



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

Via FedEx

RE : I-360 Petition for Special Immigrant Juvenile Status

██████████ A ██████████

Dear Officer:

The Advocates for Human Rights represents ██████████ (hereinafter, '██████████' in her petition for Special Immigrant Juvenile Status.

Enclosed in support of ██████████ 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. ██████████ County District Court Order awarding legal and physical custody to ██████████ and Ms. ██████████ Affidavit in Support of the Custody Determination, containing findings and facts that establish ██████████ eligibility for Special Immigrant Juvenile Status; and,
4. Copy of ██████████ Ecuadorian Birth Certificate and Registration of Birth, with certified translation' also included as evidence of her age.

As indicated in the attached state court predicate order, ██████████ 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 her 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 her best interest to be returned to her or her 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] at a Minnesota address, indicating that she 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 she required the Court to make a determination regarding her custody.

Moreover, the Court awarded Ms. [REDACTED] custody over [REDACTED]. After assessing the best interests factors laid out in Minn. Stat. § 518.17, and based on all evidence in the record, the Court found that it was in [REDACTED] best interests that Ms. [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 her father, [REDACTED]. Mr. [REDACTED] has a history of physical abuse of [REDACTED]. [REDACTED] would be blamed for Mr. [REDACTED] problems, survived verbal abuse through her time when Mr. [REDACTED] was a part of her life. He called her a "perra" (Bitch) and a "puta" (slut) and told [REDACTED] she was a "whore like her mother" and "damaged goods." He has shown no interest in being a father to [REDACTED].

Although there is no specific finding of abuse, the court cites facts that Mr. [REDACTED] used corporal punishment on [REDACTED]—forcing her to take cold showers while he struck her repeatedly with his belt. These continued beatings would frequently leave [REDACTED] with bruises all over her body. The Court laid out specific facts in support of these conclusions in paragraphs 13-19 of the attached, signed Order.

The court also found that it is not in [REDACTED] best interests to be returned to Ecuador, and states in support of their finding that Mr. [REDACTED] continues to reside in Ecuador and has made threats to [REDACTED] life, whereas Petitioner is available to care for, guide and support [REDACTED] here in the United States. *See* Order paragraphs 27-29.

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.¹

¹ 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



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.

Dated

Respectfully Submitted,

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

[REDACTED]

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 ([REDACTED])

[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)
▶

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

→ ☒

2.b. 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. Signature of Attorney or Accredited Representative

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

2.a. Signature of Law Student or Law Graduate

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

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.c. Item Number

2.d.

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

3.d.

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

4.d.

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

5.d.

| | | |
|-------------------------|-------------------------|-------------------------|
| 6.a. Page Number | 6.b. Part Number | 6.c. Item Number |
| <div></div> | <div></div> | <div></div> |

6.d.



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

| | | | | |
|---|------------------|---|---|--|
| For USCIS Use Only | | Fee Stamp | Action Block | |
| Returned | | | | |
| Resubmitted | | | | |
| Relocated | Received Sent | | | |
| Remarks: | | <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 | Classification | Priority Date |
| | | Consulate | | |
| To be completed by an Attorney or Accredited Representative (if any). | | <input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached. | Attorney State Bar Number (if applicable) [REDACTED] | Attorney or Accredited Representative USCIS Online Account Number (if any) [REDACTED] |

► **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**.

1. Your Full Name

Family Name (Last Name)

Given Name (First Name)

Middle Name

[REDACTED] [REDACTED] [REDACTED] [REDACTED]

2. USCIS Online Account Number (if any)

► [REDACTED]

3. U.S. Social Security Number (if any)

► [REDACTED]

4. Alien Registration Number (A-Number) (if any)

► A- [REDACTED]

5. Individual IRS Tax Number (if any)

► [REDACTED]

6. Mailing Address

In Care Of Name (if any)

[REDACTED]

Organization Name (if applicable)

[REDACTED]

Street Number and Name

[REDACTED]

Apt. Ste. Flr. Number

[REDACTED]

City or Town

Minneapolis

State

MN

ZIP Code

[REDACTED]

Province

[REDACTED]

Postal Code

[REDACTED]

Country

USA



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
(1) 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)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Other Information

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

4. Country of Birth

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

6. A-Number (if any)

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

13. Expiration Date for Passport or Travel Document

14. Current Nonimmigrant Status

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

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)

Given Name (First Name)

Middle Name

B. Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

City or Town

Province

Postal Code

Country

Ecuador

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?

