

## Congressman Kenny Marchant, District 24

## **Casework Request Form**

Date:	Name:		
	First	Middle	Last
Address:			
SSN:	Date of Birth:		Home #
	Cell#		Fax#
EmailHave you opened	d a case with another of	ffice? If	so, which one?
Federal Agency to v	which this pertains: Date	of initial agency	contact:
FCC FTC_	EPA FAA_	OPM	_ EEOC
NPRC Passp	port SSA IRS	S USPS	VADOL
Military Branch	Im	migration	
SSA, VA or Immig	ration benefit application:	yes / no	
Date of App:	Current Status_		_(pending, appeal, denied)
Interview date:			
Please briefly describe the situation			
Anticipated Outcom	ne		