town
[REDACTED]
- 8.b. State or Province
[REDACTED]
- 8.c. Country
Mexico

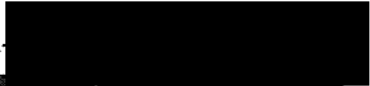
Place of Marriage to Current Spouse

- 9.a. City or Town
[REDACTED]
- 9.b. State or Province
New York
- 9.c. Country
United States

- 10. Is your current spouse applying with you?
 Yes No

see attached





Part 5. Information About Your Marital History
(continued)

Information About Prior Marriages (if any)

If you have been married before, whether in the United States or in any other country, provide the following information about your prior spouse. If you have had more than one previous marriage, use the space provided in **Part 14. Additional Information** to provide the information below.

Prior Spouse's Legal Name (provide family name before marriage)

11.a. Family Name (Last Name)

11.b. Given Name (First Name)

11.c. Middle Name

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Date of Marriage to Prior Spouse (mm/dd/yyyy)

Place of Marriage to Prior Spouse

14.a. City or Town

14.b. State or Province

14.c. Country

15. Date Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

Place Where Marriage with Prior Spouse Legally Ended

16.a. City or Town

16.b. State or Province

16.c. Country

Part 6. Information About Your Children

1. Indicate the total number of ALL living children (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

Provide the following information for each of your children. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Child 1

Current Legal Name

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. A-Number (if any) ▶ A-

4. Date of Birth (mm/dd/yyyy)

5. Country of Birth

6. Is this child applying with you? Yes No

Child 2

Current Legal Name

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. A-Number (if any) ▶ A-

9. Date of Birth (mm/dd/yyyy)

10. Country of Birth

11. Is this child applying with you? Yes No





Part 6. Information About Your Children
(continued)

Child 3

Current Legal Name

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. A-Number (if any) ▶ A-

14. Date of Birth (mm/dd/yyyy)

15. Country of Birth

16. Is this child applying with you? Yes No

Part 7. Biographic Information

- Ethnicity (Select **only one** box)
 - Hispanic or Latino
 - Not Hispanic or Latino
- Race (Select **all applicable** boxes)
 - White
 - Asian
 - Black or African American
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander
- Height Feet Inches
- Weight Pounds
- Eye Color (Select **only one** box)
 - Black Blue Brown
 - Gray Green Hazel
 - Maroon Pink Unknown/Other
- Hair Color (Select **only one** box)
 - Bald (No hair) Black Blond
 - Brown Gray Red
 - Sandy White Unknown/Other

Part 8. General Eligibility and Inadmissibility Grounds

- Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world including any military service? Yes No

If you answered "Yes" to Item Number 1., complete Item Numbers 2. - 13.b. below. If you need extra space to complete this section, use the space provided in Part 14. **Additional Information.** If you answered "No," but are unsure of your answer, provide an explanation of the events and circumstances in the space provided in Part 14. **Additional Information.**

Organization 1

- Name of Organization
- 3.a. City or Town
- 3.b. State or Province
- 3.c. Country
4. Nature of Group

Dates of Membership or Dates of Involvement

- 5.a. From (mm/dd/yyyy)
- 5.b. To (mm/dd/yyyy)

Organization 2

6. Name of Organization
- 7.a. City or Town
- 7.b. State or Province
- 7.c. Country
8. Nature of Group



Part 8. General Eligibility and Inadmissibility Grounds (continued)

Dates of Membership or Dates of Involvement

9.a. From (mm/dd/yyyy)

9.b. To (mm/dd/yyyy)

Organization 3

10. Name of Organization

11.a. City or Town

11.b. State or Province

11.c. Country

12. Nature of Group

Dates of Membership or Dates of Involvement

13.a. From (mm/dd/yyyy)

13.b. To (mm/dd/yyyy)

Answer **Item Numbers 14. - 80.b.** Choose the answer that you think is correct. If you answer "Yes" to any questions (or if you answer "No," but are unsure of your answer), provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information.**

14. Have you **EVER** been denied admission to the United States? Yes No
15. Have you **EVER** been denied a visa to the United States? Yes No
16. Have you **EVER** worked in the United States without authorization? Yes No
17. Have you **EVER** violated the terms or conditions of your nonimmigrant status? Yes No
18. Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings? Yes No
19. Have you **EVER** been issued a final order of exclusion, deportation, or removal? Yes No

20. Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated? Yes No
21. Have you **EVER** held lawful permanent resident status which was later rescinded? Yes No
22. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time? Yes No
23. Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation? Yes No
- 24.a. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement? Yes No
- If you answered "Yes" to **Item Number 24.a.**, complete **Item Numbers 24.b. - 24.c.** If you answered "No" to **Item Number 24.a.**, skip to **Item Number 25.**
- 24.b. Have you complied with the foreign residence requirement? Yes No
- 24.c. Have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you? Yes No

Criminal Acts and Violations

For **Item Numbers 25. - 45.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 25. - 45.**, use the space provided in **Part 14. Additional Information** to provide an explanation that includes why you were arrested, cited, detained, or charged; where you were arrested, cited, detained, or charged; when (date) the event occurred; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service).

25. Have you **EVER** been arrested, cited, charged, or detained for any reason by any law enforcement official (including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard)? Yes No
26. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime)? Yes No

unclear, see attached

Part 8. General Eligibility and Inadmissibility Grounds (continued)

27. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No
- NOTE:** If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.
28. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
29. Have you **EVER** been a defendant or the accused in a criminal proceeding (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication)? Yes No
30. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
31. Have you **EVER** been convicted of two or more offenses (other than purely political offenses) for which the combined sentences to confinement were five years or more? Yes No
32. Have you **EVER** illicitly (illegally) trafficked or benefited from the trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
33. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded in the illicit trafficking of any illegal narcotic or other controlled substances? Yes No
34. Are you the spouse, son, or daughter of a foreign national who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last five years, any financial or other benefit from the illegal activity of your spouse or parent, although you knew or reasonably should have known that the financial or other benefit resulted from the illicit activity of your spouse or parent? Yes No
35. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
36. Have you **EVER** directly or indirectly procured (or attempted to procure) or imported prostitutes or persons for the purpose of prostitution? Yes No
37. Have you **EVER** received any proceeds or money from prostitution? Yes No
38. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
39. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
40. Have you **EVER**, while serving as a foreign government official, been responsible for or directly carried out violations of religious freedoms? Yes No
41. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of persons for commercial sex acts? Yes No
42. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. Yes No
43. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
44. Are you the spouse, son or daughter of a foreign national who engaged in the trafficking of persons and have received or obtained, within the last five years, any financial or other benefits from the illicit activity of your spouse or your parent, although you knew or reasonably should have known that this benefit resulted from the illicit activity of your spouse or parent? Yes No
45. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Part 8. General Eligibility and Inadmissibility Grounds (continued)

Security and Related

Do you intend to:

- 46.a.** Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
- 46.b.** Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 46.c.** Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 46.d.** Engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No
- 46.e.** Engage in any other unlawful activity? Yes No
- 47.** Are you engaged in or, upon your entry into the United States, do you intend to engage in any activity that could have potentially serious adverse foreign policy consequences for the United States? Yes No

Have you **EVER**:

- 48.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No
- 48.b.** Participated in, or been a member of, a group or organization that did any of the activities described in **Item Number 48.a.**? Yes No
- 48.c.** Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Number 48.a.**? Yes No
- 48.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 48.a.**? Yes No

- 48.e.** Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Number 48.a.**? Yes No

- 49.** Have you **EVER** received any type of military, paramilitary, or weapons training? Yes No

- 50.** Do you intend to engage in any of the activities listed in any part of **Item Numbers 48.a. - 49.**? Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 46.a. - 50.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information.**

Are you the spouse or child of an individual who **EVER**:

- 51.a.** Committed, threatened to commit, attempted to commit, conspired to commit, incited, endorsed, advocated, planned, or prepared any of the following: hijacking, sabotage, kidnapping, political assassination, or use of a weapon or explosive to harm another individual or cause substantial damage to property? Yes No
- 51.b.** Participated in, or been a member or a representative of a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No
- 51.c.** Recruited members, or asked for money or things of value, for a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No
- 51.d.** Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Number 51.a.**? Yes No
- 51.e.** Provided money, a thing of value, services or labor, or any other assistance or support to an individual, group, or organization who did any of the activities described in **Item Number 51.a.**? Yes No
- 51.f.** Received any type of military, paramilitary, or weapons training from a group or organization that did any of the activities described in **Item Number 51.a.**? Yes No

NOTE: If you answered "Yes" to any part of **Item Number 51.**, explain the relationship and what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**



Part 8. General Eligibility and Inadmissibility Grounds (continued)

52. Have you **EVER** assisted or participated in selling, providing, or transporting weapons to any person who, to your knowledge, used them against another person?
 Yes No
53. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?
 Yes No
54. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
 Yes No
55. Have you **EVER** served in, been a member of, assisted, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, insurgent organization, or any other armed group?
 Yes No
56. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party (in the United States or abroad)?
 Yes No
57. During the period from March 23, 1933 to May 8, 1945, did you ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion, in association with either the Nazi government of Germany or any organization or government associated or allied with the Nazi government of Germany?
 Yes No
- Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- 58.a. Acts involving torture or genocide? Yes No
- 58.b. Killing any person? Yes No
- 58.c. Intentionally and severely injuring any person?
 Yes No
- 58.d. Engaging in any kind of sexual contact or relations with any person who did not consent or was unable to consent, or was being forced or threatened? Yes No
- 58.e. Limiting or denying any person's ability to exercise religious beliefs? Yes No

59. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?
 Yes No
60. Have you **EVER** used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?
 Yes No

NOTE: If you answered "Yes" to any part of **Item Numbers 52. - 60.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information.**

Public Assistance

61. Have you received public assistance in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?
 Yes No
62. Are you likely to receive public assistance in the future in the United States from any source, including the U.S. Government or any state, county, city, or municipality (other than emergency medical treatment)?
 Yes No

Illegal Entries and Other Immigration Violations

- 63.a. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997?
 Yes No
- 63.b. If your answer to **Item Number 63.a.** is "Yes," do you believe you had reasonable cause?
 Yes No
- 63.c. If your answer to **Item Number 63.b.** is "Yes," attach a written statement explaining why you had reasonable cause.
64. Have you **EVER** submitted fraudulent or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States?
 Yes No
65. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit?
 Yes No
66. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)?
 Yes No
67. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States?
 Yes No



Part 8. General Eligibility and Inadmissibility Grounds (continued)

68. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any foreign national to enter or to try to enter the United States illegally (alien smuggling)?
 Yes No
69. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents?
 Yes No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

70. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States?
 Yes No
71. Have you **EVER** entered the United States without being inspected and admitted or paroled?
 Yes No

Since April 1, 1997, have you been unlawfully present in the United States:

- 72.a. For more than 180 days but less than a year, and then departed the United States? Yes No
- 72.b. For one year or more and then departed the United States?
 Yes No

NOTE: You were unlawfully present in the United States if you entered the United States without being inspected and admitted or inspected and paroled, or if you legally entered the United States but you stayed longer than permitted.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

- 73.a. Having been unlawfully present in the United States for more than one year in the aggregate? Yes No
- 73.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

74. Do you plan to practice polygamy in the United States?
 Yes No
75. Are you accompanying another foreign national who requires your protection or guardianship but who is inadmissible after being certified by a medical officer as being helpless from sickness, physical or mental disability, or infancy, as described in INA section 232(c)?
 Yes No
76. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a U.S. citizen who has been granted custody of the child?
 Yes No
77. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States?
 Yes No
78. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States?
 Yes No

Have you **EVER**:

- 79.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are a foreign national?
 Yes No
- 79.b. Been relieved or discharged from such training or service on the ground that you are a foreign national?
 Yes No
- 79.c. Been convicted of desertion from the U.S. armed forces?
 Yes No
- 80.a. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency?
 Yes No
- 80.b. If your answer to **Item Number 80.a.** is "Yes," what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?



Part 9. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-485 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? Yes No

If you answered "Yes" to **Item Number 1.**, select any applicable box in **Item Numbers 2.a. - 2.c.** and provide an answer.

- 2.a. I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

- 2.b. I am blind or have low vision and request the following accommodation:

- 2.c. I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.)

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-485 Instructions before completing this part. You must file Form I-485 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 11.** 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. At my request, the preparer named in **Part 12.**,
 prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

4. Applicant's Mobile Telephone Number (if any)

5. Applicant's Email Address (if any)

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 determine my eligibility for the immigration benefit that I seek.

I understand that if I am a male who is 18 to 26 years of age, submitting this application will automatically register me with the Selective Service System as required by the Military Selective Service Act.

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:

- I reviewed and understood all of the information contained in, and submitted with, my application; and
- 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.

Part 10. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

Applicant's Signature

6.a. Applicant's Signature (sign in ink)

→ [REDACTED]

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

06/27/2022

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 11. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

[REDACTED]

1.b. Interpreter's Given Name (First Name)

[REDACTED]

2. Interpreter's Business or Organization Name (if any)

Sanctuary for Families

Interpreter's Mailing Address

3.a. Street Number and Name 30 Wall Street

3.b. Apt. Ste. Fl. 8

3.c. City or Town New York City

3.d. State NY 3.e. ZIP Code 10005

3.f. Province

3.g. Postal Code

3.h. Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

[REDACTED]

5. Interpreter's Mobile Telephone Number (if any)

[REDACTED]

6. Interpreter's Email Address (if any)

[REDACTED]

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Spanish, which is the same language specified in Part 10., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

[REDACTED]

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

06/27/2022

Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

[REDACTED]

1.b. Preparer's Given Name (First Name)

[REDACTED]

2. Preparer's Business or Organization Name (if any)

Sanctuary For Families



Part 12. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant
(continued)

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Telephone Number (if any)

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.

7.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, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

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

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the corrections made to this application, numbered through , are complete, true, and correct. All additional pages submitted by me with this Form I-485, on numbered pages through are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)



Part 14. 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 (if any) 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.a. Family Name (Last Name) [redacted]
1.b. Given Name (First Name) [redacted]
1.c. Middle Name [redacted]

2. A-Number (if any) ► A- [redacted]

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. _____

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. _____

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

**INDEX OF SUPPORTING DOCUMENTS FOR
APPLICATION FOR ADJUSTMENT OF STATUS ON FORM I-485,
FOR [REDACTED] T-1 NONIMMIGRANT**

EXHIBITS IN SUPPORT OF FORM I-485

Required Evidence for Form I-485

Exhibit No.	Document
1.	Copy of all pages of Ms. [REDACTED] current passport, valid from January 21, 2021 until January 21, 2031.
2.	Copy of Ms. [REDACTED] Mexican birth certificate with English translation
3.	Copy of Ms. [REDACTED] marriage certificate to Mr. [REDACTED]

- *Please note:*
 - *Form I-693, Report of Medical Examination will be supplemented at a later date.*
 - *Two (2) passport-sized photos are attached to Ms. [REDACTED] Form I-485.*

Lawful admission as T-1 Nonimmigrant & Continues to Hold Such Status

Exhibit No.	Document
4.	Affidavit of Ms. [REDACTED] explaining her responses to Form I-485 and in support of application for adjustment of status on Form I-485 <ul style="list-style-type: none"> • Explaining that she was admitted as a T-1 Nonimmigrant on July 09, 2018, has not left the U.S. since, and continues to hold such status.
5.	Copy of Approval Notice of Ms. [REDACTED] Application for T-1 Nonimmigrant Status on Form I-914 with I-94 card, valid from July 09, 2018 to July 08, 2022
6.	Copy of Approval Notice of Ms. [REDACTED] Application for Advance Permission to Enter as Nonimmigrant on Form I-192, dated July 09, 2018

Continuous Presence for at least three (3) years since admitted as T-1 nonimmigrant

Ms. [REDACTED] was admitted as a T-1 Nonimmigrant on July 09, 2018.