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)

Given Name (First Name)

Middle Name

Date of Birth (mm/dd/yyyy)

Country of Birth

Relationship

A-Number (if any)

☐ Spouse

☐ Child

▶ A-

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-

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

D. ☐ Other (Explain)

| |
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6. How many times have you been married?

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|--|
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|--|

7. How many times was your spouse married?

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|--|
| |
|--|

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

| |
|--|
| |
|--|

B. Where did you and your spouse get married?

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|--|
| |
|--|

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).

| |
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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

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 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.



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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

[REDACTED]

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

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 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

Date of Signature (mm/dd/yyyy) (fecha)

NOTE TO ALL PETITIONERS: If 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

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

Interpreter'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 USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 6127464673
5. Interpreter's Mobile Telephone Number (if any)
6. Interpreter's Email Address (if any)

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 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

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

6127464673

5. Preparer's Mobile Number

6. Preparer's Email Address (if any)

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

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 _____

2. A-Number (if any) ▶ A- [REDACTED]

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.



STATE OF MINNESOTA

COUNTY OF [REDACTED]

DISTRICT COURT
FOURTH JUDICIAL DISTRICT
FAMILY COURT DIVISION

In Re the Custody of:

[REDACTED] (DOB: 01/10/2005)

[REDACTED]

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

File No [REDACTED]

Petitioner,

and

[REDACTED]

Respondent.

The above matter was heard via Zoom, on July 20, 2020 at 10:30 am by Referee [REDACTED]

[REDACTED] of the Hennepin County District Court, located at [REDACTED]

Petitioner was present via Zoom, and was represented by David Kubat, also appearing via Zoom.

Respondent was not present.

The Summons and Petition for Custody were served on Respondent, [REDACTED]

[REDACTED] on [REDACTED] as shown by the Admission of Service on file.

Now, based on all of the files, records, testimony, arguments of counsel and proceedings herein, the Court makes the following:

FINDINGS OF FACT

1. The names and addresses of the parties are listed below:

Petitioner:

[REDACTED]

Respondent:

[REDACTED]

Petitioner is Represented by:

David Kubat
Zimmer Law Group, LLC
155 Wabasha St. S. Ste. 100
Saint Paul, MN 55107
612-436-7105
Dkubat@zimmigration.com

2. The minor child who is the subject of this custody action is [REDACTED] Nicole [REDACTED] [REDACTED] born on [REDACTED], in Ecuador. The minor child has resided with the Petitioner in Minnesota since 2017.
3. The minor child's biological mother is [REDACTED] [REDACTED] [REDACTED] [REDACTED] ("Petitioner"). Petitioner lives in [REDACTED] Minnesota.
4. The minor child's biological father is [REDACTED] [REDACTED] [REDACTED] [REDACTED] ("Respondent"). Respondent lives in [REDACTED]
5. Respondent and Petitioner are both named as parents on the minor child's Ecuadorian birth certificate.
6. This Court has jurisdiction over the custody of the minor child and there is no question of jurisdiction pursuant to MINN. STAT. §§ 518D.101-518D.317, the Uniform Child Custody Jurisdiction and Enforcement Act.
7. The minor child has a prior order of recognition that was decided on October 2, 2015 in Cuenca, Ecuador. On November 12, 2019, Hennepin County District court registered the foreign child custody and appointed with case number 27-FA-19-6657. Petitioner is seeking to modify said order as both Petitioner and minor child are residing in the United States.
8. ⁴No standby custody designation has been executed or filed in this state or elsewhere.

9. Petitioner is not subject to an order for protection under Chapter 518B or other similar law.
10. None of the parties is a member of the United States Armed Services.
11. Petitioner has not been convicted of any crimes described in MINN. STAT. § 518.179, Subd. 2.
12. Petitioner brings this action for custody of the minor child pursuant to MINN. STAT. § 518.156, Subd. 1, and is not seeking a decree of dissolution or legal separation.
13. Respondent has a history of physical abuse toward the minor child and Petitioner. Respondent has abandoned minor child since 2016 and has shown no interest in remaining a parental figure in her life.
14. From birth, minor child lived with Petitioner and Respondent. In 2012, Petitioner and Respondent separated due to matrimonial problems. During the separation period, Respondent never came to see minor child, nor was he involved in the parental decision making for the minor child.
15. Respondent and Petitioner reconciled in December [REDACTED] After reconciliation, Respondent was aggressive and violent towards Petitioner when he would recall their period of separation. Minor child was often awakened in the middle of the night to violent arguments between Respondent and Petitioner, causing her significant distress.
16. Respondent would shout and blame minor child for all the problems that he was having with Petitioner. Respondent would call minor child "*Perra*" (*Bitch*) and "*Putra*" (*Slut*) and would often compare her to her mother. Respondent would say that minor child would grow up to be a "whore like her mother" and that she was "damaged goods" like her mother.
17. Respondent would use also corporal punishment to discipline minor child. This punishment would begin with making minor child take a cold shower after which he would strike her

repeatedly with his belt. These beatings continued on an ongoing regular basis. Minor child would frequently be left with bruises all over her body. Petitioner was unable to stop the abuse, in part due to the domestic violence she herself suffered at the hands of Respondent.

18. After a prolonged period of domestic violence, Respondent fled her marital home and filed for divorce. On [REDACTED] the divorce decree was issued. The decree awarded sole legal and physical custody of minor child to Petitioner and awarded Respondent visitation rights on Sunday every two weeks. At that time, Minor child had no communication with Respondent for almost two years.
19. After the divorce, Respondent would use his visitation rights with minor child as a way to continue to assault and abuse Petitioner and minor child. Respondent would also often show up to Petitioner's home unannounced and continue subjecting the Petitioner to physical violence including sexual assault.
20. The last time minor child saw Respondent was in December of [REDACTED]
21. The minor child and the Petitioner entered the United States in January [REDACTED] The Department of Homeland Security placed the minor child and Petitioner in a Women and Children center. After a few days of being there, they were separated in the Southwest Key Program in January [REDACTED] the minor child was released into the care of the Petitioner.
22. Petitioner maintained her parental relationship with the minor child always. Petitioner provided financial support for the minor child and worked extra hours when needed to cover any financial necessities for minor child.

23. Since the minor child arrived in the United States, Respondent has shown no interest in sustaining a parental relationship and any contact is sporadic. Respondent provides no financial or other material support.
24. It is not in the best interest of the minor child to return to her home country of Ecuador. Respondent has physically abused Petitioner and minor child on many occasions. Respondent has made threats to Petitioner and minor child life.
25. It is in the best interests of the minor child under MINN. STAT. § 518.17 that permanent sole legal and physical custody be transferred to Petitioner:
- a. The minor child has lived with Petitioner since they entered the United States sometime in January [REDACTED] in a stable, satisfactory environment. In that time, she has become a welcomed and permanent member of Petitioner's household. In addition to living with her mother, the minor child is living with her youngest sibling and building relationships with her maternal grandparents who reside in Minneapolis, MN.
 - b. The minor child wishes to live with Petitioner. The minor child is of sufficient age and maturity to express a preference.
 - c. Petitioner has taken steps to continue the minor child's education. She was enrolled at Columbia Heights Highschool where she is in the tenth grade.
 - d. Petitioner is meeting the legal needs of the minor child by taking necessary steps to enable her to remain in the United States securely.
 - e. Petitioner has no history of physical or mental health problems.
 - f. The Petitioner and the minor child share the same cultural background and upbringing.

- g. Petitioner can provide a healthy, loving, and secure home for the minor child and believes it is in the child's best interests to be in Petitioner's care and custody.
26. The minor child is dependent upon this court and has been legally committed to or placed under the custody of an agency or department of state, or an individual or entity appointed by a state or juvenile court. Specifically, as of the date of this Order, the minor child has been placed by this Court under the legal and physical custody of the Petitioner.
27. The minor child's reunification with Respondent is not viable due to abuse, neglect, abandonment, or similar basis found under state law. Specifically, Respondent abandoned the minor child in December [REDACTED]. Since that time, Respondent has not been the minor child's primary caretaker and played no role in raising the minor child.
28. Reunification with Respondent is also not viable due to his sustained physical and mental abuse of the minor child from 2012 to 2016.
29. It is not in the minor child's best interests to be returned to his or his parents' previous country of nationality or country of last habitual residence, Ecuador. Specifically, as her abusive father lives in Ecuador and has made threats to her life. It is in the minor child's best interest to remain in the United States with the Petitioner. The Court finds it in the best interests of the child to reserve the issue of parenting time for Respondent.

