

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Western District of Texas

DAVID MCDONALD BRATHWAITE

Plaintiff(s)

v.

BETTINA THERESE HELM

Defendant(s)

Civil Action No. 1:24-cv-57-ADA

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* BETTINA THERESE HELM
ccurlyhorse.54@hotmail.com
bettinahorse@gmail.com
Cell phone: 301-852-1462

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Gregory H. McLawsen (WSBA 41870)
Sound Immigration
600 1st Ave, Suite 330, PMB 45921 | Seattle, WA 98104-2205
greg@soundimmigration.com | 1-855-809-5115

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 12/22/2025



CLERK OF COURT PHILIP J. DEVLIN

Signature of Philip J. Devlin

Signature of Clerk or Deputy Clerk

Civil Action No. 1:24-cv-57-ADA

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____ 0 _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

IN FEDERAL DISTRICT COURT FOR THE
WESTERN DISTRICT OF TEXAS – AUSTIN

DAVID MCDONALD BRATHWAITE,

Plaintiff,

v.

BETTINA THERESE HELM,

Defendant.

No. 1:24-cv-57

**COMPLAINT FOR BREACH OF
THE U.S. CITIZENSHIP AND
IMMIGRATION SERVICES
FORM I-864, AFFIDAVIT OF
SUPPORT UNDER SECTION
213A OF THE IMMIGRATION
AND NATIONALITY ACT
(8 U.S.C. § 1183a(e)(1))**

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I. INTRODUCTION

1. This is a lawsuit for immigration financial support under the United States and Immigration Services (“USCIS”) Form I-864, Affidavit of Support Under Section 213A of the Immigration and Nationality Act (“Affidavit of Support”).

2. The Affidavit of Support was created by the United States Congress in 1996 to ensure that family-sponsored immigrants are ensured a basic level of financial wellbeing, sufficient to meet the most basic needs of life.

3. In mandating the Affidavit of Support, Congress required visa petitioners, rather than the American people, serve as a financial safety net to new immigrants.

4. The Affidavit of Support is a legally binding contract between the sponsor and the United States government, of which the intending immigrant is a third-party beneficiary.

5. Plaintiff David McDonald Brathwaite is the beneficiary of an Affidavit of Support signed by his former spouse, Defendant Bettina Therese Helm (the “Affidavit of Support”).

6. The Defendant has breached her legal duty to maintain Mr. Brathwaite’s income at a level equal to 125 percent of the Federal Poverty Guidelines (“Poverty Line”). Because his income has been below that level, the Defendant is liable for damages equal to the difference between the Plaintiff’s actual income and 125 percent of the Poverty Line.

II. JURISDICTION AND VENUE

7. This Court has subject matter jurisdiction pursuant to 28 U.S.C. § 1331 as this action arises under the federal Immigration and Nationality Act *See* 8 U.S.C. § 1183a(e)(I).

8. This Court has personal jurisdiction over the Defendant as, by signing Affidavit of Support, she submitted to the jurisdiction of any court with subject matter jurisdiction over the Plaintiff's claims. 8 U.S.C. § 1183a(a)(1)(C).

9. Venue is proper in this District as, by executing the Affidavit of Support, the Defendant consented to venue in this District. 28 U.S.C. § 1391(b)(1).

10. Venue is further proper in this District as a substantial part of the events or omissions giving rise to the claims occurred in this District, to wit, the damages Mr. Brathwaite suffered by virtue of the Defendant's breach of contract. 28 U.S.C. § 1391(b)(2).

III. PARTIES

11. Plaintiff David McDonald Brathwaite is a citizen of Barbados.

12. Mr. Brathwaite resides in Austin, Texas.

13. Defendant Bettina Therese Helm is a citizen of the United States of America and is the Plaintiff's former spouse. Ms. Helm resides in Hughesville, Maryland.

14. As further alleged below, Ms. Helm served as the Plaintiff's immigration sponsor by executing the Affidavit of Support, thereby contractually promising to provide a specified level of income to the Plaintiff.

IV. FACTUAL ALLEGATIONS

Background concerning the Affidavit of Support.

15. Since 1882 federal law has excluded the immigration of individuals considered “likely to become a public charge.” Act of Aug. 3, 1882, 22 Stat. 214.

16. The current immigration statute, in effect at all times material to the facts alleged herein, forbids the entry of immigrants determined likely to become a “public charge.” 8 U.S.C. § 1182(a)(4).

17. The Affidavit of Support is required for a family-based immigrant visa applicant to overcome public charge inadmissibility. *See* 8 U.S.C. § 1182(a)(4)(C).

18. The only family-based immigrants who are exempt from submitting an Affidavit of Support are those classes listed at 8 C.F.R. § 213a.2(a)(2)(ii), to wit:

(A) self-petitioners under the Violence Against Women Act; (B) grandfathered immigrants with petitions pending prior to December 19, 1997; (C) those who have worked and/or may be credited with 40 qualifying quarters of coverage as defined under title II of the Social Security Act; (D) a child admitted under 8 U.S.C. § 1181(a) and 8 C.F.R. § 211.1(b)(1); and (E) a child who will automatically acquire citizenship under 8 U.S.C. § 1431.

19. The Affidavit of Support has been mandatory in marriage-based immigrant visa cases at all times material to the case at bar.

20. Once executed, the Affidavit of Support is a legally binding contract between the sponsor and the United States Government. 8 U.S.C. § 1183a(a)(1)(B).

1 21. By signing the Affidavit of Support, the sponsor agrees to provide the
2 intending immigrant with any support necessary to maintain him at an income
3 that is at least 125 percent of the Federal Poverty Guidelines for his household
4 size. 8 U.S.C. § 1183a(a)(1)(A).

5 22. As used in the Affidavit of Support, 8 U.S.C. § 1183a, and 8 C.F.R. Part
6 213a, “income” means an individual's total income (or adjusted gross income for
7 those who file IRS Form 1040EZ) for purposes of the individual's U.S. Federal
8 income tax liability, including a joint income tax return. 8 C.F.R. § 213a.1.

9 23. The Federal Poverty Guidelines (“poverty line”) are published annually
10 in the Federal Register.

11 24. In any given year for which a sponsored immigrant is entitled to support
12 under the Affidavit of Support, he is entitled to support based on the poverty line
13 in effect for that year according to the individual’s U.S. state of residency.

14 25. The Affidavit of Support obligation may be enforced by the immigrant
15 beneficiary, who is a third-party beneficiary thereof. 8 U.S.C. § 1183a(a)(1)(B); 8
16 C.F.R. § 213a.2(d).

17 26. Per 8 C.F.R. § 213a.4(a)(2) a sponsored immigrant is not required to
18 make any demand for payment from a sponsor prior to commencing a lawsuit to
19 enforce the sponsorship obligation under the Affidavit of Support.