Exhibit	Date Range	Document
7.	June 2013 - June 2019	Copy of all pages of Ms. [REDACTED] expired passport which was valid from June 06, 2013, until June 06, 2019, showing no entries or exits from the United States.
4.	January 2021 – Present	<i>See above.</i> Copy of all pages of Ms. [REDACTED] current passport, issued on January 21, 2021, which is valid until January 21, 2031 showing no entries or exits from the United States.
8.	September 2015 - Present	Letter from Landlord "[REDACTED]", dated 02/21/2022 stating that applicant has been a tenant since 2015.
9.	September 2015 - Present	Lease Renewal dated 07/11/2018; 06/21/2019; 08/31/2020; and 08/31/2021, showing that Ms. [REDACTED] has resided in the U.S. since her T visa was granted.
10.	May 2018 – July 2020	Utilities – conEdison statement dated 07/10/2020 reflecting monthly bills from 05/11/2018 to 06/11/20
11.	July 2018	Letter from Landlord "[REDACTED]" dated 07/12/2018
12.	August 2018 - Present	TD Bank statement dated 06/02/2022 showing applicant and spouse opened bank account on 08/17/2018, which remains active
13.	November 2018	Copy of New York State ID card issued on 11/03/2018
14.	February 2019 – Present	Healthfirst proof of Health Insurance Coverage dated 6/15/2022, showing that applicant health coverage has been continuous since 02/01/2019
15.	March 2019	Certificate of Completion from Restore NYC for Economic Empowerment Program, dated 03/15/2019
16.	July 2019	New York State Wic Program Health Nutrition Update Appointment letter addressed to [REDACTED], dated 07/25/2019

17.	January 2020	New York State Wic Program Re Certification Letter addressed to [REDACTED] dated 01/27/2020
18.	April 2020 – March 2022	Utilities – conEdison statement dated 03/04/2022 reflecting monthly bills from 04/14/2020 to 02/16/2022
19.	August 2020	Statement from Nelnet – US Department of Education (student loan provider) dated 08/15/2020
20.	November 2020 – February 2022	Spectrum Bills dated 11/03/2020; 12/03/2020; 01/03/2021; 02/03/2021; 03/03/2021; 04/03/2021; 05/03/2021; 07/03/2021; 08/03/2021; 09/03/2021; 10/03/2021; 11/03/2021; 12/03/2021; 01/03/2021; 03/02/2022
21.	July 2021	Certificate of Baptism for applicant's daughter dated 07/04/2021
22.	November 2021 – January 2022	Statement from Nelnet – US Department of Education (student loan provider) dated 11/02/2021, 01/13/2022

Good Moral Character since Admission as T-1 until Present

Exhibit No.	Document
23.	Certificate of Conduct issued by the New York Police Department for Ms. [REDACTED] processed June 08, 2022 <ul style="list-style-type: none"> Showing no criminal record
4.	<i>See Above</i> , Affidavit of Ms. [REDACTED] explaining her responses to Form I-485 and in support of application for adjustment of status on Form I-485 <ul style="list-style-type: none"> Describing Ms. [REDACTED]'s good moral character, including her lack of criminal record, her efforts to become a business owner by enrolling and graduating from cosmetology school, and role as a loving mother to her daughter.
15.	<i>See Above</i> , Certificate of Completion for Restore NYC's Economic Empowerment Program, dated 03/15/2019
24.	Copy of Certificate of Completion for Hairdressing and Cosmetology issued by "Brittany Beauty Academy" dated 04/30/2020, and copy of certificate of training as a Keratin & Styling Tools Specialist from Cliove Professional Haircare.
25.	Copy of Letter of Support from Reverend Nicholas Apollonio dated 02/22/2022 <ul style="list-style-type: none"> Stating that Ms. [REDACTED] is an active member of Saint Gabriel Church, that she attends mass frequently with her husband and daughter, and that she is a responsible mother.

8.	<p><i>See Above</i>, Copy of Letter from Landlord “ [REDACTED]”, dated 02/21/2022</p> <ul style="list-style-type: none"> • Stating that T applicant has been a tenant since 2015, that she has always paid rent on time and that has been an excellent tenant.
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Compliance with Requests in Investigation of Trafficking

Exhibit No.	Document
4.	<p><i>See Above</i>, Affidavit of Ms. [REDACTED] explaining her responses to Form I-485 and in support of application for adjustment of status on Form I-485</p> <ul style="list-style-type: none"> • Describing how Ms. [REDACTED] reported her trafficking victimization to Homeland Security Investigations, Immigrations & Customs Enforcement in New York City, she has not received requests for assistance in the investigation of her traffickers, but remains willing to cooperate, should they request assistance.
26.	<p>Copy of Attorney Affidavit from Johana Vesga in support of Ms. [REDACTED]’s T Visa application (originally submitted with T-1 visa application)</p> <ul style="list-style-type: none"> • Attesting to Ms. [REDACTED]’s cooperation with federal law enforcement agencies

Evidence of Extreme Hardship if Denied and in Support of Positive Discretion

Exhibit No.	Document
4.	<p><i>See Above</i>, Affidavit of Ms. [REDACTED] explaining her responses to Form I-485 and in support of application for adjustment of status on Form I-485</p> <ul style="list-style-type: none"> • Describing the extreme hardship that Ms. [REDACTED] would face if her adjustment of status application was denied, including <ul style="list-style-type: none"> ○ No access to trauma-informed healthcare for her specific needs ○ Fear of retaliation

EXHIBIT 1

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En caso de que el titular de este pasaporte requiera de asistencia o protección del gobierno mexicano, se recomienda que acuda a la representación diplomática o consular mexicana más cercana.

EN CASO DE EMERGENCIA NOTIFICAR A:
EN CASO DE AN EMERGENCI PLASE NOTIFY:

EN CASO D'URGENCE PREBER DE NOTIFIER A:

Nombre: _____

Dirección: _____

Entidad Federativa: _____

C.P. _____

DOMICILIO DEL TITULAR/HOLDERS ADDRESS
ADRESSE DU TITULAIRE

Dirección: _____

Entidad Federativa: _____

C.P. _____

ESTE PASAPORTE ES VALIDO PARA TODOS LOS PAISES
THIS PASSPORT IS VALID FOR ALL COUNTRIES
CE PASSEPORT EST VALABLE POUR TOUTES LES PAYS

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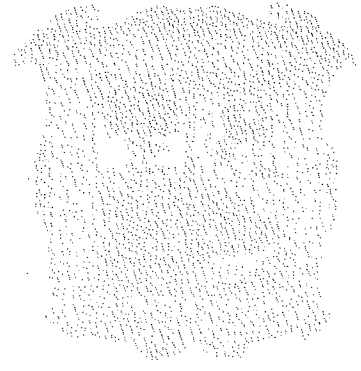
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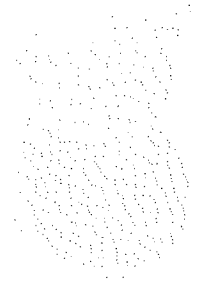
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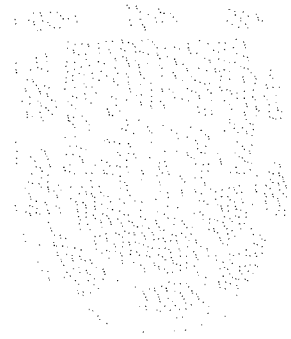
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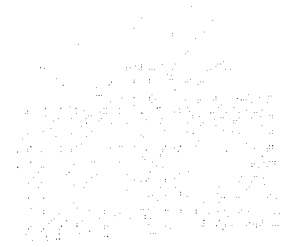
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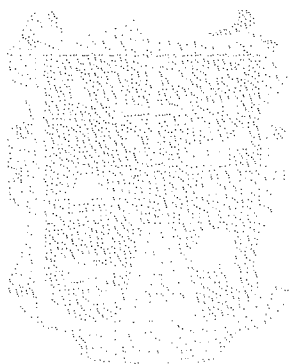
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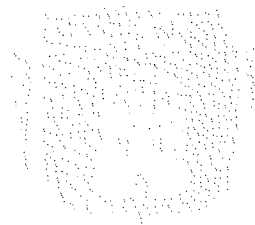
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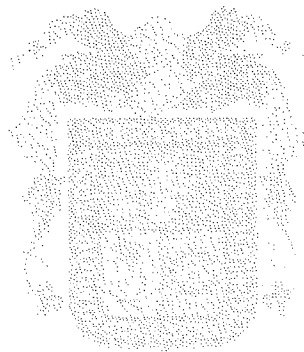
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Aguascalientes



Wash. Canton



La Secretaría de Relaciones Exteriores de los Estados Unidos Mexicanos solicita a las autoridades competentes que permitan al titular de este pasaporte de nacionalidad mexicana su libre paso sin retraso u obstáculo alguno y, dado el caso, le otorguen toda la asistencia y protección posibles.

The Ministry of Foreign Affairs of the United Mexican States hereby requests all competent authorities to permit the holder of this passport, a Mexican national, free transit without delay or hindrance and in case of need to give him all lawful aid and protection.

Le Ministère des Affaires Etrangères des Etats-Unis du Mexique prie les autorités compétentes de bien vouloir laisser passer librement et sans entrave le titulaire du présent passeport, de nationalité mexicaine, et de lui prêter toute aide et assistance possibles.

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Este pasaporte será válido por la temporalidad que se indica en la página de datos. Al término de su validez o de que se hayan usado la totalidad de sus páginas, éste podrá ser canjeado por uno nuevo presentando el anterior y cumpliendo con los requisitos establecidos en el reglamento para la expedición de pasaporte.

En caso de pérdida, destrucción ó mutilación del pasaporte su titular deberá comunicar el hecho inmediatamente a las autoridades locales de policía y las circunstancias en que hubiese ocurrido.

Es nulo si tiene raspaduras, enmendaduras, entrecruejados u ó cualquier otra alteración.

Contiene 32 páginas y no podrán agregársele hojas. En caso de accidente ó muerte, favor de notificar a la embajada ó consulado de México más cercano.

This Passport is void if there are any erasures, corrections, interlinings or any other alterations. It contains 32 pages and no extra pages may be added. In the event of accident or death, please notify the nearest Mexican Embassy or Consulate.

Ce passeport sera déclaré nul en cas de grattages, corrections, ratures ou quelques autres alterations. Il contient 32 pages et il ne peut y être ajouté de feuillets supplémentaires. En cas d'accident ou de décès, prière d'en notifier l'ambassade ou le consulat mexicain le plus proche.

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TEV-MEXICO



MEXICO



PASAPORTE



EXHIBIT 2



ESTADOS UNIDOS MEXICANOS
REGISTRO CIVIL



ACTA DE NACIMIENTO

EN NOMBRE DEL ESTADO DE VERACRUZ DE IGNACIO DE LA LLAVE Y COMO OFICIAL 1º. DEL REGISTRO CIVIL CERTIFICO QUE LOS DATOS CONTENIDOS EN LA PRESENTE ACTA FUERON TRANSCRITOS FIELMENTE DEL LIBRO ORIGINAL RESPECTIVO

MUNICIPIO: SOCHIAPA

FECHA DE REGISTRO: DIA: 04

MES: 12

AÑO: 1989

LIBRO: 01

ACTA: 00115

CURP: 000000000000000

CRIP: [REDACTED]

DATOS DEL REGISTRADO

NOMBRE: [REDACTED]

PRIMER APELIDO: [REDACTED]

SEGUNDO APELIDO: [REDACTED]

FECHA DE NACIMIENTO: [REDACTED]

LUGAR DE NACIMIENTO: [REDACTED]

MUNICIPIO DE NACIMIENTO: [REDACTED]

ENTIDAD DE NACIMIENTO: [REDACTED]

PRESENTADO POR: [REDACTED]

HORA: 03:30

SEXO: FEMENINO

MEXICO

COMPARECIO: AMBOS PADRES

DATOS DE LOS PADRES

NOMBRE DEL PADRE: [REDACTED]

NOMBRE DE LA MADRE: [REDACTED]

PRIMER APELLIDO: [REDACTED]

PRIMER APELLIDO: [REDACTED]

SEGUNDO APELLIDO: [REDACTED]

SEGUNDO APELLIDO: [REDACTED]

EDAD: 53

NACIONALIDAD: MEXICANA

EDAD: 36

NACIONALIDAD: MEXICANA

NOTA AL CALCE:

////////////////////////////////////
////////////////////////////////////
////////////////////////////////////

SE EXTIENDE LA PRESENTE CERTIFICACION EN SOCHIAPA, ESTADO DE VERACRUZ DE IGNACIO DE LA LLAVE A LOS 2 DIAS DEL MES DE MAYO DEL AÑO 2014

C. REYNA RAMIREZ COLORADO
OFICIAL ENCARGADO DEL REGISTRO CIVIL

Admin
ELABORO



833560.1

UNITED STATES OF MEXICO
CIVIL REGISTRY
BIRTH CERTIFICATE

On behalf of the State of Veracruz de Ignacio de la Llave and as First Officer of the Civil Registry, I certify that all of the information contained in this certificate were transcribed in its entirety from the original registry book.

Municipality of registration: Sochiapa

Date of registry: 12/04/1989 Book: 01

Number of Act: 00115

CURP: 000000000000000000

CRIP: [REDACTED]

Information about the registered person:

First Name: [REDACTED]

Surnames: [REDACTED]

Date of Birth: [REDACTED]

Time of Birth: 03:30

Sex: Female

Place of birth: [REDACTED]

Municipality: [REDACTED]

State of birth: [REDACTED]

Presented: [REDACTED]

Information of affiliation of the Registered Person

First Name of the Father: [REDACTED]

First name of the Mother: [REDACTED]

Surnames: [REDACTED]

Surnames: [REDACTED]

Age: 53 Nationality: Mexican

Age: 36 Nationality: Mexican

This present certified copy has been issued in Sochiapa, State of Veracruz de Ignacio de la Llave on May, 2, 2014.

Signed and certified by: illegible signature

C. Reyna Ramirez Colorado

Officer in Charge of the Civil Registry

8335601

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

Declaration of translation of the birth
certificate of [REDACTED]

Declaration of Translation

I, [REDACTED] hereby declare and state:

1. My name is [REDACTED] I am a Staff Attorney at the Anti Trafficking Initiative at Sanctuary for Families, 30 Wall Street, NY, NY 10005.

2. I am competent to translate the attached birth certificate of [REDACTED] [REDACTED] from Spanish into English.

3. I certify that I have translated the attached document from Spanish into English and that the attached translation is true and accurate to the best of my abilities.

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

SIGNED: [REDACTED]

Date: June 16, 2022

EXHIBIT 3

License Number

Q-2016-14768

THE CITY OF NEW YORK
OFFICE OF THE CITY CLERK
MARRIAGE LICENSE BUREAU

Q-2016-2

Certificate of Marriage Registration

This Is To Certify That

residing at [REDACTED] 32-52 103 ST Apartment # 1R, CORONA, NY 11369, United States

born on [REDACTED] at SOCHIAFA Mexico

and

residing at [REDACTED] 32-52 103 ST Apartment # 1R, CORONA, NY 11369, United States

born on [REDACTED] at ZAPOTITLAN Mexico

WERE MARRIED

on 11/23/2016

By HELEN SEARS

at The Office of the City Clerk
120-55 QUEENS BLVD.
KEW GARDENS, NY 11424
United States

as shown by the duly registered license and certificate of marriage of said persons on file in this office.

CERTIFIED THIS DATE AT THE CITY CLERK'S OFFICE

Queens N. Y.

November 23, 16
20

PLEASE NOTE: Facsimile Signature
and seal are printed pursuant
to Section 11-A, Domestic
Relations Law of New York.



[Signature]
Michael McSweeney
City Clerk of the City of New York

CET-F

Q 0090599

EXHIBIT 4

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



-----x
Affidavit of [REDACTED] Explaining ::
Certain Responses on her Form I-485 Petition
for Adjustment of Status

Affidavit of [REDACTED]
[REDACTED]

-----x
STATE OF NEW YORK)
) ss:
COUNTY OF QUEENS)

I, [REDACTED] being duly sworn, depose and say:

1. My name is [REDACTED]. I was born in Mexico on [REDACTED]
2. My last admission into the United States was on July 09, 2018, when I received T-1 nonimmigrant status. I have remained in the United States continuously from that date until the present. I am submitting this affidavit to provide additional information to certain questions on Form I-485 and in support of my good moral character and eligibility for adjustment of status.

Explanation of Answers on Form I-485

3. In Part 1, Question 2 and 3, I indicated that I have used the names [REDACTED] and [REDACTED]. [REDACTED] was a name my former abusive partner, [REDACTED] made me use. In November of 2012, [REDACTED] attacked me with a knife and slashed open my face. He took me to the hospital and provided the name [REDACTED] to hospital staff and the police.
4. In Part 3, Question 9 and 10, I was not able to provide a street number and name of where I used to live in Mexico and the exact period, because during that time, I was under my trafficker's control and living at his house. I do not remember the exact address just that it was in the city of Tenancingo, in the state of Puebla, Mexico and that it was during the year 2018.
5. In Part 3, Question 11, which asks for my employment history for the last five years, I indicated I was unemployed, because for the past 5 years I have been a homemaker. Ever since I gave birth

[REDACTED]

to my daughter [REDACTED] I have been her primary caretaker. In addition to caring for my daughter, I have done a few odd jobs like cleaning houses or cutting hair, but only sporadically. I recently finished cosmetology school and now that my daughter is older, I hope to be able to start working in a salon.