CONCLUSIONS OF LAW


1. The Petition to establish permanent legal and physical custody of [REDACTED] [REDACTED] under MINN. STAT. § 518.17 should be granted.
2. The minor child, [REDACTED] Nicole [REDACTED] [REDACTED] remains under the jurisdiction of this Court until her eighteenth birthday.

NOW THEREFORE IT IS ORDERED:

1. Petitioner, [REDACTED] is granted sole physical and sole legal custody of the minor child [REDACTED] Nicole [REDACTED] born January 10, 2005, including the ability to determine the minor child's residence, course of education, religious training, legal needs, and health care needs, and to obtain information and public services on behalf of the minor child.
2. Child support is **RESERVED** for the period that [REDACTED] is a child within the meaning of MINN. STAT. § 518A.26. This order does not modify or reverse any Child Support obligations contained in the October 2, [REDACTED] Decree from the court in [REDACTED] Ecuador.
3. Respondent's parenting time is **RESERVED**.
4. Service by mail of a copy of the Order for Custody upon either Party or either Party's attorney at their last known address shall be deemed to constitute actual notice to that party of the terms contained in the Judgment and Decree.
5. David Kubat shall cease to be attorney of record for Petitioner ninety-one (91) days after entry of the Order.

THE FOREGOING FACTS WERE FOUND BY ME AFTER REVIEW AND THE FOREGOING ORDER IS RECOMMENDED

Dated: July 20, 2020


Referee Richard Stebbins

Dated: July 20, 2020


Judge of District Court

STATE OF MINNESOTA
COUNTY OF HENNEPIN

DISTRICT COURT
FOURTH JUDICIAL DISTRICT
FAMILY COURT DIVISION

In Re the Custody of:

██████ Nicole ██████ (DOB: 01/10/2005)

██████ ██████ ██████ ██████

**PETITIONER'S AFFIDAVIT
IN SUPPORT OF CUSTODY PETITION**

Petitioner,

File No. ██████████

and

██████ ██████ ██████ ██████

Respondent.

STATE OF MINNESOTA)
) s.s.
COUNTY OF HENNEPIN)

I, ██████ ██████ ██████ ██████ first being duly sworn, do depose and state that:

1. I am the Petitioner in this matter.
2. All information in this affidavit is true and correct, to the best of my knowledge and belief.
3. I am asking the court to award me sole custody of my daughter, ██████ Nicole ██████
I further ask the court to enter the Special Findings which will allow ██████ to live with me
in the United States.
4. I was born in Ecuador on ██████████. I came to the United States in January ██████.
I have lived in Minnesota since that time.
5. According to the best of my knowledge and belief, no other proceedings affect the current
proceeding.
6. I am not a member of the U.S. Armed Services and to the best of my knowledge and belief,
none of the parties in this matter are members of the U.S. Armed Services.

7. I have never been subject to an order for protection.
8. I have never been convicted of any crime described in MINN. STAT. § 518.179.
9. I have no history of physical or mental health problems.
10. I currently live at [REDACTED]. I live with my son [REDACTED] and, [REDACTED] my daughter for whom I am seeking custody.
11. I am employed at [REDACTED] in Minneapolis, MN. I work from [REDACTED] through [REDACTED].
12. [REDACTED] father and I married on [REDACTED]. [REDACTED] father abandoned and abused [REDACTED] when we were in transition of divorce.
13. [REDACTED] father has always been abusive towards me and a jealous man. But things got worse when we decided to separate sometime in [REDACTED] due to matrimonial problems. During that time, [REDACTED] father [REDACTED] never came to see [REDACTED] or acted as the primary caretaker, nor was he involved in the parental decision making for [REDACTED].
14. [REDACTED] and I decided to reconcile our relationship in December of [REDACTED].
15. I wanted my daughter to grow up having a male figure in her life. I thought [REDACTED] would change and see this opportunity as a second chance to have his family back.
16. After reconciliation, [REDACTED] continued to be aggressive and violent towards me and [REDACTED]. [REDACTED] would recall our period of separation, usually these thoughts would stem while he was intoxicated. [REDACTED] would often come home intoxicated and start huge fights that often-awakened [REDACTED] in the middle of the night, causing her significant stress.
17. This would cause [REDACTED] to do poorly in school which would make [REDACTED] upset. [REDACTED] would shout and blame [REDACTED] for all the problems that we were having. [REDACTED] would refer to [REDACTED] as a "Perra" (*Bitch*) and "Putra" (*Slut*) and would often compare us. [REDACTED] would

tell [REDACTED] that she would grow up to be a whore like me and that she was damaged goods like me.

