Instructions for completing the form

Before completing the form, please read the following instructions.

Every foreigner has the right to request to the Minister of Justice to review the National Committee for Refugees (CONARE)'s decision that denies refugee status or that declares the loss of refugee status, in accordance to article 29 of the Law nº 9.474/1997, and article 14 § 2, of the Normative Resolution 18, of 30 April 2014.

The appeal must be submitted through this APPEAL APPLICATION FORM, which must be dully completed and should be delivered at any Federal Police Unit within 15 days from the date of the receipt of the decision's notification.

The present form contains the questions required to compile relevant information to the analysis of your appeal, in accordance with the Law nº 9.474/1997.

GENERAL GUIDELINES

The Appeal Application Form is available at: [http://www.justica.gov.br/seus-direitos/estrangeiros/refugio](http://www.justica.gov.br/seus-direitos/estrangeiros/refugio), as well as at the Federal Public Defender’s Office Units and at the civil society organizations that provide assistance for asylum-seekers (ANNEX II).

Fill out all the questions of this Form. In the cases in which a question does not apply to your specific situation, please write NOT APPLICABLE. Do not leave blank spaces.

In the case you do not understand a question; please ask for assistance. The Federal Public Defender’s Office and the civil society organizations provide free legal assistance and can help you to prepare your appeal. At the end of this form (ANNEX II), as well as at the website of CONARE, you will find some of those organizations’ addresses.
Fill out the APPEAL APPLICATION FORM on your computer (when possible) or with legible handwriting. If you need more space, you can use extra sheets and deliver them along with this Form. You and your representative must sign at the end of each page.

REPRESENTATIVE
It is understood as a representative those who have powers to act on the behalf of the asylum-seeker by provision of the law, of a court decision or of an express manifestation of one’s will. Examples of representatives are: public defender; appointed lawyer; proxy; guardian; tutor; the parents of a person under 18 years of age.

IMPORTANCE
The information in this document will be used as evidence for the decision of your appeal. Therefore, it is essential that all the information provided is true and as complete as possible.

The proof of the falsity of the documents used for the recognition of refugee status might entail the non-recognition of your request or the loss of your refugee status, and you will be subject to the compulsory measures provided by the Law nº 6.815/1980.

CONFIDENTIALITY
It is important that you know that all the information related to your asylum application is confidential, in accordance to the provisions of Article 20 of the Law nº 9474/1997.

DOCUMENTS
Along with this form you must present the original version of your documents from your country of origin or habitual residence (passport, identity, and any other documentation that you own). If you don’t have any documentation, you should explain in the appropriate fields of this Form the reasons for not owning it.

You can also attach other documents you believe are relevant to your refugee claim, including proof of membership in political organizations, medical or psychological reports, police report, business registration, newspaper clippings, visas or travel documents (plane ticket).

LANGUAGE AND INTERPRETER
This form is also available in Portuguese, Spanish and French.

In the case this Form is being filed out with the assistance of an interpreter, the former shall sign the Interpreter Liability Commitment (DECLARATION D).
RIGHT TO THE RENEWAL OF THE PROTOCOL
You and your family members have the right to remain in Brazil during the evaluation of your appeal, subjected to the provisions of §§ 1º and 2º of Article 21 of the Law nº 9.474/1997.

When filing out the appeal, in two copies, one being identical to the other, the Federal Police shall hand you a matching copy of the Form, providing the filing label and accusing the receipt of it. The Federal Police shall also issue a temporary residence protocol, which must be renewed during the time your appeal is under analysis, in accordance with Art. 21 of the Law nº. 9.474/1997.

COMMUNICATION AND CHANGE OF ADDRESS
All communications of your asylum application procedure will be done through your personal email, which must be obligatorily informed on this form. If you do not have one, ask for help to create one when filling out the Form. If it is not possible to indicate an e-mail contact, explain the reasons in the related field of this Form and inform other means of communication to be used for official information from CONARE.

If there is any change in your e-mail address, it must be informed to this email cadastro.conare@mj.gov.br.

You should always keep your contacts and addresses updated with CONARE and the Federal Police, in order to be properly notified of the eligibility interview and subsequent proceedings, under penalty of filing your claim, according to Article 6 of the Normative Resolution nº 18 of April 30, 2014.

