

BILL PASCRELL, JR.
9th District, New Jersey
2370 Rayburn House Office Bldg
Washington, DC 20515

ROBERT A. ROE FEDERAL BUILDING
200 Federal Plaza, Suite 500
Paterson, NJ 07505

Phone: (973) 523-5152 | Fax: (973) 523-0637
<http://pascrell.house.gov> | bill.pascrell@mail.house.gov



Committee on Ways and Means
Subcommittee on Health
Committee on Budget

Dear Congressman/Senator _____:

I request that you or your designated staff member investigate the situation outlined below. I understand this form is being used in compliance with the freedom in Information Act and the Privacy Act of 1974.

Signature of Applicant/Beneficiary _____ Date _____

Name _____

Other Names If Any _____

Date & Country of Birth _____

Immigration/Alien Number A _____

Type of Application _____

Date of Cancelled Check or Receipt _____

Date & Place Interviewed _____

Brief Narrative of Problem

Current Address _____

Office Phone # _____ Home Phone # _____

Please enclose copies of all pertinent documents.

FOR CONGRESSIONAL USE ONLY:

Congressional Office/Contact _____

Phone _____ Fax _____

Date Received _____ Date Sent to INS _____