



[REDACTED]

USCIS  
Attn: FBAS  
131 South Dearborn-3rd Floor  
Chicago, IL 60603-5517

*Via FedEx*

**RE : I-360 Petition for Special Immigrant Juvenile Status**

[REDACTED] A [REDACTED]

Dear Officer:

The Advocates for Human Rights represents [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
(hereinafter, "[REDACTED]" in his's petition for Special Immigrant Juvenile Status.

Enclosed in support of [REDACTED] petition, please find:

1. Form G-28, Notice of Appearance as Attorney or Accredited Representative;
2. Form I-360, Petition for Special Immigrant Juvenile Status;
3. [REDACTED] County District Court Order awarding legal and physical custody to [REDACTED] [REDACTED] [REDACTED] and containing findings that establish [REDACTED] eligibility for Special Immigrant Juvenile Status; and,
4. Copy of Isaac's Birth Certificate, with certified translation, included as evidence of his's age.

As indicated in the attached state court predicate order, [REDACTED] qualifies as a Special Immigrant Juvenile under INA § 101(a)(27)(J) and 8 C.F.R. §204.11, as amended by The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. Under these provisions, a Special Immigrant Juvenile is defined as a child who is:

- (1) present in the United States;
- (2) has been declared dependent on a juvenile court located in the United States or whom such a court has legally committed to, or placed under the custody of, an agency or department of a State, or an individual or entity appointed by a State or juvenile court located in the United States;
- (3) whose reunification with one or both of his parents is not viable due to abuse, neglect, abandonment, or a similar basis found under State law; and



- (4) for whom it has been determined in administrative or judicial proceedings that it would not be in his best interest to be returned to his or his parents' previous country of nationality or country of last habitual residence.

The Minnesota state court order finds that [REDACTED] has resided more than 180 days preceding the state court action with Ms. [REDACTED] [REDACTED] at a Minnesota address, indicating that he is present in the United States. The court found that it had jurisdiction over the petition for custody of [REDACTED]. The Court concluded that [REDACTED] was dependent on the Court within the meaning of the statute, because he required the Court to make a determination regarding his custody.

Moreover, the Court awarded Ms. [REDACTED] [REDACTED] custody over [REDACTED]. After assessing the best interests factors laid out in Minn. Stat. § 257C.04, and based on all evidence in the record, the Court found that it was in [REDACTED] best interests that Ms. [REDACTED] [REDACTED] be awarded custody of [REDACTED].

The Court further found that [REDACTED] was a minor child who, pursuant to Minnesota law, has been ABANDONED by his father, [REDACTED] [REDACTED] [REDACTED]. Mr. [REDACTED] is an alcoholic and drug user, is unable to consistently keep a job and is homeless in Honduras. Mr. [REDACTED] has at least one drug conviction in Honduras. Although he was present for his birth, Mr. [REDACTED] abandoned [REDACTED] quickly thereafter. Mr. [REDACTED] seldom saw [REDACTED] and his visits were only for a couple of hours at a time. He did not provide any financial stability for [REDACTED] did not participate in raising [REDACTED] and did not and has not shown any interest in [REDACTED] wellbeing. The Court laid out specific facts in support of these conclusions of law in paragraphs 7, 14, 20, 21 of the attached, signed Order.

The court also found that it is not in [REDACTED] best interests to be returned to Honduras, and states in support of this finding that [REDACTED] does not have any adequate caretaker in Honduras to provide for his basic needs, whereas Petitioner is available to care for, guide and support [REDACTED] here in the United States. *See* Order paragraphs 22-28.

Given the above, [REDACTED] is a child seeking relief from abuse, abandonment, or neglect whom Congress intended to protect in enacting INA § 101(a)(27)(J), as amended by The William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008. As such, USCIS can determine that there is a reasonable basis for USCIS' exercise of its consent function in this case.<sup>1</sup>

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<sup>1</sup> *See e.g.*, U.S. Citizenship and Immigration Services, *Information for Juvenile Courts*, available at [https://www.uscis.gov/sites/default/files/USCIS/Green%20Card/Green%20Card%20Through%20a%20Job/Information\\_for\\_Juvenile\\_Courts\\_-FINAL.pdf](https://www.uscis.gov/sites/default/files/USCIS/Green%20Card/Green%20Card%20Through%20a%20Job/Information_for_Juvenile_Courts_-FINAL.pdf)



Thank you for your consideration in this matter. Please note that no filing fee is included with this application, as no filing fee is required for Special Immigrant Juveniles. Should there be any questions or concerns, I can be reached at 612-746-4673 or [kboche@advrights.org](mailto:kboche@advrights.org).

Dated: \_\_\_\_\_

Respectfully Submitted,

The Advocates for Human Rights  
330 Second Ave. S, Suite 800  
Minneapolis, MN 55401  
612-746-4673

[kboche@advrights.org](mailto:kboche@advrights.org)

Cc: \_\_\_\_\_



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)

▶ [Redacted]

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name) [Redacted]

2.b. Given Name (First Name) Kimberly

2.c. Middle Name [Redacted]

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name 330 Second Ave South

3.b. ☐ Apt. ☒ Ste. ☐ Flr. 800

3.c. City or Town Minneapolis

3.d. State MN 3.e. ZIP Code 55401

3.f. Province [Redacted]

3.g. Postal Code [Redacted]

3.h. Country USA

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number 6127464673

5. Mobile Telephone Number (if any) [Redacted]

6. Email Address (if any) kboche@advrights.org

7. Fax Number (if any) 6123412971

**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

Minnesota Supreme Court

1.b. Bar Number (if applicable)

[Redacted]

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)

The Advocates for Human Rights

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

[Redacted]

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

[Redacted]

3. ☐ I am associated with

[Redacted],  
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

[Redacted]



### 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-360
- 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)  
▶ A-

### 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
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State MN 13.e. ZIP Code
- 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) [Redacted Date]

**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

[Redacted Signature]

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

[Redacted Date]

2.a. Signature of Law Student or Law Graduate

[Redacted Signature]

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

[Redacted Date]



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.c. Middle Name [REDACTED]

2.d.

3.d.

