OMB No. 1615-0067; Expires 03/31/10

I-589, Application for Asylum and for Withholding of Removal

U.S. Department of Justice Executive Office for Immigration Review

OTE: Check this box if you also want to a	pply for withho	lding of remo	val under	the Con	vention A	gainst To	rture.	X
art A. I. Information About Y	ou i					miz se		
. Alien Registration Number(s) (A-Number one	r) (if any)	ty.			2. U.S. S none	ocial Sec	urity Numl	oer (if any)
. Complete Last Name 4. Fir							5. Middle	e Name
. What other names have you used (include	maiden name o	and aliases)?						
Residence in the U.S. (where you physical	lly reside)					Telephon (e Number)	
Street Number and Name						Apt. Nur n/a	nber	
City	State Massacht	usetts				Zip Cod	e	
Mailing Address in the U.S. Si (if different than the address in No. 7)	ame as above	,-				Telephon	e Number	
In Care Of (if applicable):						()	
Street Number and Name		and the second				Apt. Nur	mber	
City	State					Zip Cod	le	
O. Gender: Male X Female	10. Marital Stati	us:	Single	X	Married		Divor	rced Widowed
	12. City and Co Fontem, Camer		h		=	3		и
				15. Rad African		hnic, or Tribal Group 16. Religion Catholic		
17. Check the box, a through c, that applies		ve never been						
 b. I am now in Immigration Court p 8. Complete 18 a through c. a. When did you last leave your country? 							Number, if	but I have been in the past
c. List each entry into the U.S. beginning List date (mm/dd/yyyy), place, and your	with your most r status for each	recent entry.	h addition	al sheets	s as needed	d.)		
Date Place Chic	cago, IL		Status B-	1/B-2 V	isa	Date S	tatus Expir	res:
Date Place			Status			<u></u>		
Date Place			Status					
9. What country issued your last passport or travel document?		0. Passport#	033				2	1. Expiration Date (mm/dd/yyyy)
Cameroon	1.5	ravel Docume						(22.82.34.629)
22. What is your native language (include dialect, if applicable)?	23. Are you flux Yes	uent in Englis	h? 24. W Frenc	h			speak flue	ently?
nglish, Nweh	Action:			For	USCIS u	se only.	Decision:	
For EOIR use only.	Interview	rview Date:			Approval Date:			al Date:
					Denial Date: Referral Date:			
	Asylum O	Officer ID#: _						
					I			Form I-589 (Rev. 04/07/09

Part A. II. Informat	ion About	Your Spouse and Ch	ildren				- 1. The second			
Your spouse	I a	m not married. (Skip to You	r Children	below.)						
1.Al ien Registration Numl (if any) N/A	2. Passport/ID Card No. (if any) N/A		at e of B (mm/dd/y)		10000000	4. U.S. Social Security No. (if any, N/A				
5. Complete Last Name		6. First Name		7. Middle Name N/A			8. Maiden Name N/A			
9. Date of Marriage (mm/da	d/yyyy)	10. Place of Marriage Fontem, Cameroon				11. City and Country of Birth Fontem, Cameroon				
12. Nationality (Citizenship) Cameroon)	13. Race, Ethnic, or Trib African	13. Race, Ethnic, or Tribal Group African			14. Gender Male Female				
15. Is this person in the U.S	.?				•					
Yes (Complete Blocks	s 16 to 24.) [No (Specify location):	Cameroon							
16. Place of last entry into the N/A		Date of last entry into the J.S. (mm/dd/yyyy) N/A	18. I-94 N/A	No. (if an		19. Sta	9. Status when last admitted (Visa type, if any)			
20. What is your spouse's current status?	or spouse's 21. What is the expiration date of his/her			22. Is your spouse in Immigration			23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)			
N/A		N/A		Yes [X No		N/A			
24. If in the U.S., is your spo	ouse to be inclu	ded in this application? (Che	eck the app	ropriate b	ox.)			ź"		
X No Your Children. List all of	your children, r	pouse in the upper right corn egardless of age, location, or Part A. III., Information above	marital sta	us.		applica	ation submitted	for this person.)		
	al number of ch	nildren: 8 r attach additional sheets of p	paper and d	locumenta	tion if you have i	more ti	han four childr	en.)		
1. Alien Registration Numb (if any)	2. Passport/ID Card No. (if a		3. Marital Status (Married, Sing Divorced, Widowed)			gle, 4. U.S. Social Security No. (if any)				
N/A			Sing	gle			N/A			
5. Complete Last Name	5. Complete Last Name 6. First Name		7. Middl	7. Middle Name			8. Date of Birth (mm/dd/yyyy)			
9. City and Country of Birth Fontem, Cameroon 10. Nationality (Citien Cameroon)			11. Race African	11. Race, Ethnic, or Tribal Group African 12. Gender Male			X Female			
13. Is this child in the U.S. Yes (Complete Blocks)			Cameroor	1						
14. Place of last entry in the U.S. N/A 15. Date of last entry in the U.S. (mm/dd/yyyy) N/A		16. I-94 No. <i>(if any)</i> N/A			17. Status when last admitted (Visa type, if any) N/A					
18. What is your child's current status?	19. What is your child's authorized stay, if any? (mm/dd/yyyy)					20. Is your child in Immigration Court proceedings? ☐ Yes ☐ No				
		ed in this application? (Check	525 9			applica	ation submitted	I for this person.)		

