REQUEST FOR CONGRESSIONAL ASSISTANCE

With my retirement effective the end of this term, any cases not completed by November 30, 2014 will be automatically forwarded to my successor

PLEASE PRINT AND RETURN TO:

Congressman Frank Wolf 13873 Park Center Rd, Ste 130 Herndon, VA 20171-5802

> Phone: (703) 709-5800 Fax: (703) 709-2224

Full Name:	
Address:	
City:	State: <u>VA</u> Zip:
Telephone:	_(H) (W)
E-mail:	
Social Securi	ity Number: *
	n / Case File Number: * s these identification numbers to assist in handling your case.
*My office needs	these identification numbers to assist in handling your case.
I,	
Please include a complete written description of your situation and enclose photocopies of pertinent documents, letters and certificates. PLEASE DO NOT SEND ORIGINAL COPIES OF ANY DOCUMENTS.	
Signature:	Date: