

**UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CARLOS FERNANDO BOLOM TZI

Petitioner,

v.

JL JAMISON, WARDEN.

Federal Detention Center

Respondent.

Civil Action No. _____

**EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND
ORDER TO SHOW CAUSE**

Immigration Habeas Case

INTRODUCTION

Petitioner, by and through undersigned counsel, respectfully moves this Court pursuant to **Fed. R. Civ. P. 65(b)**, **28 U.S.C. § 2241**, and **Local Civil Rule 65.1** for an **Emergency Temporary Restraining Order** to prevent imminent and irreparable harm arising from Petitioner's unlawful detention and/or removal while the accompanying Petition for Writ of Habeas Corpus is pending.

FACTUAL BACKGROUND

1. Petitioner is a citizen and a national of GUATEMALA, currently detained at the Philadelphia Federal Detention Center located at 700 Arch Street, within the jurisdiction of this Court.
2. Petitioner has a properly filed application for asylum presently pending before the Immigration Court. (Exhibit A)
3. On or about November 24, 2025, the Immigration Court sent petitioner a notice scheduling the final individual hearing for November 3, 2026. (Exhibit "B")
4. Petitioner should be given the opportunity to present the asylum claim to the Immigration Court so that he is not forced to return to my country which he fears returning and from which he is trying to flee.
5. Since he entered the U.S. on or about March 9, 2019 and to this day, petitioner has not committed any crimes.
6. As a result of his application for asylum he has been issued a card authorizing him to work in the U.S. and he has been legally employed.
7. ICE has apprehended the petitioner and intends to remove despite the existence and the pendency of a properly filed asylum case currently pending before the Immigration Court.

8. Removal before adjudication of the habeas petition will cause irreparable harm, including the possibility/probability of being subjected to violence, loss of legal rights, and potential persecution.

LEGAL STANDARD

Under **Fed. R. Civ. P. 65(b)** and **E.D. Pa. Local Civil Rule 65.1**, a TRO may issue without notice to the adverse party if specific facts in an affidavit or verified complaint clearly show that immediate and irreparable injury will result before the adverse party can be heard.

The Third Circuit applies the four-factor test:

- (1) likelihood of success on the merits.
- (2) irreparable harm absent relief.
- (3) balance of equities; and
- (4) public interest. *See Kos Pharm., Inc. v. Andrx Corp.*, 369 F.3d 700 (3d Cir. 2004).

ARGUMENT

1. **Likelihood of Success** – Petitioner’s detention/removal violates statutory and constitutional protections, including due process under the Fifth. and the Fourteenth amendments
2. **Irreparable Harm** – Deportation before judicial review would permanently deprive Petitioner of the ability to pursue lawful relief.
3. **Balance of Equities** – The harm to Petitioner outweighs any administrative burden on Respondents.
4. **Public Interest** – Upholding constitutional rights and ensuring lawful process serves the public interest.

REQUEST FOR RELIEF

Petitioner respectfully requests that this Court:

1. Issue a Temporary Restraining Order Enjoining Respondents from removing Petitioner from the United States until final resolution of the Habeas petition.
2. Order Respondents to show cause why a preliminary injunction should not be issued; and
3. Grant such other relief as the Court deems just and proper.

PROPOSED ORDER

AND NOW, this ___ day of _____, 2026, upon consideration of Petitioner's Emergency Motion for Temporary Restraining Order, it is hereby ORDERED that:

1. Respondents, and all persons acting on their behalf, are temporarily restrained from removing Petitioner from the United States pending further order of this Court;
2. Respondents shall appear before this Court on the ___ day of _____, 2026, at : _ . m., to show cause why a preliminary injunction should not issue; and
3. This Order shall remain in effect until further order of the Court.