20 27. By signing the Affidavit of Support, the sponsor agrees to submit to the
21 personal jurisdiction of any federal or state court that has subject matter
22
23

1 jurisdiction over a lawsuit against the sponsor to enforce obligations under the
2 Affidavit of Support. 8 U.S.C. § 1183a(a)(1)(C).

3 28. By signing the Affidavit of Support, the sponsor certifies under penalty
4 of perjury that the sponsor has read and understands each part of the
5 obligations described in the Affidavit of Support and agrees freely and without
6 any mental reservation or purpose of evasion to accept each of those obligations in
7 order to make it possible for the immigrant(s) listed in the Affidavit of Support
8 to become lawful permanent residents of the United States.

9 29. The Affidavit of Support sponsor also agrees to notify the Government of
10 any change in the sponsor's address within 30 days of the change by filing a
11 Form I-865. *See* 8 U.S.C. § 1183a(d).

12 30. A sponsor's duties under the Affidavit of Support commence when the
13 beneficiary becomes a Resident based on an application that included the
14 Affidavit of Support.

15 31. An Affidavit of Support sponsor must continue to perform under the
16 contract until the occurrence of one of five events (collectively "the Terminating
17 Events") set forth in the contract.¹

18 32. The sponsor's obligation under the Affidavit of Support concludes once
19 the beneficiary becomes a U.S. citizen (the "First Terminating Event"). 8 C.F.R.
20 § 213a.2(e)(2)(i)(A).

21
22 ¹ The term "Terminating Event" is not a term of art under the Immigration and Nationality Act, and
23 is used here to refer collectively to the legal events that conclude the sponsor's obligations under the
Affidavit of Support.

33. The sponsor's obligation under the Affidavit of Support concludes once the beneficiary has worked or can receive credit for 40 quarters of work under the Social Security Act (the "Second Terminating Event"). 8 U.S.C. § 1183a(a)(3)(A); 8 C.F.R. § 213a.2(e)(2)(i)(B).

34. The sponsor's obligation under the Affidavit of Support concludes once the beneficiary is no longer a permanent resident and has departed the U.S. (the "Third Terminating Event"). 8 C.F.R. § 213a.2(e)(2)(i)(C).

35. The sponsor's obligation under the Affidavit of Support concludes once the beneficiary is subject to an order of removal but applies for and obtains in removal proceedings a new grant of adjustment of status based on a new affidavit of support, if required (the "Forth Terminating Event"). 8 C.F.R. § 213a.2(e)(2)(i)(D).

36. The sponsor's obligation under the Affidavit of Support concludes once the beneficiary dies (the "Fifth Terminating Event"). 8 C.F.R. § 213a.2(e)(2)(i)(E).

37. An Affidavit of Support is considered executed once it is signed and submitted to either USCIS or the Department of State in support of an intending immigrant's application. 8 C.F.R. § 213a.2(a)(B)(ii).

38. Once executed, the Affidavit of Support becomes a binding contract between the sponsor and the United States government for the benefit of the sponsored immigrant. 8 C.F.R. § 213a.2(d).

39. A sponsor's support obligation under the Affidavit of Support commences when an intending immigrant obtains Resident status on the basis of an

1 application that included the sponsor's Affidavit of Support. 8 C.F.R. §
2 213a.2(e)(1).

3 **Plaintiff's acquisition of status as a lawful permanent resident**
4 **("Resident") of the United States of America.**

5 40. Mr. Brathwaite and Ms. Helm were married in Maryland on March 28,
6 2016.

7 41. Ms. Helm thereafter commenced the process of facilitating Mr.
8 Brathwaite's immigration to the United States.

9 42. On May 8, 2016, Ms. Helm signed a U.S. Citizenship and Immigration
10 Services ("USCIS") Form I-130, Petition for Alien Relative (the "Visa Petition").

11 43. Exhibit 2 is a copy of the Visa Petition, as contained in Mr. Brathwaite's
12 USCIS Alien File.

13 44. The Visa Petition listed Plaintiff as the intending immigrant beneficiary
14 of the petition. Exhibit 2, p. 1.

15 45. Ms. Helm caused the signed Visa Petition to be transmitted to USCIS.

16 46. By filing the Visa Petition, Ms. Helm initiated the process of securing
17 United States Residency status for Mr. Brathwaite.

18 47. On April 8, 2016, Mr. Brathwaite signed a USCIS Form I-485,
19 Application to Register Permanent Residence of Adjustment Status (the
20 "Residency Application").

21 48. Exhibit 3 is a copy of the Residency Application, as contained in Mr.
22 Brathwaite's USCIA Alien File.

1 49. Under the “Application Type or Filing Category,” Mr. Brathwaite
2 indicated that his application was based on an immediate relative visa petition.
3 Exhibit 3, p. 1.

4 50. Mr. Brathwaite’s Residency application was based on Ms. Helm’s Visa
5 Petition as but for the Visa Petition, he would not have qualified to file the
6 Residency Application based on the class of admission listed therein.

7 51. The Residency Application was filed with USCIS.

8 52. Mr. Brathwaite did not qualify for any of the grounds listed at 8 C.F.R. §
9 213a.2(a)(2)(ii) that could have exempted him from the requirement to file an
10 Affidavit of Support.

11 53. On April 8, 2016, Ms. Helm signed the Affidavit of Support, listing Mr.
12 Brathwaite as the intending immigrant beneficiary.

13 54. A copy of the Affidavit of Support, as contained in Mr. Brathwaite’s
14 USCIS Alien File is attached as Exhibit 1.

15 55. Ms. Helm caused the Affidavit of Support to be filed with USCIS in
16 support of Mr. Brathwaite’s Residency Application.

17 56. Upon being filed in support of the Residency application, the Affidavit of
18 Support was deemed executed and is an enforceable contract. 8 C.F.R. §
19 213a.2(a)(B)(ii); 8 C.F.R. § 213a.2(d).

20 57. On August 8, 2018, USCIS approved the Visa Petition. Exhibit 2, p. 1.

21 58. On August 8, 2018, USCIS approved the Residency Application. Exhibit
22 3, p. 1.

59. Mr. Brathwaite became a Resident on August 8, 2018.

Defendant's breach of contract.

60. The Defendant's duty under the Affidavit of Support commenced on August 8, 2018.

61. The Affidavits of Support and was executed and therefore is an enforceable contract. 8 C.F.R. § 213a.2(a)(B)(ii); 8 C.F.R. § 213a.2(d).

62. Exhibit 4 is a copy of Mr. Brathwaite's Social Security statement.

63. Mr. Brathwaite's income for 2017 through 2022 is accurately set forth in Exhibit 4.

64. In **2018**, 125% of the Poverty Line for a household of one in the lower 48 contiguous states was \$15,175, or \$1,265 per month.