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(if any)		2. Passport/ID Card No. (if a. N/A	1	3. Marital Status (Married, Sing Divorced, Widowed) Single	gle,	4. U.S. Social Security No. (if any) N/A		
A	N/A			Single	0 0	ate of Birth (mm/dd/yyyy)		
Complete Last Name		6. First Name		liddle Name				
City and Country of Birth ontem, Cameroon		10. Nationality (Citizenship) Cameroon		 Race, Ethnic, or Tribal Group frican) 1	2. Gender Male X Female		
Is this child in the U.S.? Yes (Complete Blocks 14 to	21.)	No (Specify location.)	Camero	oon				
. Place of last entry into the U.S	15. E	Date of last entry into the J.S. (mm/dd/yyyy)	16. I- N/A	.94 No. (If any)		atus when last admitted sisa type, if any)		
		N/A	20 Is	your child in Immigration Cou	0.000	eedings?		
current status? aut	at is the horized s	expiration date of his/her stay, if any? (mm/dd/yyyy)	20.13		10			
/A		N/A	thag	prepriate har				
. If in the U.S., is this child to be Yes (Attach one photograp No Alien Registration Number (A-1)	h of you	r child in the upper right corn 2. Passport/ID Card No. (if	ner of	Page 9 on the extra copy of the 3. Marital Status (Married, Sir		4. U.S. Social Security No.		
(if any) //A		N/A		Divorced, Widowed) Single		(if any) N/A		
. Complete Last Name		6. First Name	7. N	Middle Name A		Date of Birth (mm/dd/yyyy)		
. City and Country of Birth ontem, Cameroon		10. Nationality (Citizenship) Cameroon		Race, Ethnic, or Tribal Group rican		12. Gender Male Female		
3. Is this child in the U.S.? Yes (Complete Blocks 14 to	21.) 🔀	No (Specify location.) Ca	meroo	on .	.,			
4. Place of last entry into the U.S		Date of last entry into the U.S. (mm/dd/yyyy) N/A	16. I- N/A	94 No. (If any)	17. (N/A	Status when last admitted Visa type, if any)		
			20. Is	your child in Immigration Cou	rt proc	eedings?		
I/A N/A				Yes X No				
1. If in the U.S., is this child to b Yes (Attach one photograp No	e includ oh of you	ed in this application? (Chec ur child in the upper right cor	k the o	appropriate box.) Page 9 on the extra copy of the	appli	cation submitted for this perso		
1. Alien Registration Number (A (if any)	-Number)	2. Passport/ID Card No. (ij	f any)	3. Marital Status (Married, S Divorced, Widowed) Single	ingle,	4. U.S. Social Security No (if any) N/A		
N/A 5. Complete Last Name		6. First Name	-	Middle Name	8.	Date of Birth (mm/dd/yyyy)		
9. City and Country of Birth Fontem, Cameroon		10. Nationality (Citizenship Cameroon		1. Race, Ethnic, or Tribal Group frican)	12. Gender Male Fema		
	Yes (Co	mplete Blocks 14 to 21.) 🗙] No (3	Specify location.) Cameroon				
14. Place of last entry into the U	.S. 15	Date of last entry into the U.S. (mm/dd/yyyy)		1-94 No. (if any)		Status when last admitted (Visa type, if any)		
N/A		N/A	N/A		N/A			
18. What is your child's 19. V	Vhat is th	ne expiration date of his/her d stay, if any? (mm/dd/yyyy)	20. 1	(s your child in Immigration Co	urt pro	occedings?		
current status?	N/A Yes X No							