Respectfully submitted,

Joseph M Rollo Esquire
Joseph M Rollo & Associates P.C.
2527 South Broad Street
Phila Pa 19148
team@rollolawoffice.com

Dated :

EXHIBIT A

On Call

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
PHILADELPHIA IMMIGRATION COURT

LEAD FILE: [REDACTED]
IN REMOVAL PROCEEDINGS
DATE: Nov 24, 2025
EAD Clock: 943 days elapsed

TO: Joseph M Rollo and Associates PC
Rollo, Christian Anthony
2527 South Broad Street
Philadelphia, PA 19148

RE: [REDACTED] BOLOM-TZI, CARLOS FERNANDO

Notice of Internet-Based Hearing

Your case has been scheduled for a MASTER hearing before the immigration court on:

Your hearing is not in person. You will access your hearing by using the web page below.
URL: <https://eoir.webex.com/meet/IJ.Carle>

Date: Nov 3, 2026
Time: 2:30 P.M. ET
Court Address: 900 MARKET STREET, SUITE 504
5TH FLOOR, PHILADELPHIA, PA 19107

Representation: You may be represented in these proceedings, at no expense to the Government, by an attorney or other representative of your choice who is authorized and qualified to represent persons before an immigration court. If you are represented, your attorney or representative must also appear at your hearing and be ready to proceed with your case. Enclosed and online at <https://www.justice.gov/eoir/list-pro-bono-legal-service-providers> is a list of free legal service providers who may be able to assist you.

Failure to Appear: If you fail to appear at your hearing and the Department of Homeland Security establishes by clear, unequivocal, and convincing evidence that written notice of your hearing was provided and that you are removable, you will be ordered removed from the United States. Exceptions to these rules are only for exceptional circumstances.

Change of Address: The court will send all correspondence, including hearing notices, to you based on the most recent contact information you have provided, and your immigration proceedings can go forward in your absence if you do not appear before the court. If your contact information is missing or is incorrect on the Notice to Appear, you must provide the immigration court with your updated contact information within five days of receipt of that notice so you do not miss important information. Each time your address, telephone number, or email address changes, you must inform the immigration court within five days. To update your contact information with the immigration court, you must complete a Form EOIR-33 either online at <https://respondentaccess.eoir.justice.gov/en/> or by completing the enclosed paper form and mailing it to the immigration court listed above.

EXHIBIT "A"

Internet-Based Hearings: If you are scheduled to have an internet-based hearing, you will appear by video or telephone. If you prefer to appear in person at the immigration court named above, you must file a motion for an in-person hearing with the immigration court at least fifteen days before the hearing date provided above. Additional information about internet-based hearings for each immigration court is available on EOIR's website at <https://www.justice.gov/eoir/eoir-immigration-court-listing>.

In-Person Hearings: If you are scheduled to have an in-person hearing, you will appear in person at the immigration court named above. If you prefer to appear remotely, you must file a motion for an internet-based hearing with the immigration court at least fifteen days before the hearing date provided above.

For information about your case, please call 1-800-898-7180 (toll-free) or 304-625-2050.

The Certificate of Service on this document allows the immigration court to record delivery of this notice to you and to the Department of Homeland Security.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL[M] PERSONAL SERVICE[P] ELECTRONIC SERVICE[E]
 TO: [] Noncitizen | [] Noncitizen c/o Custodial Officer |
 [E] Noncitizen ATT/REP | [E] DHS
 DATE: 11/24/25 BY: COURT STAFF DAP
 Attachments: [] EOIR-33 [] Appeal Packet [] Legal Services List [] Other NH

Use a smartphone's camera to scan the code on this page to read the notice online.

Usa la cámara de un teléfono inteligente para escanear el código de esta página y leer el aviso en línea.

Use a câmara do smartphone para digitalizar o código nesta página e ler o manual de instruções online.

