Sean Downs

From: Robert Vukanovich <bob@RMVFAMILYLAW.COM>
Sent: Saturday, August 9, 2025 1:44 PM
To: Sean Downs
Cc: Kim Galliano
Subject: RE: Vladimir Nikolenko case - U-Visa exhibit
Attachments: 104 App for Advance Permission to Enter as Nonimmigrant.pdf; 105 Petition for U Nonimmigrant Status.pdf; 106 Supplement B re Nonimmigrant Status.pdf; 107 App for Employment Authorization.pdf

As I recall, I offered all of the immigration paperwork that was in discovery. Also, the clerk did not give me the proposed exhibits back to me.

I just looked in my file and believe the attached documents are what I attempt to have entered.

Robert M. Vukanovich
Attorney at Law
1014 Franklin Street
Vancouver, WA 98660
(360) 993-0389

Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS
Form I-192
OMB No. 1615-0017
Expires 06/30/2018

For DHS Use Only	Received	Returned Trans. Out	Fee Stamp
	Trans. In	Completed	

Action by the Department of Homeland Security

☐ Granted, subject to revocation at any time, upon the following terms and conditions:

Date of Action (mm/dd/yyyy) _____

DD or OIC _____

Office _____

To be completed by an attorney or accredited representative (if any).

☒ Select this box if Form G-28 or Form G-28I is attached.	Volag Number	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS ELIS Online Number (if any)

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

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of section 212(d)(3)(A)(ii), section 212(d)(13), or section 212(d)(14) of the Immigration and Nationality Act (INA).

I am seeking this permission so that I may obtain (Select **only one** box):

1. **A.** ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant)
   B. ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of a crime (U nonimmigrant status)

Part 2. Information About You

1. Family Name (Last Name): TORRES PINEDA
   Given Name (First Name): FLOR
   Middle Name:
2. Alien Registration Number (A-Number) (if any): ▶ A-
3. USCIS Online Account Number (if any): ▶
4. Date of Birth (mm/dd/yyyy): [redacted]
5. Place of Birth
   City or Town: GUAYAMEO, ZIRANDARO
   State or Province: GUERRERO
   Country: MEXICO
6. Country of Citizenship or Nationality: MEXICO

Part 2. Information About You (continued)

7. Physical Address

Street Number and Name [redacted] | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: BATTLE GROUND | State: WA | ZIP Code: 98604

Province | Postal Code | Country: USA

8. Provide the addresses where you have resided during the past five years, starting with the last place you lived prior to your current physical address listed under **Item Number 7.** If you need extra space to complete this section, use the space provided in **Part 7. Additional Information** .

A. **Residence Number 1**

Date of Residence From (mm/dd/yyyy): 06/2015 | To (mm/dd/yyyy): PRESENT

Street Number and Name [redacted] | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: BATTLE GROUND | State: WA | ZIP Code: 98604

Province | Postal Code | Country: USA

B. **Residence Number 2**

Date of Residence From (mm/dd/yyyy): 2014 | To (mm/dd/yyyy): 06/2015

Street Number and Name [redacted] | Apt. Ste. Flr. ☒ ☐ ☐ | Number: 18

City or Town: BATTLE GROUND | State: WA | ZIP Code: 98604

Province | Postal Code | Country

C. **Residence Number 3**

Date of Residence From (mm/dd/yyyy): 2013 | To (mm/dd/yyyy): 2014

Street Number and Name [redacted] | Apt. Ste. Flr. ☐ ☐ ☐ | Number

City or Town: BATTLE GROUND | State: WA | ZIP Code: 98604

Province | Postal Code | Country: USA

Part 2. Information About You (continued)

D. Residence Number 4

Date of Residence From (mm/dd/yyyy): 2011 To (mm/dd/yyyy): 2013

Street Number and Name: [redacted] Apt. Ste. Flr. Number: ☒ Apt ☐ Ste ☐ Flr — G57

City or Town: VANCOUVER State: WA ZIP Code: 98661

Province: Postal Code: Country: USA

Travel Information

9. Location at which you plan to enter the United States (desired Port-of-Entry)
   City: State:
10. Name of Port-of-Entry:
11. How do you plan to travel to the United States? (For example, by plane, ship, car)
12. When do you plan to enter the United States? (mm/dd/yyyy)
13. Approximate Length of Stay in the United States:
14. What is the purpose of your stay in the United States? Explain fully below.