I

(NOTE: Use Form I-589 St	upplement B, or add	tional sheet	s of paper, if ne	ecessary.)	ovince, or State and			
Number and Street (Provide if available)	City/T	City/Town Department,		Province, or State	Country	Date From (Mo/Yr)	To (Mo/Yr)	
nknown	(CEE)		Centre		Cameroon	08/2007	09/2007	
2			-					
Provide the following information (NOTE: Use Form I-589 S	mation about your re upplement B, or add	esidences du itional sheet	ring the past 5 s of paper, if n	years. List your pr ecessary.)	resent address first.			
Number and Street	City/1		Department, Province, or State		Country	The same of the sa	Dates From (Mo/Yr) To (Mo/Yr)	
建设现象边内			Massachuset	ts	U.S.A.	12/08	present	
NATH STATE			Washington		U.S.A.		12/08	
nknown	(manus)		Centre		Cameroon	08/07	09/07	
nknown			Littoral		Cameroon	12/06	08/07	
			Littoral		Cameroon	01/87	12/06	
Provide the following infor (NOTE: Use Form 1-589 S	Supplement B, or add	litional shee	ts of paper, if r	necessary.)	ation (Address)		ended	
Name of Schoo	Name of School Type		e of School Loca		ation (Address)		From (Mo/Yr) To (Mo/Y	
	Primary Scho			842 (C410)	Cameroon		01/78	
()								
					(6)			
Provide the following info (NOTE: Use Form 1-589)	ormation about your Supplement B, or ac	employmen Iditional she	t during the par ets of paper, if	st 5 years. List you necessary.)	ır present employme	nt first.		
	nd Address of Empl				Occupation		ates (r) To (Mo/Y	
Self-Employed -			Cameroon	Market Owner/Pr	oprietor	01/92	12/06	
Provide the following info (NOTE: Use Form 1-589)	ormation about your	parents and	siblings (broth	ers and sisters). Ch	eck the box if the pe	erson is deceased.		
Full Name	Зирріетені В, от аа		own and Count			Current Location		
Mother ()	Font	Fontem, Cameroon			Deceased F	Fontem, Cameroon		
ather	Font	Fontem, Cameroon			Deceased I	Fontem, Cameroon		
ibling library	Font	Fontem, Cameroon			Deceased Fontem, Cameroon			
ibling (Font	Fontem, Cameroon			Deceased Kumba, Cameroon			
Tibling Tibling	Font	em, Camero	on		➤ Deceased	8		
Sibling Sibling	Font	Fontem, Cameroon			Deceased 1	Maroua, Cameroor	l	

Part B. Information About Your Appl (NOTE: Use Form I-589 Supplement B, or attach addit Part B.)		ets of paper as needed to complete your responses to the questions contained in
withholding of removal under the Convention Against asylum or other protection. To the best of your ability, must attach documents evidencing the general conditio	Torture), y provide spons in the conduction to t	ther protection claim (withholding of removal under 241(b)(3) of the INA or ou must provide a detailed and specific account of the basis of your claim to ecific dates, places, and descriptions about each event or action described. You puntry from which you are seeking asylum or other protection and the specific facts tion is unavailable or you are not providing this documentation with your ions.
Refer to Instructions, Part 1: Filing Instructions, Section Section VII, "Additional Evidence That You Should St	n II, "Basis abmit," for	s of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and more information on completing this section of the form.
Why are you applying for asylum or withholding o Convention Against Torture? Check the appropriate	f removal i e box(es) b	under section 241(b)(3) of the INA, or for withholding of removal under the below and then provide detailed answers to questions A and B below:
I am seeking asylum or withholding of removal ba	ised on:	
Race	\times	Political opinion
Religion	X	Membership in a particular social group
Nationality	\times	Torture Convention
If "Yes," explain in detail: 1. What happened; 2. When the harm or mistreatment or threats occur 3. Who caused the harm or mistreatment or threats 4. Why you believe the harm or mistreatment or the laws arrested, imprisoned and tortured multiple times activities of the Southern Cameroon National Councinjustices committed against and the dehumanization.	e; and nreats occu nes by the cil (SCNC).	Cameroonian authorities because of my membership and my participation in the The SCNC works to advance a peaceful movement in Cameroon to fight against
B. Do you fear harm or mistreatment if you return to	your home	e country?
 No Xes If "Yes," explain in detail: 1. What harm or mistreatment you fear; 2. Who you believe would harm or mistreat you; 3. Why you believe you would or could be harmed Based on my prior experiences, I believe that if I we membership in and my participation in the activities 	ed or mistre	eated. rn to Cameroon, I would be arrested, tortured and likely killed because of my CNC. Please see my affidavit, to be provided on or head and day of the head as

11.

