

HARVARD IMMIGRATION AND REFUGEE CLINICAL PROGRAM
of HARVARD LAW SCHOOL

6 Everett Street ♦ Wasserstein Hall 3106 ♦ Cambridge, Massachusetts 02138 ♦ Voice: [REDACTED] ♦ Fax: [REDACTED]

December 12, 2019

Via USPS Certified Mail: 7 [REDACTED]

U.S. Citizenship and Immigration Services
Texas Service Center
P.O. Box 852824
Mesquite, TX 75185

Re: I-730 Asylee Relative Petition

PETITIONER:

G [REDACTED]
A [REDACTED]

BENEFICIARY/Son:

E [REDACTED]

To Whom It May Concern,

Our office represents G [REDACTED] in her Asylee Relative Petition for her son, E [REDACTED].
Enclosed please find the following documentation:

1. G-28 Notice of Entry of Appearance as Attorney for G [REDACTED];
2. G [REDACTED] I-730 Asylee Relative Petition for E [REDACTED];
3. Copy of Order Granting Asylum to G [REDACTED] dated 06/27/2019 by Immigration Judge Robin Feder at Boston Immigration Court;
4. Copy of Birth Certificate of E [REDACTED], with certified translation;
5. One passport-style photographs of E [REDACTED]

Please contact our office with any questions or requests for additional documentation. Thank you very much for your attention and consideration to this matter.

Sincerely,



Zachary Albin
Harvard Immigration and Refugee Clinical Program
6 Everett St., Suite 3109
Cambridge, MA 02138



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-730
- 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) [REDACTED]
- 6.b. Given Name (First Name) G [REDACTED]
- 6.c. Middle Name [REDACTED]
- 7.a. Name of Entity (if applicable)
NOT APPLICABLE
- 7.b. Title of Authorized Signatory for Entity (if applicable)
NOT APPLICABLE
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- 2 [REDACTED]

Client's Contact Information

10. Daytime Telephone Number
[REDACTED]
11. Mobile Telephone Number (if any)
[REDACTED]
12. Email Address (if any)
NOT APPLICABLE

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 [REDACTED]
- 13.b. ☒ Apt. ☐ Ste. ☐ Flr. [REDACTED]
- 13.c. City or Town [REDACTED]
- 13.d. State MA 13.e. ZIP Code 02150
- 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



[Redacted Signature]

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

8/22/19
12/06/2019

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

[Handwritten Signature]

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

12/6/19

2.a. Signature of Law Student or Law Graduate

[Redacted Signature]

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

[Redacted Date]

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) [REDACTED]

1.b. Given Name (First Name) G [REDACTED]

1.c. Middle Name [REDACTED]

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

2.d.

[illegible]

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

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3.d.

[illegible]

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

4.d.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 18 lines visible. The paper appears to be a standard notebook page or a sheet of stationery designed for writing.

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

5.d.

[illegible]

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

6.d.

[illegible]

I-730, Refugee/Asylee Relative Petition

FOR USCIS OFFICE ONLY		
Section of Law <input type="checkbox"/> 207 (c)(2) Spouse <input type="checkbox"/> 207 (c)(2) Child <input type="checkbox"/> 208 (b)(3) Spouse <input type="checkbox"/> 208 (b)(3) Child Reserved	Action Stamp	Receipt Remarks
<input type="checkbox"/> Beneficiary Not Previously Claimed <input type="checkbox"/> Beneficiary Previously Claimed On: _____ (e.g., Form I-590, Form I-589, etc.) CSPA Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

START HERE - Type or print legibly in black ink.