Immigration and Criminal History

15. Do you believe that you may be inadmissible to the United States? ☒ Yes ☐ No
    If you answered "Yes," explain the reasons why you believe, according to the best of your knowledge, that you may be inadmissible in **Part 7. Additional Information**. If you were told that you are inadmissible, provide the reason you were given.
16. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No
    If you answered "Yes," provide the details in **Items A. - C.** in **Item Number 17.** If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.
17. A. Date Application Filed (mm/dd/yyyy)
    B. Location where you filed your application (For example, U.S. Citizenship and Immigration Services (USCIS) Office or Port-of-Entry)
    USCIS Office or U.S. Port-of-Entry
    City or Town: State or Province: Country:
    C. Receipt Number (if available) ▶

Part 2. Information About You (continued)

NOTE: If you are an applicant for T nonimmigrant status or a petitioner for U nonimmigrant status, you do not need to answer Item Numbers 18. - 21.

18. Have you **EVER** been in the United States for a period of six months or more? ☐ Yes ☐ No

If you answered "Yes," provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 7. Additional Information**.

19. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 19.** provide the information in the space provided in **Part 7. Additional Information**.

NOTE: If you (or somebody else on your behalf) have filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 7.** to also provide the following information:

A. Type of application or petition filed;

B. Location where you (or the other person) filed the application or petition (for example, USCIS office or Port-of-Entry);

C. Outcome of the application or petition (for example, approved, denied, or is pending)

20. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 20.**, provide the information in the space provided in **Part 7. Additional Information**.

21. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? If you answered "Yes," describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 7. Additional Information.** ☐ Yes ☐ No

Part 3. Biographic Information

1. Ethnicity (Select **only one** box) ☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 06 4. Weight Pounds 154

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/ Other

6. Hair Color (Select **only one** box)

☐ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☒ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/ Other

Part 4. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-192 Instructions before completing this part.

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

1. Applicant's Statement Regarding the Interpreter

   A. ☒ I can read and understand English, and have read and understand every question and instruction on this application and my answer to every question.

   B. ☐ The interpreter named in **Part 5.** read to me every question and instruction on this application, and my answer to every question in [ ], a language in which I am fluent, and I understood everything.

2. Applicant's Statement Regarding the Preparer

   ☒ At my request, the preparer named in **Part 6.,** [MARIA SANDOVAL PINACHO], prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number [redacted]

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

5. Applicant's Email Address (if any) [redacted]

Applicant's Certification

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

I further authorize release of information contained in this application, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration 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 reviewed and provided or authorized all of the information in my application;
2) I understood all of the information contained in, and submitted with, my application; and
3) All of this information was complete, true, and correct at the time of filing.

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

Applicant's Signature

6. Applicant's Signature [signature]

Date of Signature (mm/dd/yyyy) 08/03/2017

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

Part 5. 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. Interpreter's Daytime Telephone Number

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 _____, which is the same language specified in **Part 4., Item B.** in **Item Number 1.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name): SANDOVAL PINACHO
   Preparer's Given Name (First Name): MARIA
2. Preparer's Business or Organization Name (if any): LUTHERAN COMMUNITY SERVICES NW

Preparer's Mailing Address

3. Street Number and Name: 3600 MAIN STREET
   Apt. ☐ Ste. ☒ Flr. ☐ Number: 200
   City or Town: VANCOUVER
   State: WA
   ZIP Code: 98663
   Province:
   Postal Code:
   Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 3606945624
5. Preparer's Mobile Number (if any):
6. Preparer's Email Address (if any): mspinacho@lcsnw.org

Preparer's Statement

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

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

   NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this application, 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 application.

Preparer's Certification

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

Preparer's Signature

8. Preparer's Signature
   Date of Signature (mm/dd/yyyy): 08/03/2017

Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Include your name and A-Number (if any) at the top of every 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): TORRES PINEDA | Given Name (First Name): FLOR | Middle Name:

2. A-Number (if any) ▶ A-

3. A. Page Number: 3 B. Part Number: 2 C. Item Number: 15

D. My initial entry EWI 212(a)(6)(A)to the U.S. was in 1991 without passport or entry documents 212(a)(7)(B). I Left the U.S. on 1998 212(a)(9)(B). I re-entered EWI 212(a)(9)(C) the U.S. in 08/2002. Prior to entering in 08/2002, I was detained at the border. I was finger printed, photos were taken of me and I was sent back to Mexico. However, the person that I was traveling with, presented false documents and said they were mine. I assume that the officer thought

4. A. Page Number: 3 B. Part Number: 2 C. Item Number: 15

D. continue: were mine 212(a)(6)(C)(ii). I was accused of shop lifting on 2015 and was cited, went to court, was given a diversion program, I completed it and case was dismissed. Please refer to court records attached.