6. In Part 4, Question 10, I indicated that my current spouse is applying with me. Please note that my husband's application is being submitted by attorney [REDACTED] from New York Legal Assistance Group (NYLAG), and will immediately follow my application. It is not contained in this filing, but it will soon follow.
7. In Part 8, Question 25, I indicated that I have been arrested, cited, charged or detained by any law enforcement official. I am a victim of sex trafficking and my trafficker forced me to have sex with clients for money. In 2008 or 2009, prior to being approved for T Nonimmigrant Status, and while under my trafficker's control, I was arrested in Brooklyn and believe I was charged with a prostitution-related offense. I was detained overnight and appeared in court the next day. I am not exactly sure what happened but I remember the judge telling me that my case would be dismissed if I had no more contact with law enforcement for six months. I had no more interactions with the police within the required period and I believe my case was dismissed and sealed. My lawyer has attempted to obtain proof of resolution of this case but has been unable to locate any record. This arrest was disclosed in my T visa application and USCIS granted me a waiver of inadmissibility.
8. From approximately 2010 to 2012, after escaping my trafficker, I ended up in an abusive relationship where my partner [REDACTED] wanted me to participate in his illegal scheme of purchasing items such as clothes and jewelry with fake money. I refused to participate many times, but in response to my continued resistance he beat me and threatened to kill me. Fearing for my life, I finally gave in to his demands. I was arrested in June of 2011 after leaving Bloomingdale's with items purchased under [REDACTED] direction. I was charged with various offenses relating to that incident but those charges were later dismissed. My fear of [REDACTED] was clearly well-founded. During one particularly scary incident that took place after [REDACTED] took me to

[REDACTED]

Bloomington's, he used a large knife and slashed open my face in a fit of rage. I lost a significant amount of blood and my injuries required two internal and 16 external stitches. I disclosed this arrest on my T visa application and USCIS granted me a waiver of inadmissibility.

9. Since my T visa was granted, I have not be arrested, charged or had any contact with law enforcement.
10. In Part 8, Question 26, I indicated "no –unclear" whether I have committed a crime of any kind. As I described above, my trafficker and abusive partner, respectively, forced me to participate in their illegal schemes by harming me if I refused. These incidents led to charges against me, however all of the charges were dismissed and I was never found guilty of a crime. In addition to the incidents described above, my trafficker forced me to enter the United States without permission several times and forced me to have sex with clients against my will. I previously disclosed this on my T visa application and USCIS granted me a waiver of inadmissibility.
11. In Part 8, Question 28, I answered "yes" to whether I have ever been ordered, punished by a judge or had conditions imposed on you that restrained your liberty. As mentioned above, when I was under the control of my trafficker, I was arrested and charged with a prostitution related offense in 2008 or 2009. The judge directed me to not have any interactions with law enforcement for six months, and then dismissed the charges against me. Neither my lawyer or I have been able to find a copy of these court proceedings.
12. In Part 8, Question 29, I answered "yes" to having been a defendant or the accused in a criminal proceeding. As stated above, I am a victim of human trafficking and domestic violence, and while under the control of my trafficker and abusive partner, respectively, I was accused of committing prostitution- and buying goods with fake money, but all charges were dismissed. Since I escaped from these violent abusers, I have not been accused of any crimes.
13. In Part 8, Question 35, I indicated "yes" about whether I have ever engaged in prostitution. I do not consider myself to be a "prostitute." I am a victim of sex trafficking and was forced to

[REDACTED]

participate in commercial sex acts by my trafficker. I disclosed this information on my application for T nonimmigrant status and received a waiver of inadmissibility on Form I-192.

14. In Part 8, Question 71, I answered "Yes" in response to whether I have ever entered the United States without being inspected and admitted or paroled. I entered the United States without inspection in or around November of 2005. I was trafficked into the United States by a man named [REDACTED] who, when I was about 16 years old, manipulated me into believing that we were coming to the United States to build a better life for ourselves but who only really wanted to exploit me and force me to have sex with other men for his profit.
15. I returned to Mexico when my father died in 2006 and was trafficked back into the United States shortly afterwards. [REDACTED] and his family arranged for me to go back to the United States with one of [REDACTED]'s brothers, who was also a pimp, to guard against my escape. I subsequently entered the United States through the US-Mexico border and was forced to continue in prostitution against my will.
16. In early 2008, [REDACTED] told me he had problems with someone and that we needed to go to Mexico until things calmed down a bit here. He had his brother take me to Mexico and he joined us a few days later. [REDACTED] continued to force me into prostitution in Mexico and I remained terrified that he would harm family if I tried to leave. About one month after I arrived to Mexico, my trafficker arranged to smuggle me back into the United States, again with his brother accompanying me to ensure that I would not escape. I disclosed this information on my application for T nonimmigrant status and received a waiver of inadmissibility on Form I-192.



Continuous Presence in the United States

17. I have been continuously present in the United States since I was granted T Nonimmigrant Status on June 09, 2018. I have lived in the same address since September 2015:

Address	Period
Confidential Address, Queens, NY, 11369	September 2015-Present

18. I submit copies of all pages of my current passport, which was issued on January 21, 2021 while holding T Nonimmigrant Status. I submit copies of all pages of my expired passport, which was valid from June 06, 2013 to June 06, 2019. There are no entry or exit stamps in either passports, which shows that I have not left the United States.

19. To show that I have been continuously physically present, I have also included the following documents describing some of my activities since the approval of my T Nonimmigrant Status on June 09, 2018:

Exhibit	Date Range	Document
7.	June 2013 - June 2019	Copy of all pages of Ms. [REDACTED]'s expired passport which was valid from June 06, 2013, until June 06, 2019, showing no entries or exits from the United States.
4.	January 2021 – Present	<i>See above.</i> Copy of all pages of Ms. [REDACTED]'s current passport, issued on January 21, 2021, which is valid until January 21, 2031 showing no entries or exits from the United States.
8.	September 2015 - Present	Letter from Landlord "Orion Investment Group", dated 02/21/2022 stating that applicant has been a tenant since 2015.




9.	September 2015 - Present	Lease Renewal dated 07/11/2018; 06/21/2019; 08/31/2020; and 08/31/2021, showing that Ms. [REDACTED] has resided in the U.S. since her T visa was granted.
10.	May 2018 – July 2020	Utilities – conEdison statement dated 07/10/2020 reflecting monthly bills from 05/11/2018 to 06/11/20
11.	July 2018	Letter from Landlord “Orion Investment Group” dated 07/12/2018
12.	August 2018 - Present	TD Bank statement dated 06/02/2022 showing applicant and spouse opened bank account on 08/17/2018, which remains active
13.	November 2018	Copy of New York State ID card issued on 11/03/2018
14.	February 2019 – Present	Healthfirst proof of Health Insurance Coverage dated 6/15/2022, showing that applicant health coverage has been continuous since 02/01/2019
15.	March 2019	Certificate of Completion issued by Restore NYC for Economic Empowerment Program, dated 03/15/2019
16.	July 2019	New York State Wic Program Health Nutrition Update Appointment letter addressed to [REDACTED] [REDACTED] dated 07/25/2019
17.	January 2020	New York State Wic Program Re Certification Letter addressed to [REDACTED] [REDACTED] dated 01/27/2020
18.	April 2020 – March 2022	Utilities – conEdison statement dated 03/04/2022 reflecting monthly bills from 04/14/2020 to 02/16/2022
19.	August 2020	Statement from Nelnet – US Department of Education (student loan provider) dated 08/15/2020
20.	November 2020 – February 2022	Spectrum Bills dated 11/03/2020; 12/03/2020; 01/03/2021; 02/03/2021; 03/03/2021; 04/03/2021; 05/03/2021; 07/03/2021; 08/03/2021; 09/03/2021; 10/03/2021; 11/03/2021; 12/03/2021; 01/03/2021; 03/02/2022
21.	July 2021	Certificate of Baptism for applicant’s daughter dated 07/04/2021




22.	November 2021 – January 2022	Statement from Nelnet – US Department of Education (student loan provider) dated 11/02/2021, 01/13/2022
-----	------------------------------	---

Statement of Good Moral Character and Cooperation with Law Enforcement

- 20. I am a person of good moral character. I have always tried to follow the law and have not been arrested or had any contact with law enforcement since escaping my traffickers and being granted T Nonimmigrant Status. I have attached my New York State Certificate of Good Conduct, dated June 8, 2022, in support of my documentation of good moral character, which shows that I have no criminal record.

- 21. I have a strong sense of morals, and I try to be the best person I can be. In March 2019, I participated in an Economic Empower Program with Restore NYC, an anti-trafficking organization, because I want to be able to secure stable employment. That program inspired me to enroll in “Brittany Beauty Academy” to become an esthetician so I can earn a living on my own and contribute to my household’s finances. I graduated during the pandemic and have since been trying to start my own salon. I am the kind and loving mother to my daughter, , who is a United States citizen, and I love spending time with her and watching her grow. I am also an active member and frequently attend mass at St. Gabriel of the Sorrowful Mother Roman Catholic Church.




My Cooperation with Law Enforcement

22. In June of 2016, I met with attorneys from the Anti-Trafficking Initiative at Sanctuary for Families, a nonprofit organization that represents survivors of gender violence and human trafficking. I gave permission to my attorneys at the time, [REDACTED], to report the crimes committed against me by my trafficker, to agent [REDACTED] and to Agent [REDACTED] at Homeland Security Investigations, Immigration & Customs Enforcement in New York City (“H.S.I. N.Y.”).
23. On my behalf, the attorneys followed up with the agent multiple times between June 2016 and September 2017, as I was eager to cooperate in an investigation against my trafficker. However, neither myself nor my attorneys at Sanctuary for Families received any request for assistance from H.S.I. N.Y.
24. Since then, I have remained eager to cooperate with law enforcement to bring my trafficker to justice. If they request further assistance from me, I am happy to comply.

Extreme Hardship in Mexico

25. I have suffered a great deal of trauma due to my arrest and trafficking experiences, and I have been treated through psychological therapy. To this date, I have nightmares. I carry scars over my body and chronic pain from being beat for so long. The healthcare that I need to recover is not available in Mexico. In the 2021 Trafficking in Persons Report: Mexico (“The Report”), it states that while Mexico has recently greatly increased efforts to identify victims of human trafficking, their efforts to protect victims is extremely lacking. Resources are hard to receive and complete impossible to obtain in some regions. The Report also states that Mexico’s efforts to assist survivors have also been problematic even describing some of their practices as re-traumatizing victims.

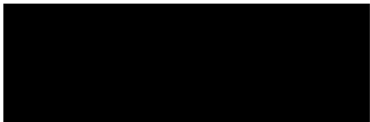


26. If I were to return to Mexico, I would be forced to take my United States citizen daughter with me and subject her to the fear that my trafficker will find me in Mexico. My trafficker used to make clear time and time again that he has the means and ability to harm me and my family in Mexico if I did not do what he wanted. I am terrified that if I am forced to return to Mexico, my trafficker will find me there, and take my daughter away as punishment for escaping from him.

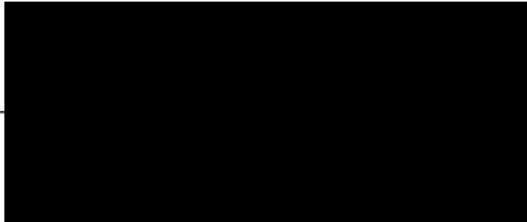
Discretion Should Be Exercised in My Favor

27. I hope that I can become a permanent resident in the United States. During the COVID-19 pandemic, I participated in an Economic Empower Program that inspired me to enroll in “Brittany Beauty Academy” to become an esthetician so I can earn a living on my own and contribute to my household’s finances. I graduated school and obtained a license in cosmetology. I am currently trying to start my own salon and hope to become a business owner in the near future. This goal has motivated me to work on learning English and improving more skills, for which I have been taken other haircare courses, both in English and in Spanish.
28. I am married to a loving husband, and we share a daughter who was born in the United States. I love being a mother to my daughter and seeing her grow up and thrive here in the United States. My daughter speaks to me in English so I can improve my language skills. It is important for me to improve my English, and I hope to become fluent one day.
29. My family and I love attending church at St. Gabriel’s and the relationships that I have formed while attending Sunday mass there regularly.
30. I hope to stay in the United States and contribute my skills and experiences to help others in the country. I respectfully ask that you grant my application.

[Signature page follows]



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

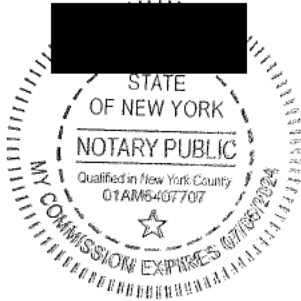


Sworn before me this

June 8th 2022



Notary public



[certificate of translation follows]

CERTIFICATE OF TRANSLATION


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


[REDACTED]

6/8/2022

EXHIBIT 5

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number [REDACTED]		Case Type I914 - APPLICATION FOR T NONIMMIGRANT STATUS	
Received Date 09/22/2017	Priority Date	Applicant A209 325 618	
Notice Date 07/12/2018	Page 1 of 1	[REDACTED]	
[REDACTED] c/o SANCTUARY FOR FAMILIES 30 WALL STREET FL 8 NEW YORK NY 10005		Notice Type: Approval Notice Class: T1 Valid from 07/09/2018 to 07/08/2022	
We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.			
<p>What the Official Notice Said</p> <p>Your application for T-1 Nonimmigrant Classification has been approved. Attached below please find a completed Form I-94 Arrival-Departure Record, indicating that you have been granted T Nonimmigrant Classification for a period of 4 years.</p> <p>EMPLOYMENT AUTHORIZATION:</p> <p>You are authorized to work in the United States for the validity period of your T Nonimmigrant Classification. Your Employment Authorization Document will be mailed to you separately.</p> <p>ADJUSTMENT OF STATUS:</p> <p>Federal law provides that you may be eligible to adjust your status to that of a lawful permanent resident. A T-1 Nonimmigrant may submit an application for adjustment of status after he/she has been physically present in the United States for a continuous period of at least 3 years after the date he/she was admitted as a T-1 Nonimmigrant or after he/she has been physically present in the United States for a continuous period during the investigation or prosecution of the acts of trafficking, provided that the Attorney General has determined the investigation or prosecution is complete.</p> <p>DERIVATIVE NONIMMIGRANT CLASSIFICATION:</p> <p>You may request derivative T Nonimmigrant Classification for qualifying family members. To request derivative status, you must submit a Form I-914 with Supplement A in accordance with the instructions printed on the form. If you included qualifying family members on your original application, a notice of decision on the derivative application(s) will be mailed to you separately.</p> <p>DEPARTING FROM THE UNITED STATES:</p> <p>If you plan to depart the United States you must obtain permission to return to the United States before you leave this country by obtaining advance parole. If you do not obtain advance parole in advance of your departure, you may be unable to re-enter the United States, or you may be placed in removal proceedings before an immigration judge. You may apply for advance parole by submitting a Form I-131, Application for Travel Document, with the required fee or request for fee waiver to this office.</p> <p>Contact the Vermont Service Center if you would like to be provided a list of nongovernmental organizations that may be of assistance to you.</p> <p>NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.</p>			
Please see the additional information on the back. You will be notified separately about any other cases you filed.			
Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 USCIS Contact Center: 1-800-375-5283			