My Status: ☐ Refugee ☐ Lawful Permanent Resident based on previous Refugee status
☒ Asylee ☐ Lawful Permanent Resident based on previous Asylee status

The beneficiary is my: ☐ Spouse
☒ Unmarried child who is a (n): ☒ Biological Child ☐ Stepchild ☐ Adopted Child
Number of relatives for whom I am filing separate Form I-730s: 1 (1 of 1)

Part 1. Information About You, the Petitioner	Part 2. Information About Your Alien Relative, the Beneficiary
Family Name (Last name), Given Name (First name), Middle Name: [REDACTED], G [REDACTED]	Family Name (Last name), Given Name (First name), Middle Name: [REDACTED], E [REDACTED]
Address of Residence (Where you physically reside) Street Number and Name: [REDACTED] Apt. Number: [REDACTED] City: [REDACTED] State or Province: Massachusetts Country: [REDACTED] Zip/Postal Code: [REDACTED]	Address of Residence (Where the beneficiary physically resides) Street Number and Name: [REDACTED] Apt. Number: NONE City: [REDACTED] State or Province: [REDACTED] Country: Honduras Zip/Postal Code: NONE
Mailing Address (If different from residence) - C/O: Street Number and Name: [REDACTED] Apt. Number: [REDACTED] City: [REDACTED] State or Province: [REDACTED] Country: [REDACTED] Zip/Postal Code: [REDACTED] Telephone Number including Country and City/Area Code: [REDACTED] Your E-Mail Address, if available: DOES NOT APPLY	Mailing Address (If different from residence) - C/O: [REDACTED] Street Number and Name: [REDACTED] Apt. Number: [REDACTED] City: [REDACTED] State or Province: [REDACTED] Country: [REDACTED] Zip/Postal Code: [REDACTED] Telephone Number including Country and City/Area Code: [REDACTED] The Beneficiary's E-Mail Address, if available: DOES NOT APPLY
Gender: a. <input type="checkbox"/> Male b. <input checked="" type="checkbox"/> Female Date of Birth (mm/dd/yyyy): [REDACTED] Country of Birth: [REDACTED] Country of Citizenship/Nationality: [REDACTED] U.S. Alien Registration Number: A- 2 [REDACTED] U.S. Social Security Number (If applicable): [REDACTED]	Gender: a. <input checked="" type="checkbox"/> Male b. <input type="checkbox"/> Female Date of Birth (mm/dd/yyyy): [REDACTED] Country of Birth: [REDACTED] Country of Citizenship/Nationality: [REDACTED] U.S. Alien Registration Number: A- NONE U.S. Social Security Number (If applicable): NONE

**Part 1. Information About You, the Petitioner
(Continued)**

Other Names Used (Including maiden name):

N/A

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

N/A

N/A

N/A

If previously married, names of prior spouses:

N/A

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

N/A

N/A

Date (mm/dd/yyyy) and Place Asylee Status was granted in the United States

06/27/2019 Boston, Massachusetts

OR

Date (mm/dd/yyyy) and Place you received your approval for Refugee Status while living abroad

N/A

N/A

If You Were Approved for Refugee Status, Date (mm/dd/yyyy) and Place Admitted to the United States as a Refugee:

N/A

N/A

**Part 2. Information About Your Alien Relative, the
Beneficiary (Continued)**

Other Names Used (Including maiden name):

N/A

If married, Name of Spouse, Date (mm/dd/yyyy), and Place of Present Marriage:

N/A

N/A

N/A

If previously married, names of prior spouses:

N/A

Dates (mm/dd/yyyy) and Places Previous Marriages Ended: Please provide documentation indicating how marriages ended (e.g., death certificate, divorce certificate, etc.):

N/A

N/A

☐ Beneficiary is currently in the United States.

☒ Beneficiary is outside the United States and will apply for travel authorization at a USCIS Office or a U.S. Embassy or consulate in:

Tegucigalpa Honduras

City and Country

**To Be Completed By
Attorney or Representative, if any.**

☒ Fill in box if G-28 is attached to represent the petitioner.

Volag Number:

Attorney State License
Number:

6323553

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

Name and mailing address of the beneficiary written in the language of the country where he or she now resides:

Family Name:

Given Name:

Middle Name:

E

Address - C/O:

Street Number and Name:

Apt. Number:

NONE

City/State or Province:

Country:

Zip/Postal Code:

Check the box, a. through d., that applies:

a. ☒ The beneficiary has never been in the United States

b. ☐ The beneficiary is now in immigration court proceedings in the United States Where?

