

Los Angeles District Office - Congressional Liaison Unit Inquiry Form

Date of Inquiry										
1st:	2nd:	3rd:	4th:	5th:	6th:	Follow-Up:				
Congressional Office: DREIER, David			Staffer:		Telephone: (909) 575-6226 FAX: (909) 575-6266					
Applicant Information										
Last Name:			First Name:		Middle Name:					
A-File Number:			WAC Number:		Phone Number: ()					
Other Names Used:										
Check, if applicable:		Petitioner		Beneficiary						
Date and Place of Birth:										
Date and Place of Entry:				Class of Admission:						
Current Mailing Address:										
Current Immigrant Status (check one)										
<input type="checkbox"/>	U.S. Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Asylee	<input type="checkbox"/>	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 Natz. 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			<input type="checkbox"/>	Other:				
Date filed:			Have you been interviewed?							
			Yes		No		Date:		Where:	
Additional Information										
Attorney (if any): Telephone: ()				Outreach/Community Based Organization (CBO), if any:						
Have you contacted your Senator or another Member of Congress? Yes _____ No _____										
Member's Office:										
If someone assisted you with this form, please provide their name and telephone number:										
Name:				Telephone: ()						
Summary of Inquiry										
Privacy Act Statement										
I authorize the Congressional office named above to request information on my behalf.										
_____				_____						
(Signature)				(Date)						
Inquiry Number Assigned: CLU - 9				Inquiry Number CLU - 9 relates.						
Date Completed:				Method of Response:						
Responsible Officer:										