[illegible][illegible][illegible]

## Petition for Amerasian, Widow(er), or Special Immigrant

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

**USCIS**  
**Form I-360**  
OMB No. 1615-0020  
Expires 06/30/2022

<b>For USCIS Use Only</b>		<b>Fee Stamp</b>		<b>Action Block</b>	
<b>Returned</b>					
<b>Resubmitted</b>					
<b>Relocated</b>	<b>Received</b>				
	<b>Sent</b>				
<b>Remarks:</b>		<input type="checkbox"/> Petitioner/Applicant Interviewed <input type="checkbox"/> Interviewed Beneficiary Interviewed <input type="checkbox"/> I-485 Filed Concurrently <input type="checkbox"/> Bene "A" File Reviewed	<b>Classification</b>	<b>Priority Date</b>	
			<b>Consulate</b>		
<b>To be completed by an Attorney or Accredited Representative (if any).</b>		<input checked="" type="checkbox"/> <b>Select this box if Form G-28 or G-28I is attached.</b>	<b>Attorney State Bar Number (if applicable)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<b>Attorney or Accredited Representative USCIS Online Account Number (if any)</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

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

## Part 1. Information About Person or Organization Filing This Petition

**NOTE:** You must complete **Part 1.** as the petitioner if you are filing this petition on behalf of another person. If you are a Violence Against Women Act (VAWA) self-petitioner or special immigrant juvenile, skip to **Part 1., Item Number 7.**

[illegible]



**Part 1. Information About Person or Organization Filing This Petition (continued)****7. Alternate and/or Safe Mailing Address**

If you are a VAWA self-petitioning spouse, child, parent, or a special immigrant juvenile and do not want U.S. Citizenship and Immigration Services (USCIS) to send notices about this petition to your home, you may provide an alternate and/or safe mailing address.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

**Part 2. Classification Requested**

Select **only one** box.

1. A. ☐ Amerasian
- B. ☐ Widow(er) of a U.S. citizen
- C. ☒ Special Immigrant Juvenile
- D. ☐ Special Immigrant Religious Worker
- (I) Will the beneficiary be working as a minister? ☐ Yes ☐ No
- E. ☐ Special Immigrant based on employment with the Panama Canal Company, Canal Zone Government, or U.S. Government in the Canal Zone
- F. ☐ Special Immigrant Physician
- G. ☐ Special Immigrant G-4 International Organization Employee or Family Member or NATO-6 Employee or Family Member
- H. ☐ Special Immigrant Armed Forces Member
- I. ☐ Self-Petitioning Spouse of Abusive U.S. citizen or Lawful Permanent Resident
- J. ☐ Self-Petitioning Child of Abusive U.S. citizen or Lawful Permanent Resident
- K. ☐ VAWA Self-Petitioning Parent of a U.S. citizen son or daughter
- L. ☐ Special Immigrant Afghanistan or Iraq National who worked with the U.S. Armed Forces as a translator
- M. ☐ Special Immigrant Iraq National who was employed by or on behalf of the U.S. Government
- N. ☐ Special Immigrant Afghanistan National who was employed by or on behalf of the U.S. Government or the International Security Assistance Force (ISAF) in Afghanistan
- O. ☐ Broadcasters
- P. ☐ Other

Provide the name of the classification below.



### Part 3. Information About the Person for Whom This Petition Is Being Filed

**NOTE:** On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed. If you provided an alternate and/or safe mailing address above, you must also complete **Part 3**.

**1. Your Full Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. Mailing Address**

In Care Of Name (if any)

Apt. Ste. Flr. Number

State

ZIP Code

Province

Postal Code

Country

USA

### Other Information

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

**4. Country of Birth**

Honduras

**5. U.S. Social Security Number (if any)**

**6. A-Number (if any)**

A-

**7. Marital Status** ☒ Single ☐ Married ☐ Divorced ☐ Widowed

Complete **Item Numbers 8. - 15.** if this person is in the United States. If an item number is not applicable or the answer is "none," leave the space blank. Provide information below for the passport or other document used at the time of last arrival to the United States.

**8. Date of Last Arrival (mm/dd/yyyy)**

**9. Form I-94 Number or I-95 Crewman's Landing Permit**

**10. Passport Number**

**11. Travel Document Number**

**12. Country of Issuance for Passport or Travel Document**

Honduras

**13. Expiration Date for Passport or Travel Document (mm/dd/yyyy)**

**14. Current Nonimmigrant Status**

Asylum Seeker

**15. Date current status expired, or will expire, as shown on Form I-94 or I-95 (mm/dd/yyyy)**

### Part 4. Processing Information

**1.** If the person listed in **Part 3.** is outside the U.S., is ineligible to adjust status in the U.S., or does not wish to adjust status in the U.S., provide the following information about the U.S. Consulate at which the person prefers to apply for an immigrant visa.

**U.S. Consulate**

**A. City or Town** N/A

**B. Country**

#### Part 4. Processing Information (continued)

2. If a U.S. address was provided in **Part 3.**, type or print the person's foreign address below. If he or she does not maintain a foreign address, list the city or town and country of last foreign residence. If his or her native alphabet does not use Roman letters, type or print his or her name and foreign address in the native alphabet.

**A. Your Full Name**

Family Name (Last Name)

[REDACTED]

Given Name (First Name)

[REDACTED]

Middle Name

[REDACTED]

**B. Mailing Address**

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

☐ ☐ ☐

[REDACTED]

City or Town

[REDACTED]

Province

[REDACTED]

Postal Code

[REDACTED]

Country

Honduras

3. Gender of the beneficiary: ☒ Male ☐ Female

4. **A.** Are you filing any other petitions or applications with this one?

☐ Yes ☒ No

- B.** If you answered "Yes" to **Item A.** in **Item Number 4.**, how many?

[REDACTED]

If you answer "Yes" to **Item Numbers 5. - 6.**, provide an explanation in the space provided in **Part 15. Additional Information.**

5. Is the beneficiary in removal proceedings? ☒ Yes ☐ No
6. Has the beneficiary ever worked in the U.S. without permission? (If you are applying for a special immigrant juvenile status, you are not required to answer this item number.) ☐ Yes ☒ No
7. Is an application for adjustment of status attached to this petition? ☐ Yes ☒ No

#### Part 5. Information About the Spouse and Children of the Person for Whom This Petition Is Being Filed

**NOTE:** Depending on the classification you seek, you can either file this petition for another person or for yourself. On this petition, the "beneficiary" or "self-petitioner" means the person for whom this petition is being filed, whether that person is yourself or another person.