N/A

c. ☐ The beneficiary has never been in immigration court proceedings in the United States

d. ☐ The beneficiary is not now in immigration court proceedings in the United States, but has been in the past. Where?

N/A

What is the beneficiary's native language?

Is the beneficiary fluent in English?

What other languages does the beneficiary speak fluently:

Spanish

☒ No ☐ Yes

N/A

Part 2. Information About Your Alien Relative, the Beneficiary (Continued)

List Each of the beneficiary's entries into the United States, if any, beginning with the most recent entry. Submit a copy of each I-94 and/or copy of the beneficiary's passport showing all the entry and exit stamps for each entry. Attach an additional sheet if the beneficiary has more than two entries into the United States:

Date of Arrival (mm/dd/yyyy): N/A	Place (City and State): N/A	Status: N/A
I-94 Number: N/A	Date Status Expires (mm/dd/yyyy): N/A	Passport Number: N/A
Travel Document Number: N/A	Expiration Date for Passport or Travel Document: N/A	Country of Issuance for Passport or Travel Document: N/A
Date of Arrival (mm/dd/yyyy): N/A	Place (City and State): N/A	Status: N/A
I-94 Number: N/A	Date Status Expires (mm/dd/yyyy): N/A	Passport Number: N/A
Travel Document Number: N/A	Expiration Date for Passport or Travel Document: N/A	Country of Issuance for Passport or Travel Document: N/A

Part 3. Two-Year Filing Deadline

Are you filing this application more than two years after the date you were admitted to the United States as a refugee or granted asylee status? ☐ Yes ☒ No

If you answered "Yes" to the previous question, explain the delay in filing and submit evidence to support your explanation (Attach additional sheets of paper if necessary):

N/A

Part 4. Warning

WARNING: Any beneficiary who is in the United States illegally is subject to removal if Form I-730 is not granted by USCIS. Any information provided in completing this petition may be used as a basis for the institution of, or as evidence in, removal proceedings, even if the petition is later withdrawn. Unexcused failure by the beneficiary to appear for an appointment to provide biometrics (such as fingerprints and photographs) and biographical information within the time allowed may result in denial of Form I-730. Information provided on this form and biometrics and biographical information provided by the beneficiary may also be used in producing an Employment Authorization Document if the beneficiary is granted derivative refugee or asylee status.

Part 5. Petitioner's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-730 Instructions before completing this part.

Petitioner'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 I understand every question and instruction on this petition and my answer to every question.
- 1.b. ☒ The interpreter named in **Part 7.** read to me every question and instruction on this petition 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 8.**, Zachary Albun, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number [REDACTED]
4. Petitioner's Mobile Telephone Number (if any) [REDACTED]
5. Petitioner's Email Address (if any) N/A

Petitioner'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature [REDACTED]
- 6.b. Date of Signature (mm/dd/yyyy) 12/6/2019

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

Part 6. Beneficiary's Statement, Contact Information, Declaration, Certification, and Signature if in the United States

NOTE: Read the information on penalties in the **Penalties** section of the Form I-730 Instructions before completing this part.

NOTE: If the beneficiary is not currently in the United States, or is not 14 years of age or older, this section should be left blank.

Beneficiary'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 I understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent, and I understood everything.
2. ☐ At my request, the preparer named in **Part 8.**, , prepared this petition for me based only upon information I and the petitioner provided or authorized.

Beneficiary's Contact Information

3. Beneficiary's Daytime Telephone Number
4. Beneficiary's Mobile Telephone Number (if any)
5. Beneficiary's Email Address (if any)

Beneficiary'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 of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

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

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 provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) 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 petition 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 petition, and that all of this information is complete, true, and correct.

