FOR OFFICE USE ONLY				
CODE:			•	
CASE#				
CASEWORKER:				
	Constituent Fact Congressman Pete			
Name:				
First	Middle		Last	
Address:			······································	
City:	Zip Code:	Zip Code: Date of Birth:		
Telephone (H):	(W):	Social	Security #	
Have you ever had a previ	ious case with our office?	If yes,when?		
PLEASE COMPLE	TE THE FOLLOWING SECT	TIONS THAT AI	PPLY TO YOUR CASE!	
	Social Service Agency Info	rmation Section		
What type of henefits have	you applied for? (Check one) Medicar		Pension:	
•	Social Security Disability:			
	sion:Other:			
	oly?			
	? (Check one) Initial: Hearing			
	Appeals Council: Case Number			
	Military/Veterans Affairs Inj	formation Section		
Which branch of the service	e? Army Navy: Air For	rce: Marines: _	National Guard:	
Air National Guard:	Coast Guard: Other:			
Rank, Social Security #, or	Service #:			
Entry Date: Discharge Date:				
Unit:		****		
	A Claim #: Type of VA Benefit applied for:			
At what level is your claim?	? (Check one)	Veteran Anneals		

## Immigration Section

Alien Number:	Type of Application:
Date of Receipt:	Date of Interview:
Please check all that apply:	
Previous Inquiry Attached: Green Card:	Interviews: Oath Ceremony: Fingerprints:
Rescheduled Interview: Rescheduled Oath:	Fee Receipts: File Lost/Transfer:
Employment Authorization (EAD): Others:	
Please describe your problem and include any relevant phone numbers of individuals with whom you have p	LEGIBLY USING BLACK INK  Int file, claim, alien registration, or identification numbers and the previously discussed your problem. If possible, please provide e. If you need more space, please continue on another sheet of
<b>-</b>	
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Pursuant to the Privacy Act of 1974, I hereby give contact and obtain any information necessary to a	Congressman Peter J. Visclosky and his staff permission to
X	DATE:
Signatur	re

Send completed form to:

Congressman Pete Visclosky 7895 Broadway, Suite A Merrillville, IN 46410

Fax completed form to:

Attention: Congressman Visclosky

Fax: (219) 795-1850