1. If you are filing as a self-petitioning spouse, have any of your children filed separate self-petitions? ☐ Yes ☐ No

**2. Person 1**

Family Name (Last Name)

[REDACTED]

Given Name (First Name)

[REDACTED]

Middle Name

[REDACTED]

Date of Birth (mm/dd/yyyy)

[REDACTED]

Country of Birth

[REDACTED]

Relationship

☐ Spouse

☐ Child

A-Number (if any)

▶ A-

[REDACTED]



**Part 5. Information About the Spouse and Children of the Beneficiary (continued)**

**3. Person 2**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child



A-

**4. Person 3**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child



A-

**5. Person 4**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child



A-

**6. Person 5**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child



A-

**7. Person 6**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child



A-



**Part 5. Information About the Spouse and Children of the Beneficiary (continued)****8. Person 7**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child

A-

**9. Person 8**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child

A-

**10. Person 9**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship A-Number (if any)

☐ Child

A-

**Part 6. Complete Only If Filing for an Amerasian****Information About the Mother of the Amerasian****1. Mother's Full Name**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**2. A. Is the mother still alive?**☐ Unknown☐ Yes☐ No**B. If you answered "Yes" to Item A. in Item Number 2., provide her address below.**

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country



**Part 6. Complete Only If Filing for an Amerasian (continued)**

C. If you answered "No" to **Item A.** in **Item Number 2.**, provide her date of death (mm/dd/yyyy).

**Information About the Father of the Amerasian**

If possible, attach a notarized statement from the father regarding parentage. If there is a question you cannot fully answer in the space provided on this petition, use the space provided in **Part 15. Additional Information.**

3. Father's Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

5. Country of Birth

6. A. Is the father still alive?

☐ Unknown ☐ Yes ☐ No

B. If you answered "Yes" to **Item A.** in **Item Number 6.**, provide his address below.

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

☐

Province

Postal Code

Country

C. If you answered "No" to **Item A.** in **Item Number 6.**, provide his date of death (mm/dd/yyyy).

D. Daytime Telephone Number (if any)

E. Work Telephone Number (if any)

At the time the Amerasian was conceived:

7. A. The father was in the military (indicate branch of service below).

☐ Army ☐ Air Force ☐ Navy ☐ Marine Corps ☐ Coast Guard

B. Provide the father's service number:

C. ☐ The father was not in the military and was not a civilian employed abroad. (Attach a full explanation of the circumstances.)

**Part 7. Complete Only If Filing as a Widow/Widower**

1. Full Name of U.S. Citizen Husband or Wife Who Died

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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



**Part 7. Complete Only If Filing as a Widow/Widower (continued)**

5. At time of death, your spouse was a (Select **only one**):

- A. ☐ U.S. citizen born in the United States  
B. ☐ U.S. citizen born abroad to U.S. citizen parents  
C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if any) ▶ A-

D. ☐ Other (Explain)

6. How many times have you been married?

7. How many times was your spouse married?

8. A. When did you and your spouse get married (mm/dd/yyyy)?

B. Where did you and your spouse get married?

9. A. Did you remarry after the death of your spouse?

☐ Yes ☐ No

B. If you answered "Yes" to Item A. in Item Number 9., provide the date that you remarried (mm/dd/yyyy).

10. If you are filing as a widow(er), were you legally separated at the time of the U.S. citizen's death?

☐ Yes ☐ No

**NOTE:** If you answered "Yes" to Item Number 10., provide an explanation in the space provided in **Part 15. Additional Information**.

**Part 8. Complete Only If Filing for a Special Immigrant Juvenile****Information About the Juvenile**

1. List any other names used:

A. Family Name (Last Name)

Given Name (First Name)

Middle Name

B. Family Name (Last Name)

Given Name (First Name)

Middle Name

Answer the following questions regarding the person for whom the petition is being filed. If you answer "No" to Item A. in Item Number 2., provide an explanation in the space provided in **Part 15. Additional Information**.

2. A. Have you been declared dependent on a juvenile court in the United States OR has a juvenile court legally committed you to, or placed you under the custody of, an agency, department of a state, or an individual or entity? ☒ Yes ☐ No

B. Provide the name of the state agency, department, or court-appointed organization or individual with which you are placed below.

C. Are you currently under the jurisdiction of the juvenile court that made your placement or custody determination identified in Item B. in Item Number 2. above? ☒ Yes ☐ No



**Part 8. Complete Only If Filing for a Special Immigrant Juvenile (continued)**

3. A. If you answered "Yes" to **Item C.** in **Item Number 2.** above, are you currently residing in your court-ordered placement? ☒ Yes ☐ No
- B. If you answered "No" to **Item C.** in **Item Number 2.** above, select your reason below.
- ☐ You were adopted or placed in a permanent guardianship or another permanent living arrangement (other than reunification with the abusive parents).
- ☐ You aged-out of the juvenile court's jurisdiction and the order was terminated based on age.
- ☐ Other. (If you selected "Other," provide an explanation in the space provided in **Part 15. Additional Information.**)
4. A. A juvenile court has determined that reunification with ☒ one or ☐ both of my parents is not viable due to:
- ☒ Abuse ☐ Neglect ☒ Abandonment
- ☐ Similar basis under state law (specify):
- B. If you selected "one" in **Item A.** in **Item Number 4.**, provide the name of that parent below.
- 
5. Has it been determined in judicial or administrative proceedings that it would not be in your best interest to be returned to your or your parent's country of citizenship or nationality or last habitual residence? ☒ Yes ☐ No
6. A. Are you currently or were you previously in the custody of the U.S. Department of Health and Human Services (HHS)? ☐ Yes ☒ No
- B. If you answered "Yes" to **Item A.** in **Item Number 6.**, and you are in HHS custody, did the juvenile court order determine or alter your custody status or placement? ☐ Yes ☐ No
- Not in custody  
N/A

**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition**

**Prospective Employer Attestation**

1. Provide the following information about the prospective employer.
- A. Number of members of the prospective employer's organization
- B. Number of employees working at the same location where the beneficiary will be employed
- C. Number of aliens holding special immigrant or nonimmigrant religious worker status who are currently employed or were employed within the past five years
- D. Number of Special Immigrant Religious Worker (Form I-360) and Nonimmigrant Religious Worker (Form I-129) petitions submitted by the prospective employer within the past five years
- E. Number of Special Immigrant Religious Worker (Form I-360) petitions submitted by the beneficiary during the last five years
2. Has the beneficiary or have any of the beneficiary's dependent family members previously been admitted to the United States for a period of stay in the Religious Worker (R) classification during the last five years? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 2.**, provide the beneficiary's and any dependent family member's prior periods of stay in the R classification in the United States during the last five years. Be sure to provide only those periods when the beneficiary and/or family members were actually in the United States in the R classification. Provide the beneficiary's information in **Item Number 3.** below. For dependent family members, use the space provided in **Part 15. Additional Information.**

**NOTE:** Submit photocopies of Form I-94 Arrival-Departure Record, Form I-797 (Notice of Action), and/or other USCIS documents identifying these periods of stay in the R classification. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.**





**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**3. Beneficiary**

Family Name (Last Name)

Given Name (First Name)

Middle Name

Period of Stay

From (mm/dd/yyyy)

To (mm/dd/yyyy)

- 4. Provide a summary of the type of responsibilities of those employees, other than the beneficiary, who work at the same location where the beneficiary will be employed. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.****