Receipt Number [REDACTED]		Case Type I914 - APPLICATION FOR T NONIMMIGRANT STATUS	
Received Date 09/22/2017	Priority Date	Applicant A209 325 618	
Notice Date 07/12/2018	Page 1 of 2	[REDACTED]	
[REDACTED] SANCTUARY FOR FAMILIES 30 WALL STREET FL 8 NEW YORK NY 10005		Notice Type: Approval Notice Class: T1 Valid from 07/09/2018 to 07/08/2022	
Your application for T-1 Nonimmigrant Classification has been approved. Attached below please find a completed Form I-94 Arrival-Departure Record, indicating that you have been granted T Nonimmigrant Classification for a period of 4 years.			
EMPLOYMENT AUTHORIZATION: You are authorized to work in the United States for the validity period of your T Nonimmigrant Classification. Your Employment Authorization Document will be mailed to you separately.			
ADJUSTMENT OF STATUS: Federal law provides that you may be eligible to adjust your status to that of a lawful permanent resident. A T-1 Nonimmigrant may submit an application for adjustment of status after he/she has been physically present in the United States for a continuous period of at least 3 years after the date he/she was admitted as a T-1 Nonimmigrant or after he/she has been physically present in the United States for a continuous period during the investigation or prosecution of the acts of trafficking, provided that the Attorney General has determined the investigation or prosecution is complete.			
DERIVATIVE NONIMMIGRANT CLASSIFICATION: You may request derivative T Nonimmigrant Classification for qualifying family members. To request derivative status, you must submit a Form I-914 with Supplement A in accordance with the instructions printed on the form. If you included qualifying family members on your original application, a notice of decision on the derivative application(s) will be mailed to you separately.			
DEPARTING FROM THE UNITED STATES: If you plan to depart the United States you must obtain permission to return to the United States before you leave this country by obtaining advance parole. If you do not obtain advance parole in advance of your departure, you may be unable to re-enter the United States, or you may be placed in removal.			
Please see the additional information on the back. You will be notified separately about any other cases you filed.			
Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 Customer Service Telephone: 800-375-5283			

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# [REDACTED]
I-94# [REDACTED]
NAME [REDACTED]
CLASS T1
VALID FROM 07/09/2018 **UNTIL** 07/08/2022
APPLICANT
 [REDACTED]
 30 WALL STREET FL 8
 NEW YORK NY 10005

131816943 29
Receipt Number [REDACTED]
 US Citizenship and Immigration Services

I94 Departure Record


Applicant: [REDACTED]

14. Family Name [REDACTED]		16. Date of Birth [REDACTED]
17. Country of Citizenship MEXICO		

EXHIBIT 6

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number <div style="background-color: black; width: 100px; height: 15px;"></div>		Case Type 1192 - APPLICATION FOR ADVANCE PERMISSION TO ENTER AS NONIMMIGRANT	
Received Date 01/03/2018	Priority Date <div style="background-color: black; width: 100px; height: 15px;"></div>	Applicant A209 325 618	
Notice Date 07/09/2018	Page 1 of 1	<div style="background-color: black; width: 100px; height: 15px;"></div>	
<div style="background-color: black; width: 100px; height: 20px;"></div> SANCTUARY FOR FAMILIES 30 WALL STREET FLR 8 NEW YORK NY 10005		Notice Type: Approval Notice Consulate: KENTUCKY CNSUL CTR	
<p>The above application for advance permission to enter the U.S. as a nonimmigrant has been approved.</p> <p>Grounds of Inadmissibility Waiver(s):</p> <p>212(d)(13)</p> <p>The back of this form contains additional general information. If the applicant has questions about the conditions of this approval, he or she should contact the nearest U.S. consulate.</p> <p>Enclosures.</p> <p>THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.</p> <p>NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.</p>			
Please see the additional information on the back. You will be notified separately about any other cases you filed.			
Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 USCIS Contact Center: 1-800-375-5283			

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.


Receipt Number [REDACTED]		Case Type I192 - APPLICATION FOR ADVANCE PERMISSION TO ENTER AS NONIMMIGRANT	
Received Date 01/03/2018	Priority Date	Applicant A209 325 618 [REDACTED]	
Notice Date 07/09/2018	Page 1 of 1	[REDACTED]	
[REDACTED] 30 WALL STREET FLR 8 NEW YORK NY 10005		Notice Type: Approval Notice Consulate: KENTUCKY CONSUL CTR	
<p>We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.</p> <p><u>What the Official Notice Said</u></p> <p>The above application for advance permission to enter the U.S. as a nonimmigrant has been approved.</p> <p>Grounds of Inadmissibility Waiver(s):</p> <p>212(d)(13)</p> <p>The back of this form contains additional general information. If the applicant has questions about the conditions of this approval, he or she should contact the nearest U.S. consulate.</p> <p>Enclosures.</p> <p>THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.</p> <p>NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.</p>			
Please see the additional information on the back. You will be notified separately about any other cases you filed.			
Vermont Service Center U. S. CITIZENSHIP & IMMIGRATION SVC 75 Lower Welden Street Saint Albans VT 05479-0001 USCIS Contact Center: 1-800-375-5283			

EXHIBIT 7



La Secretaría de Relaciones Exteriores de los Estados Unidos Mexicanos solicita a las autoridades a quienes concierna, que permitan al titular de este pasaporte, de nacionalidad mexicana, su libre paso sin retraso u obstáculo alguno y, dado el caso, le otorguen toda la asistencia y protección posible.

The Ministry of Foreign Affairs of the United Mexican States hereby requests all competent authorities to permit the holder of this passport, a Mexican national, free transit without delay or hindrance and in case of need to give all lawful aid and protection.

Le Ministère des Affaires Étrangères des États-Unis du Mexique prie les autorités compétentes de bien vouloir laisser passer librement et sans entrave le titulaire du présent passeport, de nationalité mexicaine, et de lui prêter toute aide et assistance possible.

P. O. DEL CÓNsul GENERAL

IZASKUN NEKANIE PINEDA AYERBE
CONSUL DE MEXICO

Autorizado por / Issuing authority / Autorisation délivrée

OBSERVACIONES / REMARKS / OBSERVATIONS

- 1.- A su mayoría de edad deberá tramitar certificado de nacionalidad mexicana.
- 2.- Este pasaporte no es canjeable.
- 3.- Este pasaporte es canjeable con nuevo permiso del C. Juez de lo Familiar.
- 4.- El titular viaja con el permiso de sus padres o quienes ejercen la patria potestad, en los términos de los artículos 421 del Código Civil y 136 del Reglamento de la Ley General de Población
- 5.- El titular viaja de conformidad con lo establecido por los artículos 449, 450 y 454 del Código Civil.
- 6.- El titular es mexicano por nacimiento según certificado de nacionalidad mexicana presentado.
- 7.- El titular es mexicano por naturalización según declaración presentada.
- 8.- El titular es mexicano por naturalización según carta presentada.
- 9.- Otra.

PARA USO EXCLUSIVO DE LA SECRETARIA DE RELACIONES EXTERNOES DE MEXICO
FOR THE EXCLUSIVE USE OF THE MEXICAN MINISTRY OF FOREIGN AFFAIRS
RESERVE AU MINISTERE DES AFFAIRES ETRANGERES DU MEXIQUE

4

V I S A S

5

V I S A S

6

V I S A S

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V I S A S

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V I S A S

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V I S A S

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V I S A S

14

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15

VISAS

16

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V I S A S

31

V I S A S

Este pasaporte será válido por la temporalidad que se indica en la página de datos. Al término de su validez o de que se haya usado la totalidad de sus páginas, el pasaporte podrá ser canjeado por uno nuevo, presentando el anterior y cumpliendo con los requisitos establecidos en el Reglamento para el canje de pasaportes.

En caso de pérdida, destrucción o mutilación del pasaporte, su titular deberá comunicar inmediatamente a la autoridad expedidora de pasaportes más cercana y a las autoridades locales de policía el hecho y las circunstancias en que hubiere ocurrido.

Este pasaporte no es válido si carece de la firma del titular. Es nulo si tiene raspaduras, emendaduras, enmendaduras, enmendaduras o cualquier otra alteración. Contiene 32 páginas y no podrán agregarse hojas. En caso de muerte o accidente favor de notificar a la Embajada o Consulado más cercano.

This passport is void if not duly signed by the holder and if it contains erasures, corrections, interlinings or any other alterations. It contains 32 pages and extra pages may not be added.

In case of death or accident, please notify the nearest Mexican Embassy or Consulate.

Ce passeport n'est pas valable s'il ne porte pas la signature du titulaire. Il sera déclaré nul en cas des grattages, corrections, ratures, surcharges ou quelques autres alterations. Il contient 32 pages et il ne peut y être ajouté de feuillets supplémentaires. En cas de décès ou d'accident, prière d'en notifier l'Ambassade ou le Consulat Mexicain le plus proche.

NO. DE LIBRETA / BOOKLET NO. / NO. DE CARNET

E 11432123

T I E V - M E X I C O

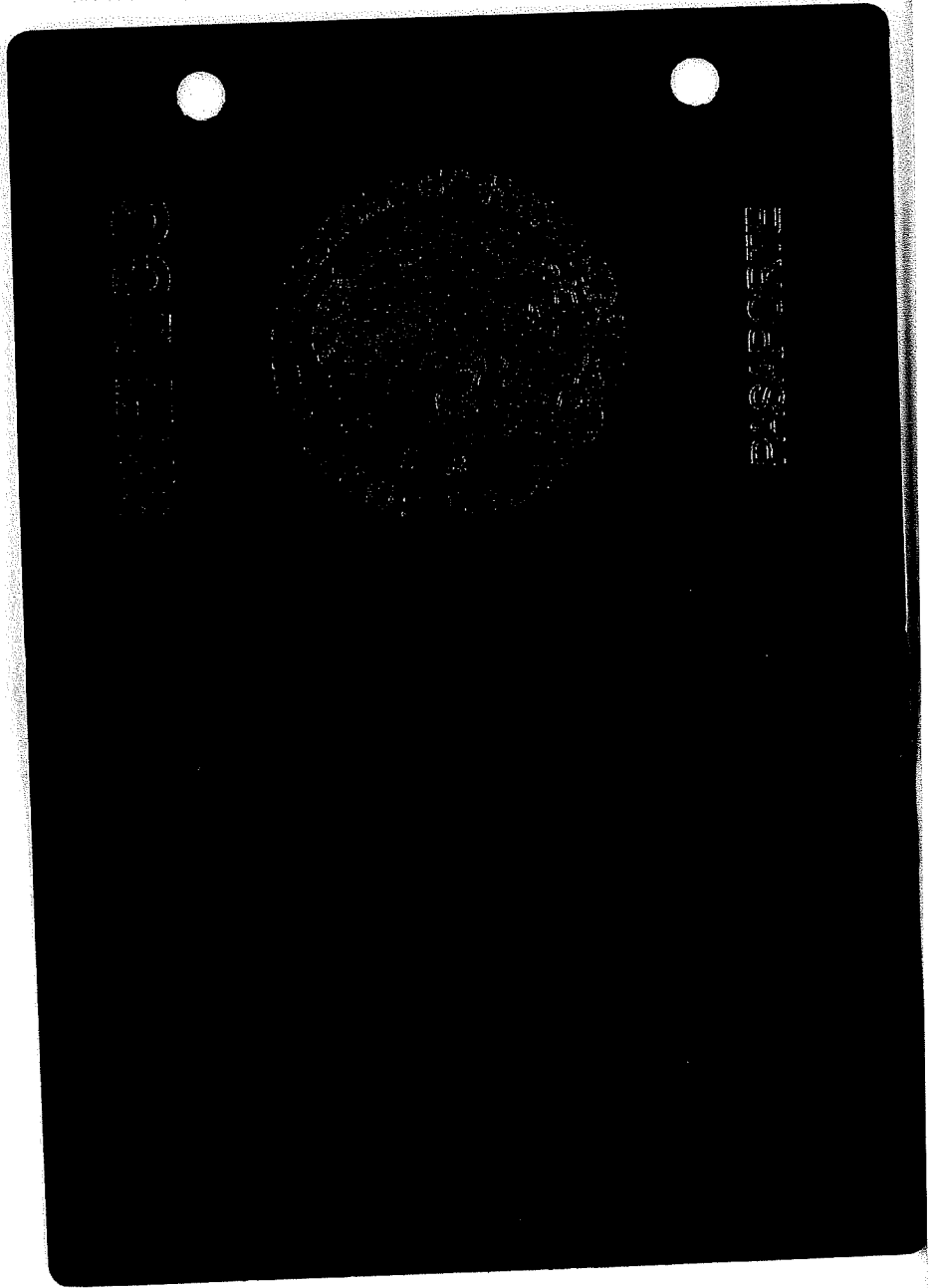


EXHIBIT 8



Orion Investment Group

PO Box 573, [REDACTED], NY [REDACTED]

Tel: 646-395-9125 | Fax: 888-539-4329 | amit.orioninv@gmail.com | tanya.orioninv@gmail.com

February 21, 2022

Orion Investments
PO Box 573

[REDACTED], NY [REDACTED]

To whom it may concern,

[REDACTED] has been our tenant at [REDACTED], NY since 2015. During that time he has always paid his rent on time and has been an excellent tenant. The current rent for his apartment is \$1850/month. Please feel free to contact me if you have any questions.

Sincerely,

[REDACTED]

Orion Investment Group LLC

EXHIBIT 9

Dne Llc
Po Box 573

NY

TO:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] NY [REDACTED]

RENEWAL LEASE NOTICE

Premises: [REDACTED] NY [REDACTED]

Apt/Unit No. [REDACTED]
Current Lease Expires: 08/31/2018
Current Rent: \$1700.00

Dear [REDACTED]

According to our records your lease expires as indicated above. WE are offering to renew your lease for the rental term and rates as indicated below, it is on the same terms and conditions as the existing lease dated 9/1/2015 except as modified. If you desire to renew your lease, check YES below. If you will be moving and not renewing your lease, check the NO box. PLEASE SIGN AND RETURN THE FORM TO OUR OFFICE.

NEW MONTHLY RENT FOR 1 YEAR LEASE RENEWAL: \$1750.00

YES. PLEASE RENEW MY LEASE AT THE NEW RENT ABOVE.

NO. DO NOT RENEW MY LEASE. I WILL VACATE THE APT ON _____
Must notify management 30 days or more prior and give access to our broker

Very truly yours,

Dne Llc

Tenant [REDACTED]

Dated: July 11, 2018

Landlord [REDACTED]

Preferential Lease Provision Extended through 08/31/2019

FROM:

Dne Llc
Po Box 573
[REDACTED], NY [REDACTED]

TO:

[REDACTED]
[REDACTED]
[REDACTED], NY [REDACTED]

RENEWAL LEASE NOTICE

Premises:

[REDACTED]
Apt/Unit No. [REDACTED]
Current Lease Expires: 08/31/2019
Current Rent: \$1750.00

Dear Edgar Martinez Maria Elia Peralta:

According to our records your lease expires as indicated above. WE are offering to renew your lease for the rental term and rates as indicated below, it is on the same terms and conditions as the existing lease dated 09/02/2015 except as modified. If you desire to renew your lease, check YES below. If you will be moving and not renewing your lease, check the NO box. PLEASE SIGN AND RETURN THE FORM TO OUR OFFICE.

NEW MONTHLY RENT FOR 1 YEAR LEASE RENEWAL: \$1850.00

YES. PLEASE RENEW MY LEASE AT THE NEW RENT ABOVE.

NO. DO NOT RENEW MY LEASE. I WILL VACATE THE APT ON _____
Must notify management 30 days or more prior and give access to our broker

Very truly yours,
Dne Llc

Tenant 1
T
Landlord
[REDACTED]

Dated: June 21, 2019

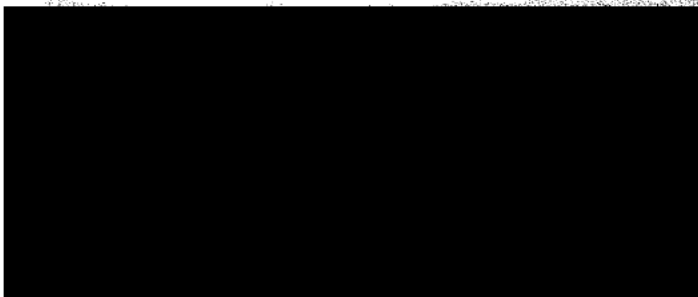
Preferential Lease Provision Extended through 08/31/2020

Rider

I acknowledge that when I move out in the future

- 1- I will give the owner 60 days' notice that I will not renew my lease.
- 2- I will give the super access to repair any visible damages to the apartment by either making myself available or leaving a key for super.
- 3- I understand brokers will be in contact with me and I will allow them access to show the apartment for future tenants.
- 4- I will discard any garbage properly not causing the landlord to get fined by the city (If I failed and the owner gets fined I understand it will be deducted from my deposit)
- 5- I will contact the super to provide him with apartment keys once I have moved out.

I understand that if I do not comply with the above I forfeit my security deposit and/or deductions will be made.





To: Tenant.
From: Landlord/Building Owner
Date: / /

PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS

Annual Notice

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before **February 15**, each year. **If you do not return this form, your landlord is required to visit your apartment to determine if children live in your apartment.**

Peeling Lead Paint

By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.

