

FILED  
SUPREME COURT  
STATE OF WASHINGTON  
8/11/2025 4:53 PM  
BY SARAH R. PENDLETON  
CLERK

No. 104358-9

IN THE SUPREME COURT  
IN AND FOR THE STATE OF WASHINGTON

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STATE OF WASHINGTON,  
Respondent/Petitioner,

v.

VLADIMIR V. NIKOLENKO,  
Appellant.

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APPELLANT'S RESPONSE TO  
STATE'S PETITION FOR REVIEW

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## A. SUMMARY OF FACTS

Mr. Nikolenko was charged with one count of indecent liberties with forcible compulsion regarding alleged victim FT from an incident alleged to have occurred between November 26, 2016 and November 30, 2016. CP 1. After a long period of competency proceedings, Nikolenko was finally determined to be competent on April 13, 2021. CP 24. Nikolenko proceeded to jury trial on August 29, 2022.

During motions in limine, the State objected to the defense seeking to admit FT's U visa application.<sup>1</sup> RP 69-70.<sup>2</sup>

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<sup>1</sup> See <<https://www.uscis.gov/humanitarian/victims-of-human-trafficking-and-other-crimes/victims-of-criminal-activity-u-nonimmigrant-status>> (the U nonimmigrant status is set aside for victims of certain crimes who have suffered mental or physical abuse and are helpful to law enforcement or government officials in the investigation or prosecution of criminal activity).

<sup>2</sup> The superior court clerk's office indicated that they returned the proposed exhibits to the defendant's trial counsel, however defense counsel has indicated that the proposed exhibits were never returned to him and should be a part of the record. See Email from Robert Vukanovich and attached proposed exhibits (attached as "Appendix A"). Appellate counsel has redacted identifying information from these proposed exhibits. The parties discussed the contents of the U visa application on the record. However, if the reviewing court requires a supplementation of the record then it may do so, pursuant to RAP 9.10. The facts presented in the proposed exhibits are mundane in themselves,

The application showed that FT applied for U visa status as a Mexican citizen after her accusations against Nikolenko were made. RP 70. The court noted that defense counsel had not made a written pretrial motion and offer of proof as required under ER 413, so the evidence was excluded by the court. RP 72.

FT was employed by 5 Star Adult Family Home as a caregiver for approximately eight months. RP 79, 137. Olga Fisenko, the sister of Nikolenko, was FT's employer. RP 137. Fisenko had problems with FT as an employee. RP 137-138. Fisenko had concerns about FT's performance and FT lying to her on multiple occasions. RP 147. FT was not following the company's rules about the residents' med sheet or feeding the residents. RP 198-199. Fisenko informed FT that if the poor performance continued that she would have to fire her. *Id.* FT had threatened Fisenko that if FT were ever to be fired that the

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however the defense was simply trying to cross-examine FT about the fact that she made an application and be able to argue about its implications.

State would come for Fisenko's company. RP 139, 147. FT had complained that she did not have enough time to take her breaks during the day. RP 147. Fisenko had FT fill out ratings for each day that she worked there. RP 148. Despite this, FT claimed that Fisenko was always happy with her work. RP 120.

Nikolenko's and Fisenko's father passed away on November 25, 2016. RP 141. On November 29th, Nikolenko travelled by bus from Seattle, where he was living at the time, to meet with Fisenko in order to travel together to the funeral in Denver, Colorado. RP 141-142. Fisenko picked up Nikolenko from the bus stop the evening on November 29th, he stayed overnight at her residence, and they, along with Fisenko's husband, departed on their flight to Denver in the early morning on November 30th. RP 143. They left for the airport early in the morning around 7:00-7:30am and their flight was at 10:20am. RP 208-209.

FT would typically start work at 7:05am around that timeframe. RP 144. That morning, Nikolenko and Fisenko were

in close proximity to one another on the bottom floor of the three-floor residence<sup>3</sup>, getting ready to leave. RP 144. She did not see Nikolenko on the middle floor that morning. RP 145. Fisenko indicated that FT and Nikolenko were not ever seen close to one another, as Nikolenko and his family were preparing to leave for their flight. RP 144.

FT testified that while she was working that morning, she looked at the calendar and noticed one of the residents needed a shower, so she went to give him a shower. RP 84. FT said that she went to get a towel in the closet outside of the bathroom. RP 85. When she turned around, she said a man that she did not recognize was right next to her. RP 86. She said the man used his finger to make a shushing motion and he held a knife in the other hand. RP 87. She said he grabbed her arm and took her into the bathroom. RP 88. FT said he reached underneath her top and touched her breast. RP 90. FT claimed that she heard

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<sup>3</sup> For clarity, the floors will be identified in this briefing as the bottom floor, middle floor, and top floor.