使用智能手机摄像头扫描本页面的代码，即可在线阅读该通知。

ਨੋਟਿਸ ਨੂੰ ਅਨਲਾਈਨ ਪੜ੍ਹਨ ਲਈ ਇਸ ਪੇਜ 'ਤੇ ਕੋਡ ਨੂੰ ਸਕੈਨ ਕਰਨ ਲਈ ਸਮਾਰਟਫੋਨ ਦੇ ਕੈਮਰੇ ਦੀ ਵਰਤੋਂ ਕਰੋ।

অনলাইনে নাটিশ পড়ার জন্য এই পৃষ্ঠার কোড স্ক্যান করার জন্য স্মার্টফোনের ক্যামেরা ব্যবহার করুন।

सूचना अनलाइनमा पढ्न यस पृष्ठमा कोड स्वयान गर्न स्मार्टफोनको क्यामेरा प्रयोग गर्नुहोस्।

Sèvi ak kamera yon telefòn entèlijan pou eskane kòd ki nan paj sa a pou li avi a sou entènèt.

استخدم كاميرا الهاتف الذكي لمسح الرمز الموجود في هذه الصفحة لقراءة الإشعار على الإنترنت

Чтобы прочитать уведомление онлайн, отсканируйте код на этой странице с помощью камеры вашего смартфона.

Utilisez l'appareil photo d'un téléphone intelligent pour scanner le code sur cette page afin de lire l'avis en ligne.



EXHIBIT B

LAW OFFICES
JOSEPH M. ROLLO & ASSOCIATES, P.C.
2527 SOUTH BROAD STREET
PHILADELPHIA, PA 19148
TEL. (215) 271-5550
FAX (215) 271-6620
email: Team@rollolawoffice.com

JOSEPH M. ROLLO, ESQUIRE
ALSO MEMBER N.J. BAR

CHRISTINE M. FLOWERS, ESQUIRE

CHRISTIAN A. ROLLO, ESQUIRE

OF COUNSEL

Avv. Concetta Scalzi-Rome Italy
Avv. Pietro Pegoraro-Terme Italy
Avv. Antonello Armetta-Carini Italy
Avv. Nunzio Currao-Catania Italy

READING, PA OFFICE
537 Court Street
Reading, PA 19601

DATE: Noviembre 24, 2025

TO: **Carlos Fernando Bolom-Tzi**
7040 Terminal Square
Upper Darby, PA, 19082

Attached please find a copy of correspondence, file submission or information we received in connection with your immigration matters. **Please retain this material for your file.**

Adjunto encontrará una copia de una correspondencia que hemos recibido en relación con sus asuntos de inmigración. **Por favor guarde este material para sus archivos.**

(X) Please call the office in October of 2026 to schedule an appointment to prepare for this next hearing.

(X) Por favor llame a la oficina en Octubre del 2026 para programar una cita para prepararnos por esta próxima audiencia.

(X) Hearing date & time:

Noviembre 3, 2026 / 3 de Noviembre del 2026
@ 2:30 pm

(X) Fecha y hora de la audiencia:

900 Market Street, Suite 504
5th Floor, Philadelphia, PA. 19107

Joseph M. Rollo
Christine M. Flowers

Non-Detained

Christian A. Rollo, Esq
Joseph M. Rollo and Associates, PC
2527 South Broad Street
Philadelphia PA 19148
(215) 271-5550

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
PHILADELPHIA, PENNSYLVANIA**

**IN THE MATTER OF CARLOS
FERNANDO BOLOM TZI**

Respondent

In Removal Proceedings

File No.:



Next Hearing: September 28th, 2022 at 1:30 P.M.

Before: Honorable John B. Carle

**I-589, APPLICATION FOR ASYLUM AND FOR
WITHHOLDING OF REMOVAL**

EXHIBIT "B"

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Department of Homeland Security
 U.S. Citizenship and Immigration Services
 U.S. Department of Justice
 Executive Office for Immigration Review

OMB No. 1615-0067, Expires 09/30/2022

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

START HERE - Type or print in black ink. See the instructions for information about eligibility and how to complete and file this application. There is no filing fee for this application.