18. When the school would call to inform us that [REDACTED] was not meeting expectations it would cause [REDACTED] to go in a fury. He would use corporal punishment to discipline [REDACTED]. First, he would make [REDACTED] take a cold shower and then he would strike her with his belt. These beatings continued on a regular basis and went far beyond anything that could be viewed as construed discipline. [REDACTED] would frequently be left with bruises all over her body. I would get into verbal arguments with [REDACTED] about the way he would discipline [REDACTED]. These verbal arguments usually would get physical and he would attack me.
19. On February 14, 2014 [REDACTED] arranged a family vacation with his brother. He told me that he wanted us to fix our relationship and wanted this vacation to just be the two of us. Before we started having marital problems [REDACTED] would take the kids and I on wonderful vacations. I agreed and told him that I was willing to give him another chance I left my children with my mother. On, [REDACTED] 15th after a day of swimming and drinking I went to the bathroom to shower. Up until then everything was going great, we were really enjoying each other's company.
20. While in the shower I received a text message from one of my male co-workers. [REDACTED] must have noticed because after I got out of the shower, I noticed that [REDACTED] looked furious. Without saying a word, [REDACTED] punched me in the face knocking me onto the bed. He jumped on top of me and slapped me twice on each side of the face. [REDACTED] then grabbed the towel that I had, placed it around the back of my neck, crossed the two ends over the front of my neck, and pulled them tight, strangling me with the towel. At this moment I did not know what was going on. I thought I was going to die he was infuriated and I had no way of


- defending myself. Luckily [REDACTED] brother barged into our room after hearing the commotion to get him off me. After this incident I was determined to file for divorce I knew that this was the only option, or I would die at the hands of [REDACTED]. We separated immediately after this and I started the paperwork to file for divorce.
21. [REDACTED] continued to have communication with me and threatened me that I would never live in peace. During this time, he lost contact with our children. On, November [REDACTED], [REDACTED] came to our home and opened the gate leading to my home. I noticed what was happening. He barged into my home after the gates were fully open and immediately grabbed me by the hair and punched me in the face. Our children were in the home. They heard the commotion and ran-down stairs to rescue me. [REDACTED] noticed that our adult son was coming and fled.
22. On October 2, 2015 the divorce decree was issued. The decree awarded me sole legal and physical custody of [REDACTED] and awarded him only visitation rights on Sunday every two weeks. At that time, [REDACTED] had no communication with her father for almost two years.
23. After the divorce, [REDACTED] exercised his right of visitation with [REDACTED]. During this time, he continued to assault and abuse [REDACTED] and me. [REDACTED] drinking became worse. On or about [REDACTED], I was at the local grocery store and he happened to walk by and saw me he then started accusing me of cheating and followed me home. [REDACTED] once again beat me.
24. On [REDACTED] [REDACTED] who was 11 years old at the time received her first communion. In celebration I held a party and invited both sides of the family. [REDACTED] was invited too he showed up and became belligerently drunk. The party went on until late at night. The following morning, I awoke in my bedroom naked. I noticed that my door frame was broken.

I was getting dressed when [REDACTED] walked in and told me that he raped me and that he would do it again whenever he pleased. He then walked out of my room and left without saying goodbye to [REDACTED]


25. The last time [REDACTED] saw her father was in December of [REDACTED]. [REDACTED] never showed up to his visit. [REDACTED] did not call or bothered to see [REDACTED]. I found out that [REDACTED] had gone on a drinking binge.
26. I then decided that it was best that [REDACTED] and I flee to the United States. Due to the rape from [REDACTED] I became pregnant. As I was getting closer to my due date my pregnancy started showing more. [REDACTED] did not believe that this child was his and would often attack me on the streets. I knew that my life, [REDACTED] life, and our future son's life were at risk. [REDACTED] and I entered the United States on January [REDACTED]. The Department of Homeland Security placed [REDACTED] and I in a Women and Children center. After a few days of being there, we were separated and [REDACTED] was placed in the Southwest Key Program in January [REDACTED] she was later released to me.
27. I have always maintained a parental relationship with [REDACTED] always. I have provided financial support for [REDACTED] and worked extra hours when I needed to cover any financial necessities for [REDACTED]. [REDACTED] has shown no interest in sustaining a parental relationship and any contact is sporadic. [REDACTED] provides no financial or other material support.
28. I ask that the court give me sole physical and legal custody of my daughter, [REDACTED] [REDACTED] by granting this custody petition.


