

CONGRESSMAN JIMMY GOMEZ California's 34th Congressional District

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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.

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Home Address:				Phone:		
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Primary Language:					Place of Birth:	
Receipt or Alien Nun	nber:					
Form Type:						
By submitting this form, you are subscribing to e-alerts from Congressman Jimmy Gomez. Check here to opt-out. \Box						
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.						
I, (print your name) USCIS records as reland the Member's sta	evant to ch	necking my case st	, aut atus, and to the e	horize USCI extent permitt	S to release informated by law, to Congre	tion contained in my essman Jimmy Gomez
Signature:					Date:	
Please provide a concise description of the problem you are experiencing. Attach an additional page if necessary.						

Return form to the district office at 350 S. Bixel Street, Suite 120, Los Angeles, CA 90017 or by fax at 213-481-1427.