

Department of Homeland Security (DHS)
U.S. Citizenship and Immigration Services, Congressional Liaison Unit – Inquiry Form
 (Please print legibly in English and attach proof of filing)

Date of Inquiry									
1 st :	2 nd :	3 rd :	4 th :	5 th :	6 th :	Follow-Up:			
Congressional Office: Rep. Lois Capps			Staffer:			Telephone: FAX:			
Applicant Information									
Check one: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.									
Last Name:			First Name:				Middle Name:		
A-File Number:			Receipt Number (WAC, LIN, TSC...):				Phone Number: ()		
E-mail Address:			Other Names Used:						
Check, if applicable:		Petitioner			Beneficiary				
Date and Place of Birth:									
Date and Place of Entry:					Class of Admission:				
Current Residential 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"/> I-730 Refugee/Asylee Relative Petition					
<input type="checkbox"/> I-140 Immigrant Petition for Foreign Worker				<input type="checkbox"/> N-400 Application for Naturalization					
<input type="checkbox"/> I-212 Admission After Deportation or Removal				<input type="checkbox"/> N-565 Replacement for Natz. or Citiz. Document					
<input type="checkbox"/> I-485 Adjustment of Status				<input type="checkbox"/> N-600 Certificate of Citizenship					
<input type="checkbox"/> I-506 Change of Non-Immigrant Classification				Other:					
Date filed:			Have you been interviewed? Yes No Date: Where:						
Additional Information									
Attorney (if any): May we discuss your case with your Attorney? Yes No Telephone: ()					Outreach/Community Based Organization (if any): May we discuss your case with the CBO? Yes No				
Have you contacted your Senator or another Member of Congress? Yes _____ No _____									
Member's Office: Rep. Schiff and his staff may discuss my case with the following individuals: Name: Telephone: ()									
Summary of Inquiry									
Privacy Act Statement									
Authority to collect this information is contained in Title 5 U.S.C. 552 and 552a. The purpose of the collection is to enable the D.H.S. to locate applicable records and to respond to requests made under the Freedom of Information and Privacy Acts. I authorize the Congressional office named above to request information on my behalf. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the office of Congressman Adam B. Schiff.									
_____ (Signature)					_____ (Date)				
DHS USE ONLY									
Inquiry Number Assigned:					Related Inquiry Number (s)				
Date Completed:					Method of Response:				
Responsible Officer:									