Position

Summary of the Type of Responsibilities for That Position

- 5. Describe the relationship, if any, between the religious organization in the United States and the organization abroad of which the beneficiary is a member.**

- 6. Provide the following information about the prospective employment. If you need extra space to complete this section, use the space provided in **Part 15. Additional Information.****

**A. Title of position offered**

**B. The beneficiary will be working (select one of the following):**

☐ As a minister

☐ In a religious vocation

☐ In a religious occupation

**C. Detailed description of the beneficiary's proposed daily duties**

**D. Description of the beneficiary's qualifications for the position offered**

**E. Description of the proposed salaried and/or non-salaried compensation**

**F. Provide the specific addresses or locations where the beneficiary will be working**

Company Name

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country



## Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)

Answer **Item Numbers 7. - 13.** about the prospective employer. If you answer "No" for **Item Numbers 7. - 13.**, provide an explanation in the space provided in **Part 15. Additional Information.**

7. The prospective employer is a bona fide non-profit religious organization or a bona fide organization that is affiliated with the religious denomination and is tax exempt as described in section 501(c)(3) of the Internal Revenue Code of 1986, subsequent amendment, or equivalent sections of prior enactments of the Internal Revenue Code. If the prospective employer is affiliated with the religious denomination, complete the Religious Denomination Certification included in this petition. ☐ Yes ☐ No

If you answered "Yes," select the applicable box and attach the appropriate documentation to the petition.

- A. ☐ A currently valid determination letter from the Internal Revenue Service (IRS) establishing that the organization is a tax-exempt organization;
- B. ☐ A currently valid determination letter from the IRS establishing that the organization is recognized as tax-exempt under a group tax exemption; or
- C. ☐ If you are claiming that the prospective employer is a bona fide organization that is affiliated with the religious denomination, provide the following:
- (1) ☐ A currently valid determination letter from the IRS establishing that the organization is a tax-exempt organization;
  - (2) ☐ Documentation that establishes the religious nature and purpose of the organization, such as a copy of the organizing instrument of the organization that specifies the purposes of the organization;
  - (3) ☐ Organizational literature, such as books, articles, brochures, calendars, flyers, and other literature describing the religious purpose and nature of the activities of the organization; and
  - (4) ☐ A completed religious denomination certification, signed and dated, certifying that the petitioning organization is affiliated with the religious denomination.
8. The prospective employer is willing and able to provide salaried and/or non-salaried compensation at a level that the beneficiary and any dependents will not become a public charge. ☐ Yes ☐ No
9. The funds to pay the beneficiary's compensation do not include any monies obtained from the beneficiary, excluding reasonable donations or tithing to the religious organization. ☐ Yes ☐ No
10. The beneficiary will not engage in secular employment, and the prospective employer will provide salaried and/or non-salaried compensation. ☐ Yes ☐ No
11. The offered position is full time, requiring at least an average of 35 hours of work per week. ☐ Yes ☐ No
12. The beneficiary has been a religious worker for at least two years immediately before Form I-360 was filed and is otherwise qualified for the position offered. ☐ Yes ☐ No
13. The beneficiary has been a member of the prospective employer's denomination for at least two years immediately before Form I-360 was filed. ☐ Yes ☐ No

***Prospective Employer Attestation*** (must be completed by the prospective employer even if the beneficiary is filing on his or her own behalf)

I certify or attest under penalty of perjury under the laws of the United States of America that the contents of this attestation, and the evidence submitted, are true and correct.

14. Signature of an Authorized Official of the Prospective Employer (sign in ink) Date of Signature (mm/dd/yyyy)
- 
- 



**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

***Printed Name and Title of Signatory for Prospective Employer***

15. Family Name (Last Name) Given Name (First Name) Middle Name
16. Title of the Signatory

***Mailing Address***

17. Employer/Organization Name
- Street Number and Name Apt. Ste. Flr. Number  
 ☐ ☐ ☐
- City or Town State ZIP Code

***Contact Information***

18. Daytime Telephone Number 19. Fax Number (if any)
20. Email Address (if any)

***Religious Denomination Certification (to be completed only if the prospective employer is affiliated with a religious denomination)***

I certify under penalty of perjury, that the prospective employer, ,  
is affiliated with this Religious Denomination, , and that the attesting  
religious organization within the religious denomination is tax-exempt as described in section 501(c)(3) of the Internal Revenue Code  
of 1986, or equivalent sections of prior enactments of the Internal Revenue Code. The contents of this certification are true and  
correct to the best of my knowledge.

21. Signature of the Authorized Representative of the Religious Denomination (sign in ink) Date of Signature (mm/dd/yyyy)

***Printed Name and Title of the Signatory of the Religious Denomination***

22. Family Name (Last Name) Given Name (First Name) Middle Name
23. Title of the Signatory



**Part 9. Complete Only If Filing a Special Immigrant Religious Worker Petition (continued)**

**Information About the Attesting Religious Organization Within the Religious Denomination**

24. Name of Attesting Religious Organization Within the Religious Denomination

25. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

26. Daytime Telephone Number

27. Fax Number (if any)

28. Email Address (if any)

29. IRS Tax Number of the Attesting Religious Organization

**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter**

**NOTE:** For the safety and protection of all VAWA self-petitioners, information regarding a filing will only be provided to the self-petitioner or their designated attorney or representative with a valid Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

1. Full Name of U.S. citizen or Lawful Permanent Resident Abuser

Family Name (Last Name)

Given Name (First Name)

Middle Name

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

3. Country of Birth

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

5. Your abuser is now, or was, a (Select one):

A. ☐ U.S. citizen born in the United States

B. ☐ U.S. citizen born abroad to U.S. citizen parents

C. ☐ U.S. citizen through naturalization

(1) Provide A-Number (if known) ► A-

D. ☐ U.S. Lawful Permanent Resident

(1) Provide A-Number (if any) ► A-

E. ☐ Other (Explain)

6. How many times have you been married? ►

7. How many times was your abuser married (if known)? ►



**Part 10. Complete Only If Filing as a VAWA Self-Petitioning Spouse or Child of a U.S. Citizen or Lawful Permanent Resident or a VAWA Self-Petitioning Parent of a U.S. Citizen Son or Daughter**  
(continued)

8. A. When did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")  
(mm/dd/yyyy)
- B. Where did you and your abuser get married? (If you are a self-petitioning child or self-petitioning parent, type or print "N/A.")
9. When did you live with your abuser?  
From (mm/dd/yyyy)  To (mm/dd/yyyy)   
Include any other dates you have lived off/on with your abuser in the space provided in **Part 15. Additional Information.**
10. Provide the last address at which you lived together with your abuser.  
Street Number and Name  Apt. Ste. Flr. Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country
11. Provide the last date that you lived together with your abuser at this address.  
From (mm/dd/yyyy)  To (mm/dd/yyyy)
12. I am currently residing in the United States and I request an Employment Authorization Document. ☐ Yes ☐ No

**Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**

**IMPORTANT:** Complete this section **ONLY** if you are an individual filing this petition for yourself. If you are filing Form I-360 to petition for another person or as an authorized signatory of an organization, complete **Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory.**

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

***Petitioner's Statement***

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter  
A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.  
B. ☒ The interpreter named in **Part 12** read to me every question and instruction on this petition and my answer to every question in ,  
a language in which I am fluent. I understand all of this information as interpreted.
2. Petitioner's Statement Regarding the Preparer  
☒ At my request, the preparer named in **Part 14**, ,  
prepared this petition for me based only upon information I provided or authorized.



## Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual) (continued)

### Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

### 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 and all 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. Petitioner's Signature



☐ you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

## Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory

**IMPORTANT:** Complete this section **ONLY** if you are filing Form I-360 to petition for another person or as an authorized signatory of an organization. If you are an individual filing this petition for yourself, complete **Part 11. Petitioner's Statement, Contact Information, Declaration, and Signature (Individual)**.

**NOTE:** Read the **Penalties** section of the Form I-360 Instructions before completing this part.

### Petitioner's or Authorized Signatory's Statement

**NOTE:** Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Petitioner's Statement Regarding the Interpreter

- A. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.



**Part 12. Statement, Contact Information, Declaration, and Signature of the Petitioner or Authorized Signatory (continued)**

- B. ☐ The interpreter named in **Part 13**, read to me every question and instruction on this petition and my answer to every question in ,  
a language in which I am fluent. I understand all of this information as interpreted.

**2. Petitioner's Statement Regarding the Preparer**

- ☐ At my request, the preparer named in **Part 14**, ,  
prepared this petition for me based only upon information I provided or authorized.

***Authorized Signatory's Contact Information***

- |   |   |
|---|---|
| <b>3. Authorized Signatory's Family Name (Last Name)</b><br><input type="text"/>          | <b>Authorized Signatory's Given Name (First Name)</b><br><input type="text"/>     |
| <b>4. Authorized Signatory's Title</b><br><input type="text"/>                            | <b>5. Authorized Signatory's Daytime Telephone Number</b><br><input type="text"/> |
| <b>6. Authorized Signatory's Mobile Telephone Number (if any)</b><br><input type="text"/> | <b>7. Authorized Signatory's Email Address (if any)</b><br><input type="text"/>   |

***Petitioner's or Authorized Signatory's Declaration and Certification***

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

***Petitioner's or Authorized Signatory's Signature***

- 8. Petitioner's or Authorized Signatory's Signature** **Date of Signature (mm/dd/yyyy)**  


**NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES:** If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.



### Part 13. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

#### Interpreter's Full Name

1. Interpreter's Family Name (Last Name)  Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)

#### Interpreter's Mailing Address

3. Street Number and Name  Apt. Ste. Flr. ☐ ☐ ☐ Number   
City or Town  State  ZIP Code   
Province  Postal Code  Country

#### Interpreter's Contact Information

4.
5. Interpreter's Mobile Telephone Number (if any)

#### Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 11., Item B.** in **Item Number 1.**, or in **Part 12., Item B.** in **Item Number 1.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

#### Interpreter's Signature

7. Interpreter's Signature (sign in ink)  Date of Signature (mm/dd/yyyy)





**Part 14. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner**

Provide the following information about the preparer.

**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

Preparer's Given Name (First Name)

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

The Advocates for Human Rights

**Preparer's Mailing Address**

3. Street Number and Name

330 2nd Ave S.

Apt. Ste. Flr. Number

☐ ☒ ☐

800

City or Town

Minneapolis

State

MN

ZIP Code

55401

Province

Postal Code

Country

**Preparer's Contact Information**

4. Preparer's Daytime Telephone Number

5. Preparer's Mobile Number

**Preparer's Statement**

7. A. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

B. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or 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 or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's Declaration and Certification**, or **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

**Preparer's Signature**

8. Preparer's Signature (sign in ink)

Date of Signature (mm/dd/yyyy)



## Part 15. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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. Family Name (Last Name)

Given Name (First Name)

Middle Name

3. A. Page Number B. Part Number C. Item Number

D.

4. A. Page Number B. Part Number C. Item Number

D.

5. A. Page Number B. Part Number C. Item Number

D.

6. A. Page Number B. Part Number C. Item Number

D.



34-FA-21-12

STATE OF MINNESOTA

DISTRICT COURT

COUNTY OF [REDACTED]

EIGHTH JUDICIAL DISTRICT

FAMILY COURT DIVISION

Case Type: Paternity

[REDACTED]  
[REDACTED] and [REDACTED]

Petitioner,

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW,  
ORDER FOR JUDGMENT, AND  
JUDGMENT**

[REDACTED] [REDACTED] [REDACTED]

Respondent.

Court File [REDACTED]  
[REDACTED]

The above-entitled proceeding came on for a hearing on [REDACTED] at 10:30 a.m. before the Honorable Rodney [REDACTED] of the above-named District Court, at the [REDACTED] County Courthouse, [REDACTED]

Petitioner, [REDACTED] [REDACTED] was represented by legal counsel, Tim Groshens, Groshens Law, 5185 County Rd 4 NE, Atwater MN 56209. Respondent did not appear and was not represented by counsel.

Respondent was personally served on [REDACTED]. Respondent has not answered the Complaint and is not represented.

Based upon the evidence presented at the hearing and in the parties affidavits, and all files, records and proceedings herein, the Court now makes the following:

**FINDINGS OF FACT**

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1. The true and correct names, addresses, dates of birth, ages and social security numbers of the parties are as follows:

Petitioner:  
Former / Other Names:  
Address:  
Date of Birth:  
Age:  
Social Security Number:

Respondent:  
Former / Other Names:  
Address:  
Date of Birth:  
Age:  
Social Security Number:

2. One (1) child has been born of this relationship whose welfare may be affected by these proceedings, namely: [REDACTED] [REDACTED] [REDACTED] born [REDACTED] [REDACTED]
3. Petitioner is represented by:

Tim Groshens  
Volunteer Attorney through VLN  
5185 County Rd 4 NE  
Atwater MN 56209  
612-481-3537  
TimGroshens@groshenslaw.com

4. Respondent is not represented in these proceedings.
5. Petitioner and the minor child live in the County of [REDACTED] State of Minnesota.  
Petitioner has resided in [REDACTED] County for more than 180 days preceding the commencement of this action. Respondent is a citizen and resident of Honduras; however, his exact whereabouts and address are unknown.

