

Congressional Casework Intake Form

Caseworker: _____
IQ Number: _____
Assigned by: _____

Date: _____
Intake Worker: _____

Name

Prefix: _____
First Name: _____
Middle Name: _____
Last Name: _____
Suffix: _____

Home Address

Street: _____
Apt Number: _____
City/Town: _____
State: _____ **Zip:** _____
Phone: _____

Title: _____
Company: _____
Street: _____
Suite: _____
City/Town: _____

Constituent Information

Social Security Number: _____
Alien Registration or A#: _____
Date of Birth: _____

VA#: _____
Military ID#: _____
WAC#: _____

Issue Area: _____
(Ex: IRS, Immigration, Veterans, etc.)

Case Notes: _____

Please explain issue in clear, complete sentences. Ask for all appropriate branches of military/federal agencies so that the assigned caseworker can assist constituent to the best of their abilities. Intake will not be processed unless all necessary information is provided.