YOU MUST PRESENT THIS FORM IN PERSON AT ANY FEDERAL POLICE UNIT WITHIN 15 DAYS FROM THE DATE OF THE RECEIPT OF THE NEGATIVE DECISION’S NOTIFICATION.
1. IDENTIFICATION

Full name: _____________________________________________________________

First name / middle name / family name

Protocol Number of the Refugee Claim: ___________________________________________

Gender:  
   ○ Female  
   ○ Male

Place of birth: _____________________________________________________________

Country / State (Province) / City

Date of Birth: _____/_____/_____  

dd/mm/yyyy

Native language: _____________________________________________________________

Other languages/dialects you speak: _____________________________________________

Marital Status: _____________________________________________________________
Are you a national of any country? Of which country(ies)?
If you have more than one nationality, list all.

_________________________________________________________________________________
_________________________________________________________________________________

2. CONTACTS

Provide your contact information in Brazil
Address: _______________________________________________________________________
City: _______________________________________________________________________
State: _______________________________________________________________________
Telephone: ___________________________________________________________________
E-mail: _______________________________________________________________________

If it is not possible to provide an e-mail address for contact, explain the reasons.
_________________________________________________________________________________

3. INFORMATION ON FAMILY MEMBERS THAT ACCOMPANY YOU IN BRAZIL

<table>
<thead>
<tr>
<th>Name of the family member that are in Brazil</th>
<th>Date of Birth</th>
<th>Parental relationship (son, father, brother, etc.)</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</tr>
</tbody>
</table>
Do you know any family member who was recognized as a refugee in Brazil?
If so, please provide the full name of the person.

___________________________________________________
___________________________________________________

4. REPRESENTATIVE

Do you have a representative?  
☐ Yes
☐ No

If so, provide the information below:
Full name of the Representative: __________________________________________________
Number of the ID document: _______________________________________________________
Institution (if applicable): _________________________________________________________
Ordem dos Advogados do Brasil (OAB) Number (if applicable): __________________________
Phone Number: _________________________________________________________________
Address: _______________________________________________________________________
E-mail: _______________________________________________________________________

5. APPEAL INFORMATION

Please check the appropriate option:

☐ You are appealing the first instance decision of your refugee claim.
☐ You are appealing the decision regarding the loss of your refugee status.

6. INFORMATION REGARDING THE FIRST INSTANCE DECISION

Date of CONARE’s first instance decision: _____/_____/_____  
Date of Notification of CONARE’s first instance decision: _____/_____/_____  
Did you receive a full copy of CONARE’s decision?  
☐ Sim
☐ Não
7. GROUNDS OF THE APPEAL

Describe clearly and concisely under what grounds you wish to appeal the first instance decision.

The grounds for appeal to be made may indicate:

(a) potential procedural errors;
(b) potential errors in the application of relevant legislation;
(c) potential errors in the interpretation of the facts;
(d) presentation of new pleas, facts or proofs;
(e) other reasons.

__________________________________________________________________________
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________

You may use additional pages in this section; however, you and your representative must sign the bottom of each extra page.
In the case you have presented new pleas or new proofs not previously claimed, explain why have not you presented these elements before the CONARE’s decision.

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

8. DOCUMENTS
List below all the documents of your country of origin and others that you wish to use in order to support your appeal.

DOCUMENT 1: __________________________________________
DOCUMENT 2: __________________________________________
DOCUMENT 3: __________________________________________
DOCUMENT 4: __________________________________________
DOCUMENT 5: __________________________________________

If you do not have any document from your country of origin, explain the reasons.

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________

___________________________________________________
9. REASONS FOR WHICH YOU NEED INTERNATIONAL PROTECTION AS A REFUGEE IN BRAZIL

To answer these questions, see ANNEX I of this Form.

I request the recognition or the maintenance of the refugee status because I have a well-founded fear of being persecuted for reasons of:

☐ race
☐ religion
☐ nationality
☐ membership of a particular social group
☐ political opinion
☐ due to serious and widespread violations of human rights
☐ other reasons.