5. A. Page Number: 3 B. Part Number: 2 C. Item Number: 15

D. Continue: When I was 16 (1996), I was arrested for assault. My sister-in-law was hitting my mother, neighbors called police, when police arrived my sister-in-law told officer that we had hit her. I was arrested and was detained for a few hours, went to court, case was dismissed. See attached full court disposition/ police report.

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

D.

Petition for U Nonimmigrant Status

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

USCIS Form I-918
OMB No. 1615-0104
Expires 02/28/2019

For USCIS Use Only	Remarks	Receipt	Action Block
U.S. Embassy Consulate	Validity Dates (mm/dd/yyyy) From: / / To: / /	Wait Listed Stamp Number	Date (mm/dd/yyyy)

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)

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

Part 1. Information About You (Person filing this petition as a victim)

1.a. Family Name (Last Name): TORRES PINEDA
1.b. Given Name (First Name): FLOR
1.c. Middle Name:

Other Names Used (Include maiden name, nicknames, and aliases, if applicable)

2.a. Family Name (Last Name): none
2.b. Given Name (First Name):
2.c. Middle Name:

Home Address

3.a. Street Number and Name: [redacted]
3.b. ☐ Apt. ☐ Ste. ☐ Flr.:
3.c. City or Town: BATTLE GROUND
3.d. State: WA 3.e. ZIP Code: 98604
3.f. Province:
3.g. Postal Code:
3.h. Country: USA

Safe Mailing Address (if other than Home Address)

4.a. In Care Of Name:
4.b. Street Number and Name: [redacted]
4.c. ☐ Apt. ☐ Ste. ☐ Flr.:
4.d. City or Town: BATTLE GROUND
4.e. State: WA 4.f. ZIP Code: 98604
4.g. Province:
4.h. Postal Code:
4.i. Country: USA

Other Information

5. Alien Registration Number (A-Number) (if any) ▶ A-
6. U.S. Social Security Number (if any) ▶
7. USCIS Online Account Number (if any) ▶
8. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

Part 1. Information About You (continued)

9. Gender ☐ Male ☒ Female

10. Date of Birth (mm/dd/yyyy) [redacted]

11. Country of Birth
GUAYAMEO ZIRANDARO GUERRERO

12. Country of Citizenship or Nationality
MEXICO

13. Form I-94 Arrival-Departure Record Number

14. Passport Number

15. Travel Document Number

16. Country of Issuance for Passport or Travel Document

17. Date of Issuance for Passport or Travel Document (mm/dd/yyyy)

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

Place and Date of Last Entry into the United States and Date Authorized Stay Expired

19.a. City or Town TIJUANA

19.b. State

20. Date of Last Entry into the United States (mm/dd/yyyy) 08/05/2002

21. Date Authorized Stay Expired (mm/dd/yyyy)

22. Current Immigration Status
EWI

Part 2. Additional Information About You

Answering "Yes" to the following questions below requires explanations and supporting documentation. Attach relevant documents in support of your claims that you are a victim of criminal activity listed in the Immigration and Nationality Act (INA) section 101(a)(15)(U)(iii). You must also attach a personal narrative statement describing the criminal activity of which you are a victim. If you are only petitioning for U derivative status for qualifying family members subsequent to your (the principal petitioner) initial filing, you are not required to submit evidence supporting the original petition with the new Form I-918.

If you need extra space to complete **Part 2.**, use the space provided in **Part 8. Additional Information.**

Select "Yes" or "No," as appropriate, for each of the following questions.

1. I am a victim of criminal activity listed in the INA at section 101(a)(15)(U)(iii). ☒ Yes ☐ No

2. I have suffered substantial physical or mental abuse as a result of having been a victim of this criminal activity. ☒ Yes ☐ No

3. I possess information concerning the criminal activity of which I was a victim. ☒ Yes ☐ No

4. I am submitting Form I-918, Supplement B, U Nonimmigrant Status Certification, from a certifying official. ☒ Yes ☐ No

5. The crime of which I am a victim occurred in the United States (including Indian country and military installations) or violated the laws of the United States. ☒ Yes ☐ No

6. I am under 16 years of age. ☐ Yes ☒ No

7.a. I was or am in immigration proceedings. ☐ Yes ☒ No

If you answered "Yes," select the type of proceedings. If you were in proceedings in the past and are no longer in proceedings, provide the date of action. If you are currently in proceedings, type or print "Current" in the appropriate date field. Select **all applicable** boxes. Use the space provided in **Part 8. Additional Information** to provide an explanation.

