

# CONGRESSMAN HENRY CUELLAR

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IN ORDER TO BETTER SERVE YOU, THIS FORM MUST BE COMPLETED IN FULL  
BY THE PERSON REQUESTING HELP OR HIS/HER POWER OF ATTORNEY

To: CONGRESSMAN HENRY CUELLAR  
100 SOUTH AUSTIN, SUITE 1  
SEGUIN, TX 78155  
PHONE: 830-401-0457  
FAX: 830-379-0984

**PLEASE BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM ALONG WITH WHAT ACTIONS YOU HAVE TAKEN:**

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**HAVE YOU CONTACTED ANY OTHER CONGRESSIONAL OFFICE (HOUSE OR SENATE) WITH THIS ISSUE?  
IF YES, PLEASE LIST REPRESENTATIVE OR SENATOR:**

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**PLEASE PRINT THE FOLLOWING INFORMATION (IF APPLICABLE):**

NAME

SOCIAL SECURITY #

ADDRESS

CIS ALIEN #

CITY, STATE, ZIP

VA CLAIM #

HOME PHONE

DATE OF BIRTH

BUSINESS PHONE

FAX

CELLULAR PHONE

EMAIL

ARE YOU FACING A DEADLINE? Yes \_\_\_ No \_\_\_ WHEN? \_\_\_\_\_

ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER? Yes \_\_\_ No \_\_\_

IF YES, PLEASE PROVIDE ATTORNEY'S NAME: \_\_\_\_\_

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, \_\_\_\_\_, HEREBY  
PERSONALLY AUTHORIZE CONGRESSMAN HENRY CUELLAR AND/OR HIS STAFF, AS DESIGNATED BY HIM, TO  
MAKE ANY AND ALL INQUIRIES WITH FEDERAL, STATE, COUNTY, MUNICIPAL AND OTHER AGENCIES AS NEEDED  
TO ADDRESS MY REQUEST, BUT NOT LIMITED TO, THE ISSUE DESCRIBED ABOVE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STAFF INITIALS