Further affiant sayeth naught.

English is my second language. I provided the details for this affidavit using a Spanish and English-speaking interpreter. The above document was verbally interpreted to me in Spanish and I agree that it is true and accurate to the best of my knowledge.



I affirm, under penalty of perjury under the laws of the United States of America, that the above information in this statement is true and correct according to the best of my knowledge. Please also note in the cover letter or contents page of the exhibit that the attached statement is being submitted without notary signature due to the guidance on social distancing put out by the CDC regarding the National Emergency for COVID-19 at the time the document was signed.

I, Adriana Lopez, certify that I am competent to interpret from Spanish to English and from English to Spanish and that I interpreted the above document for  and that it was an accurate interpretation, to the best of my ability.



I affirm, under penalty of perjury under the laws of the United States of America, that the above information in this statement is true and correct according to the best of my knowledge. Please also note in the cover letter or contents page of the exhibit that the attached statement is being submitted without notary signature due to the guidance on social distancing put out by the CDC regarding the National Emergency for COVID-19 at the time the document was signed.

(IMAGE)

REPUBLIC OF ECUADOR

Directorate General of Civil Registry, Identification and Credentials

(IMAGE)

Directorate General of Civil Registry,
Identification and Credentials

BIRTH CERTIFICATE

The Directorate General of Civil Registry, Identification, and Credentials issues this certificate based on the information registered:

(PHOTO)

NUI(Ecuadorian ID Number)/Passport:

Sex: FEMALE

Date of Birth: JANUARY 10 OF 2000

Place of Birth (country/providence/canton/county):

Birth registration date:

Birth registration location (country/providence/canton/county):

Nationality: ECUADORIAN

Volume / Page / Record:

Father's Information:

NUI(Ecuadorian ID Number)/Passport:

Nationality: Ecuadorian

Mother's Information:

NUI(Ecuadorian ID Number)/Passport:

Nationality: Ecuadorian

Information certified on the date of:

Issuer: AMERICA MONCERRATH GOMEZ FLORES (JUNIOR) AGENTES

Note: This certificate substitutes computerized entries or any other prior document of the same nature.

(SIGNATURE)

(BARCODE)

Official Jorge Troya Fuertes
General Director of the Civil Registry,
Identification and Credentials
Document Signed Electronically



CERTIFICADO DE NACIMIENTO

La Dirección General de Registro Civil, Identificación y Cédulación, en base a la información que tiene registrada, emite el presente certificado:

NIETO [REDACTED]

NUI/Pasaporte: [REDACTED]

Lugar de nacimiento (país/provincia/cantón/parroquia):
[REDACTED]

Fecha de registro de nacimiento: [REDACTED]

Lugar de registro de nacimiento (país/provincia/cantón/parroquia):
[REDACTED]

Nacionalidad: [REDACTED]

Tomo / Página [REDACTED]

Datos del padre: [REDACTED]

NUI/Pasaporte: [REDACTED]

Nacionalidad: ECUATORIANA

Datos de la madre: [REDACTED]

NUI/Pasaporte: [REDACTED]

Nacionalidad: ECUATORIANA

Información certificada a la fecha: 7 DE JUNIO DE 2018

Emisor: XIMENA MONSERRATH SEMPERTEGUI ANDRADE - AGENCIA SAN BLAS (CUENCA)

Nota: El presente certificado reemplaza a las partidas computarizadas o cualquier documento anterior de ésta índole.

N° de certificado: 182-127-39326

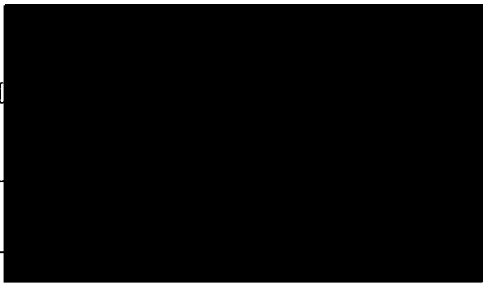
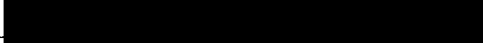



182-127-39326

Ing. Jorge Troya Fuertes
Director General del Registro Civil, Identificación y Cédulación
Documento firmado electrónicamente



CERTIFICATE OF TRANSLATION

I,  (name of translator) am competent to translate from
 (language) into English, and certify that the translation of
 _____ (name of
document) is true and accurate to the best of my abilities.