- You must notify your landlord in writing if a child under 6 comes to live with you during the year.
- If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
- Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.
- Always report peeling paint to your landlord. Call 311 if your landlord does not respond.**

These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings built between 1960 and 1974 if the landlord knows that lead paint is present.

Window Guards

By law, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you. Or if you request them, even if no children live with you.

- It is against the law for you to interfere with installation or remove window guards where they are required. Air conditioners in windows must be permanently installed.
- Window guards must be installed so there is no space greater than 4 1/2 inches above or below the guard, on the side of the guard, or between the bars.
- ONLY windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.

Fill out and detach the bottom part of this form and return it to your landlord.

Please check all boxes that apply:

A child under 6 years of age (5 years or younger) lives in my apartment.

A child under 11 years of age (10 years or younger) lives in my apartment and:

- Window guards are installed in all windows as required.
- Window guards need repair.
- Window guards are NOT installed in all windows as required.

No child under 11 years of age (10 years or younger) live in my apartment:

- I want window guards installed anyway.
- I have window guards, but they need repair.

Last Name

First Name

Middle Initial

Street Address

Apt.#

City

State

Zip Code

Signature

Date

Telephone Number

Deadline for return: February 15, 2011

Return form to: Name and address of landlord or managing agent. Call 311 for more information on preventing lead poisoning and window falls.

Approved 10/16/2014

If the apartment or any other part of the leased premises do not contain a maintained and operable sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING DOES NOT CONTAIN A MAINTAINED AND OPERATIVE SPRINKLER SYSTEM.

If the apartment or any other part of the leased premises do contain a maintained and operative sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING CONTAINS A MAINTAINED AND OPERATIONAL SPRINKLER SYSTEM. THE LAST MAINTENANCE DATE FOR THE SPRINKLER SYSTEM WAS _____ AND IT WAS LAST INSPECTED ON _____.

FROM:

DNE LLC
PO Box 573
New York, NY 10030

TO:

[REDACTED]
[REDACTED]
[REDACTED], NY [REDACTED]

RENEWAL LEASE NOTICE

Premises:

[REDACTED]
Apt/Unit No. [REDACTED]
Current Lease Expires: 08/31/2020
Current Rent: \$1,850.00

Dear [REDACTED]

According to our records your lease expires as indicated above. WE are offering to renew your lease for the rental term and rates as indicated below, it is on the same terms and conditions as the existing lease dated 09/01/2015 except as modified. If you desire to renew your lease, check YES below. If you will be moving and not renewing your lease, check the NO box. PLEASE SIGN AND RETURN THE FORM TO OUR OFFICE.

NEW MONTHLY RENT FOR 1 year LEASE RENEWAL: \$1850

YES. PLEASE RENEW MY LEASE AT THE NEW RENT ABOVE.

NO. DO NOT RENEW MY LEASE. I WILL VACATE THE APT ON _____

Must notify management 30 days or more prior and give access to our broker

Very truly yours,

Tenant 1 _____
Tenant 2 _____
Landlord [Signature]

Dated:

Preferential Lease Provision Extended through 8/31/2021

If the apartment or any other part of the leased premises do not contain a maintained and operable sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING DOES NOT CONTAIN A MAINTAINED AND OPERATIVE SPRINKLER SYSTEM.

If the apartment or any other part of the leased premises do contain a maintained and operative sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING CONTAINS A MAINTAINED AND OPERATIONAL SPRINKLER SYSTEM. THE LAST MAINTENANCE DATE FOR THE SPRINKLER SYSTEM WAS _____ AND IT WAS LAST INSPECTED ON _____.

Rider

I acknowledge that when I move out in the future

- 1- I will give the owner 60 days' notice that I will not renew my lease.
- 2- I will give the super access to repair any visible damages to the apartment by either making myself available or leaving a key for super.
- 3- I understand brokers will be in contact with me and I will allow them access to show the apartment for future tenants.
- 4- I will discard any garbage properly not causing the landlord to get fined by the city (If I failed and the owner gets fined I understand it will be deducted from my deposit)
- 5- I will contact the super to provide him with apartment keys once I have moved out.

I understand that if I do not comply with the above I forfeit my security deposit and/or deductions will be made.

FROM:

DNE LLC
PO Box 573
New York, NY 10030

TO:

[Redacted]
[Redacted]
[Redacted], NY [Redacted]

C

RENEWAL LEASE NOTICE

Premises:

[Redacted]
Apt/Unit No. [Redacted]
Current Lease Expires: 08/31/2021
Current Rent: \$1,850.00

Dear

[Redacted]

According to our records your lease expires as indicated above. WE are offering to renew your lease for the rental term and rates as indicated below, it is on the same terms and conditions as the existing lease dated 09/01/2015 except as modified. If you desire to renew your lease, check YES below. If you will be moving and not renewing your lease, check the NO box. PLEASE SIGN AND RETURN THE FORM TO OUR OFFICE.

NEW MONTHLY RENT FOR 1 year LEASE RENEWAL: \$1850

YES. PLEASE RENEW MY LEASE AT THE NEW RENT ABOVE.

NO. DO NOT RENEW MY LEASE. I WILL VACATE THE APT ON _____

Must notify management 30 days or more prior and give access to our broker

Very truly yours,

Tenant 1

Tenant 2

Landlord

[Redacted Signature]

Dated:

Preferential Lease Provision Extended through 8/31/2022

If the apartment or any other part of the leased premises do not contain a maintained and operable sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING DOES NOT CONTAIN A MAINTAINED AND OPERATIVE SPRINKLER SYSTEM.

If the apartment or any other part of the leased premises do contain a maintained and operative sprinkler system:

- PLEASE TAKE NOTICE PURSUANT TO SECTION 231-A OF THE NEW YORK REAL PROPERTY LAW THAT THE APARTMENT YOU ARE LEASING CONTAINS A MAINTAINED AND OPERATIONAL SPRINKLER SYSTEM. THE LAST MAINTENANCE DATE FOR THE SPRINKLER SYSTEM WAS _____ AND IT WAS LAST INSPECTED ON _____.

C

Rider

I acknowledge that when I move out in the future

- 1- I will give the owner 60 days' notice that I will not renew my lease.
- 2- I will give the super access to repair any visible damages to the apartment by either making myself available or leaving a key for super.
- 3- I understand brokers will be in contact with me and I will allow them access to show the apartment for future tenants.
- 4- I will discard any garbage properly not causing the landlord to get fined by the city (If I failed and the owner gets fined I understand it will be deducted from my deposit)
- 5- I will contact the super to provide him with apartment keys once I have moved out.

I understand that if I do not comply with the above I forfeit my security deposit and/or deductions will be made.

EXHIBIT 10



Statement of Account for:
 [REDACTED]
 [REDACTED], NY [REDACTED]

Account Number:
 [REDACTED]
 7/10/2020

ELECTRIC BILLS

PAYMENTS

Rate EL1 Residential			Meter No: 1418478			Security	
			Multiplier: 1			Deposit: \$32.00	
Date	Rdg Type	Days	Rdg	KWH Usage	Amount	Date	Amount
06/11/20	EST	30	5715	641	194.54	01/07/20	\$400.00
05/12/20	EST	29	5074	746	184.01	12/16/19	\$400.00
04/13/20	EST	31	4328	732	175.00	10/17/19	\$400.00
03/13/20	EST	30	3596	783	191.45	08/07/19	\$338.76
02/12/20	EST	30	2813	783	199.20	06/17/19	\$400.00
01/13/20	ACT	32	2030	499	130.79	04/28/19	\$425.00
12/12/19	ACT	34	1531	287	81.44	01/15/19	\$299.52
11/08/19	EST	29	1244	862	219.63	11/28/18	\$441.47
10/10/19	EST	29	382	862	215.10	10/17/18	\$438.13
09/11/19	ACT	30	9520	821	215.63	09/19/18	\$346.19
08/12/19	EST	31	8699	1,491	359.23	08/10/18	\$318.56
07/12/19	EST	30	7208	1,164	295.08	07/11/18	\$185.91
06/12/19	EST	30	6044	650	170.20	06/12/18	\$186.03
05/13/19	EST	31	5394	797	180.74		
04/12/19	EST	29	4597	685	163.64		
03/14/19	EST	30	3912	783	182.32		
02/12/19	EST	32	3129	836	202.60		
01/11/19	ACT	92	2293	2,219	526.59		
10/11/18		elec bill(s)		cancelled	-575.06		
12/12/18	EST	34	2552	1,359	299.52		
11/08/18	EST	28	1193	1,119	275.54		
10/11/18	ACT	30	74	558	156.91		
09/11/18	EST	32	9516	1,640	432.94		
08/10/18	EST	29	7876	1,440	346.19		
07/12/18	ACT	30	6436	1,168	318.56		
06/12/18	ACT	32	5268	684	185.91		
05/11/18	ACT	29	4584	746	186.03		

SummaryBalance
 brought forw: 05/11/18 0.00

Charges
 C.E. Bills prepared (E) 6,088.79
 C.E. Bills prepared (G) 0.00
 Transfer Charges 0.00
 Debit Adjustments 79.99
 Late Payment Charges 62.27

Total Charges 6,231.05
Total Debits 6,231.05

Credits
 Payments 4,579.57
 Transfers 0.00
 Credit Adjustments 575.06
 Late Payment Credits 0.00

Total Credits 5,154.63
Balance Due Company 1,076.42

EXHIBIT 11



Orion Investment Group

PO Box 573, New York, NY 10030

Tel: [REDACTED] | Fax: 888-539-4329 | [REDACTED]

7/12/2018

To whom it may concern:

This letter is to confirm and verify that [REDACTED] resides with her parents [REDACTED] and [REDACTED] at [REDACTED]. If there are further question please feel free to contact us.

Sincerely,

DNE LLC

Orion Investment Group LLC

EXHIBIT 12



TD Bank
America's Most Convenient Bank®
9415 Northern Boulevard
Jackson Heights, NY 11372
T 718 205 7116
F 718 205 7224

tdbank.com

June 02ND, 2022

[REDACTED]
[REDACTED]
[REDACTED] NY, 11369

RE: Verification Letter for TD Bank Customer

To Whom It May Concern:

This letter is to serve as verification of the following requested information:

Account Number:	4319318526
Routing Number:	026013673
Account Type:	Personal Checking Account
Account Status:	Open and Active
Account Open Date:	17/08/2018
Account Close Date:	N/A

Owner(s):

[REDACTED]

Current Balance:
Account Address:

N/A

[REDACTED]
[REDACTED] NY, 11369

If you would like additional information, please feel free to contact TD Bank at 856-380-2675 or fax your Verification of Deposit request to 855-588-8147. Sincerely, Deposit Operations TD Bank, N.A.

[REDACTED]

Teller Store Manager

EXHIBIT 13

NEW YORK STATE ^{USA}
IDENTIFICATION CARD

NOT FOR
FEDERAL
PURPOSES

Class ID

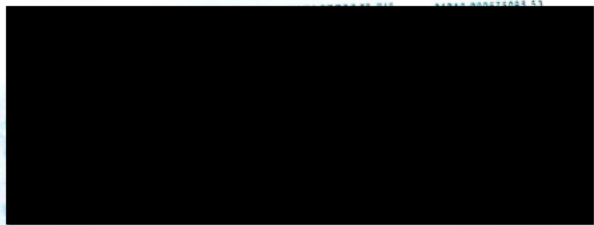
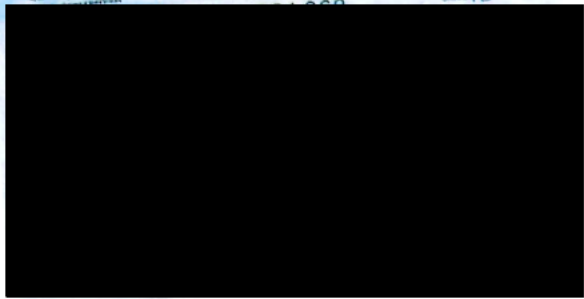


EXHIBIT 14



6/15/2022

[Redacted]
[Redacted] NY 11369

RE: Proof of Health Insurance Coverage

Dear [Redacted]

Thank you for choosing Healthfirst. We received your request for **Proof of Health Insurance Coverage** on **6/15/2022** and have included with this letter:

- **Proof of Health Insurance Coverage**

The **Proof of Health Insurance Coverage** will include the effective date and/or termination date with Healthfirst as a proof of your health coverage.

Do you know that member materials and forms are available on your secure Healthfirst account? Just log in to your portal account at MyHFNY.org, and you will be able to view and print it online. If you have questions or need assistance, please call the Member Services phone number on your Member ID card.

Sincerely,

[Redacted Signature]

Senior Vice President, Operations

Enclosed: **Proof of Health Insurance Coverage**

Coverage is provided by Healthfirst Health Plan, Inc., Healthfirst PHSP, Inc., and/or Healthfirst Insurance Company, Inc. (together, "Healthfirst"). Coverage for Senior Health Partners, Managed Long-Term Care Plan, is provided by Healthfirst PHSP, Inc.

© 2018 HF Management Services, LLC 0145-18 XP18_103
H3359_GEN18_362 RA06/2018

QEP15_27



Proof of Health Insurance Coverage

IMPORTANT: Please read carefully.

Schools / Entities – Proof of Coverage: This certificate provides proof of coverage for the individual noted below. Please note that Healthfirst is unable to certify any statement which guarantees continuance of coverage for any period. Coverage for government programs is contingent on the continued eligibility of the member or guardian responsible for the member.

Schools: Please note, that if information such as Member Identification Number is required, a signed notarized statement from the member is required, authorizing release of this information to the school. We are able to provide all other information on this form pertaining to eligibility and coverage.

1. Date of Request: **6/15/2022**
2. Name of Healthfirst Plan (*check only one*):

Healthfirst PHSP, Inc.	Managed Health, Inc.	Neighborhood Health Providers (Prior to 6/1/13)
<input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus <input type="checkbox"/> Child Health Plus <input type="checkbox"/> Senior Health Partners (NY)	<input type="checkbox"/> Medicare (NY) <input type="checkbox"/> CompleteCare (NY)	<input type="checkbox"/> Medicaid <input type="checkbox"/> Family Health Plus <input type="checkbox"/> Child Health Plus

3. Name of Individual: [REDACTED]
4. Member Identification Number: [REDACTED]

*The identification number will be provided to former members who are requesting their own information. Non-provider entities such as schools must provide a request signed by the member authorizing such information to be shared.

5. Date coverage began: **2/1/2019**
 - a. Check here if coverage is continuous as of the date of this certificate
6. Date coverage ended: **N/A**
7. Name, address, and telephone number of plan administrator or issuer responsible for providing this certificate:

Healthfirst Member Services Department P.O. Box 5165 New York, NY 10274-5165	PHSP: 1-866-463-6743 Medicare: 1-888-260-1010 English TTY/TDD: 1-888-542-3821 Spanish TTY/TDD: 1-888-867-4132
---	--

QHP15_27

EXHIBIT 15



CERTIFICATE OF COMPLETION



has successfully completed the requirements of Restore NYC's
ECONOMIC EMPOWERMENT PROGRAM



SIGNATURE

DATE 3/15/19

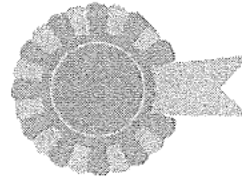
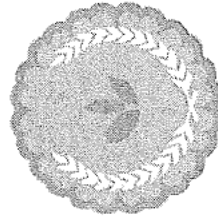


EXHIBIT 16

NEW YORK STATE WIC PROGRAM
Health Nutrition Update Appointment Letter



Date:	7/25/2019	Authorized Representative:	[REDACTED]	AG/ST:	[REDACTED]
Applicant:	[REDACTED]	ID#:	[REDACTED]	HH#:	[REDACTED]

Dear: [REDACTED]

We would like to remind you that [REDACTED] **must be present** at his /her appointment at our WIC office on: 10/22/2019 at 2:30 PM.

The office is located at 10401 Corona Ave, Corona, NY 11368

If you cannot keep this appointment or if you have any questions regarding your appointment ,please call us at (347) 686-3700 or contact us at the above address.

We look forward to seeing you.

Sincerely,

NYS WIC

[REDACTED]

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This Institution is an equal opportunity provider.