NOTE: Check this box if you also want to apply for withholding of removal under the Convention Against Torture

Part A.I. Information About You			
1. Alien Registration Number(s) (A-Number) (if any) [Redacted]		2. U.S. Social Security Number (if any) 000-00-0000	
3. USCIS Online Account Number (if any) 000000000000			
4. Complete Last Name Bolom Tzi		5. First Name Carlos Fernando	6. Middle Name None
7. What other names have you used (include maiden name and aliases)? None			
8. Residence in the U.S. (where you physically reside)			
Street Number and Name [Redacted]		Apt. Number None	
City [Redacted]	State PA	Zip Code [Redacted]	Telephone Number [Redacted]
9. Mailing Address in the U.S. (if different than the address in Item Number 8)			
In Care Of (if applicable): None		Telephone Number () None	
Street Number and Name None		Apt. Number None	
City None	State None	Zip Code None	
10. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		11. Marital Status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
12. Date of Birth (mm/dd/yyyy) [Redacted]		13. City and Country of Birth Peten Peten, Guatemala	
14. Present Nationality (Citizenship) Guatemalan	15. Nationality at Birth Guatemalan	16. Race, Ethnic, or Tribal Group Hispanic	17. Religion Catholic
18. Check the box, a through c, that applies: a. <input type="checkbox"/> I have never been in Immigration Court proceedings. b. <input checked="" type="checkbox"/> I am now in Immigration Court proceedings. c. <input type="checkbox"/> I am not now in Immigration Court proceedings, but I have been in the past			
19. Complete 19 a through c. a. When did you last leave your country? (mm/dd/yyyy) <u>02/28/2019</u> b. What is your current I-94 Number, if any? _____ c. List each entry into the U.S. beginning with your most recent entry. List date (mm/dd/yyyy), place, and your status for each entry (Attach additional sheets as needed.) Date <u>03/15/2019</u> Place <u>Border with Texas</u> Status <u>EWI</u> Date Status Expires _____ Date _____ Place _____ Status _____ Date _____ Place _____ Status _____			
20. What country issued your last passport or travel document? None		21. Passport Number None Travel Document Number None	22. Expiration Date (mm/dd/yyyy)
23. What is your native language (include dialect, if applicable)? Spanish		24. Are you fluent in English? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25. What other languages do you speak fluently? None
For EOIR use only.	For USCIS use only.	Action: Interview Date: _____ Asylum Officer ID No.: _____	Decision: Approval Date: _____ Denial Date: _____ Referral Date: _____

Part A.II. Information About Your Spouse and Children

Your spouse I am not married. (Skip to Your Children below.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Date of Birth (mm/dd/yyyy)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Other names used (include maiden name and aliases)
9. Date of Marriage (mm/dd/yyyy)	10. Place of Marriage	11. City and Country of Birth	
12. Nationality (Citizenship)		13. Race, Ethnic, or Tribal Group	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
15. Is this person in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 16 to 24.) <input type="checkbox"/> No (Specify location):			
16. Place of last entry into the U.S.	17. Date of last entry into the U.S. (mm/dd/yyyy)	18. I-94 Number (if any)	19. Status when last admitted (Visa type, if any)
20. What is your spouse's current status?	21. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	22. Is your spouse in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	23. If previously in the U.S., date of previous arrival (mm/dd/yyyy)
24. If in the U.S., is your spouse to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Your Children. List all of your children, regardless of age, location, or marital status.

I do not have any children. (Skip to Part A.III., Information about your background.)

I have children. Total number of children: _____

(NOTE: Use Form I-589 Supplement A or attach additional sheets of paper and documentation if you have more than four children.)

1. Alien Registration Number (A-Number) (if any)	2. Passport/ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location):			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (if any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Part A.II. Information About Your Spouse and Children (Continued)

