

Congressman Jared Polis

 2^{ND} District, Colorado | 4770 Baseline Road, Suite 220, Boulder, Colorado 80303

PLEASE PRINT CLEARLY OR TYPE

Name:		Date:			
Intake Completed By	:	-			
Address:		Apt. #	#		
City:	State: 2	Zip Code:			
Home Phone () Work Phone ()	Cell Phone ()			
Email Address:					
	nother Congressional Office about t		No		
Section 1:					
A. Petition	er's Name: Alien Registration No.: A English: YN		(If appropriate)		
B. Benefic	iary's Name: Date of Birth (MM/DD/YY) Country of Birth English: YN Age: Date/ Manner of Entry: Alien Registration No.: A USCIS Receipt No.:				
C. Type of	Form Filed:			_	
D. USCIS	Service Center where form was filed California (WAC/CSC) Nel Texas (TSC/SRC/SSC) Ver National Benefits Center (NBC/MS If your case is currently at a	oraska (LIN/NSC) _ rmont (VSC/EAC) _ SC) local USCIS office	ce for processing,	-	

PLEASE ATTACH THE MOST RECENT CORRESPONDENCE YOU HAVE RECEIVED FROM THE AGENCY/OFFICE THAT IS PROCESSING YOUR CASE.

- E. If you have been advised by USCIS that your Adjustment of Status (I485) or Naturalization case is currently pending an FBI Name Check, please complete Section 2.
- F. If your case is currently at the National Visa Center, complete Section 3.
- G. If your case is currently pending at a U.S. Embassy or U.S. Consulate, please complete Section 4.

.

Section 2: Complete this section if you have been advised by USCIS that your case is pending an FBI Name Check.
Social Security Number: Case Priority Number:
Section 3: Complete this section if your case is currently at the Department of State National Visa Center.
Case Number or Receipt No: Preference Category Priority Date Foreign State Chargeability or Country of Birth:
Section 4: Complete this section if your case is currently at a U.S. Embassy or U.S. Consulate
Embassy or Consulate location (city and country) Case No Date of Interview Result of Interview
Description of Issue:
Follow Up:
SIGNATURE
I authorize the Office of United States Congressman Jared Polis to make an inquiry on my behalf.
Petitioner's Signature Date: Beneficiary's Signature Date:
(Note: Beneficiary's signature not required if residing outside United States)