



Congressman
JIMMY GOMEZ
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CASEWORK AUTHORIZATION FORM

Once you complete this form, attach copies of any relevant correspondence (letters, decision, receipts, notices, etc.) that pertains to your case and return everything to Congressman Jimmy Gomez's Los Angeles district office. Please allow three business days for a caseworker to process your case and contact you.

Name:

Home Address: Home Phone:
 Cell Phone:
 Date of Birth:

Gender: Place of Birth:

Email Address:

Primary Language:

Receipt or Alien Number: Form Type:

By submitting this form, you are subscribing to e-alerts from Congressman Jimmy Gomez. Check here to opt-out:

I certify, under penalty of perjury that, 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. *(Please sign by hand. Electronic signatures not accepted.)*

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Congressman Jimmy Gomez and the Member's staff.

Signature: _____ Date: _____

Please provide a concise description of the problem you are experiencing. Attach an additional page if necessary.

PLEASE RETURN COMPLETED FORM TO:
 350 S. Bixel Street, Suite 120 Fax: (213) 481-1427
 Los Angeles, CA 90017 Email: CA34.casework@mail.house.gov