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Part B. Information About Your Application (Continued)
2. Hav e you or your family members ever been accused, charged, arrested, detained, interrogated, convicted and sentenced, or imprisoned in any country other than the United States?
□ No 区 Yes
If "Yes," explain the circumstances and reasons for the action.
I was arrested, detained and interrogated on three occasions by the Cameroonian authorities, because of my membership in and my participation in the activities of the SCNC. Please see my affidavit, to be provided on or before the day of the hearing.
3.A. Have you or your family members ever belonged to or been associated with any organizations or groups in your home country, such as, but not limited to, a political party, student group, labor union, religious organization, military or paramilitary group, civil patrol, guerrilla organization, ethnic group, human rights group, or the press or media?
If "Yes," describe for each person the level of participation, any leadership or other positions held, and the length of time you or your family members were involved in each organization or activity.
I am a member of the Southern Cameroon National Council (SCNC). I participated in demonstrations and meetings sponsored by the SCNC and distributed pamphlets, in support of its efforts to fight the dehumanization of Anglophone Cameroonians. I also permitted the SCNC to hold meetings and gatherings at my place of business in Cameroon.
B. Do you or your family members continue to participate in any way in these organizations or groups?
□ No ✓ Yes
If "Yes," describe for each person your or your family members' current level of participation, any leadership or other positions currently held, and the length of time you or your family members have been involved in each organization or group.
I am still a member of the SCNC. Please see my affidavit, to be provided on or before the day of the hearing.
-⊲
4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?
No X Yes If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.
I was arrested, imprisoned and tortured multiple times by the Cameroonian authorities because of my membership in and my participation in the activities of the SCNC. I know that if I return to Cameroon, I will be arrested again, imprisoned, tortured and likely killed by the Cameroonian authorities. These see my a likely it to be provided on or before the description.



Part C. Additional Information About Your Application
(NOTE: Use Form I-589 Supplement B, or attach additional sheets of paper as needed to complete your responses to the questions contained in Part C.)
1. Have you, your spouse, your child(ren), your parents or your siblings ever applied to the U.S. Government for refugee status, asylum, or withholding of removal? X No
 2. A. After leaving the country from which you are claiming asylum, did you or your spouse or child(ren) who are now in the United States travel through or reside in any other country before entering the United States? No X Yes B. Have you, your spouse, your child(ren), or other family members, such as your parents or siblings, ever applied for or received any lawful status in any country other than the one from which you are now claiming asylum?
If "Yes" to either or both questions (2A and/or 2B), provide for each person the following: the name of each country and the length of stay, the person's status while there, the reasons for leaving, whether or not the person is entitled to return for lawful residence purposes, and whether the person applied for refugee status or for asylum while there, and if not, why he or she did not do so.
Yes, my flight had a short layover in Switzerland on route to the United States. I did not leave the airport and was there for less than one hour. Please see my affidavit, to be provided on or before the day of the hearing.
3. Have you, your spouse or your child(ren) ever ordered, incited, assisted or otherwise participated in causing harm or suffering to any person because of his or her race, religion, nationality, membership in a particular social group or belief in a particular political opinion? No Yes
If "Yes," describe in detail each such incident and your own, your spouse's, or your child(ren)'s involvement.
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Part C. Additional Information About Your Application (Continued)	
4. After you left the country where you were harmed or fear harm, did you return to that country?	
X No ☐ Yes	
If "Yes," describe in detail the circumstances of your visit(s) (for example, the date(s) of the trip(s), the purpose(s) of the trip(s), and length of time you remained in that country for the visit(s).)	l the
of the state of th	
Fiv.	
5. Are you filing this application more than 1 year after your last arrival in the United States?	
☐ No ☐ Yes	
If "Yes," explain why you did not file within the first year after you arrived. You must be prepared to explain at your interview or he why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see	aring
Instructions, Part 1: Filing Instructions, Section V. "Completing the Form," Part C.	0
Since my arrival in the United States, I have been suffering from severe Post-Traumatic Stress Disorder because of the horrible torture	
abuses I suffered at the hands of the Cameroonian authorities. In addition, I have experienced other crippling physical health problems Because of the severity of these mental and physical health problems, I was unable to file my asylum application within one year of my	
arrival in the United States.	
·	
6. Have you or any member of your family included in the application ever committed any crime and/or been arrested, charged, convicted, or sentenced for any crimes in the United States?	
X No Yes	
If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, locati duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against yo your relatives included in your application, and the reason(s) for release. Attach documents referring to these incidents, if they are available, or an explanation of why documents are not available.	
aramate, or an explanation of viriy abeaments are not available.	
	1