

CAPITOL OFFICE  
 1610 LONGWORTH BUILDING  
 WASHINGTON, DC 20515  
 (202) 225-5256  
 FAX (202) 225-0027

DISTRICT OFFICE  
 11627 E. TELEGRAPH RD., SUITE 100  
 SANTA FE SPRINGS, CA 90670  
 (562) 801-2134  
 FAX (562) 949-9144

www.napolitano.house.gov



NATURAL RESOURCES  
 WATER AND POWER-CHAIR

TRANSPORTATION AND INFRASTRUCTURE  
 HIGHWAYS AND TRANSIT  
 RAILROADS, PIPELINES, AND HAZARDOUS MATERIALS  
 WATER RESOURCES AND ENVIRONMENT

CONGRESSIONAL MENTAL HEALTH  
 CAUCUS  
 CO-CHAIR

CONGRESSIONAL HISPANIC CAUCUS

*Grace F. Napolitano*

Congress of the United States  
 House of Representatives  
 38th District of California

**LOS ANGELES DISTRICT OFFICE – CONGRESSIONAL LIASON UNIT INQUIRY FORM**

Date of Inquiry: Staffer:

**Petitioner Information**

Last Name: First Name: Middle Name:

Address (Street, City, Zip Code) : E-mail:

Home Phone: Work Phone: Other:

**Beneficiary Information**

Last Name: First Name: Middle Name:

Date and Place of Birth: Date and Place of Entry:

A-File Number: WAC Number:

Current Immigrant Status (check one):

U.S. Citizen  Permanent Resident  Refugee  Asylee  Undocumented

**Type of Application**

<input type="checkbox"/> I-90	Replacement Alien Registration Card	<input type="checkbox"/> I-539	Application to Change Status or Extend Stay
<input type="checkbox"/> I-130	Immediate Relative Petition	<input type="checkbox"/> I-589	Request for Asylum in the USA
<input type="checkbox"/> I-131	Travel Document, Advance Parole	<input type="checkbox"/> N-400	Application for Naturalization
<input type="checkbox"/> I-140	Immigrant Petition for Foreign Worker	<input type="checkbox"/> N-565	Replacement for Naturalization or Citiz. Certificate
<input type="checkbox"/> I-212	Admission After Deportation or Removal	<input type="checkbox"/> N-600	Certificate of Citizenship
<input type="checkbox"/> I-485	Adjustment of Status	Other:	
<input type="checkbox"/> I-506	Change of Non-Immigrant Classification	Other:	

Date filed: Have you been interviewed? YES - NO If yes, date and where: Have you been fingerprinted? YES -NO If yes, date and where:

**Summary of Inquiry**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**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 I.N.S. to locate applicable records and to respond to requests made under the Freedom of Information and Privacy Acts. I authorize the Congressional office named above to request information on my behalf.

\_\_\_\_\_  
 (Signature) (Date)

**USCIS USE ONLY**

Inquiry Number Assigned: Related Inquiry Number (s)  
 Date Completed: Method of Response:  
 Responsible Officer: \_\_\_\_\_

PLEASE ATTACH ANY COPIES OF CORRESPONDENCE PERTAINING TO THE CASE (DO NOT INCLUDE ORIGINALS).