PRIVACY ACT CONSENT FORM

Signature		Date		
INFORMATION ABO	OUT YOU AND YO	OUR CASE:		
First Name	M.I.	Last Name	Date of Birth	
Street Address		City	State Zip	
Email Address		Daytime Phone Number	Evening Phone Numbe	r
Do you currently have a	case pending before	a local, state or federal court p	ertaining to this matter? (Circle One)	YES or NO
ederal Agency Involved	Your	Social Security Number	Your Alien Registration Numbe	r (if applicable)
J.S. CIS Application Forn	n Number	Rank and Military Branch of	f Service	
Are you currently workin	g with the offices of		n Carney on this matter? (Circle One) If yes, please specify:	
n the event of an emerg	ency, do you author	ize our office to discuss your cas	se with a friend or relative? (Circle On	ne) YES or N O

Send this form, along with a detailed letter and all supporting documentation to:

or

(If resident of New Castle County)
Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
1105 N. Market Street, Suite 100
Wilmington, DE 19801-1233

fax: 302-573-6351

(If resident of Kent County or Sussex County)
Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
500 West Loockerman Street, Suite 450
Dover, DE 19904
fax 302-736-5609