7.b. ☐ Removal Proceedings
Removal Date (mm/dd/yyyy)

7.c. ☐ Exclusion Proceedings
Exclusion Date (mm/dd/yyyy)

7.d. ☐ Deportation Proceedings
Deportation Date (mm/dd/yyyy)

7.e. ☐ Rescission Proceedings
Rescission Date (mm/dd/yyyy)

7.f. ☐ Judicial Proceedings
Judicial Date (mm/dd/yyyy)

Part 2. Additional Information About You (continued)

Provide the date of entry, place of entry, and status under which you entered the United States for each entry during the five years preceding the filing of this petition.

8.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

8.b. City or Town

8.c. State

8.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

9.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

9.b. City or Town

9.c. State

9.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

10.a. Date of Entry (mm/dd/yyyy)

Place of Entry into the United States

10.b. City or Town

10.c. State

10.d. Status at the Time of Entry (for example, F-1 student, B-2 tourist, entered without inspection)

If you are outside of the United States, provide the U.S. Consulate or inspection facility or a safe foreign mailing address you want notified if this petition is approved.

11.a. Type of Office (Select **only one** box):

☐ U.S. Consulate ☐ Pre-Flight Inspection

☐ Port-of-Entry

11.b. City or Town

11.c. State

11.d. Country

Safe Foreign Address Where You Want Notification Sent (if other than U.S. Consulate, Pre-Flight Inspection, or Port-of-Entry)

12.a. Street Number and Name: NONE

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town

12.d. Province

12.e. Postal Code

12.f. Country

Part 3. Processing Information

Answer the following questions about yourself. For the purposes of this petition, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

NOTE: If you answer "Yes" to **ANY** question in **Part 3.**, provide an explanation in the space provided in **Part 8. Additional Information**.

NOTE: Answering "Yes" does not necessarily mean that U.S. Citizenship and Immigration Services (USCIS) will deny your Petition for U Nonimmigrant Status.

Have you **EVER**:

1.a. Committed a crime or offense for which you have not been arrested? Was not arrested Theft 3 ☒ Yes ☐ No

1.b. Been arrested, cited, or detained by any law enforcement officer (including Department of Homeland Security (DHS), former Immigration and Naturalization Service (INS), and military officers) for any reason? ☒ Yes ☐ No

1.c. Been charged with committing any crime or offense? Cited (See attached) Juvenile & arrested ☐ Yes ☒ No

1.d. Been convicted of a crime or offense (even if the violation was subsequently expunged or pardoned)? ☐ Yes ☒ No

1.e. Been placed in an alternative sentencing or a rehabilitative program (for example, diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☒ Yes ☐ No

Part 3. Processing Information (continued)

1.f. Received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☒ No

1.g. Been in jail or prison? ☐ Yes ☒ No

1.h. Been the beneficiary of a pardon, amnesty, rehabilitation, or other act of clemency or similar action? ☐ Yes ☒ No

1.i. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? ☐ Yes ☒ No

Information About Arrests, Citations, Detentions, or Charges

If you answered "Yes" to any of the above questions, respond to the questions below to provide additional details. If you need extra space, use the space provided in **Part 8. Additional Information.**

2.a Why were you arrested, cited, detained, or charged?
THEFT THIRD DEGREE

2.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)
2015

Where were you arrested, cited, detained, or charged?

2.c. City or Town VANCOUVER

2.d. State WA

2.e. Country
USA

2.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)
DISMISSED DIVERSION PROGRAM COMPLETED

3.a Why were you arrested, cited, detained, or charged?
ARRESTED

3.b. Date of arrest, citation, detention, or charge (mm/dd/yyyy)
1996

Where were you arrested, cited, detained, or charged?

3.c. City or Town VNCOUVER

3.d. State WA

3.e. Country
USA

3.f. Outcome or disposition (for example, no charges filed, charges dismissed, jail, probation)
DISMISSED NO CHARGES WERE FILED

Have you **EVER**:

4.a. Engaged in, or do you intend to engage in, prostitution or procurement of prostitution? ☐ Yes ☒ No

4.b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? ☐ Yes ☒ No

4.c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? ☐ Yes ☒ No

4.d. Illicitly trafficked in any controlled substance or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? ☐ Yes ☒ No

Have you **EVER** committed, planned or prepared, participated in, threatened to, attempted to, conspired to commit, gathered information for, or solicited funds for any of the following:

5.a. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

5.b. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

5.c. Assassination? ☐ Yes ☒ No

5.d. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

5.e. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

Have you **EVER** been a member of, solicited money or members for, provided support for, attended military training (as defined in section 2339D(c)(1) of Title 18, United States Code) by or on behalf of, or been associated with any other group of two or more individuals, whether organized or not, which has been designated as, or has engaged in or has a subgroup which has been designated as, or has engaged in:

6.a. A terrorist organization under section 219 of the INA? ☐ Yes ☒ No

6.b. Hijacking or sabotage of any conveyance (including an aircraft, vessel, or vehicle)? ☐ Yes ☒ No

Part 3. Processing Information (continued)

6.c. Seizing or detaining, and threatening to kill, injure, or continue to detain, another individual in order to compel a third person (including a governmental organization) to do or abstain from doing any act as an explicit or implicit condition for the release of the individual seized or detained? ☐ Yes ☒ No

6.d. Assassination? ☐ Yes ☒ No

6.e. The use of any firearm with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.f. The use of any biological agent, chemical agent, nuclear weapon or device, explosive, or other weapon or dangerous device, with intent to endanger, directly or indirectly, the safety of one or more individuals or to cause substantial damage to property? ☐ Yes ☒ No

6.g. Soliciting money or members or otherwise providing material support to a terrorist organization? ☐ Yes ☒ No

Do you intend to engage in the United States in:

7.a. Espionage? ☐ Yes ☒ No

7.b. Any unlawful activity, or any activity the purpose of which is in opposition to, or the control, or overthrow of the government of the United States? ☐ Yes ☒ No

7.c. Solely, principally, or incidentally in any activity related to espionage or sabotage or to violate any law involving the export of goods, technology, or sensitive information? ☐ Yes ☒ No

8. Have you **EVER** been or do you continue to be a member of the Communist or other totalitarian party, except when membership was involuntary? ☐ Yes ☒ No

9. Have you **EVER**, during the period of March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ordered, incited, assisted or otherwise participated in the persecution of any person because of race, religion, nationality, membership in a particular social group, or political opinion? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

10.a. Acts involving torture or genocide? ☐ Yes ☒ No

10.b. Killing any person? ☐ Yes ☒ No

10.c. Intentionally and severely injuring any person? ☐ Yes ☒ No

10.d. Engaging in any kind of sexual conduct or relations with any person who was being forced or threatened? ☐ Yes ☒ No

10.e. Limiting or denying any person's ability to exercise religious beliefs? ☐ Yes ☒ No

10.f. The persecution of any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No

10.g. Displacing or moving any person from their residence by force, threat of force, compulsion, or duress? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 10.a. - 10.g.**, please describe the circumstances in **Part 8. Additional Information**.

11. Have you **EVER** advocated that another person commit any of the acts described in the preceding question, urged, or encouraged another person, to commit such acts? ☐ Yes ☒ No

Have you **EVER** been present or nearby when any person was:

12.a. Intentionally killed, tortured, beaten, or injured? ☐ Yes ☒ No

12.b. Displaced or moved from his or her residence by force, compulsion, or duress? ☐ Yes ☒ No

12.c. In any way compelled or forced to engage in any kind of sexual contact or relations? ☐ Yes ☒ No

Have you **EVER**:

13.a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerilla group, militia, or other insurgent organization? ☐ Yes ☒ No

Part 3. Processing Information (continued)

13.b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons?
☐ Yes ☒ No

13.c. Served in, been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons transported, possessed, or used any type of weapon?
☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 13.a. - 13.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

14.a. Received any type of military, paramilitary, or weapons training?
☐ Yes ☒ No

14.b. Been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so?
☐ Yes ☒ No

14.c. Assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person?
☐ Yes ☒ No

NOTE: If you answered "Yes" to any question in **Item Numbers 14.a. - 14.c.**, please describe the circumstances in **Part 8. Additional Information.**

Have you **EVER**:

15.a. Recruited, enlisted, conscripted, or used any person under 15 years of age to serve in or help an armed force or group?
☐ Yes ☒ No

15.b. Used any person under 15 years of age to take part in hostilities, or to help or provide services to people in combat?
☐ Yes ☒ No

16. Are you **NOW** in removal, exclusion, rescission, or deportation proceedings?
☐ Yes ☒ No

17. Have you **EVER** had removal, exclusion, rescission, or deportation proceedings initiated against you?
☐ Yes ☒ No

18. Have you **EVER** been removed, excluded, or deported from the United States?
☐ Yes ☒ No

19. Have you **EVER** been ordered to be removed, excluded or deported from the United States?
☐ Yes ☒ No

20. Have you **EVER** been denied a visa or denied admission to the United States?
☐ Yes ☒ No

21. Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge and failed to depart within the allotted time?
☐ Yes ☒ No

22. Are you **NOW** under a final order or civil penalty for violating section 274C of the INA (producing and/or using false documentation to unlawfully satisfy a requirement of the INA)?
☐ Yes ☒ No

23. Have you **EVER**, by fraud or willful misrepresentation of a material fact, sought to procure or procured a visa or other documentation, for entry into the United States or any immigration benefit?
☐ Yes ☒ No

24. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces or U.S. Coast Guard?
☐ Yes ☒ No

25. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and not yet complied with that requirement or obtained a waiver of such?
☐ Yes ☒ No

26. Have you **EVER** detained, retained, or withheld the custody of a child, having a lawful claim to United States citizenship, outside the United States from a United States citizen granted custody?
☐ Yes ☒ No

27. Do you plan to practice polygamy in the United States?
☐ Yes ☒ No

28. Have you **EVER** entered the United States as a stowaway?
☐ Yes ☒ No

29.a. Do you **NOW** have a communicable disease of public health significance?
☐ Yes ☒ No

29.b. Do you **NOW** have or have you **EVER** had a physical or mental disorder and behavior (or a history of behavior that is likely to recur) associated with the disorder which has posed or may pose a threat to the property, safety, or welfare of yourself or others?
☐ Yes ☒ No

29.c. Are you **NOW** or have you **EVER** been a drug abuser or drug addict?
☐ Yes ☒ No

Part 4. Information About Your Spouse and/or Children

If you need extra space to complete **Part 4.**, use the space provided in **Part 8. Additional Information.**

1.a. Family Name (Last Name): PENALOZA PINEDA
1.b. Given Name (First Name): AUGUSTO
1.c. Middle Name:
2. Date of Birth (mm/dd/yyyy): 01/30/1975
3. Country of Birth: MEXICO
4. Relationship: HUSBAND
5. Current Location: USA

6.a. Family Name (Last Name): PENALOZA TORRES
6.b. Given Name (First Name): YAREN
6.c. Middle Name:
7. Date of Birth (mm/dd/yyyy): 07/08/2001
8. Country of Birth: MEXICO
9. Relationship: BIOLOGICAL CHILD
10. Current Location: USA

11.a. Family Name (Last Name): PENALOZA TORRES
11.b. Given Name (First Name): DARVELIA
11.c. Middle Name:
12. Date of Birth (mm/dd/yyyy): 09/13/2002
13. Country of Birth: USA
14. Relationship: BIOLOGICAL CHILD
15. Current Location: USA

16.a. Family Name (Last Name): PENALOZA
16.b. Given Name (First Name): EDGAR
16.c. Middle Name:
17. Date of Birth (mm/dd/yyyy): 08/02/2012
18. Country of Birth: USA
19. Relationship: BIOLOGICAL SON
20. Current Location: USA

21.a. Family Name (Last Name):
21.b. Given Name (First Name):
21.c. Middle Name:
22. Date of Birth (mm/dd/yyyy):
23. Country of Birth:
24. Relationship:
25. Current Location:

Filing On Behalf of Family Members

26. I am petitioning for one or more qualifying family members. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 26.**, you must complete and include Supplement A for each family member for whom you are petitioning.

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

NOTE: Read the **Penalties** section of the Form I-918 Instructions before completing this part.

Petitioner's Statement

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

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 6.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 7.,** MARIA T SANDOVAL PINACHO, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
3609035595

4. Petitioner's Mobile Telephone Number (if any)
3609035595

5. Petitioner's Email Address (if any)
tflor43@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature ➡ [signature]

6.b. Date of Signature (mm/dd/yyyy) 08/03/2017

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.

NOTE: A parent or legal guardian may sign for a person who is less than 14 years of age. A legal guardian may sign for a mentally incompetent person.

Part 6. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Part 6. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

which is the same language specified in **Part 5., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

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

Part 7. 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.a. Preparer's Family Name (Last Name)
SANDOVAL PINACHO

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

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

Preparer's Mailing Address

3.a. Street Number and Name
3600 MAIN STREET

3.b. ☐ Apt. ☒ Ste. ☐ Flr.
200

3.c. City or Town
VANCOUVER

3.d. State
WA

3.e. ZIP Code
98663

3.f. Province

3.g. Postal Code

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
3606945624

5. Preparer's Mobile Telephone Number (if any)
3606945624

6. Preparer's Email Address (if any)
mspinacho@lcsnw.org

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.

7.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, 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. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification,** and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 08/03/2017

Part 8. 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. Include your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name) TORRES PINEDA

1.b. Given Name (First Name) FLOR

1.c. Middle Name

2. A-Number (if any) ▶ A-

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 Num

5.d.

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

6.d.

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

7.d.

