

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:
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Congressional Office: Rep. Adam B. Schiff	Staffer: Elizabeth Vuna	Telephone: (818) 450-2900 FAX: (818) 450-2928
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Check one: Mr. Mrs. Ms. **Applicant Information**

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
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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	<input type="checkbox"/> Other:

Date filed:	Have you been interviewed? Yes No Date: Where:
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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
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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)
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DHS USE ONLY

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

Please be aware that you are not required to make payment in any form for any service rendered by the Office of Representative Adam Schiff.

If you require assistance in a language other than English those services will be made available to you free of charge. Please note that this office does not provide legal advice or direction.

Կ' ուզենք ձեզ տեղեակ պահել, որ քոնկրետական Էտրմ Շիֆի եւ իր աշխատակիցներու տրամադրած օգնութիւնը ամբողջութեամբ անվճար է:

Եթէ Անգլերէնէ զատ ուրիշ լեզուով օգնութեան պէտք ունիք, այդ նաեւ կը տրամադրուի ձեզի անվճար:

Կը խորհրենք նկատի արնել, որ մեր գրասենեակը չի կրնար իրավաբանական խորհրդատուութիւն տրամադրել:

의원 Schiff 사무실에서 받는 모든 서비스는 지불이 필요하지 않습니다. 영어 대신 다른언어로 서비스가 필요하신 분은, 그서비스도 무료로 제공 해드립니다. 저희 사무실은 법률 상담과 방향은 제공하지 않습니다.

親愛的朋友：感謝您的來訪。身為您的國會議員，我的宗旨是為民衆服務。我的服務範圍包括任何與聯邦事務有關的問題但並不提供法律顧問。我的辦事處不收禮也不收任何的費用。如果您有語言上的需求，我有一位能說華語及廣東話的助理。

敬祝安康

謝安達

Los servicios de la oficina del Congresista Adam Schiff, ya en ingles o otro idioma, se ofrecen sin costo alguno. Esta oficina no ofrece consultas o recomendaciones legales.

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