

## Los Angeles District Office - Congressional Liaison Unit Inquiry Form

Date of Inquiry									
1st:	2nd:	3rd:	4th:	5th:	6th:	Follow-Up:			
Congressional Office: DREIER, David			Staffer:		Telephone: (626) 852-2626 FAX: (626) 963-9842				
Applicant Information									
Last Name:			First Name:		Middle Name:				
A-File Number:			WAC Number:		Phone Number: ( )				
Other Names Used:									
Check, if applicable:		Petitioner		Beneficiary					
Date and Place of Birth:									
Date and Place of Entry:				Class of Admission:					
Current Mailing Address:									
Current Immigrant Status (check one)									
<input type="checkbox"/>	U.S. Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Asylee	<input type="checkbox"/>	Undocumented
Type of Application									
<input type="checkbox"/>	I-90 Replacement Alien Registration Card			<input type="checkbox"/>	I-539 Application to Change Status or Extend Stay				
<input type="checkbox"/>	I-130 Immediate Relative Petition			<input type="checkbox"/>	I-589 Request for Asylum in the USA				
<input type="checkbox"/>	I-131 Travel Document, Advance Parole			<input type="checkbox"/>	N-400 Application for Naturalization				
<input type="checkbox"/>	I-140 Immigrant Petition for Foreign Worker			<input type="checkbox"/>	N-565 Replacement for Natz. or Citz. Certificate				
<input type="checkbox"/>	I-212 Admission After Deportation or Removal			<input type="checkbox"/>	N-600 Certificate of Citizenship				
<input type="checkbox"/>	I-485 Adjustment of Status			<input type="checkbox"/>	Other:				
Date filed:			Have you been interviewed?						
			Yes      No		Date:		Where:		
Additional Information									
Attorney (if any): Telephone: ( )				Outreach/Community Based Organization (CBO), if any:					
Have you contacted your Senator or another Member of Congress?    Yes _____ No _____									
Member's Office:									
If someone assisted you with this form, please provide their name and telephone number:									
Name:					Telephone: ( )				
Summary of Inquiry									
Privacy Act Statement									
I authorize the Congressional office named above to request information on my behalf.									
_____					_____				
(Signature)					(Date)				
Inquiry Number Assigned: CLU - 9									
Inquiry Number Assigned: CLU - 9				Inquiry Number CLU - 9			relates.		
Date Completed:				Method of Response:					
Responsible Officer:									