Explique:
________________________________________________________
________________________________________________________
________________________________________________________

I request the recognition or the maintenance of refugee status because I fear that I may be subjected to torture or cruel, inhuman or degrading treatment in case I return to my country of origin.

☐ Yes
☐ No
10. DOCUMENTS CHECK-LIST

PLACE AN “X” ON THE BOXES BELOW TO CONFIRM:

☐ You correctly answered all the sections of this Form in English.
☐ You have attached copies of the relevant documents to the case and also information that you would like it to be considered.
☐ You and your representative have signed this Form.

AFTER COMPLETING THIS FORM YOU MUST PRESENT IT IN PERSON AT ANY FEDERAL POLICE UNIT WITHIN 15 DAYS FROM THE DATE OF THE RECEIPT OF THE NEGATIVE DECISION’S NOTIFICATION.
11. DECLARATIONS

Declaration A

Fill out only when the appellant has NOT used the assistance of an interpreter.

I formally declare that the information provided by me is true. I declare that I am able to read and write in English and I understand the whole APPEAL APPLICATION FORM content.

Applicant's signature: ____________________________
Place:______________________________________________
Date:______________________________________________
Declaration B

Fill out only if there has been the participation of a representative.

I solemnly declare that ___________________________ ____________________________ is my representative for all matters related to my asylum claim before the National Committee for Refugee.

In this sense, I authorize CONARE to share with my designated representative the information regarding my case and also the decisions related to my asylum claim.

This authorization remains valid until CONARE’s final decision on my asylum-claim or until I present a new declaration notifying CONARE that the aforementioned person is no longer my representative.

Applicant's signature: ____________________________ ____________________________
Place:_____________________________________________ ________________________
Date:______________________________________________ _______________________

Representative’s information:
Representative’s full name: ____________________________ ____________________________
Identification Document: ____________________________ ____________________________
Institution (if applicable): ____________________________ ____________________________
OAB number (if applicable): ____________________________ ____________________________
Contact phone number:______________________________ _________________________
Address: __________________________________________ ________________________
E-mail: _________________________________________________ ___________________

___________________________________________________ _____________
Signature of the Representative
Declaration C

Fill out only if there has been the assistance of an interpreter.

I received the assistance of an interpreter to read and fill out this Form, and the information provided by me is true.

Applicant's signature: ____________________________ ____________________________
Interpreter's signature: ____________________________ ____________________________
Place: ____________________________________________ ________________________
Date: __________________________________________________ ___________________
Declaration D

Interpreter Responsibility Term

I, ____________________________, holder of identity document ____________________, declare that, with respect to my work as an interpreter, I have the responsibility to:

a) keep confidential any unpublished information I become aware due to the performance of my work and not to publish any report or document based on information obtained during the form filling;

b) be impartial in the exercise of my function;

c) properly translate what is being said;

d) confirm the information declared by the applicant to ensure they are duly translated;

e) carry out my activities in a manner consistent with the CONARE standards regarding cultural issues, gender and age.

f) report any adverse event that might affect my competence in carrying out my impartial work as an interpreter.

I understand that if any of the above is not respected, CONARE can refuse to accept my work as an interpreter regarding the asylum application procedure.

Phone: ____________________________________________

Address:___________________________________________

E-mail: ___________________________________________

Date:______________________________________________

___________________________________________________

The interpreter’s signature
ANNEX IV
DEFINITIONS

Refugee Definition:

- **1951 Convention Relating to the Status of Refugee, Art. 1º (Classical definition):** “All person that, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it”.

- **Law nº 9.474/1997, Art. 1º (National legislation):** it will be recognized as a refugee every individual that:
  
  I. owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or is unwilling to avail himself of the protection of that country;
  II. not having a nationality and being outside the country of his former habitual residence, is unable or is unwilling to return to it due to the circumstances described in the preceding item;
  III. due to serious and widespread human rights violations is obliged to leave his or her country of nationality to seek asylum in another country.