Fisenko's footsteps, FT then called out Fisenko's name, and then the man put the knife down. RP 93. FT said that Fisenko said "Vladimir, what are you doing here?" and then grabbed him from the bathroom and went downstairs. RP 94. Fisenko testified that she never saw FT and Nikolenko together and never heard FT call out for her the day of the alleged incident. RP 210. FT never told her about Nikolenko allegedly doing something to her until FT's last day of work. RP 210.

FT claimed that Fisenko told her not to tell anyone what happened after the alleged incident. RP 95-96. FT also claimed that she did not call the police because of what Fisenko told her that day. RP 97. She was also afraid that she would be forced back to Mexico if she called the police. RP 98. On cross-examination, she then claimed that she did not report it because Fisenko said she was going to report it. RP 121.

FT indicated that she saw the man that assaulted her approximately thirty minutes later. RP 101. This is contrary to what she told her counselor, Patricia Harris, wherein she

indicated that she saw the man several hours later. RP 173. She indicated that he was touching his private parts on the couch. RP 102. Fisenko clarified in later testimony that Nikolenko visited her residence at a time prior to November 29th where he was fixing his waistband. RP 149. This visit was on November 11th. RP 207.

FT could not remember the date of the alleged incident other than it occurred after Thanksgiving.<sup>4</sup> RP 81. Although, she told her counselor that it had happened prior to Thanksgiving. RP 184. FT indicated that she would be able to identify the person that allegedly assaulted her. RP 99-100. However, she indicated that she did not recognize anyone in the courtroom, which included Nikolenko. RP 100.

During cross-examination, defense counsel attempted to admit FT's timesheet from that time period. RP 105-108. FT identified the document as being a form that she used to check

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<sup>4</sup> Thanksgiving 2016 occurred on Thursday, November 24, 2016. *See* < [https://www.calendardate.com/thanksgiving\\_2016.htm](https://www.calendardate.com/thanksgiving_2016.htm)> (last accessed December 18, 2023).

in and out of work and that the handwriting on it for the times written was her own. RP 106. The State objected based on lack of foundation because some of the other handwriting on the document was not her own and the court sustained the objection based on “lack of foundation”. RP 108. Defense counsel also attempted to admit the timesheet through Ms. Fisenko, as she identified it as a form that her company always used and they were kept in the regular course of business to track workers’ hours. RP 201-204. The State objected that the item was not properly authenticated and the court sustained the objection. RP 204.

On January 18, 2017 in the early morning, FT called in sick but then showed up to work later in the morning anyway. RP 211. Fisenko told FT to stay home and that she could not work while sick around vulnerable seniors. RP 211-212. At this time, FT indicated that she was going to see a counselor. RP 122. Later that same day, FT received a letter from Fisenko essentially terminating her employment. RP 124.

## B. ARGUMENT

### 1. The superior court erred in denying the defense the opportunity to cross-examine the alleged victim regarding her immigration status.

The right to present evidence of a witness's bias is essential to the fundamental constitutional right of a criminal defendant to present a complete defense, which encompasses the right to confront and cross-examine adverse witnesses. U.S. CONST. amend. VI; WASH. CONST. art. I, § 22; *Davis v. Alaska*, 415 U.S. 308, 316, 94 S. Ct. 1105, 39 L. Ed. 2d 347 (1974); *Chambers v. Mississippi*, 410 U.S. 284, 294, 93 S. Ct. 1038, 35 L. Ed. 2d 297 (1973); *State v. Jones*, 168 Wn.2d 713, 720, 230 P.3d 576 (2010); *State v. Darden*, 145 Wn.2d 612, 620, 41 P.3d 1189 (2002) (citing *Washington v. Texas*, 388 U.S. 14, 23, 87 S. Ct. 1920, 18 L. Ed. 2d 1019 (1967)). A witness's bias is “ ‘always relevant as discrediting the witness and affecting the weight of his testimony.’ ” *Davis*, 415 U.S. at 316, 94 S.Ct. 1105 (quoting 3A JOHN HENRY WIGMORE, EVIDENCE IN TRIALS AT COMMON LAW § 940, at 775



(Chadbourn rev. ed. 1970)). And “the more essential the witness is to the prosecution’s case, the more latitude the defense should be given to explore fundamental elements such as motive, bias, [or] credibility.” *Darden*, 145 Wn.2d at 619, 41 P.3d 1189. For example, in a prosecution for indecent liberties, it is error to refuse to permit the defendant to cross-examine the complainant’s mother in an effort to develop a theory that the charges were fabricated at the insistence of the complainant’s older sister. *State v. Peterson*, 2 Wn. App. 464, 469 P.2d 980 (1970).

Violation of the right to present a defense and to confront witnesses is constitutional error. *Jones*, 168 Wn.2d at 724–25. “Constitutional error is presumed prejudicial and the State bears the burden of showing the error was harmless beyond a reasonable doubt.” *State v. Chambers*, 197 Wn. App. 96, 128, 387 P.3d 1108 (2016).

A U visa permits victims of certain crimes to lawfully reside in the United States for four years, which may be

extended upon certification that the victim's continued presence is required to assist in the investigation or prosecution of criminal activity. *See* 8 U.S.C. §§ 1101(a)(15)(U)(iii), 1184(p)(6). If the crime victim is physically present in the United States for three years following the receipt of a U-visa, her status may be adjusted to that of a lawful permanent resident. *See* 8 U.S.C. § 1255(m). Thus, this evidence is clearly relevant to challenge an alleged victim's credibility, as it tends to show her potential bias and supplies a motive to fabricate the allegations against the defendant. *State v. Romero-Ochoa*, 1 Wn. App. 2d 1059 (2017)<sup>5</sup> (reversed based on harmless error, 193 Wn.2d 341, 440 P.3d 994 (2019)).

In the instant case, Torres had made unfounded complaints against her employer, Olga Fisenko, which showed her inherent bias against Nikolenko's sister (Fisenko). FT threatened Fisenko with making a complaint against her

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<sup>5</sup> Unpublished opinion cited for persuasive value only, pursuant to GR 14.1.

company to the State. FT applied for a U visa which gave her additional motivation to make a complaint, as she claimed to be concerned about being sent back to Mexico. However, FT being granted a U visa would make it more likely that she would be able to stay in the United States. Defense counsel should have been allowed to explore those issues in cross examination.

Defense counsel should have been allowed to cross-examine FT in order to explore the theory that she made a complaint against Nikolenko in order to get back at Fisenko. Defense counsel further should have been allowed to cross-examine FT about how she made the allegation against Nikolenko in order to be granted a U visa and stay in the United States.

FT either was aware of the U visa benefits before she made her allegation or after she made her allegation. Either scenario requires the defense to explore her bias. The U visa application reinforced FT's motivation to continue her fabrication and provided her additional cover to continue her false allegations. FT could reasonably believe that she would be

safe from deportation with a U visa, which would make it less likely that she would recant her false allegations. Defense counsel could have cross-examined FT about her increasing boldness in asserting her allegations after applying for the U visa. Defense counsel could have cross-examined FT about why she even felt it was necessary to apply for U visa status. There are a myriad of examples of how defense counsel could have cross-examined FT but was denied that opportunity.

**A. The superior court's error in denying the U visa inquiry was not harmless beyond a reasonable doubt.**

In the context of an erroneous exclusion of impeachment evidence, “[t]he correct inquiry is whether, assuming that the damaging potential of the cross-examination were fully realized, [we can] nonetheless say that the error was harmless beyond a reasonable doubt.” *State v. Romero-Ochoa*, 193 Wn.2d 341, 347, 440 P.3d 994 (2019) (citing *Delaware v. Van Arsdall*, 475 U.S. 673, 684, 106 S. Ct. 1431, 89 L.Ed.2d 674 (1986)).

In the instant case, this error cannot be considered harmless beyond a reasonable doubt when the prejudice of being unable to effectively cross-examine FT was denied by the lower court. FT's allegation was not corroborated by any eyewitness or any objective evidence such as DNA. *Cf. Romero-Ochoa, supra* (sexual assault examination confirmed multiple injuries, DNA swabs from the defendant's penis matched the victim, law enforcement observed the victim close in time to the rape, neighbors observed the victim screaming right after the rape occurred, *et cetera*, therefore the error was harmless beyond a reasonable doubt). FT's allegations were contradicted by Fisenko, the person who FT had a clear bias to harm vis-à-vis her brother, Nikolenko. There is not overwhelming proof of guilt in this case, as the State's evidence is primarily just FT's allegations. This is in stark contrast to a fact pattern that would be harmless beyond a reasonable doubt.

Moreover, there were numerous instances where FT's recollection of events were called into question. FT's report to

the psychologist lacked details FT included in her testimony, such as being dragged into a bathroom, or contained conflicting information, such as stating that the incident occurred before Thanksgiving even though Nikolenko's father did not die until the day after Thanksgiving. FT's counselor Harris indicated that FT informed her that Nikolenko exposed himself *hours* after she was supposedly assaulted. RP 173. This would have been well after Nikolenko had left to the airport with his family. It obviously would not be possible for FT to see Nikolenko supposedly exposing himself around noon, as he was on a flight to Colorado that departed early in the morning. Fisenko testified regarding this flight in the morning, thereby directly contradicting FT.

Fisenko's testimony about the flight was uncorroborated, as the defense did not call Fisenko's husband or sister to testify regarding the flight plan. The State attacked Fisenko and claimed she was unreliable because of her relationship with her brother and that she had an interest in the outcome of his case. RP 258.

The State also made a large issue out of Nikolenko fixing his pants and submitted to the jury that it must have happened on the same day as November 30th and that it was corroborated by multiple witnesses. RP 258, 263. However, Fisenko described an earlier time in November where Nikolenko was adjusting his pants.

The above shows the importance of the U visa to the defense. FT's credibility was a critical issue at trial and the U visa evidence shows her motivation to exaggerate her allegations for gain. It is also notable that the State was the party that raised FT's nationality in front of the jury. RP 97-98. It was the State that raised the issue of FT not calling the police immediately because she feared deportation. FT's testimony that she feared deportation went unchallenged due to the trial court's erroneous ruling, and the State relied on this testimony in closing argument, even though that fear would have been a basis for FT to seek the U visa and cooperate with the investigation. The defense was not attempting to cast aspersions

on anyone's nationality<sup>6</sup>, but instead was attempting to show how application for a U visa shows how FT may be more helpful to the prosecution in order to obtain citizenship status.

Given the foregoing, the superior court erred in denying this evidence at trial and the court of appeals decision reversing the conviction was proper.

C. CONCLUSION

Given the foregoing, the appellant respectfully requests that this court deny review.

DATED this August 11, 2025.

RAP 18.17 certification: This document contains 2,834 words.

Respectfully submitted,

s/ Sean M. Downs

Sean M. Downs, WSBA #39856

Attorney for Appellant

GRECCO DOWNS, PLLC

701 Columbia St. #109

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<sup>6</sup> Incidentally, Nikolenko and his family are Russian speaking and are originally from Russia. RP 143; 295-96. Any potential anti-immigrant bias by a jury speculated to by the State may apply to both parties.



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CERTIFICATE OF SERVICE

I, Sean M. Downs, a person over 18 years of age, declare under penalty of perjury under the laws of the State of Washington that on August 11, 2025 I electronically filed the APPELLANT’S RESPONSE BRIEF with the clerk of the court using the electronic filing system, which will send a copy to the following electronic participant: Aaron Bartlett <Aaron.Bartlett@clark.wa.gov>, attorney for Respondent.

Dated this August 11, 2025. Signed in Vancouver, WA.

s/ Sean M. Downs  
Sean M. Downs, WSBA #39856  
Attorney for Appellant  
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Vancouver, WA 98660  
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# APPENDIX A

## Sean Downs

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**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		
<input type="checkbox"/> 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).			
<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Volag Number <div></div>	Attorney State Bar Number (if applicable) <div></div>	Attorney or Accredited Representative USCIS ELIS Online Number (if any) <div></div>

▶ 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 <div></div>		
2. Alien Registration Number (A-Number) (if any) ▶ A- <div></div>			3. USCIS Online Account Number (if any) ▶ <div></div>			4. Date of Birth (mm/dd/yyyy) <div></div>		
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

☒ ☐ ☐

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)  To (mm/dd/yyyy)

Street Number and Name  Apt. Ste. Flr. Number ☐ ☐ ☐

City or Town  State  ZIP Code

Province  Postal Code  Country

**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  Inches  4. Weight Pounds

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 **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**

\_\_\_\_\_

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

\_\_\_\_\_

**5. Applicant's Email Address (if any)**

\_\_\_\_\_

#### 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**

\_\_\_\_\_

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

ZIP Code

WA

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.

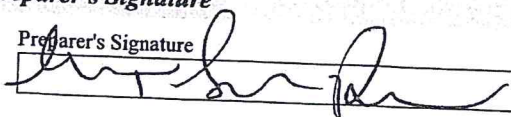
**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this application, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or G-28I, Notice of Entry of Appearance as Attorney 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)	Wait Listed	
		From: / /	Stamp Number Date (mm/dd/yyyy)	
To: / /				

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> 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  
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  
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)
11. Country of Birth
12. Country of Citizenship or Nationality
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
- 19.b. State
20. Date of Last Entry into the United States (mm/dd/yyyy)
21. Date Authorized Stay Expired (mm/dd/yyyy)
22. Current Immigration Status

**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? ☒ 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? ☐ 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.

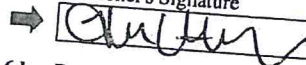
I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 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



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)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name (if any)

**Preparer's Mailing Address**

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☒ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State  3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

**Preparer's Contact Information**

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

### ***Preparer's Statement***

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this 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.

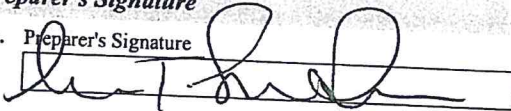
**NOTE:** If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

### ***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)   
1.b. Given Name (First Name)   
1.c. Middle Name

2. A-Number (if any) ▶ A-

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

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

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

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

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



# 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)

2.b. Given Name (First Name)

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)

3.b. Given Name (First Name)

3.c. Middle Name

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

5. Gender ☐ Male ☒ Female

## Part 2. Agency Information

1. Name of Certifying Agency

Name of Certifying Official

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Title and Division/Office of Certifying Official

Name of Head of Certifying Agency

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

## Agency Address

5.a. Street Number and Name

5.b. ☐ Apt. ☐ Ste. ☐ Flr.

5.c. City or Town

5.d. State  4.f. ZIP Code

5.f. Province

5.g. Postal Code

5.h. Country

## 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

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)

- |   |   |
|---|---|
| <input type="checkbox"/> Abduction                                    | <input type="checkbox"/> Manslaughter                                   |
| <input type="checkbox"/> Abusive Sexual Contact                       | <input type="checkbox"/> Murder   |
| <input type="checkbox"/> Attempt to Commit Any of the Named Crimes    | <input type="checkbox"/> Obstruction of Justice                         |
| <input type="checkbox"/> Being Held Hostage                           | <input type="checkbox"/> Peonage  |
| <input type="checkbox"/> Blackmail                                    | <input type="checkbox"/> Perjury  |
| <input type="checkbox"/> Conspiracy to Commit Any of the Named Crimes | <input type="checkbox"/> Prostitution                                   |
| <input type="checkbox"/> Domestic Violence                            | <input type="checkbox"/> Rape   |
| <input type="checkbox"/> Extortion                                    | <input type="checkbox"/> Sexual Assault                                 |
| <input type="checkbox"/> False Imprisonment                           | <input type="checkbox"/> Sexual Exploitation                            |
| <input type="checkbox"/> Felonious Assault                            | <input type="checkbox"/> Slave Trade                                    |
| <input type="checkbox"/> Female Genital Mutilation                    | <input type="checkbox"/> Solicitation to Commit Any of the Named Crimes |
| <input type="checkbox"/> Fraud in Foreign Labor Contracting           | <input type="checkbox"/> Stalking                                       |
| <input type="checkbox"/> Incest                                       | <input type="checkbox"/> Torture  |
| <input type="checkbox"/> Involuntary Servitude                        | <input type="checkbox"/> Trafficking                                    |
| <input checked="" type="checkbox"/> Kidnapping                        | <input type="checkbox"/> Unlawful Criminal Restraint                    |
|   | <input type="checkbox"/> 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 AREA ATTEMPTING 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)   
3. Daytime Telephone Number   
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)

Family Name (Last Name)	TORRES PINEDA
----------------------------	---------------

- 2.b. Given Name  
(First Name)

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
	<input type="checkbox"/> Application Approved <input type="checkbox"/> Authorization/Extension Valid From _____ <input type="checkbox"/> Authorization/Extension Valid To _____ Subject to the following conditions: _____		Relocated	
			Received	Sent
			Completed	
			Approved	Denied
<input type="checkbox"/> Application Denied - Failed to establish: <input type="checkbox"/> Eligibility under 8 CFR 274a.12 (a) or (c) <input type="checkbox"/> Economic necessity under 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f) <input type="checkbox"/> Applicant is filing under section 274a.12 _____		A#		

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

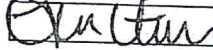
- b. Have you EVER been arrested for and/or convicted of any crime? ☒ Yes ☐ No

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

August 11, 2025 - 4:53 PM

## 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  
This File Contains:  
Answer/Reply - Answer to Petition for Review  
*The Original File Name was Nikolenko response to petition 1043589 redacted.pdf*

### A copy of the uploaded files will be sent to:

- aaron.bartlett@clark.wa.gov
- cntypa.generaldelivery@clark.wa.gov

### Comments:

---

Sender Name: Sean Downs - Email: sean@greccodowns.com  
Address:  
701 COLUMBIA ST APT 109  
VANCOUVER, WA, 98660-3468  
Phone: 360-707-7040

**Note: The Filing Id is 20250811165308SC537638**