



ANNEX I

APPLICATION FORM FOR RECOGNITION OF REFUGEE STATUS

Law no. 9.474, of July 22, 1997

CONARE Normative Resolution no. 24 of July 28, 2017

I - Instructions for filling out the form

Before filling out the form, please carefully read the following instructions.

- 1) Every foreigner on Brazilian land has the right to apply for protection as a refugee in Brazil, in accordance with Law No. 9.474 of 1997. The request must be submitted by fully completing this APPLICATION FORM FOR THE RECOGNITION OF A REFUGEE STATUS, and must be submitted to any Unit of the Federal Police. This purpose of this Form is to compile information that is relevant to for analyzing your refugee request, such as the circumstances surrounding your entry into Brazil and the reasons that made you leave your country of origin or habitual residence.
- 2) The Application Form for the Recognition of a Refugee Status is available online at <http://www.justica.gov.br/seusdireitos/estrangeiros/refugio>, on the Federal Police's webpage at <http://www.pf.gov.br/servicos-pf/estrangeiro/refugio>, at Federal Police Units and also at civil society organizations that are partnered with CONARE.
- 3) Along with this form, you must present original copies of your documents from your country of origin or habitual residence (passport, identification, birth certificate) and any other documentation that you have. If you do not have documentation, you must explain the reasons for not having them in the appropriate fields of this form. You may also attach other documents that you consider relevant to your request for refuge, including proof of affiliation to political organizations, medical or psychological reports, police reports, company records, newspaper clippings, visas or travel records (plane or bus tickets).
- 4) The information in this form will be used as evidence to decide your refugee request. It is therefore essential that all information provided be true and complete.
- 5) All questions should be filled out on the computer (when possible) or legibly handwritten. In cases where a question does not apply to your situation, write **NOT APPLICABLE**. Do not leave any blank answers.
- 6) If there is any confusion over how to answer a question, civil society organizations, the Federal Public Defender's Office, or CONARE's decentralized offices can assist you in completing this.
- 7) This form is available in Portuguese, English, Spanish and French. If this form is being filled out with the assistance of an interpreter, the Interpreter's Statement of Responsibility (DECLARATION B) must be signed.
- 8) All information related to your request for refuge status is confidential, in accordance with the provisions of Article 20 of Law 9474/1997.
- 9) All communications involving your refuge status application procedure will be done through your personal email, which is **mandatory** to include on this form. If you do not have an email, you can request help in creating one at the time you are applying. If it is not possible to indicate a contact e-mail, justify the reasons in the proper field and let us know another means of communication to be used for official information that CONARE needs to send to you.
 - a. If there is any change in the contact information, including your email, it must be updated by sending a message to the following address cadastro.conare@mj.gov.br.



CONARE

Comitê Nacional para os Refugiados

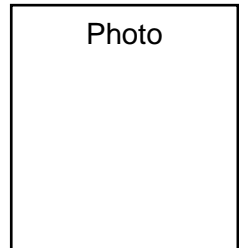
- b. You must always keep your contacts and addresses up to date with CONARE and the Federal Police so that notifications regarding your eligibility **interview** and other procedural acts can be made, under penalty of closing your application, according to article 6 of Normative Resolution no. 18 of April 30, 2014.
- 10) The application for recognition of a refugee status may be subject to closure by CONARE, without an analysis of its merit, for anyone that:
 - a. does not appear two consecutive times to the interview they had been previously notified about, with an interval of 30 (thirty) days between notifications, without any justification; or
 - b. fails to update the CGARE of their address within a maximum period of thirty (30) days, as of their last notification.
 - i. A request to reopen the application must be submitted to any Federal Police Unit or to the General Coordination of CONARE, through which your request for refuge will be followed up.
- 11) **ABOUT SOCIAL NAME:** ONLY fill this in if the situation established in Decree No. 8.727 of April 28, 2016 exists, whereby the social name is the “designation by which a transvestite or transsexual person identifies with and is socially recognized”.
- 12) **ABOUT FAMILY GROUPS:** According to art. 2 of Law 9.474/1997, “the effects of the refugee status will be extended to the spouse, ancestors and descendants, as well as to the other members of the family group who depend economically on the refugee, provided they are in the country's territory”.
 - a. In the case of family groups applications, a principal applicant must be identified whose allegations are essential for the request of the other family members;
 - b. The principal applicant must complete the Application Form for the Recognition of a Refugee Status;
 - c. The names of relatives to whom the effects of the principal applicant's refugee status are intended to be extended to must be listed in “11. INFORMATION ABOUT RELATIVES” field of the Form;
 - d. The relatives listed in the “11. INFORMATION ABOUT RELATIVES” field must fill out the Identifying Relatives for Extending the Effects of the Refugee Status Form, contained in Annex II of this Resolution, and will be “applicants for extension”;
 - e. The applicant for extension will have their process guided by their identification form and by the application form completed by the principal applicant they are associated to;
 - f. If the relative understands that they have proper reasons for the Brazilian State to recognize their refugee status, that person may, if deemed convenient, submit an individual application as an individual requester, without being considered an applicant for extension;
 - g. Those extended the effects of a refugee situation may not apply for a family reunion afterwards for the benefit of a third party;
 - h. This procedure involving Family Groups is NOT the family reunion application governed in CONARE's Resolution No. 16 of September 20, 2013, which concerns relatives of individuals already recognized as refugees by the Brazilian State.



APPLICATION FORM FOR RECOGNITION OF REFUGEE STATUS

Law no. 9.474/1997
CONARE Normative Resolution no. 24 of July 28, 2017

1. IDENTIFICATION



Name(s): _____

Last Name(s): _____

Sex: () Female () Male () Other

Social Name (if applicable): _____
According to Decree No. 8.727 of April 28, 2016.

Father's name: _____

Mother's name: _____

Date of birth: ____/____/____ (day / month / year)

Marital status: () Single () Married () Stable Union
() Separated () Widowed () Other. Note: _____

Place of birth. Country: _____ State or Province: _____
City or Village _____

Nationality: _____
List all nationalities if you have more than one.

Native language: _____

Other languages/ dialects spoken: _____

Ethnicity: _____ Religion: _____

Last address in country of nationality or habitual residence: _____

Indicate whether you fit into any of the following statuses by attaching the appropriate material evidence:

- () person less than 18 years of age () person greater than 60 years of age
- () suffering from a severe illness. Specify: _____
- () physically or mentally disabled. Specify: _____



2. CONTACT DETAILS

Telephone: _____ E-mail: _____

Current address in Brazil: _____

3. IDENTIFICATION DOCUMENTS/ OTHER DOCUMENTS FROM THE COUNTRY OF ORIGIN

Document type (Ex: passport, ID document)	Document number	Issuance location	Date of issue	Valid date
1.				
2.				
3.				
4.				
5.				

If you do not possess any documents from your country of origin, explain the reasons. Can these documents be obtained in the future?

4. EDUCATION

Education Level: _____

List the educational institutions you attended:

Name of institution	Country and city	Course taken	Start and end date



5. PROFESSIONAL EXPERIENCE

List the professional activities you have participated in over the last five years:

Work performed	Country and city	Name of institution	Start and end date

6. MILITARY SERVICE/ COMBAT

Did you serve in the military or were you involved in combat situations in your country of nationality or habitual residence? () No () Yes

If you answered "YES", please give more details below:

a) if the service was mandatory, through a legal requirement of your country, or voluntary

b) the period of military service or your involvement in combat situations

c) your responsibilities and ranks held _____

d) Describe in detail what types of combat situation you were involved in _____

7. INVESTIGATIONS OR CRIMINAL CHARGES

Have you ever been arrested, detained, interrogated, prosecuted or convicted from investigations or charges related to criminal activity? () No () Yes

If you answered "YES", provide details (where, for what reasons and for how long) and if you went through a formal trial.



8. CIRCUMSTANCES INVOLVING APPLICATION FOR ASYLUM

Explain the reasons why you left your country of nationality or habitual residence and sought asylum in Brazil. Describe all the pertinent facts in detail: the events, your personal experience or the measures taken against you or your family members that led to you leaving your country of nationality or habitual residence. Specifically, describe situations involving rights violations due to your race/ ethnicity, religion, nationality, political opinion, or membership of a specific social group. If you have any proof of these facts, please provide a copy along with this form. If you need more space, use the back of this form and other sheets of paper.

Have you or any member of your family ever belonged to or joined a group or organization in your country of origin, such as political party, trade union, student, religious or paramilitary group, militia, guerrilla organization, civil patrol, human rights, press or media group?
 No Yes

If you answered "YES", provide details below:

a) who and during what period of time was involved with the group or organization?

b) which group or organization was involved? _____



c) what activities or duties were conducted with that group or organization?

Have you sought protection from the State, government or local authorities in your country of origin or habitual residence? () No () Yes

If you answered "YES", please explain what type of protection you had sought and what measures were taken by your country. If you answered "No," explain why you did not seek protection in your country of origin or habitual residence.

What would happen if you or a member of your family returned to your country of nationality or habitual residence?

Do you have reason to believe that you could be subjected to torture or any threat to your physical or mental integrity or to your freedom if you returned to your country of origin or habitual residence? Please provide details below:

9. INTERNATIONAL PROTECTION

Have you applied for asylum in Brazil or another country? () No () Yes

If you have answered "YES", please provide details below:

a) place where you applied for asylum: _____



b) date you applied for asylum: _____

Have you ever been recognized as a refugee? () No () Yes.

If you answered "YES", please provide details below:

a) country in which you were recognized as a refugee: _____

b) date in which you were recognized as a refugee: _____

Do you have documentation pertaining to your previous request for refuge status? () No
() Yes.

If you answered "YES", please provide a copy of this/ these document(s).

10. TRAVEL

Date of departure from your country of nationality or habitual residence: _____
day/ month/ year

Transportation method used to arrive in Brazil _____

Date of arrival in Brazil: ____/____/____ Location of entry: _____

State your complete itinerary, from departure of your country to arriving in Brazil:

Did you return to your country of origin or habitual residence after you entered Brazil?
() No () Yes. If you answered "YES", please provide details below:

a) When did you return to your country of nationality or habitual residence?

b) Why did you return to your country of nationality or habitual residence?

c) State the circumstances and context (details) of your return to your country of nationality or habitual residence.



11. INFORMATION ABOUT RELATIVES

11.1 Relatives and/ or dependents who have remained in the country of origin or are in another country:

Full Name	Date of birth	Kinship/ Relationship	Nationality
1.			
2.			
3.			
4.			
5.			

11.2. Relatives and/ or dependents who accompanied the applicant to Brazil and for whom an extension of the effects of refugee status is sought:

Full Name	Date of birth	Kinship/ Relationship	Nationality
1.			
2.			
3.			
4.			
5.			

* For each of the relatives mentioned, Annex II, Identification of Relatives for Extending Refugee Status, must be completed.

Are there children or adolescents under the age of 18 who accompanied you to Brazil?

() No () Yes.

If you are not the parent of the child or adolescent, do you have any legal documents or written authorization that allows you to care for or travel with them? () No () Yes

If you answered "YES" to the previous question, please state what documents you have. If you answered "NO", explain why you do not have these documents or legal authorization to travel with these children or adolescents.



CONARE
Comitê Nacional para os Refugiados

Are you aware of a relative who is applying for refugee status or has been recognized as a refugee in Brazil? If yes, please provide their full name:

12. ADDITIONAL INFORMATION

Write down any additional information that you understand will be important for CONARE to analyze your asylum request.



13. DECLARATION

DECLARATION A

I declare, under the penalties of Brazilian law, that the information I have stated is true.

Name: _____

Place and date: _____

Signature: _____

DECLARATION B

Interpreter Term of Responsibility

Complete only when an interpreter has been used.

I, _____, holder of identity document
_____, residing _____ at
_____,
telephone _____, e-mail _____, declare that, with respect to
my duties as an interpreter, have the responsibility to:

- a) keep any and all information confidential that I have become aware of while conducting my work and not publish any report or document based on information I obtained during the interviews;
- b) remain impartial and free from judgments in the exercise of my function;
- c) compose the applicant's responses in the language of the form, accurately recording all information provided by the applicant;
- d) confirm the information stated by the applicant to ensure that it is properly translated;
- e) carry out my activities in a manner consistent with CONARE's standards in relation to cultural, gender and age matters.
- f) report any adverse fact that may affect my ability to impartially conduct my work as an interpreter.

I understand that, if any of the above cases are not respected, CONARE may refuse to accept my work as an interpreter regarding the refugee application procedure.

Interpreter's signature