In order to be of service to you, I need to know the following information about your problem:

Full Name: Full First & Full Middle Name First & Full	Full Last Name
Address:	
City:	State: Zip:
Day Phone:	Evening Phone:
FAX:	E-Mail:
Social Security Number:	Other Claim, Account, or FileNumber:
Date of Birth:	Agency:
USCIS "A"* Number: *You probably don't have these numbers.	OWCP "A"* Number:

Please state the result you want:

—

Please describe your problem. You may use additional sheets and attach copies of relevant documents:

Pursuant to the Privacy Act, I hereby give Congresswoman Eleanor Holmes Norton permission to assist me with the above matter. Signature: Date:

Signature:	Date:
Please email, fax, or mail the signed release to:	Norton.Casework@Mail.House.Gov Constituent Service Office 90 K ST NE STE 100 Washington, DC 20002-4203
Additional Space on Back. Do Not Send	Fax (202) 408-9048