1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____							
14. Place of last entry into the U.S.		15. Date of last entry into the U.S. (mm/dd/yyyy)		16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No							
1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____							
14. Place of last entry into the U.S.		15. Date of last entry into the U.S. (mm/dd/yyyy)		16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No							
1. Alien Registration Number (A-Number) (if any)		2. Passport/ID Card Number (if any)		3. Marital Status (Married, Single, Divorced, Widowed)		4. U.S. Social Security Number (if any)	
5. Complete Last Name		6. First Name		7. Middle Name		8. Date of Birth (mm/dd/yyyy)	
9. City and Country of Birth		10. Nationality (Citizenship)		11. Race, Ethnic, or Tribal Group		12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____							
14. Place of last entry into the U.S.		15. Date of last entry into the U.S. (mm/dd/yyyy)		16. I-94 Number (If any)		17. Status when last admitted (Visa type, if any)	
18. What is your child's current status?		19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)		20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your spouse in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No							

Part A.III. Information About Your Background

1. List your last address where you lived before coming to the United States. If this is not the country where you fear persecution, also list the last address in the country where you fear persecution. (List Address, City/Town, Department, Province or State and Country.)
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street (Provide if available)	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
Not Applicable	Peten Peten	Poptun	Guatemala	07/29/2001	02/2019

2. Provide the following information about your residences during the past 5 years. List your present address first.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Number and Street	City/Town	Department, Province, or State	Country	Dates	
				From (Mo/Yr)	To (Mo/Yr)
		Pennsylvania	USA	05/2019	PRES
Not Applicable	Peten Peten	Poptun	Guatemala	07/29/2001	02/2019

3. Provide the following information about your education, beginning with the most recent school that you attended.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name of School	Type of School	Location (Address)	Attended	
			From (Mo/Yr)	To (Mo/Yr)
Escuela Rural Mixta	Elementary	Peten Guatemala	01/2008	10/2014
Peten Guatemala	High School	Peten Guatemala	01/2016	10/2018

4. Provide the following information about your employment during the past 5 years. List your present employment first.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Name and Address of Employer	Your Occupation	Dates	
		From (Mo/Yr)	To (Mo/Yr)
Tomo	Cook/Dishwasher	11/2019	PRES

5. Provide the following information about your parents and siblings (brothers and sisters). Check the box if the person is deceased.
 (NOTE: Use Form I-589 Supplement B, or additional sheets of paper, if necessary.)

Full Name	City/Town and Country of Birth	Current Location
Mother R	Peten, Guatemala	<input type="checkbox"/> Deceased Peten Guatemala
Father V	Peten, Guatemala	<input type="checkbox"/> Deceased Peten Guatemala
Sibling H	Peten, Guatemala	<input type="checkbox"/> Deceased Upper Darby Pennsylvan
Sibling E	Peten, Guatemala	<input type="checkbox"/> Deceased Peten Guatemala
Sibling O	Peten, Guatemala	<input type="checkbox"/> Deceased Peten Guatemala
Sibling M	Peten, Guatemala	<input type="checkbox"/> Deceased Peten Guatemala

Part B. 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 B.)

When answering the following questions about your asylum or other protection claim (withholding of removal under 241(b)(3) of the INA or withholding of removal under the Convention Against Torture), you must provide a detailed and specific account of the basis of your claim to asylum or other protection. To the best of your ability, provide specific dates, places, and descriptions about each event or action described. You must attach documents evidencing the general conditions in the country from which you are seeking asylum or other protection and the specific facts on which you are relying to support your claim. If this documentation is unavailable or you are not providing this documentation with your application, explain why in your responses to the following questions.

Refer to Instructions, Part I: Filing Instructions, Section II, "Basis of Eligibility," Parts A - D, Section V, "Completing the Form," Part B, and Section VII, "Additional Evidence That You Should Submit," for more information on completing this section of the form.

1. Why are you applying for asylum or withholding of removal under section 241(b)(3) of the INA, or for withholding of removal under the Convention Against Torture? Check the appropriate box(es) below and then provide detailed answers to questions A and B below

I am seeking asylum or withholding of removal based on:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Political opinion |
| <input type="checkbox"/> Religion | <input checked="" type="checkbox"/> Membership in a particular social group |
| <input type="checkbox"/> Nationality | <input checked="" type="checkbox"/> Torture Convention |

- A. Have you, your family, or close friends or colleagues ever experienced harm or mistreatment or threats in the past by anyone?

