

Congressman Michael C. Burgess, M.D.

Congressional Inquiry Form for Review with the U.S. Citizenship and Immigration Services (USCIS)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I must have your written authorization before I can obtain a response regarding the *Request for Congressional Inquiry* on your behalf.

I hereby authorize the release of any and all information pertaining to my case to Congressman Michael C. Burgess, M.D. and/or any member of his staff.

Signature of person for whom we are inquiring

Date

Please fill out the remaining information completely and clearly, and send it to one of my offices listed at the bottom of this form:

Name of Petitioner (person filing application): _____

Status of Petitioner: Citizen Lawful Permanent Resident Naturalized Citizen Other: _____

Current Address: _____

City/State/Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (mobile)

Social Security Number: _____ Other ID# _____ ID Type: _____

Date of Birth: _____ Country of Birth: _____

Name of Beneficiary (person for whom you are applying): _____

Is she/he currently in the U.S.? _____ Current Address: _____

City/State/Zip Code: _____

Telephone: _____ (home) _____ (work) _____ (mobile)

Date of Birth: _____ Country of Birth: _____

Receipt or Alien Registration Number: _____ Passport Number: _____

Form that has been filed:

- | | | | | | |
|--------------------------------|---------------------------------|---------------------------------|--------------------------------|---|--------------------------------|
| <input type="checkbox"/> I-129 | <input type="checkbox"/> I-129F | <input type="checkbox"/> I-130 | <input type="checkbox"/> I-140 | <input type="checkbox"/> I-1485 family/employment | <input type="checkbox"/> I-526 |
| <input type="checkbox"/> I-539 | <input type="checkbox"/> I-600 | <input type="checkbox"/> I-600A | <input type="checkbox"/> I-601 | <input type="checkbox"/> I-612 | <input type="checkbox"/> I-751 |
| <input type="checkbox"/> I-765 | <input type="checkbox"/> N-400 | <input type="checkbox"/> N-565 | <input type="checkbox"/> N-600 | <input type="checkbox"/> Other: _____ | |

Date Filed: _____ Do you have a receipt, canceled check, or money order? Yes No

Location where petition has been filed:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Dallas District Office | <input type="checkbox"/> Texas Service Center | <input type="checkbox"/> California Service Center | <input type="checkbox"/> Nebraska Service Center |
| <input type="checkbox"/> Vermont Service Center | <input type="checkbox"/> Nation Benefits Center | <input type="checkbox"/> Other: _____ | |

PLEASE CONTINUE ON THE OPPOSITE SIDE

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Description of the Problem:

Should you desire information regarding this inquiry be shared with another individual, please name that person and complete the following information.

I authorize the release of information for this inquiry to: _____
Name of your spouse, family member, or trusted friend

Signature of individual requesting inquiry _____ Date _____



Lewisville District Office
1660 South Stemmons Freeway, Suite 230
Lewisville, Texas 75067
(972) 434-9700 (main)
(972) 434-9705 (fax)

Fort Worth District Office
1100 Circle Drive, Suite 200
Fort Worth, Texas 76119
(817) 531-8454 (main)
(817) 531-4570 (fax)