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6. On or about [REDACTED], Petitioner and Respondent engaged in sexual intercourse at time when conception of a child could have occurred. During the period of possible conception of the child, Petitioner did not engage in sexual relations with any other man.
7. On [REDACTED] [REDACTED] while Petitioner and Respondent were residents and citizens of Honduras, Petitioner gave birth to a son, IPH. The child is now 15 years old. Petitioner was not married to Respondent when said child was conceived nor when said child was born.
8. No Recognition of Parentage form or other formal acknowledgment of paternity has been executed in Honduras or the United States. Respondent was unable to sign a recognition of parentage because he did not have the identification required by Honduras authorities. Petitioner waited five (5) years before registering IPH's birth in the hopes that Respondent would obtain the necessary identification.
9. Respondent has admitted he is the father of IPH (Respondent's Affidavit, Paragraph 3). Petitioner has no doubts that Respondent is the father of IPH. Respondent lives in Honduras but has no permanent address and is known to abuse drugs and alcohol. Petitioner, Petitioner's family in Honduras, as well as Respondent's family in Honduras have a reasonable fear of Respondent and refuse to assist in efforts to obtain a DNA test from Respondent. A paternity test using the Respondent's DNA is not possible.
10. Respondent has welcomed IPH into his home and held him out as his own child (Respondent's Affidavit, Paragraph 4). While Respondent is homeless and has been since before the birth of IPH, Respondent visited Petitioner's home and, in that house, recognized IPH as his child. Respondent acknowledge to Petitioner and IPH that IPH

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looked like other members of Petitioner's family. Respondent has acknowledged to Petitioner's mother and sister that IPH was his child.

11. Respondent was present at the hospital at the time of IPH's birth.
12. Every Christmas, Respondent visited Petitioner and brought gifts of food for Petitioner, IPH, and the other child. Approximately eight days before school started each year, Respondent would stop by to wish the children well and tell them to study so they would not end up like him. At certain national festivals, IPH was part of a parade that included selected school students. Respondent would attend the parade to watch IPH. Respondent has admitted he is the biological father of IPH.
13. The best interests and welfare of the child will be served by determining paternity and granting Petitioner sole legal and sole physical custody of the minor child and reserving Respondent's parenting time.
14. The minor child's biological father is [REDACTED] [REDACTED] [REDACTED] He lived in Honduras when the child was conceived and born. Respondent is an alcoholic and uses drugs. He has not been employed on a consistent basis since 2000. He regularly moves from city to city in Honduras and is homeless. Petitioner last saw Respondent in 2017.
15. This Court has jurisdiction over the custody of the child pursuant to MINN. STAT. § 518D.
16. The child is not part of any separate proceeding for dissolution, legal separation, or custody in this state, country, or elsewhere.
17. No Orders for Protection currently exist between the parties, or involving a party and the minor child.
18. Neither party is in the military service of the United States and neither is entitled to relief under the Servicemembers Civil Relief Act.

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19. Petitioner has not been convicted of any crimes described in MINN. STAT. § 518.179,

Subd. 2.

20. Respondent leads an itinerant life and has even prior to the birth of the minor child, moving from town to town in Honduras without regular employment. Respondent has at least one conviction for violation of drug laws. Petitioner has not received consistent information regarding his whereabouts. Respondent abandoned the minor child when he born. He has visited the child four or five times in the last fourteen years and then only for a matter of an hour or two. The last time the child saw Respondent was in 2017. Since the birth of the minor child, Respondent has not contributed financially to help with raising the minor child. Petitioner and the minor child resided in poverty in Honduras. Respondent has never been the child's primary caretaker and has played no role in raising the minor child. He has never offered for the child to reside with him and has not shown a consistent interest in the child's well-being.

21. It is in the child's best interests to remain in the United States and not to be returned to Honduras. IPH has no caretaker available in Honduras. His father is an itinerant alcoholic who also uses illegal drugs. Respondent was jailed in 2006 and to the best of Petitioner's knowledge, Respondent is currently wanted by Honduras police. The maternal grandparents are deceased. The paternal grandmother is seventy (70) years old and unable to care for IPH. Respondent has a sister, and Petitioner has four (4) sisters. However, none of the siblings are willing to care for IPH because they fear Respondent and do not want to have any connections with him. Caring for IPH would create a connection to Respondent that they refuse to undertake.

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22. It is in the best interests of the child under MINN. STAT. § 518.17 that permanent sole legal and physical custody should be awarded to Petitioner.
23. Petitioner has provided a healthy, loving, and secure home for the child and believes it is in the child's best interests to be in Petitioner's care and custody.
24. The minor child wishes to live with Petitioner. The minor child is of sufficient age and maturity to express a preference.
25. Petitioner has no history of physical or mental health problems.
26. The child has resided with Petitioner with no involvement from the Respondent since his birth.
27. The minor child and Petitioner have a close relationship. The Petitioner cares for the child and is a comfortable and familiar caretaker. The Petitioner has provided for the child and supported the child throughout his life.
28. The Petitioner has taken steps to continue the minor child's education by enrolling the child in Willmar Middle school. He has completed the 8<sup>th</sup> grade. His an "A" student who gets along well with other students. He is a member of the Student Council.

#### CONCLUSIONS OF LAW

1. Respondent is adjudicated as the father of the minor child, [REDACTED]
2. Petitioner is granted sole legal and sole physical custody of the minor.
3. The child is dependent upon the juvenile court and has been placed under the custody of or an individual or entity appointed by a State or juvenile court.
4. The child's reunification with his father is not viable due to abandonment found under Minn. Stat. § 260C.301, subd. 2. The father has not contributed to the support of the child.



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The father has not assisted in raising the child in any fashion. The last time Respondent saw IPH was in 2017.

5. It is not in the minor child's best interests to be returned to Honduras, the child's and his Mother's previous country of nationality. It is in the child's best interests to remain in the United States with Petitioner. There is no one to care for the child in Honduras.
6. Child support is reserved.
7. Respondent's parenting time is reserved.
8. This Court has jurisdiction under Minnesota law to make judicial determinations about the custody and care of juveniles under Minn. Stat. § 518 and 518D. The child remains under this Court's jurisdiction. He is under the age of twenty-one (21) and unmarried.

NOW THEREFORE IT IS ORDERED:

1. Respondent is hereby adjudicated the father of IPH, born 01/31/06, currently fifteen (15) years old.
2. Petitioner [REDACTED] [REDACTED] [REDACTED] is granted sole physical and sole legal custody of [REDACTED] [REDACTED] [REDACTED] under Minn. Stat. § 518.17.
3. The child shall remain under the jurisdiction of the court so long as she remains a child under statute.
4. Child support is reserved.
5. Respondent's parenting time is reserved.
6. Tim Groshens shall cease to be the attorney of records for Petitioner sixty-one (61) days after entry of the Order.

