



*Diane E. Watson
Member of Congress
33rd District
California*

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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Please Type or Print Only

Name: Mr. Mrs. Ms. _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Work) _____

Social Security Number: _____ Date of Birth _____

Federal Agency Involved: _____

I request the assistance of Congresswoman Diane E. Watson in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter?	Yes	No
Have you appealed the agency decision on this matter?	Yes	No
Are you represented by an attorney in this matter?	Yes	No

Congresswoman Watson and her staff may discuss my case with the following individuals:

In accordance with the Privacy Act of 1974, I authorize Congresswoman Watson and her staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the Office of Congresswoman Diane E. Watson.

Signed: _____ Date: _____