Beneficiary's Signature

- 6.a. Beneficiary's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

NOTE: This petition must be completely filled out and all required evidence submitted or USCIS may deny this petition.

Part 7. Contact Information, Certification and Signature of the Person Interpreting this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the interpreter used to complete this petition. **NOTE:** If you did not use an interpreter to help you complete this petition, leave this section blank.

Interpreter's Full Name

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

Arias

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

Jordan

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

HIRC

Interpreter's Mailing Address

3. Street Number and Name

6 Everett Street

Apt. Ste. Flr. Number

☐ ☒ ☐ 3109

City or Town

Cambridge

State

MA

ZIP Code + 4

02138 -

Province

Postal Code

Country

USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

[REDACTED]

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

[REDACTED]

6.

[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 5.

or Part 6., Item Number 1.b., and I have read to this petitioner, beneficiary, or to them both (if the beneficiary is in the United States and 14 years of age or older) in the identified language, every question and instruction on this petition and the petitioner's or the beneficiary's answer to every question. The petitioner and/or beneficiary informed me that he and/or she understand every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification**, and have verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

[Signature]

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

12/6/2019

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary

Provide the following information about the preparer. If you filled out this petition yourself (without a preparer), please leave this section blank.

Preparer's Full Name

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

Albun

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

Zachary

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

HIRC

Preparer's Mailing Address

3. Street Number and Name

6 Everett Street

Apt. Ste. Flr. Number

☐☒☐

3109

City or Town

Cambridge

State

MA

ZIP Code + 4

02138

-

Province

Postal Code

Country

USA

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.
- 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, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner and/or the beneficiary. The petitioner and beneficiary (if the beneficiary is in the United States and 14 years of age or older) then reviewed this completed petition and informed me that he and/or she understands all of the information contained in, and submitted with, his and/or her petition, including the **Petitioner's Declaration and Certification**, and the **Beneficiary's Declaration and Certification** that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner and beneficiary provided to me or authorized me to obtain or use.

Part 8. Contact Information, Certification and Signature of the Person Preparing this Petition, if Other Than the Petitioner or Beneficiary (Continued)

Preparer's Signature

8.a. Preparer's Signature



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

12/06/2019

Part 9. To Be Completed at Interview of Beneficiary, If Applicable (14 years of age or older)

Beneficiaries in the United States will be interviewed by USCIS officers. Their petitioners may also be interviewed. Beneficiaries living overseas will be interviewed by a USCIS officer or a Department of State (DOS) consular officer.

I swear (affirm) that I know the contents of this petition that I am signing, including the attached documents and supplements, and that they are ☐ all true or ☐ not all true to the best of my knowledge and that corrections numbered _____ to _____ were made by me or at my request. With these corrections, the information on this form is now true.

Signed and sworn before me by the beneficiary
named herein on: _____

Signature of Beneficiary

Date (mm/dd/yyyy)

Write your Name in your Native Alphabet

Signature of USCIS Officer or DOS Consular Officer

☐ Beneficiary Approved for Travel, Admission
Code: _____

☐ Petition Returned to Service Center via NVC

CBP Action Block

UNITED STATES IMMIGRATION COURT
JFK FEDERAL BLDG., ROOM 320
BOSTON, MA 02203

IN THE REMOVAL CASE OF

Alien # 2 [REDACTED]

Alien Name: [REDACTED] G [REDACTED]

RESPONDENT

ORDERS

This is a memorandum of the Court's Decision and Orders entered on **June 27, 2019.**

This memorandum is solely for the convenience of the parties.

The oral or written Findings, Decision and Orders is the official opinion in this case.

() Both parties waived issuance of a formal oral decision in the case.