- No Yes

If "Yes," explain in detail

1. What happened;
2. When the harm or mistreatment or threats occurred;
3. Who caused the harm or mistreatment or threats; and
4. Why you believe the harm or mistreatment or threats occurred.

My brother was attacked twice in Guatemala by his in-laws when they were drinking. They are extremely violent people when they are drunk. Additionally, I am indigenous and I live in mountains where there is very little protection

- B. Do you fear harm or mistreatment if you return to your home country?

- No Yes

If "Yes," explain in detail

1. What harm or mistreatment you fear;
2. Who you believe would harm or mistreat you; and
3. Why you believe you would or could be harmed or mistreated

Yes, I am afraid for the aforementioned reasons. My brothers in-laws are very violent people.

Part B. Information About Your Application (Continued)

2. Have 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 (including for an immigration law violation)?

No Yes

If "Yes," explain the circumstances and reasons for the action.

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?

No Yes

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.

3.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.

4. Are you afraid of being subjected to torture in your home country or any other country to which you may be returned?

No Yes

If "Yes," explain why you are afraid and describe the nature of torture you fear, by whom, and why it would be inflicted.

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?

No Yes

If "Yes," explain the decision and what happened to any status you, your spouse, your child(ren), your parents, or your siblings received as a result of that decision. Indicate whether or not you were included in a parent or spouse's application. If so, include your parent or spouse's A-number in your response. If you have been denied asylum by an immigration judge or the Board of Immigration Appeals, describe any change(s) in conditions in your country or your own personal circumstances since the date of the denial that may affect your eligibility for asylum.

- 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 Yes

- 2.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?

No Yes

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.

I passed through Mexico but did not seek asylum there.

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.

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?

- 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 the length of time you remained in that country for the visit(s).)

[Empty text box for response to question 4]

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 hearing why you did not file your asylum application within the first year after you arrived. For guidance in answering this question, see Instructions, Part I: Filing Instructions, Section V. "Completing the Form," Part C.

I was detained until May 18, 2020 and then it was very difficult to get access to an attorney during the COVID-19 pandemic.

[Empty text box for response to question 5]

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 (including for an immigration law violation)?

- No Yes

If "Yes," for each instance, specify in your response: what occurred and the circumstances, dates, length of sentence received, location, the duration of the detention or imprisonment, reason(s) for the detention or conviction, any formal charges that were lodged against you or 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.

[Empty text box for response to question 6]

Uploaded on: 9/7/2022 at 2 08 16 p m (Eastern Daylight Time); Base City: PHI

Part D. Your Signature

I certify under penalty of perjury under the laws of the United States of America, that this application and the evidence submitted with it are all true and correct. Title 18, United States Code, Section 1546(a), provides in part, Whoever knowingly makes under oath, or as permitted under penalty of perjury under Section 1746 of Title 28, United States Code, knowingly subscribes as true, any false statement with respect to a material fact in any application, affidavit, or other document required by the immigration laws or regulations prescribed thereunder, or knowingly presents any such application, affidavit, or other document containing any such false statement or which fails to contain any reasonable basis in law or fact - shall be fined in accordance with this title or imprisoned for up to 25 years. I authorize the release of any information from my immigration record that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.



WARNING: Applicants who are in the United States unlawfully are subject to removal if their asylum or withholding claims are not granted by an asylum officer or an immigration judge. Any information provided in completing this application may be used as a basis for the institution of, or as evidence in, removal proceedings even if the application is later withdrawn. Applicants determined to have knowingly made a frivolous application for asylum will be permanently ineligible for any benefits under the Immigration and Nationality Act. You may not avoid a frivolous finding simply because someone advised you to provide false information in your asylum application. If filing with USCIS, unexcused failure to appear for an appointment to provide biometrics (such as fingerprints) and your biographical information within the time allowed may result in an asylum officer dismissing your asylum application or referring it to an immigration judge. Failure without good cause to provide DHS with biometrics or other biographical information while in removal proceedings may result in your application being found abandoned by the immigration judge. See sections 208(d)(5)(A) and 208(d)(6) of the INA and 8 CFR sections 208.10, 1208.10, 208.20, 1003.47(d) and 1208.20.

