



**Office of Congressman Gerald E. Connolly**

4115 Annandale Road, Suite 103

Annandale, VA 22003

703-256-3071 (p)

703-354-1284 (f)

[www.connolly.house.gov](http://www.connolly.house.gov)

**ASSISTANCE REQUEST FORM**

Please complete all information to the best of your ability. Please attach copies of all correspondence and documentation that you have that concerns or relates to your issue. Please remember that we will be better able to assist you if we have complete and accurate information.

If this assistance is being requested by a third party, please complete the Contact Information section in addition to the Individual Needing Assistance section. Additional documentation may be required to verify the authority of a Contact to act on behalf of the Individual.

NAME OF INDIVIDUAL NEEDING ASSISTANCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGENCY CASE NUMBER WHICH REFERENCES YOUR CASE: \_\_\_\_\_

(For Example: Veterans Administration Claim Number, Tax ID Number, Alien Registration Number, Military ID Number, Passport Number)

CONTACT NAME (if different from above): \_\_\_\_\_

RELATIONSHIP OF CONTACT TO INDIVIDUAL REQUESTING ASSISTANCE: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

CONTACT CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please explain the nature of your request and how we may assist you. Please be as detailed and specific as possible and be sure to tell us what result you are looking for. Use of this area is optional; if you prefer, you can provide the information in a separate letter.

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Please return to:  
Congressman Gerald E. Connolly  
4115 Annandale Road, #103  
Annandale, VA 22003  
703-256-3071

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**For Office Use Only:**

Date Received: \_\_\_\_\_ Information Rec'd By: \_\_\_\_\_  
Received by: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mail \_\_\_\_\_ In-Person  
Assigned to: \_\_\_\_\_ Date Assigned: \_\_\_\_\_  
Rec'd: \_\_\_\_\_ Privacy Notice \_\_\_\_\_ Complete Contact Info \_\_\_\_\_ Background Documentation  
Agency/ies Contacted, Method of Contact and Dates (Attach copies of correspondence):  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
Constituent Status Contacts made: \_\_\_\_\_  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Resolution: \_\_\_\_\_