



CONARE  
Comitê Nacional para os Refugiados

### ANNEX III

#### APPEAL APPLICATION FORM

Law no. 9.474, of July 22, 1997

CONARE Normative Resolution no. 24 of July 28, 2017

#### 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>, 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.



**CONARE**  
Comité Nacional para os Refugiados

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).



**CONARE**  
Comitê Nacional para os Refugiados

### **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 mean 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](mailto: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.**

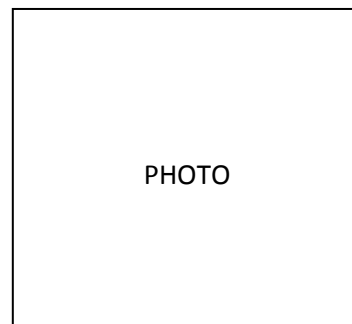


**CONARE**  
Comitê Nacional para os Refugiados

## APPEAL APPLICATION FORM

Law nº 9.474/1997

CONARE Resolution nº 22/2015



### 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.

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**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.**

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**3. INFORMATION ON FAMILY MEMBERS THAT ACCOMPANY YOU IN BRAZIL**

<b>Name of the family member that are in Brazil</b>	<b>Date of Birth</b>	<b>Parental relationship (son, father, brother, etc).</b>	<b>Nationality</b>
1.			
2.			
3.			
4.			
5.			



**Do you know any family member who was recognized as a refugee in Brazil?**

If so, please provide the full name of the person.

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#### 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









**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:

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**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



**CONARE**  
Comitê Nacional para os Refugiados

## **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 circunstances 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](http://www.justica.gov.br))

FEDERAL POLICE DEPARTMENT (DPF)	FEDERAL PUBLIC DEFENDER'S OFFICE (DPU)	CIVIL SOCIETY
<a href="http://www.dpf.gov.br">www.dpf.gov.br</a>	<a href="http://www.dpu.gov.br">www.dpu.gov.br</a>	
Boa Vista (95) 3621-1515 Brasília (61) 2024-8450 Caxias do Sul (54) 3213-9000 Corumbá (67) 3234-7800 Cuiabá (65) 3614-5600 Curitiba (41) 3251-7500 Epitaciolândia (68) 3546-5131 Fortaleza (85) 3392-4900 Guarulhos (11) 2445-2212 Manaus (92) 3655-1515 Paranaguá (41) 3422-2033 Pacaraima (95) 3592-1163 Porto Alegre (51) 3235-9000 Rio de Janeiro (21) 2203-4000 Santos (13) 3213-1800 São Paulo (11) 3538-5000 Tabatinga (97) 3412-2180	Boa Vista (95) 3212-3000 Brasília (62) 3214-1499 Campo Grande (67) 3324-1305 Cuiabá (65) 3611-7400 Curitiba (41) 3320-6400 Fortaleza (85) 3474-8750 Guarulhos (11) 2928-7800 Manaus (92) 3133-1600 Porto Alegre (51) 3216-6946 Rio Branco (68) 2106-7800 Rio de Janeiro (21) 2460-5000 Santos (13) 3325-4900 São Paulo (11) 3627-3400	<u>Instituto Migrações e Direitos Humanos</u> Tel: (61) 3340-2689 Quadra 07, Conjunto C, Lote 01 Vila Varjão/Lago Norte, Brasília, DF Cep: 71540-400 Email: <a href="mailto:imdh@migrante.org.br">imdh@migrante.org.br</a> website: <a href="http://www.migrante.org.br">www.migrante.org.br</a>  <u>Cáritas Arquidiocesana do Rio De Janeiro</u> Tel: (21) 2567-4177 / 2567-4105 Rua São Francisco Xavier, n.º 483 Bairro Maracanã. Rio de Janeiro, RJ Cep: 20550-011 Email: <a href="mailto:carj.refugiados@caritas-rj.org.br">carj.refugiados@caritas-rj.org.br</a>  <u>Cáritas Arquidiocesana de São Paulo</u> Tel. (11) 3241-3239 Rua Major Diogo, nº 834 – Bela Vista São Paulo, SP Cep: 01324-000 Email: <a href="mailto:casp.refugiados@uol.com.br">casp.refugiados@uol.com.br</a>