- ☐ The respondent was ordered REMOVED from the United States to _____ () in absentia.
- ☐ Respondent's application for VOLUNTARY DEPARTURE was DENIED and respondent was ordered removed to _____, in the alternative to _____.
- ☐ Respondent's application for VOLUNTARY DEPARTURE was GRANTED until _____, upon posting a voluntary departure bond in the amount of \$ _____ to DHS within five business days from the date of this Order, with an alternate Order of removal to _____ or _____. Respondent shall present to DHS within () thirty days () sixty days from the date of this Order, all necessary travel documents for voluntary departure.
- ☒ Respondent's application for ASYLUM was
() granted () denied () withdrawn with prejudice.
() subject to the ANNUAL CAP under the INA section 207(a)(5).
() Respondent knowingly filed a FRIVOLOUS asylum application.
- ☒ Respondent's application for WITHHOLDING of removal under INA section 241(b)(3) was
() granted () denied () withdrawn with prejudice.
- ☒ Respondent's application for WITHHOLDING of removal under the Torture Convention was
() granted () denied () withdrawn with prejudice.
- ☐ Respondent's application for DEFERRAL of removal under the Torture Convention was
() granted () denied () withdrawn with prejudice.
- ☐ Respondent's application for CANCELLATION of removal under section () 203(b) of NACARA, () 240A(a) () 240A(b)(1) () 240A(b)(2) of the INA, was
() granted () denied () withdrawn with prejudice.
If granted, it was ordered that the DHS issue all appropriate documents necessary to give effect to this Order.
Respondent () is () is not subject to the ANNUAL CAP under INA section 240A(e).
- ☐ Respondent's application for a WAIVER under the INA section _____ was
() granted () denied () withdrawn or () other _____.
() The conditions imposed by INA section 216 on the respondent's permanent resident status were removed.
- ☐ Respondent's application for ADJUSTMENT of status under section _____ of the
() INA () NACARA () _____ was
() granted () denied () withdrawn with prejudice.
() granted on a conditional basis under § 216 of the INA.
If granted, it was ordered that DHS issue all appropriate documents necessary to give effect to this Order.

Alien Number: 2 [REDACTED]

Alien Name: [REDACTED] G [REDACTED]

- ☐ Respondent's status was RESCINDED pursuant to the INA section 246.
- ☐ Respondent's motion to WITHDRAW his application for admission was () granted () denied. If the respondent fails to abide by any of the conditions directed by the district director of DHS, then the alternate order of removal shall become immediately effective without further notice or proceedings: the respondent shall be removed from the United States to _____.
- ☐ Respondent was ADMITTED as a _____ until _____ . As a condition of admission, the respondent was ordered to post a \$ _____ bond.
- ☐ Case was () TERMINATED () with () without prejudice () ADMINISTRATIVELY CLOSED.
- ☐ Respondent was orally advised of the LIMITATION on discretionary relief and consequences for failure to depart as ordered.
☐ If you fail to voluntarily depart when and as required, you shall be subject to civil money penalty of at least \$1,000, but not more than \$5,000, and be ineligible for a period of 10 years for any further relief under INA sections 240A, 240B, 245, and 248 (INA Section 240B(d)).
☐ If you are under a final order of removal, and if you willfully fail or refuse to 1) depart when and as required, 2) make timely application in good faith for any documents necessary for departure, or 3) present yourself for removal at the time and place required, or, if you conspire to or take any action designed to prevent or hamper your departure, you shall be subject to civil money penalty of up to \$500 for each day under such violation. (INA section 274D(a)). If you are removable pursuant to INA 237(a), then you shall further be fined and/or imprisoned for up to 10 years. (INA section 243(a)(1)).
- ☐ Other: _____



ROBIN E FEDER, Immigration Judge

Date: June 27, 2019

APPEAL: WAIVED - RESERVED

BY: RESPONDENT -- DHS -- BOTH

DUE BY: ____/____/____

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)
TO: ☐ ALIEN ☐ ALIEN c/o Custodial Officer ☒ ALIEN'S ATTORNEY ☐ DHS
DATE: Jun 27, 2019 BY: ☐ COURT STAFF ☒ JUDGE
Attachments: ☐ EOIR-33 ☐ EOIR-28 ☐ Legal Services List ☐ Other