For other complaints or to request a Fair Hearing contact:

Ask for a hearing at the WIC local agency (staff will assist you) or contact the NYS WIC Program:

- (1) mail: WIC Program Director
NYSDOH, Riverview Center
Room 650, 150 Broadway,
Albany, NY 12204;
- (2) phone: (800) 522-5006 fax: (518) 402-7348; or
- (3) email: NYSWIC@HEALTH.NY.GOV

EXHIBIT 17

**NEW YORK STATE WIC PROGRAM
RE-CERTIFICATION LETTER**



Date:	1/27/2020	Authorized Representative:	[REDACTED]	AG/ST:	[REDACTED]
Participant:	[REDACTED]	ID#:	[REDACTED]	HH#:	[REDACTED]

Dear [REDACTED]

Your WIC certification period is ending on 04/25/2020.

We have scheduled a recertification appointment on:

Wednesday, April 22, 2020 at 2:00 PM
Located at: Plaza Dol Sol WIC, 10401 Corona Ave, Corona, NY 11368

The Participant listed above must be present at the appointment to continue to receive WIC benefits and must bring the following items (Refer to *What to Bring to WIC*):

- Proof of Income for all household members
- Proof of residency
- Proof of identity for the person recertifying

Staff will look at the documents to see if you still qualify for WIC benefits.

Also, if available, bring the following documents:

- WIC Medical Referral Form
- WIC Medical Documentation Form
- Immunization Record for infants and children

If you cannot make this appointment, please call us at (347) 686-3700 to reschedule because your WIC benefits will end if you do not recertify.

We look forward to seeing you.

Sincerely,
NYS WIC

[REDACTED]
Participant/Authorized Representative Signature

[REDACTED]
WIC Staff Signature

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

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- (1) mail: WIC Program Director
NYSDOH, Riverview Center
Room 650, 150 Broadway,
Albany, NY 12204;
- (2) phone: (800) 522-5006 fax: (518) 402-7348; or
- (3) email: NYSWIC@HEALTH.NY.GOV

EXHIBIT 18



Cooper Station P.O. Box 138
New York, NY 10276-0138

conEdison
a conEdison, inc. company

Summary Statement

Account #: [REDACTED]

Date: 3/4/2022

Deposit Amt: \$445

[REDACTED]
[REDACTED]
[REDACTED] NY [REDACTED]

Dear Customer:

The statement of your charges and credits that you requested is detailed below:

DATE POSTED	# DA YS	Bill Date	ELECTRIC		GAS		Total Billing Charges	Other Charges, Adj & Credits	\$ PAYMENT	\$ BALANCE
			KWHR Usage	Con Edison Charges	THERM Usage	Con Edison Charges				
02/16/22	30	02/11/22	467	136.90			136.90			571.31
02/14/22								4.12		434.41
01/18/22	33	01/12/22	514	155.36			155.36			430.29
01/13/22								2.17		274.93
12/16/21	31	12/10/21	483	128.40			128.40			272.76
11/15/21	32	11/09/21	498	144.36			144.36			144.36
10/20/21								-928.82		0.00
10/15/21	28	10/08/21	436	129.80			129.80			928.82
10/13/21								9.80		799.02
09/15/21	30	09/10/21	467	135.96			135.96			789.22
08/16/21	29	08/11/21	451	130.38			130.38			653.26
08/12/21										522.88
07/16/21	32	07/13/21	498	138.02			138.02			524.80
06/16/21	30	06/11/21	467	121.79			121.79			386.78
05/13/21	28	05/12/21	436	131.24			131.24			264.99
04/15/21	29	04/14/21	451	133.75			133.75			133.75
03/19/21								-1,149.92		0.00
03/17/21	32	03/16/21	498	137.40			137.40			1,149.92
02/16/21	30	02/12/21	467	149.22			149.22			1,012.52
01/14/21	33	01/13/21	514	155.97			155.97			863.30
12/14/20	32	12/11/20	498	142.30			142.30			707.33
11/10/20	31	11/09/20	483	144.01			144.01			565.03
10/13/20	29	10/09/20	451	130.08			130.08			421.02
09/11/20	30	09/10/20	467	130.56			130.56			290.94
08/12/20	29	08/11/20	451	129.33			129.33			160.38
07/21/20								-587.00		31.05
07/21/20										618.05
07/21/20								-800.31		618.20
07/14/20	32	07/13/20	1,245	342.09			342.09			1,418.51
06/12/20	30	06/11/20	641	194.54			194.54			1,076.42
05/13/20	29	05/12/20	746	184.01			184.01			881.88
04/14/20	31	04/13/20	732	175.00			175.00			697.87

EXHIBIT 19



U.S. Department of Education
Information about your federal student loan

P.O. Box 82561
Lincoln, NE 68501-2561

00000184 013162 020679 1/1 000000 3565439 41373-41374



0150



[Redacted] NY [Redacted]

August 15, 2020

Info: Review your current account information to stay informed about your student loans.

Account: EXXXXX4707

Dear [Redacted]

We value you as a borrower, and want to make sure that you're prepared to begin repaying your student loans when the time comes. It is important that you stay informed about your student loan balance and any accrued interest. Below we've provided a snapshot of your current student loans, along with your outstanding principal balance, accrued interest, interest rate*, and current balance.

If you have any student loans in repayment, we will send a billing statement three weeks before your due date. If you don't have any payments due right now, you still have the option to begin paying on your student loans, including paying down interest on any unsubsidized loans, which will save you money in the long run. You can also log in to your Nelnet.com account to see the current balance on your student loans, and to learn more about repayment, repayment plans, and other options available to you. To determine your regular monthly payment amount on various repayment plans use the calculator at Nelnet.com/All-Calculators.

Loan Number	Outstanding Principal Balance	Accrued Interest	Interest Rate	Current Balance
01	\$3,500.00	\$0.00	5.05%	\$3,500.00
02	\$6,000.00	\$164.25	5.05%	\$6,164.25

Payment amounts are determined based on many factors, including the repayment period, outstanding principal balance, accrued interest, interest rate, and – for Income-Driven Repayment Plans – income, and family size of each borrower. In order to help you understand how regular monthly payments are calculated when your loans are in repayment, we have provided three sample charts on the back of this letter. These charts demonstrate how a regular monthly payment amount is calculated, and how much of that payment will go toward the outstanding principal balance and interest.

*In response to the Coronavirus Pandemic National Emergency, effective March 13, 2020, the Department of Education has reduced the interest rate to 0% on federal student loans that were taken out through them. Even though your statement and online account will continue to reflect your normal interest rates, your student loans (beginning with "E") are not accruing interest until further notice. For more information, visit StudentAid.gov/coronavirus.

Questions? We're here for you. Visit Nelnet.com or call us at 888.486.4722 from 8 a.m. to 10 p.m. (Eastern) Monday – Friday.

Sincerely,
Your Nelnet Customer Service Team



[FB.com/Nelnet](https://www.facebook.com/Nelnet)



[@Nelnet](https://twitter.com/Nelnet)

P.O. Box 82561 | Lincoln, NE 68501 | p. 888.486.4722 | Help@Nelnet.net | Nelnet.com



EXHIBIT 20



November 3, 2020

Account Number:

Security Code:

Service At:

[Redacted] NY [Redacted]

SPECTRUM NEWS

Have questions about your bill?

Visit us at Spectrum.net/billing

Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary

Service from 11/03/20 through 12/02/20
details on following pages

Previous Balance	64.98
Payments Received -Thank You!	-64.98
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 11/20/20	\$54.99

Terms and Conditions. Our standard terms and conditions for Spectrum Residential Services will be updated effective December 7, 2020. To obtain a copy, please visit Spectrum.com/Policies



At Spectrum, we continue to enhance our services in order to offer more of the best entertainment and communication choices, and to deliver the best value. We are committed to offering you products and services we are sure you will enjoy.

Important Billing Update

Effective with your next billing statement, monthly pricing will change as follows:

- Internet Service will increase by \$5.00.
- If you are currently on a promotion, the increase may not become effective until the end of your promotion period.

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything connected so you can feel right at home. Call to move your Spectrum services and we'll get you connected with no hassles. We'll ship self-install kits to enable you to connect on your own terms, with easy step-by-step instructions included. Call 1-855-889-4899 or visit Spectrum.com/easymove

Thank you for choosing Spectrum.

We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 11042020 NNNYNN 01 002981 0011

[Redacted] NY [Redacted]

November 3, 2020

Account Number:

Service At:

[Redacted] NY [Redacted]

Total Due by 11/20/20

\$54.99

Amount you are enclosing

\$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

December 3, 2020

Account Number: [REDACTED]

Security Code: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Have questions about your bill?

Visit us at Spectrum.net/billing

Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

Service from 12/03/20 through 01/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 12/20/20	\$54.99

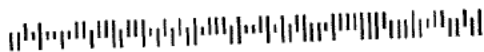
Thank you for choosing Spectrum.

We appreciate your prompt payment and value you as a customer.

Spectrum

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 12042020 NNNNNYNN 01 002998 0008

[REDACTED]
[REDACTED] NY [REDACTED]



815015006019912600054999

SPECTRUM NEWS

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything connected so you can feel right at home. Call to move your Spectrum services and we'll get you connected with no hassles. We'll ship self-install kits to enable you to connect on your own terms, with easy step-by-step instructions included. And don't forget to ask about Spectrum Mobile. Call 1-855-640-0884 or visit Spectrum.com/easymove



Give everyone incredible entertainment, as well as 65,000 FREE On Demand titles! (Restrictions apply.) Get Spectrum TV® Select for only \$44.99/month for 12 months. You'll receive more than 125 channels in English and Spanish, and FREE HD (restrictions apply). Plus, turn any room into a TV room when you download our FREE Spectrum TV App (restrictions apply) to your smart TV or mobile device. And if you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply). Call 1-844-525-2140 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

December 3, 2020

Account Number: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Total Due by 12/20/20

\$54.99

Amount you are enclosing

\$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



Spectrum

January 3, 2021
Account Number:
Security Code:
Service At:



SPECTRUM NEWS

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary

Service from 01/03/21 through 02/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 01/20/21	\$54.99

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything connected so you can feel right at home. Call to move your Spectrum services and we'll get you connected with no hassles. We'll ship self-install kits to enable you to connect on your own terms, with easy step-by-step instructions included. And don't forget to ask about Spectrum Mobile. Call 1-855-640-0884 or visit Spectrum.com/easymove



Give everyone incredible entertainment, as well as 65,000 FREE On Demand titles! (Restrictions apply.) Get Spectrum TV® Select for only \$44.99/month for 12 months. You'll receive more than 125 channels in English and Spanish, and FREE HD (restrictions apply). Plus, turn any room into a TV room when you download our FREE Spectrum TV App (restrictions apply) to your smart TV or mobile device. And if you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply). Call 1-844-525-2140 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 01042021 NNNNNYNN 01 002932 0009



January 3, 2021

Account Number:
Service At:



Total Due by 01/20/21 **\$54.99**
Amount you are enclosing \$



Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999



February 3, 2021

Account Number: [REDACTED]

Security Code: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Have questions about your bill?

Visit us at Spectrum.net/billing

Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

*Service from 02/03/21 through 03/02/21
details on following pages*

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 02/20/21	\$54.99

Thank you for choosing Spectrum.

We appreciate your prompt payment and value you as a customer.

SPECTRUM NEWS

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

PLANNING A MOVE? We can help, and we're ready when you are. Call to transfer your Spectrum services, and we'll have everything connected so you can feel right at home. Call to move your Spectrum services and we'll get you connected with no hassles. We'll ship self-install kits to enable you to connect on your own terms, with easy step-by-step instructions included. And don't forget to ask about Spectrum Mobile! Call 1-877-958-7122 or visit Spectrum.com/easymove.

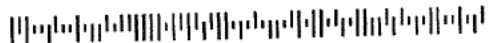


Save more when you combine your Internet with amazing TV. Get Spectrum Mi Plan Latino, Internet + TV, for only \$79.98 a month for 12 months. Continue enjoying super-fast, reliable Internet speeds and receive more than 145 channels in English and Spanish, plus **FREE** HD (restrictions apply). Watch TV anywhere with our **FREE** Spectrum TV App (restrictions apply) and choose from thousands of **FREE** On Demand titles. **And if you're in a contract with another provider, we'll give you up to \$500 to buy it out** (restrictions apply, not available in all areas). Call 1-877-892-5064 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 02042021 NNNNNYNY 01 003796 0011



February 3, 2021

Account Number: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Total Due by 02/20/21

\$54.99

Amount you are enclosing

\$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

March 3, 2021
Account Number:
Security Code:
Service At:



Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

Service from 03/03/21 through 04/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 03/20/21	\$54.99

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 03042021 NYNINNYN 01 002870 0011



815015006019912600054999

SPECTRUM NEWS

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Planning a move? Spectrum makes moving easy. We'll help you transfer your services and have you connected before you're even unpacked. Sign up for Spectrum Mobile and use our WiFi access points to stay connected during your move. And don't forget to download My Spectrum app to manage your account throughout. Plus! Call to learn about self-installation options if you'd like to handle the move on your terms. **It's your move. Call 1-844-866-2868 or visit Spectrum.net/easymove.**

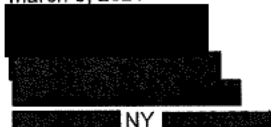


SAVE BIG with this exclusive offer designed for you. Add Spectrum TV® Mi Plan Latino to your Internet service for only \$79.98 a month both services for 12 months. Continue enjoying super-fast, reliable Internet speeds and enjoy 45+ channels, including 75 in Spanish. Stream live TV in and outside your home with our FREE Spectrum TV App (restrictions apply) and choose from thousands of FREE On Demand titles. **And if you're in a contract with another provider, we'll give you up to \$500 to buy it out** (restrictions apply). Call 1-866-294-6287 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

March 3, 2021

Account Number:
Service At:



Total Due by 03/20/21 **\$54.99**
Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



Spectrum

April 3, 2021
Account Number:
Security Code:
Service At:

[REDACTED]
[REDACTED]
[REDACTED] NY [REDACTED]

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

Service from 04/03/21 through 05/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 04/20/21	\$54.99

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.

Spectrum

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 04042021 NYNNYYNY 01 002683 0008

[REDACTED]
[REDACTED] NY [REDACTED]



SPECTRUM NEWS

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Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

April 3, 2021

Account Number:
Service At:

[REDACTED]
[REDACTED] NY [REDACTED]

Total Due by 04/20/21 **\$54.99**

Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

May 3, 2021

Account Number: [REDACTED]

Security Code: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Have questions about your bill?

Visit us at Spectrum.net/billing

Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

Service from 05/03/21 through 06/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 05/20/21	\$54.99

Thank you for choosing Spectrum.

We appreciate your prompt payment and value you as a customer.

SPECTRUM NEWS

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Planning a move? Spectrum makes moving easy. We'll help you transfer your services and have you connected before you're even unpacked. Sign up for Spectrum Mobile and use our WiFi access points to stay connected during your move. And don't forget to download My Spectrum app to manage your account throughout. Plus! Call to learn about self-installation options if you'd like to handle the move on your terms. **It's your move. Call 1-844-866-2868 or visit Spectrum.net/easymove.**



SAVE BIG with this exclusive offer designed for you. Add Spectrum TV@ Mi Plan Latino to your Internet service for only \$79.98 a month both services for 12 months. Continue enjoying super-fast, reliable Internet speeds and enjoy 45+ channels, including 75 in Spanish. Stream live TV in and outside your home with our **FREE** Spectrum TV App (restrictions apply) and choose from thousands of **FREE** On Demand titles. **And if you're in a contract with another provider, we'll give you up to \$500 to buy it out** (restrictions apply). Call 1-844-320-9404 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Spectrum

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 05042021 NNNYNYNYN 01 002866 0008

[REDACTED] NY [REDACTED]



May 3, 2021

Account Number: [REDACTED]

Service At: [REDACTED] NY [REDACTED]

Total Due by 05/20/21

\$54.99

Amount you are enclosing

\$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

July 3, 2021
Account Number:
Security Code:
Service At:

[REDACTED]
[REDACTED] NY [REDACTED]

SPECTRUM NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary Service from 07/03/21 through 08/02/21 details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 07/20/21	\$54.99

Billing Statements. Braille or large print billing statements are available by request and can be provided within 30 days of Spectrum's receipt of the request. To request these statement options, contact Spectrum's Customer Care Billing Department at 1-855-707-7328.



