

# Congressional Liaison Unit- Inquiry Form

**PLEASE PRINT AND COMPLETE IN ITS ENTIRETY LEGIBLY AND IN ENGLISH**

Congressional Office: Rep. Diane E. Watson  
 Telephone: 323-965-1422; Fax: 323-965-1113

## APPLICANT/PETITIONER INFORMATION- MUST BE COMPLETED

Last Name	First Name	Middle Name:
Alien #:	Receipt #: (LIN,WAC...)	Phone (H)#: Phone (C)#:
Beneficiary (if applicable):	Date & Place of Birth:	Date & Place of Entry
Case #:	Class of admission:	Email Address:

**Current Mailing Address:**

Current Immigrant Status (check one)

<input type="checkbox"/> US Citizen	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Asylee	<input type="checkbox"/> Refugee	<input type="checkbox"/> Undocumented
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Type of Application- Must be completed

<input type="checkbox"/> I -90 Replacement Alien Registration Card	<input type="checkbox"/> I-290B- Notice of Appeal to AAU
<input type="checkbox"/> I-129 Petition for Non-Immigrant worker	<input type="checkbox"/> I-485 Adjustment of Status
<input type="checkbox"/> I -129F Petition for Alien Fiance	<input type="checkbox"/> I-506 Change of Non-Immigrant Classification
<input type="checkbox"/> I-130 Immediate Relative Petition	<input type="checkbox"/> I-539 Application to Change Status or Extend Stay
<input type="checkbox"/> I-131 Travel Document, Advance Parole	<input type="checkbox"/> I-589 Request for Asylum in the U.S.
<input type="checkbox"/> I-140 Immigrant Petition for Foreign Worker	<input type="checkbox"/> I-765 Application for Employment Auth.
<input type="checkbox"/> I-212 Admission After Deportation or Removal	<input type="checkbox"/> N-400 Application for Naturalization
<input type="checkbox"/> N-565 Replacement for Natz Certification	<input type="checkbox"/> N-600 Certificate of Citizenship
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

<b>Date filed:</b>	<b>Have you been interviewed?</b> Yes                      No                      Date
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<b>Attorney Name:</b> May we discuss your case with your Attorney? Telephone:	<b>Outreach/Community Based Org. assisting you?</b> Name & Telephone:
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<b>Rep. Diane Watson and her staff may discuss your case with the following individuals:</b>		
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

**Summary of Inquiry (Must be Completed)**

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**Privacy Act Statement**

Authority to collect this information is contained in Title 5 U.S.C. 552 and 552a. The purpose of the collection is to enable the D. H. S to locate applicable records and to respond to requests made under the Freedom of Information and Privacy Acts. I authorize the Congressional office name above to request information on my behalf . Also, I understand that I am not required to make payment in any form, for services rendered to me from the office of Congresswoman Diane E. Watson

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date