#### ORDER FOR JUDGMENT

Findings of Fact, Conclusions of Law, and Order for Judgment approved.

**IT IS SO ORDERED.**

Let Judgment be entered accordingly.

Date: \_\_\_\_\_

I certify that the above Conclusions of Law constitute the Judgment and Decree of the Court.

DECREE ENTERED AND FILED THIS \_\_\_\_\_

BY THE COURT;

COURT ADMINISTRATOR

by \_\_\_\_\_

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## APPENDIX A

## NOTICE IS HEREBY GIVEN TO THE PARTIES:

**I. PAYMENTS TO PUBLIC AGENCY.** According to Minnesota Statutes, section 518A.50, payments ordered for maintenance and support must be paid to the Minnesota child support payment center as long as the person entitled to receive the payments is receiving or has applied for public assistance or has applied for support and maintenance collection services. Parents mail payments to: P.O. Box 64326, St. Paul, MN 55164-0326. Employers mail payments to: P.O. Box 64306, St. Paul, MN 55164.

**II. DEPRIVING ANOTHER OF CUSTODIAL OR PARENTAL RIGHTS -- A FELONY.** A person may be charged with a felony who conceals a minor child or takes, obtains, retains, or fails to return a minor child from or to the child's parent (or person with custodial or parenting time rights), according to Minnesota Statutes, section 609.26. A copy of that section is available from any court administrator.

**III. NONSUPPORT OF A SPOUSE OR CHILD -- CRIMINAL PENALTIES.** A person who fails to pay court-ordered child support or maintenance may be charged with a crime, which may include misdemeanor, gross misdemeanor, or felony charges, according to Minnesota Statutes, section 609.375. A copy of that section is available from any district court clerk.

**IV. RULES OF SUPPORT, MAINTENANCE, PARENTING TIME.**

- A. Payment of support or spousal maintenance is to be as ordered, and the giving of gifts or making purchases of food, clothing, and the like will not fulfill the obligation.
- B. Payment of support must be made as it becomes due, and failure to secure or denial of parenting time is NOT an excuse for nonpayment, but the aggrieved party must seek relief through a proper motion filed with the court.
- C. Nonpayment of support is not grounds to deny parenting time. The party entitled to receive support may apply for support and collection services, file a contempt motion, or obtain a judgment as provided in Minnesota Statutes, section 548.091.
- D. The payment of support or spousal maintenance takes priority over payment of debts and other obligations.
- E. A party who accepts additional obligations of support does so with the full knowledge of the party's prior obligation under this proceeding.
- F. Child support or maintenance is based on annual income, and it is the responsibility of a person with seasonal employment to budget income so that payments are made throughout the year as ordered.
- G. *A Parental Guide to Making Child-Focused Parenting Time Decisions* is available from any

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court administrator.

- H. The nonpayment of support may be enforced through the denial of student grants; interception of state and federal tax refunds; suspension of driver's, recreational, and occupational licenses; referral to the department of revenue or private collection agencies; seizure of assets, including bank accounts and other assets held by financial institutions; reporting to credit bureaus; interest charging, income withholding, and contempt proceedings; and other enforcement methods allowed by law.
- I. The public authority may suspend or resume collection of the amount allocated for childcare expenses if the conditions of Minnesota Statutes, section 518A.40, subdivision 4, are met.
- J. The public authority may remove or resume a medical support offset if the conditions of section 518A.41, subdivision 16, are met.
- K. The public authority may suspend or resume interest charging on child support judgments if the conditions of section 548.091, subdivision 1a, are met.

V. MODIFYING CHILD SUPPORT. If either the obligor or obligee is laid off from employment or receives a pay reduction, child support may be modified, increased, or decreased. Any modification will only take effect when it is ordered by the court, and will only relate back to the time that a motion is filed. Either the obligor or obligee may file a motion to modify child support, and may request the public agency for help. UNTIL A MOTION IS FILED, THE CHILD SUPPORT OBLIGATION WILL CONTINUE AT THE CURRENT LEVEL. THE COURT IS NOT PERMITTED TO REDUCE SUPPORT RETROACTIVELY.

#### VI. PARENTAL RIGHTS FROM MINNESOTA STATUTES, SECTION 518.17, SUBDIVISION 3.

UNLESS OTHERWISE PROVIDED BY THE COURT:

- A. Each party has the right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children. Each party has the right of access to information regarding health or dental insurance available to the minor children. Presentation of a copy of this order

to the custodian of a record or other information about the minor children constitutes sufficient authorization for the release of the record or information to the requesting party.

- B. Each party has the right to be informed by the other party as to the name and address of the school of attendance of the minor children. Each party has the right to be informed by school officials about the children's welfare, educational progress and status, and to attend school and parent teacher conferences. The school is not required to hold a separate conference for each party.
- C. Each party has the right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.
- D. Each party has the right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.
- E. Each party has the right of reasonable access and telephone contact with the minor children.

#### VII. WAGE AND INCOME DEDUCTION OF SUPPORT AND MAINTENANCE.

Child support and / or spousal maintenance may be withheld from income, with or without notice to the person obligated to pay, when the conditions of Minnesota Statutes, section 518A.53, have

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been met. A copy of that section is available from any court administrator.

**VIII. CHANGE OF ADDRESS OR RESIDENCE.** Unless otherwise ordered, each party shall notify the other party, the court, and the public authority responsible for collection, if applicable, of the following information within ten days of any change: residential and mailing address, telephone number, driver's license number, social security number, and name, address, and telephone number of the employer.

**IX. COST OF LIVING INCREASE OF SUPPORT AND MAINTENANCE.** Basic support and / or spousal maintenance may be adjusted every two years based upon a change in the cost of living (using the U.S. Department of Labor, Bureau of Labor Statistics, consumer price index Mpls. St. Paul, for all urban consumers (CPI-U), unless otherwise specified in this order) when the conditions of Minnesota Statutes, section 518A.75, are met. Cost of living increases are compounded. A copy of Minnesota Statutes, section 518A.75, and forms necessary to request or contest a cost of living increase are available from any court administrator.

**X. JUDGMENTS FOR UNPAID SUPPORT; INTEREST.** According to Minnesota Statutes, section 548.091:

- A. If a person fails to make a child support payment, the payment owed becomes a judgment against the person responsible to make the payment by operation of law on or after the date the payment is due, and the person entitled to receive the payment or the public agency may obtain entry and docketing of the judgment without notice to the person responsible to make the payment.
- B. Interest begins accruing on a payment or installment of child support whenever the unpaid amount due is greater than the current support due.