Moving? We'll transfer your services and have you connected before you're even unpacked. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-855-230-1324 or visit Spectrum.net/easymove.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 07042021 YNNYNYNN 01 002928 0014

[REDACTED]
[REDACTED] NY [REDACTED]

July 3, 2021

Account Number:
Service At:

[REDACTED]
[REDACTED] NY [REDACTED]

Total Due by 07/20/21 **\$54.99**
Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

August 3, 2021
Account Number:
Security Code:
Service At:

[Redacted]
[Redacted] NY [Redacted]

NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary Service from 08/03/21 through 09/02/21 details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 08/20/21	\$54.99

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Make your next move! We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-844-599-7767 or visit Spectrum.net/easymove.



Enjoy your favorite TV channels and save. Add Spectrum TV@ Mi Plan Latino to your Internet service for only \$79.98 a month both services for 12 months. Continue enjoying reliable, super-fast Internet speeds and enjoy 145+ channels, including 75 in Spanish. Stream live TV in and outside your home with our FREE Spectrum TV App (restrictions apply) and choose from thousands of FREE On Demand titles. **If you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply). Call 1-866-991-6560.**

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.

Spectrum

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 08042021 NNNNNYNN 01 002551 0008

[Redacted]
[Redacted] NY [Redacted]

August 3, 2021

Account Number:
Service At:

[Redacted]
[Redacted] NY [Redacted]

Total Due by 08/20/21 **\$54.99**
Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

September 3, 2021

Account Number:

Security Code:

Service At:



NEWS AND INFORMATION

Have questions about your bill?

Visit us at Spectrum.net/billing

Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary

Service from 09/03/21 through 10/02/21
details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	54.99
Current Charges	\$54.99
Total Due by 09/20/21	\$54.99

Make your next move! We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-844-599-7767 or visit Spectrum.net/easymove.



Enjoy your favorite TV channels and save. Add Spectrum TV® Mi Plan Latino to your Internet service for only \$79.98 a month both services for 12 months. Continue enjoying reliable, super-fast Internet speeds and enjoy 145+ channels, including 75 in Spanish. Stream live TV in and outside your home with our FREE Spectrum TV App (restrictions apply) and choose from thousands of FREE On Demand titles. **If you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply). Call 1-866-991-6560.**

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.

We appreciate your prompt payment and value you as a customer.

Spectrum

4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 09042021 NNNNNYNN 01 003029 0009



September 3, 2021

Account Number:

Service At:



Total Due by 09/20/21

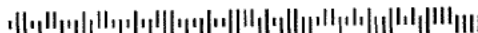
\$54.99

Amount you are enclosing

\$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600054999

Spectrum

October 3, 2021
Account Number:
Security Code:
Service At:



NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary Service from 10/03/21 through 11/02/21 details on following pages

Previous Balance	54.99
Payments Received -Thank You!	-54.99
Remaining Balance	\$0.00
Internet Services	69.99
Current Charges	\$69.99
Total Due by 10/20/21	\$69.99

IMPORTANT ACCOUNT UPDATE

At Spectrum, we work hard to earn your business. We continue to enhance our services in order to provide the best communication and entertainment products. Our goal is to provide the best services at the best value. The Promotional Discount that you received when you signed up for one or more of your services has now come to an end. However, we are pleased to provide continued savings off the standard pricing for an additional 12 months. Thank you for being a Spectrum customer.



Make your next move! We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-844-599-7767 or visit Spectrum.net/easymove.



Enjoy your favorite TV channels and save. Add Spectrum TV® Mi Plan Latino to your Internet service for only \$79.98 a month both services for 12 months. Continue enjoying reliable, super-fast Internet speeds and enjoy 145+ channels, including 75 in Spanish. Stream live TV in and outside your home with our FREE Spectrum TV App (restrictions apply) and choose from thousands of FREE On Demand titles. **If you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply).** Call 1-866-991-6560.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 10032021 NNNNNYNN 01 002835 0008



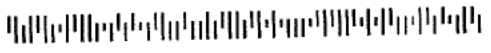
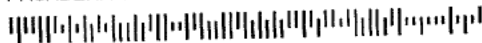
October 3, 2021

Account Number:
Service At:

Total Due by 10/20/21 **\$69.99**
Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600069997

Spectrum

November 3, 2021
Account Number:
Security Code:
Service At:



NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary Service from 11/03/21 through 12/02/21 details on following pages

Previous Balance	69.99
Payments Received -Thank You!	-69.99
Remaining Balance	\$0.00
Internet Services	69.99
Current Charges	\$69.99
Total Due by 11/20/21	\$69.99

Terms and Conditions. Our standard terms and conditions for Spectrum Residential Services will be updated effective December 29, 2021. To obtain a copy, please visit Spectrum.com/Policies

Notice: Your Bill Will Soon Be Paperless. To provide a more efficient billing experience that both saves time and reduces clutter, you will only receive Paperless bills. You already have online access to this month's statement and historical bills for the last year. Your next bill statement will be the last one mailed to you. All future statements will be available online. Each month, we'll notify you when your bill statement is ready to view at Spectrum.net

If you'd like to start receiving paperless bills immediately, please visit Spectrum.net/paperless

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Planning a move? We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-855-264-1766 or visit Spectrum.net/easymove.



Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 11042021 NNNNNYNN 01 002759 0008



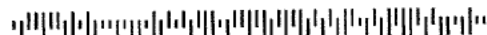
November 3, 2021

Account Number:
Service At:

Total Due by 11/20/21 **\$69.99**
Amount you are enclosing \$

Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600069997



December 3, 2021

Account Number:

Security Code:

Service At:



NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Reminder: Paperless Billing Will Start Soon. This is a friendly reminder that the next billing statement you receive will be paperless. We'll notify you each month when your billing statement is ready to view at Spectrum.net.

Summary

Service from 12/03/21 through 01/02/22
details on following pages

Previous Balance	69.99
Payments Received -Thank You!	-69.99
Remaining Balance	\$0.00
Internet Services	69.99
Current Charges	\$69.99
Total Due by 12/20/21	\$69.99

To continue receiving billing statements by mail, please visit Spectrum.net/Paperless.

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Planning a move? We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-855-264-1766 or visit Spectrum.net/easymove.



TV that goes with you everywhere you go. Add Spectrum TV Mi Plan Latino for only \$34.99 more a month for 12 mos. Get 145+ channels and FREE HD. Includes your favorite networks in English and over 75 in Spanish with programming from Mexico, Puerto Rico, Dominican Republic, Latin America and more. Stream live TV with our FREE Spectrum TV App (restrictions apply) and choose from thousands of FREE On Demand titles. If you're in a contract with another provider, we'll give you up to \$500 to buy it out (restrictions apply). Call 1-855-248-2824 now.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 12042021 NNNNNYNN 01 002734 0008



December 3, 2021

Account Number:

Service At:

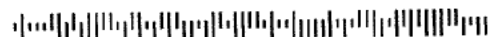


Total Due by 12/20/21 **\$69.99**
Amount you are enclosing \$



Please Remit Payment To:

SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186



815015006019912600069997

Spectrum

January 3, 2022
Account Number:
Security Code:
Service At:

[REDACTED]
[REDACTED] NY [REDACTED]

NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Summary

*Service from 01/03/22 through 02/02/22
details on following pages*

Previous Balance	69.99
Payments Received -Thank You!	-69.99
Remaining Balance	\$0.00
Internet Services	69.99
Current Charges	\$69.99
Total Due by 01/20/22	\$69.99

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Planning a move? We'll get your Spectrum services set up in your new home so you can get settled in faster. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-866-980-3085 or visit Spectrum.net/easymove.



Add Spectrum TV® Mi Plan Latino to your Internet service for only \$79.98 a month for 12 months when bundled. Get 145+ channels, including 75 in Spanish with programming from Mexico, Puerto Rico, Dominican Republic, Latin America and more. Stream live TV with our **FREE** Spectrum TV App (restrictions apply) and choose from thousands of **FREE** On Demand titles. **If you're in a contract with another provider, we'll give you up to \$500 to buy it out** (restrictions apply). Call 1-855-236-5761 now.

Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 01042022 NNNNNYNN 01 998024

[REDACTED]
[REDACTED]
[REDACTED] NY [REDACTED]

January 3, 2022

Account Number:
Service At:

[REDACTED]
[REDACTED]
[REDACTED] NY [REDACTED]

Total Due by 01/20/22 **\$69.99**
Amount you are enclosing \$

Please Remit Payment To:
SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186

815015006019912600069997



February 3, 2022
Account Number:
Security Code:
Service At:

[Redacted]
[Redacted] NY [Redacted]

NEWS AND INFORMATION

Have questions about your bill?
Visit us at Spectrum.net/billing
Or, call us at 1-855-70-SPECTRUM (1-855-707-7328)

Enroll in Auto Pay today! Spectrum Auto Pay is a convenient way to pay your bill on time every month without the hassle of buying stamps or writing checks. Visit spectrum.net/autopay.

Summary Service from 02/03/22 through 03/02/22 details on following pages

Previous Balance	69.99
Payments Received -Thank You!	-69.99
Remaining Balance	\$0.00
Spectrum TV®™	43.98
Internet Services	49.99
Other Charges	17.99
One-Time Charges	49.99
Partial Month Charges	9.26
Taxes, Fees and Charges	10.39
Current Charges	\$181.60
Total Due by 02/20/22	\$181.60

Moving? We'll transfer your services and have you connected before you're even unpacked. Manage your account with the My Spectrum App and learn about self-install options to handle your move on your terms. Call 1-855-811-8242 or visit Spectrum.net/easymove.



Download the latest version of the My Spectrum App from your device's app store. The My Spectrum App makes it easier than ever to manage your Spectrum services. A hassle-free experience with one convenient place for handling all your account needs.

Thank you for choosing Spectrum.
We appreciate your prompt payment and value you as a customer.



4145 S. FALKENBURG RD RIVERVIEW FL 33578-8652
8150 1500 NO RP 03 02042022 NNNNNYNN 01 997941

[Redacted]
[Redacted]
[Redacted] NY [Redacted]

February 3, 2022

Account Number:
Service At:

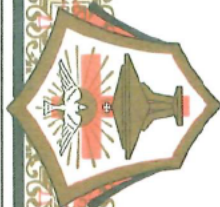
[Redacted]
[Redacted]
[Redacted] NY [Redacted]

Total Due by 02/20/22 **\$181.60**
Amount you are enclosing \$

Please Remit Payment To:
SPECTRUM
PO BOX 7186
PASADENA CA 91109-7186

815015006019912600181602

EXHIBIT 21



The Holy Sacrament of Baptism

That _____
The Son of _____
The _____ of _____
and _____

born in _____ Queens, New York on March 8, 2017

was Baptized on July 4, 2021 in the Church of _____

St. Gabriel of the Surpouk Mother East Elmhurst, NY
CITY

according to the Rite of the Roman Catholic Church

by Rev. _____

Sponsors were _____

as recorded by _____ Register of this Church

Dated July 4, 2021 Pastor _____



SEAL OF CHURCH

FORM NO. 1042

© 1974, Donnelly Co., Kansas City, Missouri

Going therefore, teach ye all nations; baptizing them in the name of the Father, and of the Son, and of the Holy Ghost Matt. 28-19

EXHIBIT 22



P.O. Box 82561
Lincoln, NE 68501-2561



023967



[REDACTED]
[REDACTED]
[REDACTED], NY [REDACTED]

November 02, 2021

Info: This document contains helpful information about repaying your student loan(s).

Dear [REDACTED]

We want to remind you that several options are available to help make your student loan payments more affordable. On some repayment plans, payments may be as low as \$0 per month. Be sure to also review the discharge and forgiveness options for your Federal Family Education Loans (FFEL) or Direct Loan program loans. Lastly, we explain how payments are allocated. Please read on for information and helpful links regarding these options.

Repayment Options. There are many options to help lower or postpone your payments, including several convenient repayment plans, which you can change anytime during the life of your student loans.

- **Standard Repayment.** This plan spreads equal payments over your loan term of 10 years, after which the full balance will be repaid.
- **Graduated Repayment.** With this plan, payments start low and gradually increase over the 10-year loan term. Payment amounts increase every 24 months until the loan balance is paid in full. You will pay more interest on this plan than on the Standard Repayment Plan.
- **Extended Repayment.** This plan makes monthly payments smaller, but the term will be longer (up to 25 years) and you will pay more interest. To be eligible for this plan, you must have at least \$30,000 in outstanding FFEL or Direct Loans. Under this plan, you may choose standard payments (equal payments over the payment term) or graduated payments (payments that increase every two years).
- **Income-Driven Repayment Plans.** These plans provide monthly payments that are tailored to your income. You will submit your income and family size annually to maintain eligibility. There are four plans, each with its own unique features, eligibility criteria, and calculations, so it is important to understand and evaluate your options.

Log in to your Nelnet.com account or call us at 888.486.4722 for other repayment options that may be available to you. Learn more about these plans at StudentAid.ED.gov/sa/repay-loans and StudentLoans.gov/myDirectLoan/repayOptions.action.

Discharge and Forgiveness. In certain circumstances, you may be eligible to have your student loan(s) discharged or forgiven. Visit StudentAid.ED.gov/sa/repay-loans/forgiveness-cancellation to learn more about loan discharge and forgiveness options.

- **Public Service Loan Forgiveness (PSLF).** If you are employed by a government or not-for-profit organization, you may be able to receive loan forgiveness under the PSLF Program. The PSLF Program forgives the remaining balance on your Direct Loans after you have made 120 (10 years) qualifying monthly payments under a qualifying repayment plan while working full-time for a qualifying employer. FFEL loans may be eligible if consolidated into a Direct Consolidation Loan; however, any payments made on the FFEL loan prior to consolidation will not apply toward PSLF. Learn more and apply at StudentLoans.gov/pslf.



U.S. Department of Education
Information about your federal student loan

P.O. Box 82561
Lincoln, NE 68501-2561

00002269 042025 042311 1/1 000000 4395905 84633-84633



1696



NY

January 13, 2022

Account: EXXXXX4707

Info: Interest capitalization reversed during COVID-19 payment pause

Dear [REDACTED]

Under guidance from Federal Student Aid, we updated your student loan account to reverse any capitalization of interest since March 13, 2020. This refers to interest that would have accrued before that date. No interest will have accrued from March 13, 2020 through May 1, 2022, while interest rates have been at 0%.

Log in to your Nelnet.com account to view your updated student loan balance.

What does this mean for you?

1. Your principal loan balance will now be lower.
2. Any interest that became part of your principal loan balance since March 13, 2020 has been removed from your principal balance and added back to your interest balance. Therefore, your interest balance has increased. New interest only accrues on your principal balance, which is now lower than it was previously.
3. We will let you know if this will impact your monthly payment amount before payments restart after May 1, 2022. But don't worry—your payment amount will not go up because of this change.
4. Your interest may capitalize again in the future. Learn more about when and how interest can capitalize at StudentAid.gov/understand-aid/types/loans/interest-rates#capitalization.

Note: Payments restarting after the COVID-19 payment pause ends is not a capitalization event. This means that your interest will not capitalize at that point. But your interest could capitalize in the future based on other capitalization events.

Questions about this change on your account?

Visit Nelnet.com or call us at 888.486.4722 from 8 a.m. to 10 p.m. (Eastern) Monday - Friday.

Sincerely,
Your Nelnet Customer Service Team



[FB.com/Nelnet](https://fb.com/Nelnet)



[@Nelnet](https://twitter.com/Nelnet)

P.O. Box 82561 | Lincoln, NE 68501 | p. 888.486.4722 | Help@Nelnet.net | Nelnet.com



EXHIBIT 23



POLICE DEPARTMENT
 CERTIFICATE OF CONDUCT &
 NON-CRIMINAL FINGERPRINT SECTION
 ONE POLICE PLAZA, ROOM 152A
 NEW YORK, N.Y. 10038-1497

CERTIFICATE OF CONDUCT
 EXPIRES IN 60 DAYS

CRIMINAL RECORD:
 YES ___ NO

IF YES, # OF EVENTS _____
 (EVENTS LISTED ON REVERSE SIDE)

Certificate # [REDACTED]

- TO AUTHORITIES CONCERNED -

NAME (Last, First Middle) [REDACTED]		ALIAS		DATE PROCESSED 06/08/2022	
ADDRESS [REDACTED]			DATE OF BIRTH [REDACTED]	RACE O	SEX F
CITY, STATE QUEENS, NY 11369			SOCIAL SECURITY NUMBER		

RIGHT HAND

1.-RIGHT THUMB	2.-R. INDEX FINGER	3.-R. MIDDLE FINGER	4.-R. RING FINGER	5.-R. LITTLE FINGER

LEFT HAND

6.-LEFT THUMB	7.-L. INDEX FINGER	8.-L. MIDDLE FINGER	9.-L. RING FINGER	10.-L. LITTLE FINGER

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

		LEFT THUMB 	RIGHT THUMB 		
--	--	----------------	-----------------	--	--

ORIGINAL...
 THIS TEXT...
 AND ULTRAVIOLET...
 ON THE PAPER

CRIMINAL HISTORY SEARCH BASED SOLELY ON NYPD RECORDS WITHIN THE ENVIRONS OF NEW YORK CITY ONLY. RECORDS OF STATE AND LOCAL LAW ENFORCEMENT AGENCIES OUTSIDE THE CITY OF NEW YORK HAVE NOT BEEN ACCESSED IN CONNECTION WITH THIS SEARCH.