Print your complete name Carlos Fernando Bolom Tzi	Write your name in your native alphabet. Carlos Fernando Bolom Tzi
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Did your spouse, parent, or child(ren) assist you in completing this application? No Yes (If "Yes," list the name and relationship.)

(Name)	(Relationship)	(Name)	(Relationship)
--------	----------------	--------	----------------

Did someone other than your spouse, parent, or child(ren) prepare this application? No Yes (If "Yes," complete Part E.)

Asylum applicants may be represented by counsel. Have you been provided with a list of persons who may be available to assist you, at little or no cost, with your asylum claim? No Yes

Signature of Applicant (The person in Part A.)
 → [Carlos Fernando Bolom Tzi]
 Sign your name so it all appears within the brackets

6/12/2020
 Date (mm/dd/yyyy)

Part E. Declaration of Person Preparing Form, if Other Than Applicant, Spouse, Parent, or Child

I declare that I have prepared this application at the request of the person named in Part D, that the responses provided are based on all information of which I have knowledge, or which was provided to me by the applicant, and that the completed application was read to the applicant in his or her native language or a language he or she understands for verification before he or she signed the application in my presence. I am aware that the knowing placement of false information on the Form I-589 may also subject me to civil penalties under 8 U.S.C. 1324c and/or criminal penalties under 18 U.S.C. 1546(a).

Signature of Preparer <u>Christian A. Rollo</u>	Print Complete Name of Preparer Christian A. Rollo		
Daytime Telephone Number (215) 2715550	Address of Preparer: Street Number and Name 2527 South Broad Street		
Apt. Number	City Philadelphia	State Pennsylvania	Zip Code 19148

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) 327628	Attorney or Accredited Representative USCIS Online Account Number (if any)
---	---	---	--

Part F. To Be Completed at Asylum Interview, if Applicable

NOTE: You will be asked to complete this part when you appear for examination before an asylum officer of the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS).

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true or not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Asylum Officer

Part G. To Be Completed at Removal Hearing, if Applicable

NOTE: You will be asked to complete this Part when you appear before an immigration judge of the U.S. Department of Justice Executive Office for Immigration Review (EOIR), for a hearing.

I swear (affirm) that I know the contents of this application that I am signing, including the attached documents and supplements, that they are all true or not all true to the best of my knowledge and that correction(s) numbered ____ to ____ were made by me or at my request. Furthermore, I am aware that if I am determined to have knowingly made a frivolous application for asylum I will be permanently ineligible for any benefits under the Immigration and Nationality Act, and that I may not avoid a frivolous finding simply because someone advised me to provide false information in my asylum application.

Signed and sworn to before me by the above named applicant on

Signature of Applicant

Date (mm/dd/yyyy)

Write Your Name in Your Native Alphabet

Signature of Immigration Judge

Supplement A, Form I-589

A-Number (If available) 203496223	Date
Applicant's Name Carlos Fernando None Bolom Tzi	Applicant's Signature

List All of Your Children, Regardless of Age or Marital Status

(NOTE: Use this form and attach additional pages and documentation as needed, if you have more than four children)

1. Alien Registration Number (A-Number) (if any)	2. Passport ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			
1. Alien Registration Number (A-Number) (if any)	2. Passport ID Card Number (if any)	3. Marital Status (Married, Single, Divorced, Widowed)	4. U.S. Social Security Number (if any)
5. Complete Last Name	6. First Name	7. Middle Name	8. Date of Birth (mm/dd/yyyy)
9. City and Country of Birth	10. Nationality (Citizenship)	11. Race, Ethnic, or Tribal Group	12. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Is this child in the U.S.? <input type="checkbox"/> Yes (Complete Blocks 14 to 21.) <input type="checkbox"/> No (Specify location): _____			
14. Place of last entry into the U.S.	15. Date of last entry into the U.S. (mm/dd/yyyy)	16. I-94 Number (If any)	17. Status when last admitted (Visa type, if any)
18. What is your child's current status?	19. What is the expiration date of his/her authorized stay, if any? (mm/dd/yyyy)	20. Is your child in Immigration Court proceedings? <input type="checkbox"/> Yes <input type="checkbox"/> No	
21. If in the U.S., is this child to be included in this application? (Check the appropriate box.) <input type="checkbox"/> Yes (Attach one photograph of your child in the upper right corner of Page 9 on the extra copy of the application submitted for this person.) <input type="checkbox"/> No			