- **Cartagena Declaration from 1984 (Expanded definition):** it considers also a refugee persons that has fled their country of origin because their life, safety or freedom were menaced:
  
  I. By widespread violence;
  II. By foreing agression;
  III. By internal conflicts;
  IV. By massive violations of human rights;
  V. Other circumstances that have gravely disturbed public order.
• **Brazil Declaration of 2014**: It incorporates the Declaration of Cartagena and also considered as refugees people who have fled their countries, among other factors, due to the action of transnational organized crime.

• **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment of 1984 Art. 1º**: “1. For the purposes of this Convention, the term "torture" means any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions".
### ANNEX V

**USEFUL CONTACTS**

*(Available on: www.justica.gov.br)*

<table>
<thead>
<tr>
<th>FEDERAL POLICE DEPARTMENT (DPF)</th>
<th>FEDERAL PUBLIC DEFENDER’S OFFICE (DPU)</th>
<th>CIVIL SOCIETY</th>
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<tbody>
<tr>
<td><a href="http://www.dpf.gov.br">www.dpf.gov.br</a></td>
<td><a href="http://www.dpu.gov.br">www.dpu.gov.br</a></td>
<td></td>
</tr>
<tr>
<td>Boa Vista (95) 3621-1515</td>
<td>Boa Vista (95) 3212-3000</td>
<td>Instituto Migrações e Direitos Humanos</td>
</tr>
<tr>
<td>Brasília (61) 2024-8450</td>
<td>Brasília (62) 3214-1499</td>
<td>Tel: (61) 3340-2689</td>
</tr>
<tr>
<td>Caxias do Sul (54) 3213-9000</td>
<td>Campo Grande (67) 3324-1305</td>
<td>Quadra 07, Conjunto C, Lote 01</td>
</tr>
<tr>
<td>Corumbá (67) 3234-7800</td>
<td>Cuiabá (65) 3611-7400</td>
<td>Vila Varjão/Lago Norte, Brasília, DF</td>
</tr>
<tr>
<td>Cuiabá (65) 3614-5600</td>
<td>Curitiba (41) 3320-6400</td>
<td>Cep: 71540-400</td>
</tr>
<tr>
<td>Curitiba (41) 3251-7500</td>
<td>Fortaleza (85) 3474-8750</td>
<td>Email: <a href="mailto:imdh@migrante.org.br">imdh@migrante.org.br</a></td>
</tr>
<tr>
<td>Epitaciolândia (68) 3546-5131</td>
<td>Guarulhos (11) 2928-7800</td>
<td>website: <a href="http://www.migrante.org.br">www.migrante.org.br</a></td>
</tr>
<tr>
<td>Fortaleza (85) 3392-4900</td>
<td>Manaus (92) 3133-1600</td>
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<tr>
<td>Guarulhos (11) 2445-2212</td>
<td>Porto Alegre (51) 3216-6946</td>
<td>Cáritas Arquidiocesana do Rio De Janeiro</td>
</tr>
<tr>
<td>Manaus (92) 3655-1515</td>
<td>Rio Branco (68) 2106-7800</td>
<td>Tel: (21) 2567-4177 / 2567-4105</td>
</tr>
<tr>
<td>Paranaguá (41) 3422-2033</td>
<td>Rio de Janeiro (21) 2460-5000</td>
<td>Rua São Francisco Xavier, n.º 483</td>
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<tr>
<td>Pacaraima (95) 3592-1163</td>
<td>Santos (13) 3325-4900</td>
<td>Bairro Maracanã.</td>
</tr>
<tr>
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<td>São Paulo (11) 3627-3400</td>
<td>Rio de Janeiro, RJ</td>
</tr>
<tr>
<td>Rio de Janeiro (21) 2203-4000 Santos (13) 3213-1800</td>
<td></td>
<td>Cep: 20550-011</td>
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<tr>
<td>São Paulo (11) 3538-5000</td>
<td></td>
<td>Email: <a href="mailto:carj.refugiados@caritas-rj.org.br">carj.refugiados@caritas-rj.org.br</a></td>
</tr>
<tr>
<td>Tabatinga (97) 3412-2180</td>
<td></td>
<td>Cáritas Arquidiocesana de São Paulo</td>
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<tr>
<td></td>
<td></td>
<td>Tel. (11) 3241-3239</td>
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<td>Rua Major Diogo, n.º 834 – Bela Vista</td>
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