

**U.S.C.I.S. Los Angeles District Office - Congressional Liaison Unit
Inquiry Form**

(Please print legibly in English and attach proof of filing)

Date of Inquiry

1st:	2nd:	3rd:	4th:	5th:	6th:	Follow-Up:
Congressional Office: Congresswoman Lois Capps- CA23			Staffer:		Telephone: (805) 730-1710 FAX: (805) 730-9153	

Applicant Information

Last Name:	First Name:	Middle Name:
A-File Number:	WAC Number:	Phone Number: ()

Other Names Used:

Check, if applicable:	<input type="checkbox"/> Petitioner	<input type="checkbox"/> 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
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Type of Application

I-90 Replacement Alien Registration Card	I-539 Application to Change Status or Extend Stay
I-130 Immediate Relative Petition	I-589 Request for Asylum in the USA
I-131 Travel Document, Advance Parole	N-400 Application for Naturalization
I-140 Immigrant Petition for Foreign Worker	N-565 Replacement for Natz. or Citiz. Certificate
I-212 Admission After Deportation or Removal	N-600 Certificate of Citizenship
I-485 Adjustment of Status	Other:
I-506 Change of Non-Immigrant Classification	Other:

Date filed:	Have you been interviewed? Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ Where: _____
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Additional Information

Attorney (if any): Telephone: ()	Outreach/Community Based Organization (CBO), if any:
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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

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 I.N.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.

(Signature)

(Date)

INS USE ONLY

Inquiry Number Assigned:	Related Inquiry Number (s)
Date Completed:	Method of Response:
Responsible Officer:	