

**CONGRESSMAN ADAM B. SCHIFF**  
**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**  
*Under the provisions of the privacy act of 1974*



*Please Type or Print Only*

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Are you a veteran? Yes \_\_\_ No \_\_\_ What Branch of Service? \_\_\_\_\_

I request the assistance of Congressman Adam B. Schiff 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

If so, may we discuss your case with your attorney? Yes No

Congressman Schiff and his staff may discuss my case with the following individuals:

\_\_\_\_\_

I authorize Congressman Adam B. Schiff and his 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 Rep. Adam Schiff.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please print and return this form to:***

**Congressman Adam B. Schiff**  
**87 N. Raymond Ave., Suite 800**  
**Pasadena, CA 91103**  
**or fax to (626) 304-0572**