65. In 2018, Mr. Brathwaite earned no taxable income.

66. In 2018, the Defendant provided no financial support to Mr. Brathwaite pursuant to her obligations under the Affidavit of Support.

67. In 2018, Mr. Brathwaite suffered direct damage in the amount of \$6,325 (\$1,265month x 5 months).

68. In **2019**, 125% of the Poverty Line for a household of one in the lower 48 contiguous states was \$15,612.50.

69. In 2019, Mr. Brathwaite earned no taxable income.

70. In 2019, the Defendant provided no financial support to Mr. Brathwaite pursuant to her obligation under the Affidavit of Support.

1 71. In 2019, Mr. Brathwaite suffered direct damage in the amount of
2 \$15,612.50.

3 72. In **2020**, 125% of the Poverty Line for a household of one in the lower 48
4 contiguous states was \$15,950.

5 73. In 2020, Mr. Brathwaite earned no taxable income.

6 74. In 2020, the Defendant provided no financial support to Mr. Brathwaite
7 pursuant to her obligation under the Affidavit of Support.

8 75. In 2020, Mr. Brathwaite suffered direct damage in the amount of
9 \$15,950.

10 76. In 2021 and 2022, Mr. Brathwaite's income exceeded 125% of the
11 Poverty Line and he seeks no damages for those years.

12 77. To date, Mr. Brathwaite has suffered direct damage in the amount of
13 \$37,887.50.

14 **Facts concerning Terminating Events.**

15 78. No event has occurred that would constitute a Terminating Event under
16 the Affidavits of Support.

17 79. First Terminating Event has not occurred because Mr. Brathwaite has
18 not become a U.S. citizen.

19 80. The Second Terminating Event has not occurred because Mr.
20 Brathwaite has neither worked nor can receive credit for 40 quarters of work
21 under the Social Security Act.

1 81. As of June 2023, Mr. Brathwaite could be credited with thirteen
2 quarters of work under the Social Security Act. *See* Exhibit 4, p. 1.

3 82. The Third Terminating Event has not occurred because Mr. Brathwaite
4 has not both lost status as a permanent resident and departed from the U.S.

5 83. The Forth Terminating Event has not occurred because the Mr.
6 Brathwaite is not both subject to an order of removal and has also applied for
7 and obtained in removal proceedings a new grant of adjustment of status based
8 on a new affidavit of support (if required).

9 84. The Fifth Terminating Event has not occurred because Mr. Brathwaite
10 is alive.

11 V. CLAIMS FOR RELIEF

12 1 – Breach of contract.

13 85. Mr. Brathwaite re-alleges and incorporates all paragraphs above as
14 though fully stated herein.

15 86. By executing the Affidavit of Support, Ms. Helm entered into an express
16 written contract with the United States Government.

17 87. Mr. Brathwaite is a third-party beneficiary of the Affidavit of Support.

18 88. Mr. Brathwaite has standing as third-party to enforce his rights under
19 the Affidavit of Support.

20 89. Under the express terms of the Affidavit of Support, Ms. Helm agreed to
21 provide Mr. Brathwaite with any support necessary to maintain his income at a
22 level of at least 125 percent of the Poverty Line for his household size.

1 90. Ms. Helm's responsibility to provide income support commenced on
2 August 8, 2018 when Plaintiff became a conditional lawful permanent resident
3 of the United States.

4 91. All conditions precedent to Defendant's duty to perform on the Affidavit
5 of Support were fulfilled as of August 8, 20218.

6 92. Ms. Helm has breached the Affidavit of Support by failing to provide
7 income support to Mr. Brathwaite.

8 93. As a result of Ms. Helm's breach, Mr. Brathwaite has suffered damages
9 in an amount of \$37,887.50.

10 VI. REQUEST FOR RELIEF

11 Plaintiff requests the following relief from the Court:

12 A. Entry of judgment against the Defendant and in favor of Plaintiff on each
13 and every cause of action asserted herein.

14 B. An award of actual damages in the amount of \$37,887.50 through
15 December 31, 2021.

16 C. A declaration that Plaintiff is entitled to continued receipt of financial
17 support from Defendant in the amount of 125% the poverty line for his
18 household size, less actual income, until the occurrence of one of the Terminating
19 Events.

20 D. An order of specific performance, requiring the Defendant to make
21 monthly payments to Plaintiff for the amount set forth in Paragraph C above,
22 until such time as a Terminating Event occurs. That such payments shall be due
23

1 by the fifth calendar day of each month and deposited in the trust fund of
2 Plaintiff's law firm.

3 E. An award of all Plaintiff's attorney fees and costs per 8 U.S.C. § 1183a(c)
4 and the fee and cost provision within the Affidavit of Support contracts.

5 F. The right to amend this complaint to conform to the evidence presented at
6 trial.

7 G. Such other and further relief in Plaintiff's favor as the Court may deem
8 just and equitable under the circumstances.

9
10 Dated: January 17, 2024,

11
12 By: /s/Greg McLawsen
Greg McLawsen
13 SBA (Washington) #41870
Admitted to Practice – Western District of Texas
14 SOUND IMMIGRATION
113 Cherry St., ECM# 45921
15 Seattle, WA 98104-2205
Tel. (855) 809-5115
16 greg@soundimmigration.com
17
18
19
20
21
22
23

Exhibit list

The following list is provided for ease of reference and does not constitute an independent allegation. All redactions in the exhibits marked “Redacted” were added to comply with Fed. R. Civ. Pro. 5.2.

Exhibit 1 – Affidavit of Support

Exhibit 2 – Visa Petition

Exhibit 3 – Residency Application

Exhibit 4 – Social Security Statement

Exhibit 1

Affidavit of Support

David McDonald Brathwaite vs. Bettina Therese Helm



Affidavit of Support Under Section 213A of the INA

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

USCIS
Form I-864
OMB No. 1615-0075
Expires 07/31/2017

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

► START HERE - Type or print in black ink.