Supplement B, U Nonimmigrant Status Certification

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

USCIS
Form I-918
OMB No. 1615-0104
Expires 02/28/2019

For USCIS Use Only

Remarks

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

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
   ▶ A- [ ]
2.a. Family Name (Last Name): TORRES PINEDA
2.b. Given Name (First Name): FLOR
2.c. Middle Name:

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information.**

3.a. Family Name (Last Name): none
3.b. Given Name (First Name):
3.c. Middle Name:
4. Date of Birth (mm/dd/yyyy): [redacted]
5. Gender ☐ Male ☒ Female

Part 2. Agency Information

1. Name of Certifying Agency: Clark County Prosecutor Attorneys Offi

Name of Certifying Official

2.a. Family Name (Last Name): Banfield
2.b. Given Name (First Name): Camara
2.c. Middle Name: Laye
3. Title and Division/Office of Certifying Official: Chief Criminal Deputy

Name of Head of Certifying Agency

4.a. Family Name (Last Name): GOLIK
4.b. Given Name (First Name): TONY
4.c. Middle Name:

Agency Address

5.a. Street Number and Name: 1013 FRANSKIN STREET
5.b. ☐ Apt. ☐ Ste. ☐ Flr.
5.c. City or Town: VANCOUVER
5.d. State: WA 4.f. ZIP Code: 98660
5.f. Province:
5.g. Postal Code:
5.h. Country: USA

Other Agency Information

6. Agency Type
   ☐ Federal ☐ State ☒ Local
7. Case Status
   ☐ On-going ☒ Completed
   ☐ Other
8. Certifying Agency Category
   ☐ Judge ☐ Law Enforcement ☒ Prosecutor
   ☐ Other
9. Case Number: 17000821
10. FBI Number or SID Number (if applicable)

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- ☐ Abduction
- ☐ Abusive Sexual Contact
- ☐ Attempt to Commit Any of the Named Crimes
- ☐ Being Held Hostage
- ☐ Blackmail
- ☐ Conspiracy to Commit Any of the Named Crimes
- ☐ Domestic Violence
- ☐ Extortion
- ☐ False Imprisonment
- ☐ Felonious Assault
- ☐ Female Genital Mutilation
- ☐ Fraud in Foreign Labor Contracting
- ☐ Incest
- ☐ Involuntary Servitude
- ☒ Kidnapping
- ☐ Manslaughter
- ☐ Murder
- ☐ Obstruction of Justice
- ☐ Peonage
- ☐ Perjury
- ☐ Prostitution
- ☐ Rape
- ☐ Sexual Assault
- ☐ Sexual Exploitation
- ☐ Slave Trade
- ☐ Solicitation to Commit Any of the Named Crimes
- ☐ Stalking
- ☐ Torture
- ☐ Trafficking
- ☐ Unlawful Criminal Restraint
- ☐ Witness Tampering

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy)

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

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

2.d. Date (mm/dd/yyyy)

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☒ Yes ☐ No

4.b. If you answered "Yes," where did the criminal activity occur?

BRUSH, PRAIRE, WA

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1.** Attach copies of all relevant reports and findings.

VICTIM FLOR WAS ASSAULTED WITH A KNIFE A WEEK PRIOR TO THANKSGIVING. HER EMPLOYER ASKED HER NOT TO MAKE THE REPORT BECAUSE THE AGGRESSOR WAS HER BROTHER VLADIMIR V NIKOLENKO. FLOR WAS KEPT AGAINST HER WILL IN THE BATHROOM OF FIVE STAR FAMILY ADULT HOME LLC THE SUSPECT GRABBED HER AND MOLESTED HER TOUCHING HER BREAST UNDER HER SHIRT HOLDING A KNIFE. PLEASE SEE POLICE REPORT.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

SUSPECTED POINTED A KNIFE DIRECTLY TO THE VICTIMS FACE THREATENING NOT TO MOVE OR SPEAK. VICTIM WAS IN SHOCK AND SPEECHLESS. SUSPECT MOLESTED FLOR BY TOUCHING UNDER HER SCRUBS IN HER CHEST AREAATTEMPTING TO UNDO HER BRACIER. THE VICTIM FELT THE SUSPECTS ERECTION.

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3.**? ☒ Yes ☐ No

2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No

3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**

4. Other. Include any additional information you would like to provide.

WILL CONTINUE COOPERATING IF NEEDED.

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☒ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information.**)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Relationship

2.e. Involvement

3.a. Family Name (Last Name)

3.b. Given Name (First Name)

3.c. Middle Name

3.d. Relationship

3.e. Involvement

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

4.d. Relationship

4.e. Involvement

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official

2. Date of Signature (mm/dd/yyyy) 07 26 17

3. Daytime Telephone Number 360 397 2261

4. Fax Number

Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (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. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

Clark County Prosecutor Attorneys Offi

Petitioner's Name

2.a. Family Name (Last Name) TORRES PINEDA

2.b. Given Name (First Name) FLOR

2.c. Middle Name

3. A-Number (if any)

▷ A-

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

4.d.

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

5.d.

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

6.d.

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 02/28/2018

For USCIS Use Only	Fee Stamp	Action Block	Initial Receipt	Resubmitted
			Relocated	
			Received	Sent
			Completed	
			Approved	Denied
			A#	

☐ Application Approved
☐ Authorization/Extension Valid From _____
☐ Authorization/Extension Valid To _____
Subject to the following conditions: _____

☐ Application Denied - Failed to establish:
☐ Eligibility under 8 CFR 274a.12 (a) or (c)
☐ Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)

☐ Applicant is filing under section 274a.12 _____

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

I am applying for:

☒ Permission to accept employment.
☐ Replacement (of lost employment authorization document).
☐ Renewal of my permission to accept employment (attach a copy of your previous employment authorization document).

1. **Full Name**

Family Name	First Name	Middle Name
TORRES PINEDA	FLOR	

2. **Other Names Used** (include Maiden Name)

Family Name	First Name	Middle Name
n/a		

3. **U.S. Mailing Address**

Street Number and Name	Apt. Number
[redacted]	

Town or City	State	ZIP Code
BATTLE GROUND	WA	98604

4. **Country of Citizenship or Nationality**

MEXICO	MEXICO

5. **Place of Birth**

Town or City	State/Province	Country
GUAYAMEO, ZIRANDAROGUERRERO		MEXICO

6. **Date of Birth** (mm/dd/yyyy) 06/30/1980

7. **Gender** ☐ Male ☒ Female

8. **Marital Status**

☐ Single ☒ Married ☐ Divorced ☐ Widowed

9. **Social Security Number** (Include all numbers you have ever used, if any)

n/a

10. **Alien Registration Number (A-Number)** or **Form I-94 Number** (if any)

11. **Have you ever before applied for employment authorization from USCIS?**

☐ Yes (Complete the following questions.)

Which USCIS Office? _____ Dates _____

Results (Granted or Denied - attach all documentation) _____

☒ No (Proceed to **Question 12.**)

12. **Date of Last Entry into the U.S., on or about** (mm/dd/yyyy)

2002

13. **Place of Last Entry into the U.S.**

TIJUANA

14. **Status at Last Entry** (B-2 Visitor, F-1 Student, No Lawful Status, etc.)

EWI

15. **Current Immigration Status** (Visitor, Student, etc.)

Pending U-visa (U-1)

16. **Eligibility Category.** Go to the **"Who May File Form I-765?"** section of the Instructions. In the space below, place the letter and number of the eligibility category you selected from the instructions. For example, (a)(8), (c)(17)(iii), etc.

(C) (14) ( )

17. **(c)(3)(C) Eligibility Category.** If you entered the eligibility category (c)(3)(C) in **Question 16** above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.

Degree: n/a

Employer's Name as listed in E-Verify: n/a

Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number: n/a

18. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Question 16** above, please provide the receipt number of your H-1B principal spouse's most recent Form I-797 Notice of Approval for Form I-129.

n/a

19. **(c)(35) and (c)(36) Eligibility Category**

a. If you entered the eligibility category (c)(35) or (c)(36) in **Question 16** above, please provide the receipt number of the Form I-140 beneficiary's Form I-797 Notice of Approval for Form I-140.

n/a

b. Have you **EVER** been arrested for and/or convicted of any crime? ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Numbers 19.b.**, refer to **Item Number 5.**, **Item H.** or **Item I.** in the **Who May File Form I-765** section of these Instructions for information about providing court dispositions.

Certification

I certify, under penalty of perjury, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the **"Who May File Form I-765?** section of the instructions and have identified the appropriate eligibility category in **Question 16**.

Applicant's Signature

Date of Signature (mm/dd/yyyy): 08/03/2017

Telephone Number: 3609035595

Signature of Person Preparing Form, If Other Than Applicant

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Preparer's Signature

Date of Signature (mm/dd/yyyy): 08/03/2017

Printed Name: Maria T. Sandoval Pinacho

Address

LUTHERAN COMMUNITY SERVICES NW

3600 Main Street, Suite 200, Vancouver, WA 98663

GRECCO DOWNS, PLLC

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Transmittal Information

Filed with Court:	Supreme Court
Appellate Court Case Number:	104,358-9
Appellate Court Case Title:	State of Washington v. Vladimir Vasilyevich Nikolenko
Superior Court Case Number:	18-1-01096-9

The following documents have been uploaded:

- 1043589_Answer_Reply_20250811165308SC537638_9035.pdf
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