FOR OFFICE USE ONLY

CODE: _____

CASE # _____

CASEWORKER: _____

Constituent Fact Sheet
Congressman Pete Visclosky

Name:_____
First **Middle** **Last**

Address:_____

City:_____ **Zip Code:**_____ **Date of Birth:**_____

Telephone (H):_____ **(W):**_____ **Social Security #**_____

Have you ever had a previous case with our office?_____ **If yes,when?**_____

PLEASE COMPLETE THE FOLLOWING SECTIONS THAT APPLY TO YOUR CASE!

Social Service Agency Information Section

What type of benefits have you applied for? (Check one) Medicare: _____ Medicaid: _____ Pension: _____

Social Security Retirement:____ Social Security Disability: _____ Welfare: _____ Workers Compensation: _____

Equal Opportunity Commission: _____ Other: _____

At which office did you apply? _____

At what level is your claim? (Check one) Initial: _____ Hearing: _____ Claim denied and not re-opened: _____

Reconsideration: _____ Appeals Council: _____ Case Number, if applicable _____

Military/Veterans Affairs Information Section

Which branch of the service? Army _____ Navy: _____ Air Force: _____ Marines: _____ National Guard: _____

Air National Guard: _____ Coast Guard: _____ Other: _____

Rank, Social Security #, or Service #: _____

Entry Date: _____ Discharge Date: _____

Unit: _____

VA Claim #: _____ Type of VA Benefit applied for: _____

At what level is your claim? (Check one)
Initial: _____ Claim denied: _____ Appeal: _____ Board of Veteran Appeals: _____

PLEASE BE SURE TO COMPLETE BOTH SIDES OF THIS FORM

Immigration Section

Alien Number: _____ Type of Application: _____

Date of Receipt: _____ Date of Interview: _____

Please check all that apply:

Previous Inquiry Attached: _____ Green Card: _____ Interviews: _____ Oath Ceremony: _____ Fingerprints: _____

Rescheduled Interview: _____ Rescheduled Oath: _____ Fee Receipts: _____ File Lost/Transfer: _____

Employment Authorization (EAD): _____ Others: _____

PLEASE PRINT LEGIBLY USING BLACK INK

Please describe your problem and include any relevant file, claim, alien registration, or identification numbers and the phone numbers of individuals with whom you have previously discussed your problem. If possible, please provide copies of documentation that may help with your case. If you need more space, please continue on another sheet of paper.

Pursuant to the Privacy Act of 1974, I hereby give Congressman Peter J. Visclosky and his staff permission to contact and obtain any information necessary to assist me.

X _____ DATE: _____
Signature

Send completed form to:
Congressman Pete Visclosky
7895 Broadway, Suite A
Merrillville, IN 46410

Questions? Call (219) 795-1844

Fax completed form to:
Attention: Congressman Visclosky
Fax: (219) 795-1850