(telephone number of translator)

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Head of Office

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Head of Office

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or her death has been registered in the Off. of
in volume pg. certificate
.....of.....of

f).....

Head of Office

OTHER SUBINSCRIPTIONS AND MARGINAL NOTES

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R E P U B L I C O F E C U A D O R
Directorate General of Civil Registry, Identification and Identity Cards

REGISTRATION OF BIRTH

Volume.....7.....Pg.22.....Certificate2422

In province of
.....on today's date of the seventh of April
of Two thousand and five, the undersigned, Chief Civil Registry Officer, issues this
birth registration record for:
NAMES:
SEX: Female DATE OF BIRTH:
PLACE: OF CANTON: PROVINCE:
NAMES AND SURNAMES OF FATHER:
of Ecuadoran nationality, with the marital status of Married
with identification No.
NAMES AND SURNAMES OF MOTHER:
of Ecuadoran nationality, with the marital status of Married
with identification No.
Registration requested by: Father with Identification No.

(ILLEGIBLE)

OBSERVATIONS:

...The parents are Married to each other.....
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FINGERPRINTS OF THE REGISTERED
PARTY

LEFT THUMB

RIGHT THUMB

SIGNATURES: [SIGNATURE]

[SIGNATURE]

[ILLEGIBLE] León Hugo Gabriel
[ILLEGIBLE] PROFESSIONAL

[STAMP:]
REPUBLIC OF ECUADOR
[COAT OF ARMS]

AZUAY CIVIL REGISTRY PROVINCIAL HEADQUARTERS

Volume...7.. () [REDACTED]
[REDACTED] Law

I ATTEST:

that this is a faithful copy of the original.

[SIGNATURE]

Prov. Head of Azuay Civil Registry, Identification,
and Identity Cards

[SIGNATURE]

[REDACTED]

[STAMP:]

Directorate General of Civil
Registry, Identification, and
Identity Cards

Provincial Headquarters

[COAT OF ARMS]

Civil Reg. File.

Azuay

TRUE COPY

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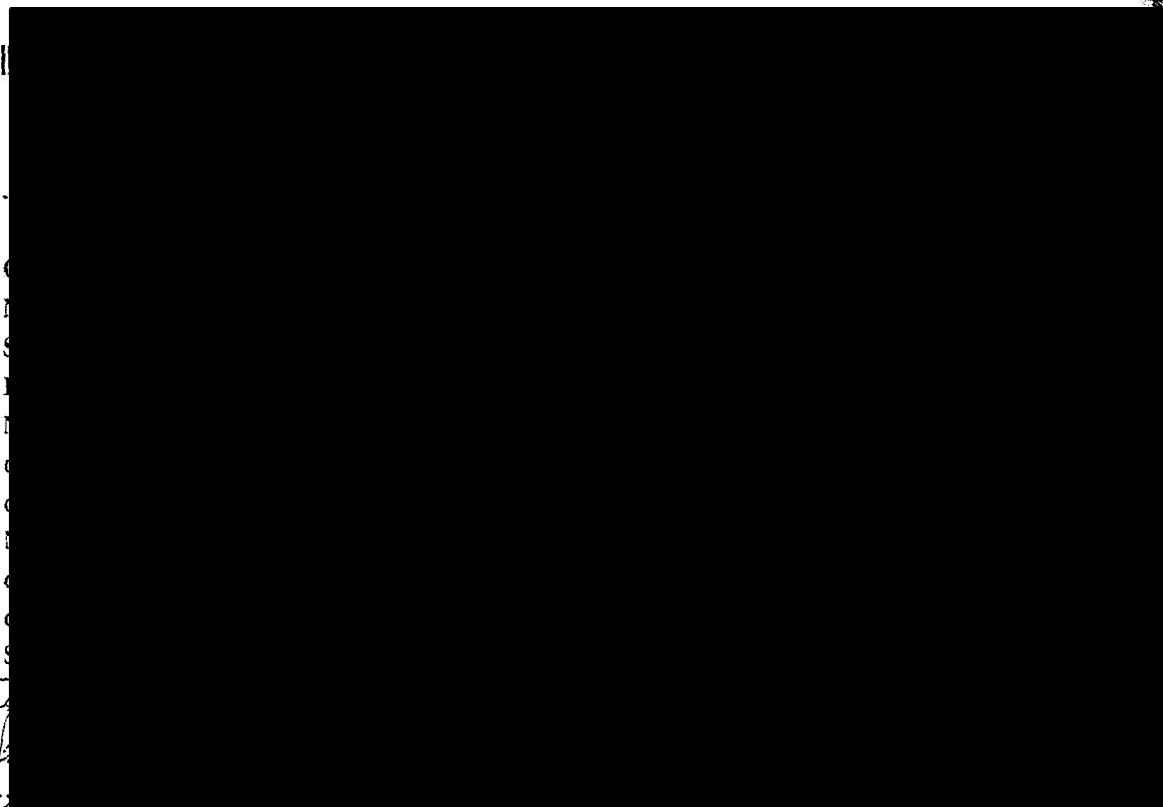
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Jefe de Oficina