This information is being provided as requested for the purposes of

IMMIGRATION

VENETIA NOEL-MCDONALD
 ADMINISTRATIVE MANAGER

Raised Seal here

EXHIBIT 24

EST. 1908

BRITTANY

BEAUTY ACADEMY



This Certificate of Completion

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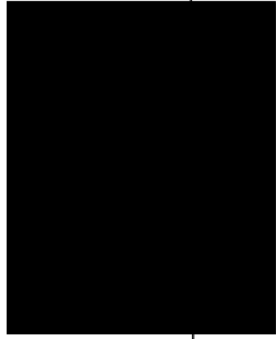
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EXHIBIT 25



ST. GABRIEL OF THE SORROWFUL MOTHER
ROMAN CATHOLIC CHURCH



February 22nd, 2022

Re [REDACTED]

To Whom It May Concern:

[REDACTED] residing at [REDACTED], [REDACTED], [REDACTED], NY [REDACTED], is an active member of Saint Gabriel Church. She attends mass frequently with her daughter and husband. She and her family are members of the church since March of 2018.

Please assist her and family in this regard as she is a responsible mother who is trying to pass the faith to her children.

Very truly yours in Christ,

[REDACTED]
Parochial Pastor

EXHIBIT 26

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

----- X
: **Affidavit in Support of the T**
: **Nonimmigrant Status Petition of**
: [REDACTED]
: [REDACTED]
: [REDACTED]
: [REDACTED]
: [REDACTED]
: [REDACTED]
----- X

STATE OF NEW YORK)
) ss.:
COUNTY OF QUEENS)

I, [REDACTED], pursuant to 28 USC §1746, declare that the following is true and correct:

1. I am an attorney in the Anti-Trafficking Initiative at Sanctuary for Families, a nonprofit organization that serves domestic violence victims and victims of sex trafficking.
2. I submit the following statement on behalf of [REDACTED] in support of her I-914 Petition for T nonimmigrant status, concerning her willingness to assist law enforcement in the investigation and prosecution of her trafficker.
3. The information provided here is based upon my direct knowledge of Ms. [REDACTED] [REDACTED] willingness to cooperate with law enforcement in the investigation of the crimes that were committed against her.
4. On or about June 7, 2016, [REDACTED] my supervisor and the Deputy Director of the Anti-Trafficking Initiative, met with [REDACTED] for a legal consultation. Ms. [REDACTED] identified Ms. [REDACTED] as a sex trafficking victim and the case was subsequently assigned to me. I have had several meetings with Ms. [REDACTED] during which she has shared with me her painful history of having

been coerced into prostitution by a man named [REDACTED] who she believed to be her boyfriend and with whom she intended to build a life.

Information Provided by Ms. [REDACTED] to Federal Law Enforcement

5. On June 7, 2016, with the permission of Ms. [REDACTED], [REDACTED] emailed Agent [REDACTED] of Homeland Security Investigations, Immigration & Customs Enforcement in New York City (HSI-ICE NYC) with details on Ms. [REDACTED]'s trafficking experience. In that message, she expressed Ms. [REDACTED]'s willingness to provide assistance to HSI-ICE NYC.
6. On August 4, 2016, I sent another email to Agent [REDACTED] introducing myself as Ms. [REDACTED] immigration attorney, expressing Ms. [REDACTED]'s continued interest in assisting in the investigation of her trafficker, and requesting that he contact me if he would like to interview Ms. [REDACTED].
7. I followed up with Agent [REDACTED] on September 06, 2017. After receiving an out of office response from Mr. [REDACTED] I emailed his supervisor, [REDACTED] on September 14, 2017, letting him know that we have tried to reach out to cooperate and requesting that his office sign an I-914 Supplement B on behalf of Ms. [REDACTED].
8. To date, HSI-ICE NYC has not yet requested to speak to Ms. [REDACTED].

Ms. [REDACTED] Continued Willingness to Assist

9. Though she recognizes that it would require her to revisit painful and traumatic experiences, and her trafficker conditioned her to be fearful of law enforcement, Ms.

[REDACTED] continues to be willing to share information with law enforcement about the circumstances of her trafficking.

10. Agent [REDACTED] Agent [REDACTED] and lawyers from Sanctuary's Anti-Trafficking Initiative are in routine communication and he knows how to reach both [REDACTED] [REDACTED] and myself if and when HSI-ICE NYC is able to investigate Ms. [REDACTED] [REDACTED] trafficking.

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

[REDACTED]

Dated: 9/20/2017
New York, NY

Johana Vesga

From: [REDACTED]
Sent: Thursday, August 04, 2016 3:17 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Follow-up, New Victim - [REDACTED] Case

Hello [REDACTED]

I recently joined the Anti-Trafficking Initiative at Sanctuary for Families and I am working on securing T Nonimmigrant status for [REDACTED], the trafficking survivor about which [REDACTED] emailed you a few weeks ago. Please let me know if you are interested in speaking with her.

I look forward to collaborating with you on this and future cases.

Thank you,

[REDACTED]
Staff Attorney, Anti-Trafficking Initiative

Sanctuary for Families
30 Wall Street, 8th Floor
New York, NY 10005
T: 212-349-6009 x375
F: 212-566-0344

[Facebook](#) | [Twitter](#)
sanctuaryforfamilies.org

From: [REDACTED]
Sent: Tuesday, June 07, 2016 5:41 PM
To: [REDACTED]
Subject: New Victim - [REDACTED] Case

Hi Elvin,

Just today I met with a Mexican victim of sex trafficking named [REDACTED] who was trafficked by a man from [REDACTED] known as [REDACTED]. She is very fearful but is interested in reporting her trafficking to law enforcement. Please let me know if you are interested in speaking with her.

Thanks,

[REDACTED]
Deputy Director, Anti-Trafficking Initiative

Sanctuary for Families
30 Wall Street, 8th floor
New York, NY 10005
T: 212-349-6009 ext. 288
F: 212-566-0344

[Facebook](#) | [Twitter](#)

[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 06, 2017 4:47 PM
To: [REDACTED]
Subject: Reporting Follow-Up

Hi Elvin,

You might remember a case that [REDACTED] and I emailed you about last year. It involves a man from [REDACTED] named [REDACTED], who trafficked our client, [REDACTED]. If you are interested in speaking with her, please let me know.

Thank you,

[REDACTED]
Staff Attorney, Anti-Trafficking Initiative

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30 Wall Street, 8th Floor
New York, NY 10005
T: 212-349-6009 x375
F: 212-566-0344

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[REDACTED]

From: [REDACTED]
Sent: Wednesday, September 06, 2017 4:47 PM
To: [REDACTED]
Subject: Automatic reply: Reporting Follow-Up

I'll be out of the office until the end of the first week of October, and will have limited access to my email and phone. If you have an immediate concern, please contact G/S [REDACTED]

[REDACTED]

From: [REDACTED]
Sent: Thursday, September 14, 2017 5:32 PM
To: [REDACTED]
Subject: Victim Referral
Attachments: [REDACTED] Supp B.pdf

Dear Mr. [REDACTED]

I hope this message finds you well. My office is currently representing a Mexican victim of sex trafficking named [REDACTED]. I am reaching out to you because I received an out of office response from [REDACTED]. We reported this case to your office about one year ago. I am now circling back with you and [REDACTED] to let you know Ms. [REDACTED] remains willing to assist in any investigation/prosecution of her trafficker, [REDACTED]. I have attached an I-914 Supplement B to support her willingness to cooperate. Please let me know if you are interested in meeting with Ms. [REDACTED]

Thank you,

[REDACTED]
Staff Attorney, Anti-Trafficking Initiative

Sanctuary for Families
30 Wall Street, 8th Floor
New York, NY 10005
T: 212-349-6009 x375
F: 212-566-0344

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Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 07/31/2022

For USCIS Use Only	<input type="checkbox"/> Authorization/Extension Valid From _____	Fee Stamp	Action Block
	<input type="checkbox"/> Authorization/Extension Valid Through _____		
	Alien Registration Number A- <input type="text"/>		
	Remarks		

To be completed by an attorney or Board of Immigration Appeals (BIA)-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
---	---	---

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately. If a question does not apply to you (for example, if you have never been married and the question asks, "Provide the name of your current spouse"), type or print "N/A" unless otherwise directed. If your answer to a question which requires a numeric response is zero or none (for example, "How many children do you have" or "How many times have you departed the United States"), type or print "None" unless otherwise directed.

Part 1. Reason for Applying

I am applying for (select **only one** box):

- 1.a. Initial permission to accept employment.
- 1.b. Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document **NOT DUE** to U.S. Citizenship and Immigration Services (USCIS) error.
- NOTE:** Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to **Replacement for Card Error** in the **What is the Filing Fee** section of the Form I-765 Instructions for further details.
- 1.c. Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6**.

Additional Information.

- 2.a. Family Name (Last Name)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
[Redacted]
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
6. Is your current mailing address the same as your physical address?
 Yes No

NOTE: If you answered "No" to Item Number 6., provide your physical address below.

U.S. Physical Address

- 7.a. Street Number and Name
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- [Redacted]
9. USCIS Online Account Number (if any)
▶ [Redacted]
10. Gender Male Female
11. Marital Status
 Single Married Divorced Widowed
12. Have you previously filed Form I-765?
 Yes No
- 13.a. Has the Social Security Administration (SSA) ever officially issued a Social Security card to you?
 Yes No

NOTE: If you answered "No" to Item Number 13.a., skip to Item Number 14. If you answered "Yes" to Item Number 13.a., provide the information requested in Item Number 13.b.

- 13.b. Provide your Social Security number (SSN) (if known).
▶ [Redacted]

14. Do you want the SSA to issue you a Social Security card? (You must also answer "Yes" to Item Number 15., Consent for Disclosure, to receive a card.)
 Yes No

NOTE: If you answered "No" to Item Number 14., skip to Part 2., Item Number 18.a. If you answered "Yes" to Item Number 14., you must also answer "Yes" to Item Number 15.

15. **Consent for Disclosure:** I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security card.
 Yes No

NOTE: If you answered "Yes" to Item Numbers 14. - 15., provide the information requested in Item Numbers 16.a. - 17.b.

Father's Name

Provide your father's birth name.

- 16.a. Family Name (Last Name)
- 16.b. Given Name (First Name)

Mother's Name

Provide your mother's birth name.

- 17.a. Family Name (Last Name)
- 17.b. Given Name (First Name)

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.

- 18.a. Country
- 18.b. Country

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

19.a. City/Town/Village of Birth
[Redacted]

19.b. State/Province of Birth
[Redacted]

19.c. Country of Birth
Mexico

20. Date of Birth (mm/dd/yyyy) [Redacted]

Information About Your Last Arrival in the United States

21.a. Form I-94 Arrival-Departure Record Number (if any) [Redacted]

21.b. Passport Number of Your Most Recently Issued Passport
[Redacted]

21.c. Travel Document Number (if any)
[Redacted]

21.d. Country That Issued Your Passport or Travel Document
Mexico

21.e. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/21/2031

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) Early 2008

23. Place of Your Last Arrival Into the United States
US Mexico Border

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)
No status

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)
T 1 nonimmigrant

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)
 N- [Redacted]

See additional information

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).
(c) (09) ()

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Item Number 27.**, provide the information requested in **Item Numbers 28.a. - 28.c.**

28.a. Degree [Redacted]

28.b. Employer's Name as Listed in E-Verify
[Redacted]

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number
[Redacted]

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.
[Redacted]

30. **(c)(8) Eligibility Category** If you entered the eligibility category (c)(8) in **Item Number 27.**, provide the information requested in **Item Numbers 30.a. - 30.g.**

30.a. Have you **EVER** been arrested for, and/or charged with, and/or convicted of any crime in any country?
 Yes No

NOTE: If you answered "Yes" to **Item Number 30.a.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** of the Form I-765 Instructions for information about providing court dispositions.

30.b. Did you enter the United States lawfully through a U.S. port of entry and were you inspected and admitted or paroled after inspection by an immigration officer? (If you answer "Yes," you **MUST** provide evidence of your lawful entry.)
 Yes No

30.c. If you answered "No" to **Item Number 30.b.**, did you present yourself to the Secretary of Homeland Security or his or her delegate (DHS) within 48 hours of entry or attempted entry **AND** express an intention to seek asylum within the United States or express a fear of persecution or torture in your home country?
 Yes No



Part 2. Information About You (continued)

If you answered "Yes" to Item Number 30.c., provide the following information:

30.d. Date you presented yourself to DHS
[]

30.e. Location where you presented yourself to DHS
[]

30.f. Country of claimed persecution
[]

30.g. Provide an explanation for why you did not enter the United States lawfully through a U.S. port of entry. If you need extra space to complete this item, use the space provided in Part 6. Additional Information.
.....
.....
.....
.....
.....

NOTE: Refer to the **Special Filing Instructions for Those With Pending Asylum Applications** (c)(8) section of the Form I-765 Instructions for more information.

31.a. (c)(35) and (c)(36) Eligibility Category. If you entered the eligibility category (c)(35) in Item Number 27., please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in Item Number 27., please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.
▶ []

31.b. If you entered the eligibility category (c)(35) or (c)(36) in Item Number 27., have you EVER been arrested for and/or convicted of any crime? Yes No

NOTE: If you answered "Yes" to Item Number 31.b., refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.,** in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** 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. At my request, the preparer named in **Part 5.**, [], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number []
- 4. Applicant's Mobile Telephone Number (if any) []
- 5. Applicant's Email Address (if any) []
- 6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

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 determine my eligibility for the immigration benefit that I seek.

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.



Part 3. Applicant's Statement, Contact Information, Declaration, Certification, and Signature (continued)

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

7.a. Applicant's Signature

→ [Redacted Signature]

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

06/27/2022

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

[Redacted Last Name]

1.b. Interpreter's Given Name (First Name)

[Redacted First Name]

2. Interpreter's Business or Organization Name (if any)

Sanctuary for Families

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name

30 Wall Street

3.b. Apt. Ste. Flr.

8

3.c. City or Town

New York City

3.d. State

NY

3.e. ZIP Code

10005

3.f. Province

[Redacted Province]

3.g. Postal Code

[Redacted Postal Code]

3.h. Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

[Redacted Daytime Telephone Number]

5. Interpreter's Mobile Telephone Number (if any)

[Redacted Mobile Telephone Number]

6. Interpreter's Email Address (if any)

[Redacted Email Address]

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and

Spanish

which is the same language specified in Part 3., Item Number 1.b., and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the Applicant's Declaration and Certification, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

[Redacted Signature]

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

06/27/2022



Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
[REDACTED]
- 1.b. Preparer's Given Name (First Name)
[REDACTED]
- 2. Preparer's Business or Organization Name (if any)
Sanctuary for Families

Preparer's Mailing Address

- 3.a. Street Number and Name 30 Wall Street
- 3.b. Apt. Ste. Flr. 8
- 3.c. City or Town New York City
- 3.d. State NY 3.e. ZIP Code 10005
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country USA

Preparer's Contact Information

- 4. Preparer's Daytime Telephone Number
[REDACTED]
- 5. Preparer's Mobile Telephone Number (if any)
[REDACTED]
- 6. Preparer's Email Address (if any)
[REDACTED]

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.
- 7.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 need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

- 8.a. Preparer's Signature
[REDACTED]
- 8.b. Date of Signature (mm/dd/yyyy) 06/27/2022



Part 6. 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 (if any) 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.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. I indicated that I have used the names and was a name my former abusive partner, made me use. In November of 2012, attacked me with a knife and slashed open my face. He took me to the hospital and provided the name to hospital staff and the police.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. I provided the I-94 number I received when USCIS granted my T-1 Nonimmigrant status and my current valid passport. However, when I last entered the U.S. around early 2008, I did not have a passport nor receive an I-94 number, because my trafficker crossed me into the U.S. without permission. USCIS granted me a waiver of inadmissibility for this entry.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. _____

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. _____

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. _____