Part 1. Basis For Filing Affidavit of Support

- I, Bettina T Helm,
am the sponsor submitting this affidavit of support because
(Select only one box):
- 1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- 1.c. ☐ I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____
- 1.d. ☐ I am the only joint sponsor.
- 1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.
- 1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

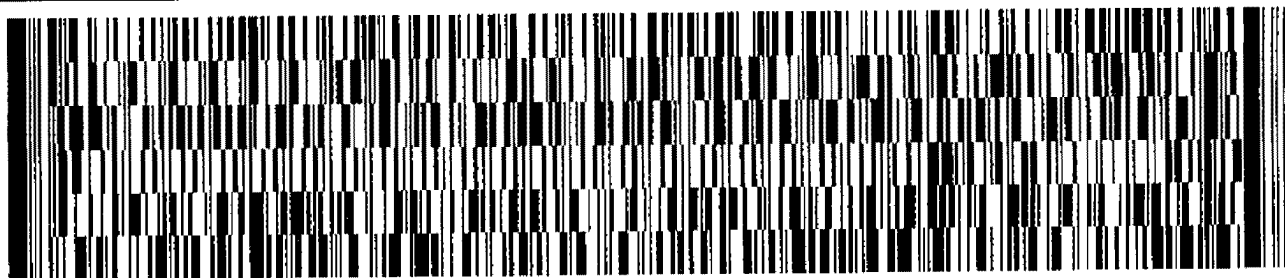
NOTE: If you select Item Number 1.a., 1.b., 1.c., 1.d., 1.e., or 1.f., you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About the Principal Immigrant

- 1.a. Family Name (Last Name) BRATHWAITE
- 1.b. Given Name (First Name) DAVID
- 1.c. Middle Name MCDONALD
- Mailing Address**
- 2.a. In Care Of Name Bettina Helm
- 2.b. Street Number and Name 14525 Burnt Store Road
- 2.c. ☐ Apt. ☐ Ste. ☐ Flr. _____
- 2.d. City or Town Hughesville
- 2.e. State MD 2.f. ZIP Code 20637
- 2.g. Province _____
- 2.h. Postal Code _____
- 2.i. Country USA

6247

Reviewed/Certified
By NBC



Part 2. Information About the Principal Immigrant (continued)**Other Information**

3. Country of Citizenship or Nationality
4. Date of Birth (mm/dd/yyyy) **Deleted** 1969
5. Alien Registration Number (A-Number) (if any)
 ▶ A -
6. USCIS ELIS Account Number (if any)
 ▶
7. Daytime Telephone Number

Part 3. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 2**.
☐ Yes ☐ No (Applicable only if you are sponsoring family members in **Part 3**, as the second joint sponsor)
2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 2**. (Do not include any relative listed on a separate visa petition.)

Family Member 1

- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
4. Relationship to Sponsored Immigrant
5. Date of Birth (mm/dd/yyyy)
6. Alien Registration Number (A-Number) (if any)
 ▶ A -

7. USCIS ELIS Account Number (if any)
 ▶

Family Member 2

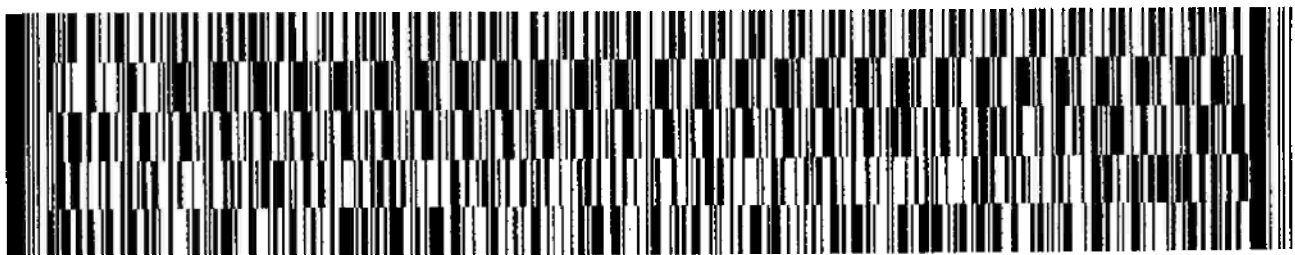
- 8.a. Family Name (Last Name)
- 8.b. Given Name (First Name)
- 8.c. Middle Name
9. Relationship to Sponsored Immigrant
10. Date of Birth (mm/dd/yyyy)
11. Alien Registration Number (A-Number) (if any)
 ▶ A -
12. USCIS ELIS Account Number (if any)
 ▶

Family Member 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
14. Relationship to Sponsored Immigrant
15. Date of Birth (mm/dd/yyyy)
16. Alien Registration Number (A-Number) (if any)
 ▶ A -
17. USCIS ELIS Account Number (if any)
 ▶

Family Member 4

- 18.a. Family Name (Last Name)
- 18.b. Given Name (First Name)
- 18.c. Middle Name



Part 3. Information About the Immigrants You Are Sponsoring (continued)

19. Relationship to Sponsored Immigrant
spouse
20. Date of Birth (mm/dd/yyyy) Deleted 1969
21. Alien Registration Number (A-Number) (if any)
▶ A -
22. USCIS ELIS Account Number (if any)
▶
- Family Member 5**
- 23.a. Family Name (Last Name) PA
- 23.b. Given Name (FirstName)
- 23.c. Middle Name
24. Relationship to Sponsored Immigrant
25. Date of Birth (mm/dd/yyyy)
26. Alien Registration Number (A-Number) (if any)
▶ A-
27. USCIS ELIS Account Number (if any)
▶
28. Enter the total number of immigrants you are sponsoring on this affidavit from Item Numbers 1.a. - 27.

Part 4. Information About You (Sponsor)**Sponsor's Full Name**

- 1.a. Family Name (Last Name) Helm
- 1.b. Given Name (First Name) Bettina
- 1.c. Middle Name Therese

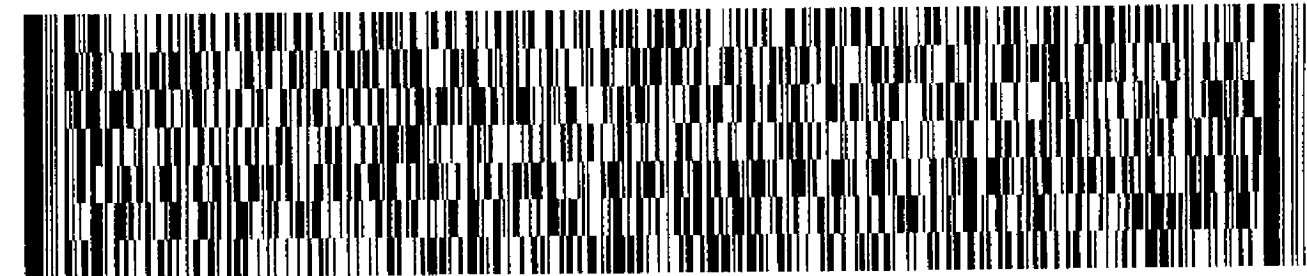
Sponsor's Mailing Address

- 2.a. In Care Of Name
Bettina Helm
- 2.b. Street Number and Name 14525 Burnt Store Road
- 2.c. ☐ A pt. ☐ Ste. ☐ Flr.
- 2.d. City or Town Hughesville
- 2.e. State MD 2.f. ZIP Code 20637
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country USA
3. Is your current mailing address the same as your physical address?
☐ Yes ☐ No

If you answered "No" to Item Number 3., provide your physical address below.