Y2



REPÚBLICA DE HONDURAS
REGISTRO NACIONAL DE LAS PERSONAS
REGISTRO CIVIL MUNICIPAL

N° 62209753

CERTIFICACIÓN DE ACTA DE NACIMIENTO



El infrascrito Registrador Civil Municipal CERTIFICA que en el Archivo de nacimientos que se tiene en esta oficina, se encuentra el acta de nacimiento número [REDACTED] ubicada en el folio 058 del tomo 00507 del Año [REDACTED] y que pertenece a:

a) [REDACTED] b) [REDACTED]
Primer Apellido Segundo Apellido
c) [REDACTED] E [REDACTED] SEXO F ☐ M ☒
Nombre

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) [REDACTED] b) [REDACTED] c) [REDACTED]
Municipio Departamento País
d) [REDACTED] e) [REDACTED] f) [REDACTED]
Día Mes Año

2.) Número de identidad, apellidos, nombre y nacionalidad del padre:

N. Identidad: [REDACTED]

a) [REDACTED] b) [REDACTED]
Primer Apellido Segundo Apellido
c) [REDACTED] d) [REDACTED]
Nombre Nacionalidad

3.) Número de identidad, apellidos, nombre y nacionalidad de la madre:

N. Identidad: 1503-1983-01335

a) [REDACTED] b) [REDACTED]
Primer Apellido Segundo Apellido
c) [REDACTED] d) [REDACTED]
Nombre Nacionalidad

4.) Notas marginales autorizadas:

NINGUNA

Extendida en CATACAMAS OLANCHO
Municipio Departamento

a los DIECIOCHO días del mes de MARZO

del DOS MIL DIECINUEVE

FIRMA Y SELLO DEL REGISTRADOR CIVIL MUNICIPAL



REPUBLIC OF HONDURAS
NATIONAL REGISTRY OF PERSONS
MUNICIPAL CIVIL REGISTRY

[Seal: RNP, Republic of Honduras]

N°62209753

[Q code]

CERTIFIED BIRTH CERTIFICATE

The Undersigned Municipal Civil Registrar CERTIFIES that in the Archive of births kept in this office; there is the birth act number 1503-2003-02213 located in the folder 058 of volume 00507 of the year [redacted] belonging to: Identity Number

a) [redacted] b) [redacted]
First Last Name Second Last Name
c) E [redacted] Gender F__ M X
Name

and whose information is the following:

1) Place, date and order of birth

a) [redacted] b) [redacted] c) HONDURAS
Municipality Department Country
d) [redacted] d) [redacted] c) [redacted]
Day Month

2) Identity number, last names, name, and nationality of the father:

a) [redacted] b) [redacted] Identity No: [redacted]
First Last Name Second Last Name
d) [redacted] d) [redacted]
Name Nationality

3) Identity number, last names, name, and nationality of the mother:

a) [redacted] b) [redacted] Identity No: [redacted]
First Last Name Second Last Name
d) [redacted] d) [redacted]
Name Nationality

4) Authorized additional annotations:

NONE

Issued in

[redacted]
Municipality

[redacted]
Department

On the EIGHTEENTH day of the month of MARCH
of TWO THOUSAND NINETEEN

[Signature]

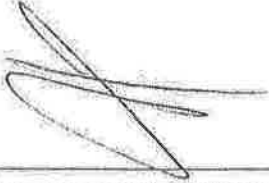
[Seal, 15 03]

SIGNATURE AND SEAL OF THE CIVIL REGISTRAR

[Seal: RNP, Republic of Honduras]

CERTIFICATE OF TRANSLATION

I, Felipe Ledesma, am competent to translate from Spanish to English and certify that the translation of the Certificación de Acta de Nacimiento, 2003 is true and accurate to the best of my abilities.



(Signature of translator)

Felipe Ledesma

(Typed/printed name of translator)

[Redacted Address]

(Address of translator)

[Redacted Telephone Number]

(Telephone Number of Translator)

Signed this 11 day of April, 2019