**XI. JUDGMENTS FOR UNPAID MAINTENANCE.** A judgment for unpaid spousal maintenance may be entered and docketed when the conditions of Minnesota Statutes, section 548.091, are met. A copy of that section is available from any court administrator.

**XII. ATTORNEY FEES AND COLLECTION COSTS FOR ENFORCEMENT OF CHILD SUPPORT.** A judgment for attorney fees and other collection costs incurred in enforcing a child support order will be entered against the person responsible to pay support when the conditions of Minnesota Statutes, section 518A.735, are met. A copy of that section and forms necessary to request or contest these attorney fees and collection costs are available from any court administrator.

**XIII. PARENTING TIME EXPEDITOR PROCESS.** On request of either party or on its own motion, the court may appoint a parenting time expeditor to resolve parenting time disputes under Minnesota Statutes, section 518.1751. A copy of that section and a description of the expeditor process is available from any court administrator.

**XIV. PARENTING TIME REMEDIES AND PENALTIES.** Remedies and penalties for wrongful denial of parenting time are available under Minnesota Statutes, section 518.175, subdivision 6. These include compensatory parenting time; civil penalties; bond requirements; contempt; and reversal of custody. A copy of that subdivision and forms for requesting relief are available from any court administrator.

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**In addition to the Notices on pages 1 and 2, the following NOTICE applies to all orders addressing custody pursuant to Minn. Stat. § 518.17, subd. 3a.**

**NOTICE**

**EACH PARTY IS GRANTED THE FOLLOWING RIGHTS:**

1. Right of access to, and to receive copies of, school, medical, dental, religious training, police reports, and other important records and information about the minor children.
2. Right of access to information regarding health or dental insurance available to the minor children.
3. Right to be informed by the other party as to the name and address of the school of attendance of the minor children.
4. Right to be informed by school officials about the children's welfare, educational progress and status, and to attend school and parent-teacher conferences. The school is not required to hold a separate conference for each party, unless attending the same conference would result in violation of a court order prohibiting contact with a party.
5. Right to be notified by the other party of an accident or serious illness of a minor child, including the name of the health care provider and the place of treatment.
6. Right to be notified by the other party if the minor child is the victim of an alleged crime, including the name of the investigating law enforcement officer or agency. There is no duty to notify if the party to be notified is the alleged perpetrator.
7. Right to reasonable access and telephone or other electronic contact with the minor children.

6/9/2021

State of Minnesota  
[REDACTED] County

District Court  
Eighth Judicial District

Court File No. [REDACTED]

FILE COPY

**Notice of:**

<input checked="" type="checkbox"/>	<b>Filing of Order</b>
<input checked="" type="checkbox"/>	<b>Entry of Judgment</b>
<input type="checkbox"/>	<b>Docketing of Judgment</b>

In Re the Custody of: IPH, DOB 1/31/2006, [REDACTED] vs [REDACTED]

You are hereby notified that the following occurred regarding the above-entitled matter:

<input checked="" type="checkbox"/>	An Order was filed on June 09, 2021.
<input checked="" type="checkbox"/>	Judgment was entered on June 09, 2021.
<input type="checkbox"/>	You are notified that judgment was docketed on at in the amount of \$. Costs and interest will accrue on this amount from the date of entry until the judgment is satisfied in full.

Minnesota statutes and court rules direct that notices describing important rights and duties of the parties accompany certain orders/judgments. These notices are included with the order/judgment, where applicable:

Notices pursuant to Minnesota statutes, sections 518.68 and 518.17, subd. 3a (Appendix A, court form FAM301).

Instructions for requesting a six-month review hearing (Court form FAM201; Minnesota Statutes, section 518.1781).

Dated: [REDACTED]

Katie Bloch  
Court Administrator  
[REDACTED] County District Court  
505 Becker Avenue SW  
Willmar MN 56201  
(320)231-6206

cc: [REDACTED]  
TIMOTHY P GROSHENS

A true and correct copy of this notice has been served pursuant to Minnesota Rules of Civil Procedure, Rule 77.04.

[SEAL]

REPUBLIC OF HONDURAS  
NATIONAL PERSONS REGISTRY  
CIVIL MUNICIPAL REGISTRY

No 50421926

BIRTH CERTIFICATE

[QR Code]

The undersigned Municipal Civil Registrar CERTIFIES that in the Archive of births that this office maintains; one may find birth certificate number: **0401-2011-01371** located on page **098** of volume **00373** of the year **2011** and that belongs to:

a) \_\_\_\_\_ b) \_\_\_\_\_  
First Last Name Second Last Name

c) \_\_\_\_\_ GENDER: F M x  
Name

and whose information is as follows:

1.) Place, date and order of birth:

a) \_\_\_\_\_  
Municipality Department Country

d) \_\_\_\_\_  
Day Month Year

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

[LEFT BLANK]

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

a) \_\_\_\_\_ b) \_\_\_\_\_  
First Last Name Second Last Name

c) \_\_\_\_\_ d) \_\_\_\_\_  
Name Nationality

4.) Authorized marginal notations:

NONE

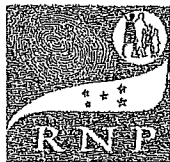
Issued in \_\_\_\_\_ COPAN  
Municipality Department

On the: TWENTY FOURTH day of the month of APRIL of TWO THOUSAND AND SEVENTEEN

[SEAL] [Signature] [SEAL]

SIGNATURE AND SEAL OF THE CIVIL REGISTRAR





REPÚBLICA DE HONDURAS  
REGISTRO NACIONAL DE LAS PERSONAS  
REGISTRO CIVIL MUNICIPAL

Nº

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 098 del tomo 00373.

del Año 2011 y pertenece a:

a) [REDACTED] b) [REDACTED]  
c) [REDACTED] Nombre SEXO: F ☐ M ☒

y cuya información es la siguiente:

1.) Lugar, fecha y orden de nacimiento

a) [REDACTED] Municipio [REDACTED] Departamento [REDACTED] País [REDACTED]  
d) [REDACTED] Día [REDACTED] Mes [REDACTED] Año [REDACTED]

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

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

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

N. Identidad: 1313-1961-00033

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

4.) Notas marginales autorizadas:

NINGUNA

Extendida en [REDACTED] Municipio [REDACTED]

a los: [REDACTED] días del mes de ABRIL

del DOS MIL [REDACTED]



## CERTIFICATION OF TRANSLATION

I, [REDACTED], am competent to translate from Spanish into English, and certify that the translation of the following document is true and accurate to the best of my abilities:

330 2nd Ave. S., Ste 800