Supplement B, Form I-589

Additional Information About Your Claim to Asylum

A-Number (if available) 	Date
Applicant's Name Carlos Fernando None Bolom Tzi	Applicant's Signature

NOTE: Use this as a continuation page for any additional information requested. Copy and complete as needed.

Part Part A. III

Question 5

	M Guatemala, Peten Guatemala
	L eten Guatemala, Peten Guatemala
	E en Guatemala, Peten Guatemala
	L n Guatemala, Peten Guatemala
	D Peten Guatemala, Peten Guatemala

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Notice Date
6/22/2026

CARLOS FERNANDO BOLOM TZI
c/o CHRISTIAN ROLLO
JOSEPH M ROLLO AND ASSOCIATES
2527 SOUTH BROAD STREET
PHILADELPHIA PA 19148

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. This is a courtesy copy, not the official notice.

What the Official Notice Said

*** ACKNOWLEDGEMENT OF RECEIPT ***

USCIS has received a copy of your I-589 (application for Asylum and Withholding of Removal) filed in defense of removal from the US in Immigration Court. Pursuant to S. 265 of the Immigration and Nationality Act, you are required to notify USCIS, in writing, of any address changes, within 10 days of such change using Form AR11. Since you were placed in removal proceedings before an Immigration Judge, you are also required to notify the Immigration Court having jurisdiction over your case of any change of address within 5 days of such change, on Form EOIR-33. If you changed your address, please mail each completed change of address form (AR11 and EOIR-33) to the location specified on the respective form.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P O Box 82521
Lincoln NE 68501-2521

USCIS Contact Center: www.uscis.gov/contactcenter



Non-Detained

Christian A. Rollo, Esq.
Joseph M. Rollo and Associates, PC
2527 South Broad Street
Philadelphia PA 19148
(215) 271-5550

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
PHILADELPHIA, PENNSYLVANIA**

**IN THE MATTER OF CARLOS
FERNANDO BOLOM TZI**

Respondent

In Removal Proceedings

File No.: A-



Next Hearing: September 28th, 2022 at 1:30 P.M.


Before: Honorable John B. Carle

PROOF OF SERVICE

I hereby certify that on **September 7, 2022**, I, Christian A. Rollo, Esq, mailed or caused to be delivered a copy of the Respondent's Asylum applications at the address indicated below:

Office of the Principal Legal Advisor, Philadelphia
900 Market Street, Suite 346
Philadelphia, PA 19107

September 7, 2022 _____
DATE


Christian A. Rollo, Esquire
Joseph M. Rollo and Associates, PC,
2527 South Broad Street
Philadelphia PA 19148
215-271-5550

PROPOSED ORDER

AND NOW, this ___ day of _____, 2026, upon consideration of Petitioner's Emergency Motion for Temporary Restraining Order, it is hereby ORDERED that:

1. Respondents, and all persons acting on their behalf, are temporarily restrained from removing Petitioner from the United States pending further order of this Court;
2. Respondents shall appear before this Court on the ___ day of _____, 2026, at : __. m., to show cause why a preliminary injunction should not issue; and
3. This Order shall remain in effect until further order of the Court.

Respectfully submitted,



Joseph M Rollo Esquire
Joseph M Rollo & Associates P.C.
2527 South Broad Street
Phila Pa 19148
team@rollolawoffice.com

Dated :