Sponsor's Physical Address

- 4.a. Street Number and Name 14525 Burnt Store Road
- 4.b. ☐ A pt. ☐ Ste. ☐ Flr.
- 4.c. City or Town Hughesville
- 4.d. State MD 4.e. ZIP Code 20637
- 4.f. Province
- 4.g. Postal Code
- 4.h. Country USA



For
USCIS
Use
Only**Part 4. Information About You (Sponsor)**
(continued)**Other Information**

5. Country of Domicile

United States

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

Deleted 1959

7. City or Town of Birth

Chicago

8. State or Province of Birth

Illinois

9. Country of Birth

USA

10. U.S. Social Security Number (Required)

Deleted

Citizenship or Residency11.a. ☒ I am a U.S. citizen.11.b. ☐ I am a U.S. national.11.c. ☐ I am a lawful permanent resident.

12. Sponsor's A-Number (if any)

A-

13. Sponsor's USCIS ELIS Account Number (if any)

Military Service (To be completed by petitioner sponsors only.)14. I am currently on active duty in the U.S. Armed Forces
or U.S. Coast Guard. ☐ Yes ☒ No**Part 5. Sponsor's Household Size**

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Provide the number you entered in Part 3, Item Number 28.

Persons NOT sponsored in this affidavit:

2. Yourself.

1

3. If you are currently married, enter "1" for your spouse.

1

4. If you have dependent children, enter the number here.

5. If you have any other dependents, enter the number here.

6. If you have sponsored any other persons on Form I-864 or Form I-864 EZ who are now lawful permanent residents, enter the number here.

7. **OPTIONAL:** If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here.

8. Add together Part 5, Item Numbers 1. - 7. and enter the number here.

Household Size:

2

For
USCIS
Use
Only**Part 6. Sponsor's Employment and Income**

I am currently:

1.a. ☒ Employed as a/an

staff Veterinarian

1.a.1. Name of Employer 1 (if applicable)

USDA, APHIS

1.a.2. Name of Employer 2 (if applicable)

1.b. ☐ Self employed as a/an (Occupation)1.c. ☐ Retired From (Company Name)

since (mm/dd/yyyy)

1.d. ☐ Unemployed

since (mm/dd/yyyy)

2. My current individual annual income is:

\$ 114472

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

Person 1

3. Name

4. Relationship

5. Current Income

\$

Person 2

6. Name

7. Relationship

8. Current Income

\$

Person 3

9. Name

10. Relationship

11. Current Income

\$

Person 4

12. Name

13. Relationship

14. Current Income

\$

15. My Current Annual Household Income (Total all lines from Part 6, Item Numbers 2., 5., 8., 11., and 14.; the total will be compared to Federal Poverty Guidelines on Form I-864P.)

\$ 114472

16. ☐ The people listed in Item Numbers 3., 6., 9., and 12. have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

For USCIS Use Only	Household Size	Poverty Guideline	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u> Poverty Line: \$ _____	

Part 6. Sponsor's Employment and Income (continued)

17. ☐ One or more of the people listed in Item Numbers 3., 6., 9., and 12. do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents.

 Name

Federal Income Tax Return Information

- 18.a. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year.

- 18.b. ☐ (Optional) I have attached photocopies or transcripts of my Federal income tax returns for my second and third most recent tax years.

My total income (adjusted gross income on Internal Revenue Service (IRS) Form 1040EZ) as reported on my Federal income tax returns for the most recent three years was:

	Tax Year	Total Income
19.a. Most Recent	2015	\$ 114,472
19.b. 2nd Most Recent		\$ _____
19.c. 3rd Most Recent		\$ _____

20. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

Part 7. Use of Assets to Supplement Income (Optional)

If your income, or the total income for you and your household, from Part 6, Item Numbers 19.a. - 19.c., exceeds the Federal Poverty Guidelines for your household size, YOU **ARE NOT REQUIRED** to complete this Part 7. Skip to Part 8.

Your Assets (Optional)

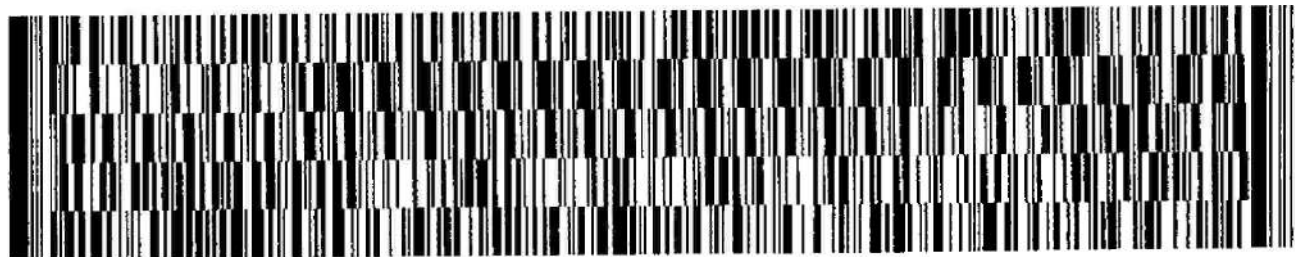
- Enter the balance of all savings and checking accounts.
\$
- Enter the net cash value of real-estate holdings. (Net value means current assessed value minus mortgage debt.)
\$
- Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in Item Number 1. or Item Number 2.
\$
- Add together Item Numbers 1. - 3. and enter the number here.
TOTAL: \$

Assets from Form I-864A, Part 4, Item Number 3.d., for:

- Name of Relative
- Your household member's assets from Form I-864A (optional).
\$

Assets of the principal sponsored immigrant (optional).
The principal sponsored immigrant is the person listed in Part 2, Item Numbers 1.a. - 1.c.

- Enter the balance of the sponsored immigrant's savings and checking accounts.
\$



For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income (Page 5, Line 10)	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u> Poverty Line: \$ _____	\$ _____ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of U.S.C.'s, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>	

Part 7. Use of Assets to Supplement Income
 (Optional) (continued)

7. Enter the net cash value of all the sponsored immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)
 \$
8. Enter the current cash value of the sponsored immigrant's stocks, bonds, certificates of deposit, and other assets not included in Item Number 6. or Item Number 7.
 \$
9. Add together Item Numbers 6. - 8. and enter the number here.
 \$
- Total Value of Assets
10. Add together Item Numbers 4., 5.b., and 9. and enter the number here. TOTAL: \$

Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature

NOTE: Read the information on penalties in the Penalties section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

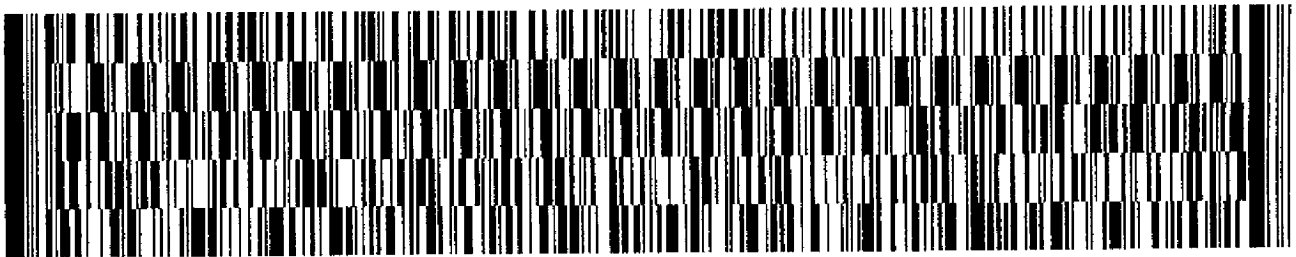
What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form I-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me to do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and



Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature
(continued)

- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does not apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

NOTE: Divorce does not terminate your obligations under Form I-864.

