OFFICE OF CONGRESSMAN F. JAMES SENSENBRENNER JR.
FIFTH DISTRICT OF WISCONSIN
Congressional Inquiry Form

US Citizenship and Immigration Service
Congressional Response Unit

Congressman F. James Sensenbrenner, Jr.
Date: _____

Alien #: _____ **Application Type:** _____

Name: _____

Other Names Used: _____

Date of Birth: _____ **Receipt Date:** _____

Country of Birth: _____ **Receipt #:** _____

Petitioner's Name: _____ **Interview Date:** _____

Other Congressman Contacted: _____ **Date of Biometrics:** _____

Current Address: Street: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

( ) Check if address has changed since application was filed.

I hereby authorize the above mentioned agency to release all relevant portions of my records or relevant information in writing or through discussion pertaining to the problems involved, to Congressman F. James Sensenbrenner Jr., or his staff, until the matter has been resolved.

X_____ **Date:** _____
Signature

DESCRIBE PROBLEM:

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Please complete and mail or fax this form to:

Congressman Jim Sensenbrenner
120 Bishops Way, Suite 154
Brookfield, WI 53005
Fax (262) 784-9437

Please contact my District Office in Brookfield at (262) 784-1111 or (800) 242-1119 if you have any questions.