

Dear Senator Gillibrand:

I request that you or a member of your staff investigate the immigration case outlined below. I understand that this form is to be used in compliance with the Freedom of Information Act and the Privacy Act of 1974.

Signature of Constituent/Petitioner/Applicant: X _____ Date: _____

Please indicate the forms filed with the USCIS by checking the corresponding box below.

- | | |
|--|--|
| <input type="checkbox"/> I-130 Petition for Alien Relative | <input type="checkbox"/> I-129 Petition for Non Immigrant Worker |
| <input type="checkbox"/> I-129F Petition for Alien Fiancé | <input type="checkbox"/> B-1/B-2 Visitor Visa |
| <input type="checkbox"/> International Adoption | <input type="checkbox"/> F-1 Student Visa |
| <input type="checkbox"/> I-131 Application for Humanitarian Parole | <input type="checkbox"/> Emergency Passport Issue |
| <input type="checkbox"/> N-400 Naturalization Application | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> I-485 Application to Register Permanent Residence/Adjust Status | |

(Please Print or Type All Relevant Portions of this Form)

Personal Information about the Petitioner/Applicant (New York resident or New York based company):

Name (as filed) Last: _____ First: _____ Middle: _____

Other names (if any): _____ Gender: Male Female

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Work) _____ (Home) _____

Email _____ Relationship to Beneficiary: _____

Personal Information about the Beneficiary (person seeking status in the United States):

Name (as filed) Last: _____ First: _____ Middle: _____

Other names (if any): _____ Gender: Male Female

Current Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: (Work) _____ (Home) _____

Email _____ Date of Birth (month/day/year) _____

Immigration/Alien Number: _____ Passport Number: _____

Type of Application Filed with USCIS: _____

USCIS Receipt Number: _____ Department of State Case Number: _____

Priority Date: _____ Preference Category: _____

Date and Place Interviewed: _____

Please write a BRIEF explanation of the problem: _____

Please send this completed form with copies of pertinent supporting documents via fax to (866) 824-6340 (toll free) or to (202) 228-6750, or via mail to U.S. Senator Kirsten E. Gillibrand, Attn: Immigrant Affairs Dept., 780 Third Ave., Suite 2601, New York, N.Y. 10017. Tel.: (212) 688-6262. (Preferred method of submission is via fax).