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REPUBLICA DEL ECUADOR
DIRECCION GENERAL DE REGISTRO CIVIL, IDENTIFICACION Y CEDULACION



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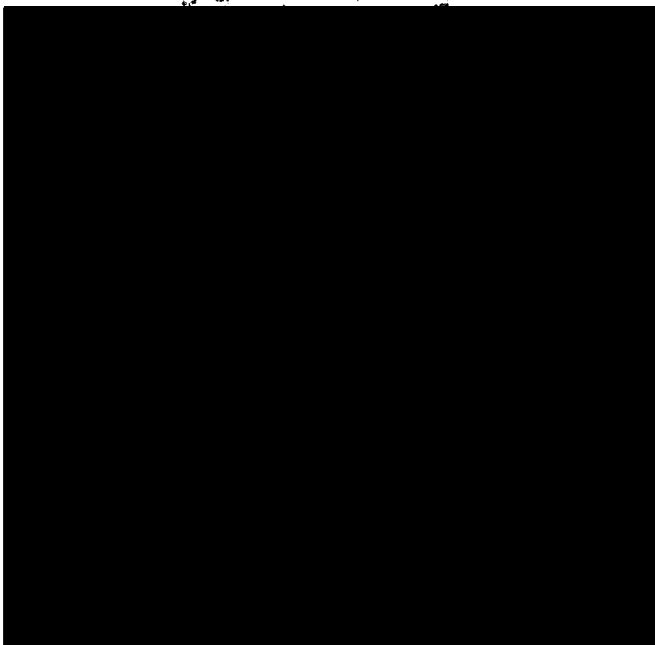
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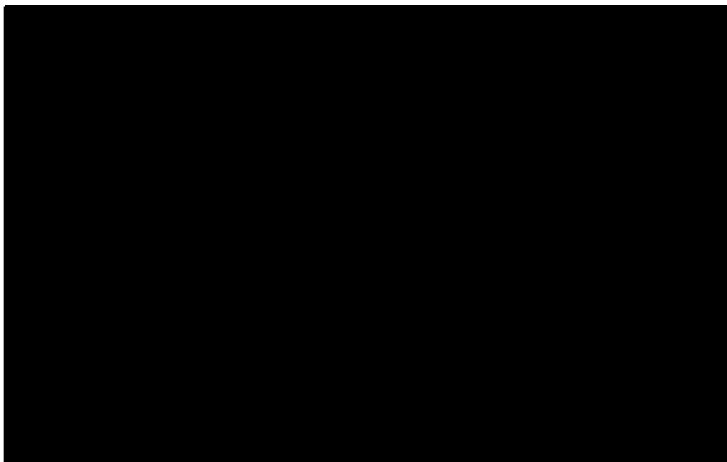
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CERTIFICATE OF TRANSLATION

I, Nancy Stone, hereby attest that I am a translator certified by the American Translators Association for Spanish into English, that I personally translated the attached document, and that to the best of my knowledge, ability and belief this translation is a true, accurate and complete translation of the original Spanish-language document that was provided to me.

Description of original Spanish-language document:

Birth registration of [REDACTED] [REDACTED] [REDACTED] from Ecuador, date of birth of registered party [REDACTED], consisting of a front side standard form and a back side with official stamps and signatures.



12/11/19

Date