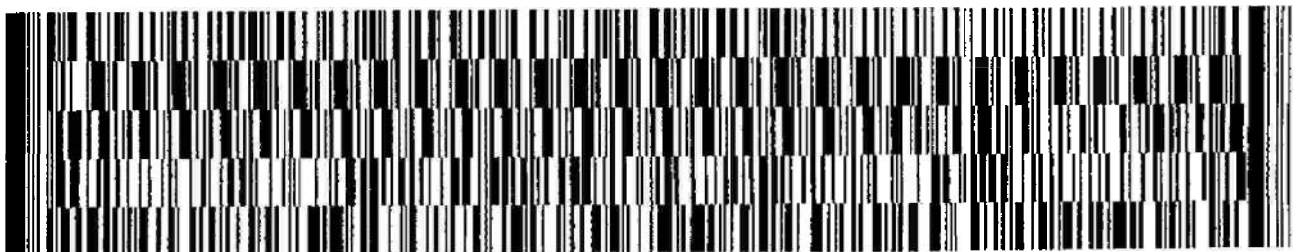
Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

Sponsor'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 have read and understand every question and instruction on this affidavit, as well as my answer to every question.
- 1.b. ☐ The interpreter named in Part 9, has also read to me every question and instruction on this affidavit, as well as my answer to every question, in

a language in which I am fluent. I understand every question and instruction on this affidavit as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above.



Part 8. Sponsor's Contract, Statement, Contact Information, Certification, and Signature
(continued)

2. ☐ I have requested the services of and consented to _____ who ☐ is ☐ is not an attorney or accredited representative, preparing this affidavit for me.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
3018521462
4. Sponsor's Mobile Telephone Number (if any)

5. Sponsor's Email Address (if any)
ccurlyhorse.54@hotmail.com

Sponsor's Certification

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

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

I certify, under penalty of perjury, that the information in my affidavit and any document submitted with my affidavit were provided by me and are complete, true, and correct, and:

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrants indicated in **Part 3** to become lawful permanent residents of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864;
- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864; and
- F. I authorize the Social Security Administration to release information about me in its records to the Department of State and USCIS.

Sponsor's Signature

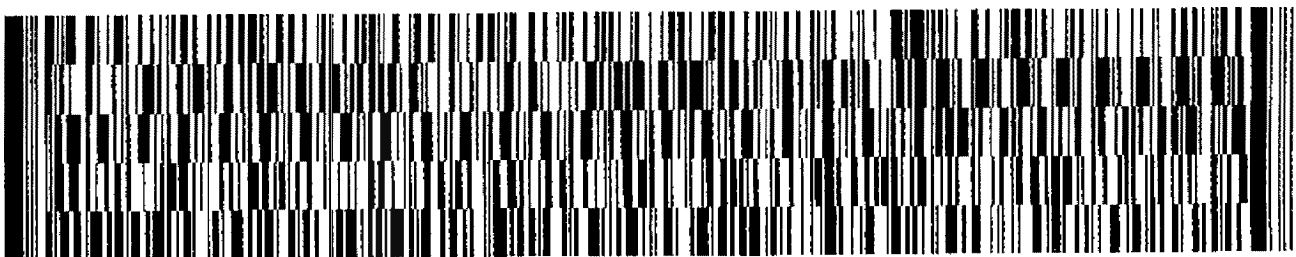
6.a. Sponsor's Signature



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

04/08/2016

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



Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Affidavit, If Other Than the Sponsor (continued)

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 Fax Number
6. Preparer's Email Address (if any)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this affidavit on behalf of the sponsor and with the sponsor's consent.

7. b. ☐ I am an attorney or accredited representative and my representation of the sponsor in this case ☐ extends ☐ does not extend beyond the preparation of this affidavit.

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

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this affidavit on behalf of, at the request of, and with the express consent of the sponsor. I completed this affidavit based only on responses the sponsor provided to me. After completing the affidavit, I reviewed it and all of the responses with the sponsor, who agreed with every answer on the affidavit. If the sponsor supplied additional information concerning a question on the affidavit, I recorded it on the affidavit.

Preparer's Signature

- 8.a. Preparer's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

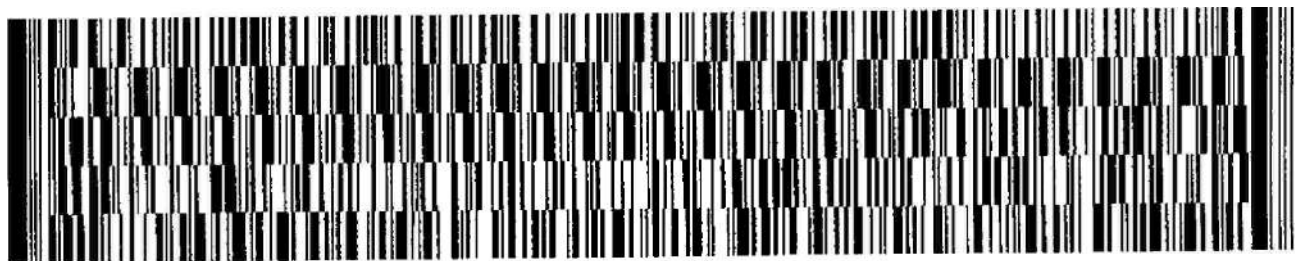


Exhibit 2

Visa Petition

David McDonald Brathwaite vs. Bettina Therese Helm

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

OMB No. 1615-0023; Expires 10/31/17
**Form I-485, Application to Register
Permanent Residence or Adjust Status**

START HERE - Type or Print (Use black ink)

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
brathwaite ✓	da vid ✓	mc,donald ✓
Address - Street Number and Name		Apt. No.
14525 burnt store road ✓		
C/O (in care of)		
City	State	ZIP Code
hughesville ✓	maryland ✓	20637
Date of Birth (mm/dd/yyyy)	Country of Birth	
1969 ✓	barbados ✓	
Country of Citizenship/Nationality	U.S. Social Security No. (if any)	A-Number (if any)
barbadian ✓	Deleted 7687	Deleted 84
Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	
12/07/2015 ✓		
Current USCIS Status	Expires on (mm/dd/yyyy)	
B2	06/06/2016 ✓	

Part 2. Application Type (Select one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☒ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 3 of the instructions. recently married

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

For USCIS Use Only

Returned <i>Passport</i> <i>FD</i>	Receipt MSC1691001318 APP 1485 04/22/2016
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed <i>A. DeRosa</i> <i>12/20/17</i>	
Section of Law <input type="checkbox"/> Sec. 209(a), INA <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input checked="" type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other	
Country Chargeable <i>NQI</i>	
Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other	
Preference <i>EB6 IR6</i> <i>4/22/2016</i>	
To be Completed by <input type="checkbox"/> Attorney or Representative, if any <input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant.	
VOLAG No <i>485</i>	
ATTY State License Number	



Part 3. Processing Information**A. City/Town/Village of Birth**

bridgetown

Current Occupation

Your Mother's First Name

madeline

Your Father's First Name

gilbert

Provide your name exactly as it appears on your Form I-94, Arrival-Departure Record Number

david mc donald brathwaite

Place of Last Entry Into the United States
(City/State)

new york jfk

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

B1/B2

Were you inspected by a U.S. Immigration Officer? Yes ☒ No ☐

Nonimmigrant Visa Number

J6683356

Consulate Where Visa Was Issued

BRIDGETOWN, BARBADOS

Date Visa Issued (mm/dd/yyyy)

08/07/2014

Gender

☒ Male ☐ Female

Marital Status

☒ Married ☐ Single ☐ Divorced ☐ Widowed

Have you ever applied for permanent resident status in the U.S.?

☐ Yes (If "Yes" give date and place of filing and final disposition.)☒ No**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 3 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
helm	bettina	T	1959
Country of Birth	Relationship	A-Number (if any)	Applying with you?
illinois	wife		Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>



Form I-485 (Rev. 10/05/15) Y Page 2

Part 3. Processing Information (Continued)

- C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
NONE			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**. Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes ☐ No ☒3. Have you **EVER**:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?Yes ☐ No ☒

Part 3. Processing Information *(Continued)*

5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
 - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from 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, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
 - b. Killing any person? Yes ☐ No ☒
 - c. Intentionally and severely injuring any person? Yes ☐ No ☒
 - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- 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, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** 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 ☒



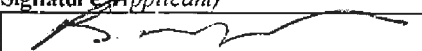
Part 5. Signature (Continued)**Applicant's Statement (Select one)**

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	david mc donald brathwaite	04/08/2016	(301) 433-5279

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Firm Name and Address

Email Address (if any)



Exhibit 3

Residency Application

David McDonald Brathwaite vs. Bettina Therese Helm

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

OMB No. 1615-0023; Expires 10/31/17
**Form I-485, Application to Register
Permanent Residence or Adjust Status**

START HERE - Type or Print (Use black ink)

Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
brathwaite ✓	da vid ✓	mc,donald ✓
Address - Street Number and Name		Apt. No.
14525 burnt store road ✓		
C/O (in care of)		
City	State	ZIP Code
hughesville ✓	maryland ✓	20637
Date of Birth (mm/dd/yyyy)	Country of Birth	
1969 ✓	barbados ✓	
Country of Citizenship/Nationality	U.S. Social Security No. (if any)	A-Number (if any)
barbadian ✓	Deleted 7687	Deleted 84
Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	
12/07/2015 ✓		
Current USCIS Status	Expires on (mm/dd/yyyy)	
B2	06/06/2016 ✓	

Part 2. Application Type (Select one)

I am applying for an adjustment to permanent resident status because:

- a. ☒ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☒ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see Page 3 of the instructions. recently married

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

For USCIS Use Only

Returned <i>Passport</i> <i>FD</i>	Receipt MSC1691001318 APP 1485 04/22/2016
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed <i>A. DeRosa</i> <i>12/20/17</i>	
Section of Law <input type="checkbox"/> Sec. 209(a), INA <input type="checkbox"/> Sec. 209(b), INA <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input checked="" type="checkbox"/> Sec. 245, INA <input type="checkbox"/> Sec. 249, INA <input type="checkbox"/> Sec. 1 Act of 11/2/66 <input type="checkbox"/> Sec. 2 Act of 11/2/66 <input type="checkbox"/> Other	
Country Chargeable <i>NQI</i>	
Eligibility Under Sec. 245 <input type="checkbox"/> Approved Visa Petition <input type="checkbox"/> Dependent of Principal Alien <input type="checkbox"/> Special Immigrant <input type="checkbox"/> Other	
Preference <i>EB6 IR6</i> <i>4/22/2016</i>	
To be Completed by <input type="checkbox"/> Attorney or Representative, if any <input type="checkbox"/> Fill in box if Form G-28 is attached to represent the applicant.	
VOLAG No <i>485</i>	
ATTY State License Number	



Part 3. Processing Information**A. City/Town/Village of Birth**

bridgetown

Current Occupation

Your Mother's First Name

madeline

Your Father's First Name

gilbert

Provide your name exactly as it appears on your Form I-94, Arrival-Departure Record Number

david mc donald brathwaite

Place of Last Entry Into the United States
(City/State)

new york jfk

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

B1/B2

Were you inspected by a U.S. Immigration Officer? Yes ☒ No ☐

Nonimmigrant Visa Number

J6683356

Consulate Where Visa Was Issued

BRIDGETOWN, BARBADOS

Date Visa Issued (mm/dd/yyyy)

08/07/2014

Gender

☒ Male ☐ Female

Marital Status

☒ Married ☐ Single ☐ Divorced ☐ Widowed

Have you ever applied for permanent resident status in the U.S.?

☐ Yes (If "Yes" give date and place of filing and final disposition.)☒ No**B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 3 of the instructions.)**

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
helm	bettina	T	1959
Country of Birth	Relationship	A-Number (if any)	Applying with you?
illinois	wife		Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
NONE			
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A-Number (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>



Form I-485 (Rev. 10/05/15) Y Page 2

Part 3. Processing Information (Continued)

- C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include any military service in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**.

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
NONE			

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on Page 3 of the instructions under **General Instructions**. Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☐ No ☒
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?

Yes ☐ No ☒3. Have you **EVER**:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?Yes ☐ No ☒

Part 3. Processing Information *(Continued)*

5. Do you intend to engage in the United States in:
- Espionage? Yes ☐ No ☒
 - Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
 - Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from 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, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act (INA) for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- Acts involving torture or genocide? Yes ☐ No ☒
 - Killing any person? Yes ☐ No ☒
 - Intentionally and severely injuring any person? Yes ☐ No ☒
 - Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
 - Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- 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, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
 - Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** 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 ☒



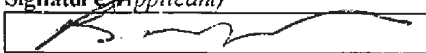
Part 5. Signature (Continued)**Applicant's Statement (Select one)**

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the _____ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	david mc donald brathwaite	04/08/2016	(301) 433-5279

NOTE: If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

Interpreter's Statement and Signature

I certify that I am fluent in English and the below-mentioned language.

Language Used (language in which applicant is fluent)

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
_____	_____	_____	_____

Part 6. Signature of Person Preparing Form, If Other Than Above

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
_____	_____	_____	_____

Firm Name and Address

Email Address (if any)



Exhibit 4

Social Security Statement

David McDonald Brathwaite vs. Bettina Therese Helm



Your Social Security Statement

DAVID M. BRATHWAITE

June 16, 2023

Retirement Benefits

To get retirement benefits, you need 40 credits of work. Your record shows you have 13 credits at this time. This includes credits not yet reported on your earnings record from last year and this year if you continued to work.

Your full retirement age is **67**, based on your date of birth: [REDACTED] 1969.

Learn more at ssa.gov/benefits/retirement/learn.html.

Disability Benefits

To get benefits if you become disabled right now, you need 32 credits of work. Your record shows you have at least 11 credits at this time. Learn more at ssa.gov/disability.

Survivors Benefits

You need 32 credits for your spouse to receive survivor benefits at retirement age if you die this year. You only have 11 credits on record. However, because you earned at least 6 credits in the last 3 years, your family may receive the following monthly benefits if you die this year:

Minor child:	\$263
Spouse, if caring for a disabled child or child younger than age 16:	\$263
Total family benefits cannot be more than:	\$526

Your spouse or minor child may be eligible for an additional one-time death benefit of **\$255**. Learn more at ssa.gov/survivors.

How Credits Help You Qualify for Benefits

You need 40 credits to become eligible (also known as being fully insured) for retirement benefits. You can still earn credits and become fully insured if you work. You can earn up to four credits per year. The amount needed for a credit rises most years. You can find the current amount at ssa.gov/benefits/retirement/planner/credits.html.

Medicare

To get Medicare benefits at age 65, you need 40 credits of work. Your record shows you have 13 credits at this time. However, even if you don't have enough credits when you reach age 65, you may contact Social Security to learn whether you are eligible to buy Medicare coverage.

Medicare is the federal health insurance program for people:

- age 65 and older,
- under 65 with certain disabilities, and
- of any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

For more information about Medicare, visit medicare.gov or ssa.gov/medicare or call **1-800-MEDICARE (1-800-633-4227)** (TTY **1-877-486-2048**).

Earnings Record

Review your earnings history below to ensure it is accurate because we base your future benefits on our record of your earnings. There's a limit to the amount of earnings you pay Social Security taxes on each year. Earnings above the limit do not appear on your earnings record. **If you find an error**, view your full earnings record online and call **1-800-772-1213**.

Work Year	Earnings Taxed for Social Security	Earnings Taxed for Medicare (began 1966)
2017	\$2,340	\$2,340
2018	\$0	\$0
2019	\$0	\$0
2020	\$0	\$0
2021	\$23,106	\$23,106
2022	\$50,246	\$50,246

About Possible Future Benefits

You and your family may become eligible for benefits if you work and earn enough credits:

- Social Security may help you if you become disabled - even at a young age.
- When you die, your family may be eligible to receive survivors benefits.
- The Social Security credits you earn move with you from job to job throughout your career.
- You can learn more about Social Security credits at ssa.gov/benefits/retirement/planner/credits.html.

Taxes Paid

Total estimated Social Security and Medicare taxes paid over your working career based on your Earnings Record:

Social Security taxes

You paid: \$4,692
Employer(s): \$4,692

Medicare taxes

You paid: \$1,096
Employer(s): \$1,096

Earnings Not Covered by Social Security

You may also have earnings from work not covered by Social Security, where you did not pay Social Security taxes. This work might have been for federal, state, or local government or in a foreign country. If you participate in a retirement plan or receive a pension based on work for which you did not pay Social Security tax, it could lower your benefits. Learn more at ssa.gov/gpo-wep.

Important Things to Know about Your Social Security Benefits

- Social Security benefits are not intended to be your only source of retirement income. You may need other savings, investments, pensions, or retirement accounts to make sure you have enough money when you retire.
- You need at least 10 years of work (40 credits) to qualify for retirement benefits. Your benefit amount is based on your highest 35 years of earnings. If you have fewer than 35 years of earnings, years without work count as 0 and may reduce your benefit amount.
- If you get retirement or disability benefits, your spouse and children also may qualify for benefits.
- If you and your spouse both work, use the [my Social Security](https://ssa.gov/benefits/retirement/planner/credits.html) Retirement Calculator to estimate spousal benefits.
- If you are divorced and were married for 10 years, you may be able to claim benefits on your ex-spouse's record.
- Learn more about benefits for you and your family at ssa.gov/benefits/retirement/planner/applying7.html.
- When you are ready to apply, visit ssa.gov/benefits/retirement/apply.html.
- The *Statement* is updated annually. It is available online, or by mail upon request.

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

David McDonald Brathwaite

(b) County of Residence of First Listed Plaintiff **Travis**
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

Greg McLawsen, Sound Immigration, 113 Cherry St., ECM#
45921, Seattle, WA 98104-2205, 855-809-5115

DEFENDANTS

Bettina Therese Helm

County of Residence of First Listed Defendant **(Resides in Maryland)**
(IN U.S. PLAINTIFF CASES ONLY)NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

None

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question
(U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity
(Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input checked="" type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from Another District (specify) ☐ 6 Multidistrict Litigation - Transfer ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

8 USC 1183a(e)(1)

Brief description of cause:

Breach of contract action to enforce the USCIS Form I-864 Affidavit of Support

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.DEMAND \$ **\$37,887.50**

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☒ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE N/ADOCKET NUMBER N/ADATE **Jan. 17, 2024**
SIGNATURE OF ATTORNEY OF RECORD
Greg McLawsen, Washington State bar 41870

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
 - (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
 - (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".
- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
- United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here. United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
- Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
- Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)
- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.
- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).
- V. Origin.** Place an "X" in one of the seven boxes.
- Original Proceedings. (1) Cases which originate in the United States district courts.
- Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441.
- Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
- Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
- Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
- Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
- Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
- PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7.** Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.
- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service.
- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
- Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
- Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.
- VIII. Related Cases.** This section of the JS 44 is used to reference related cases, if any. If a related case exists, whether pending or closed, insert the docket numbers and the corresponding judge names for such cases. A case is related to this filing if the case: 1) involves some or all of the same parties and is based on the same or similar claim; 2) involves the same property, transaction, or event; 3) involves substantially similar issues of law and fact; and/or 4) involves the same estate in a bankruptcy appeal.

Date and Attorney Signature. Date and sign the civil cover sheet.

UNITED STATES DISTRICT COURT

for the

_____ District of _____

Plaintiff(s)
v.

Civil Action No.

Defendant(s)

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: _____

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other *(specify)*: _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: