

**Department of State Help Form**

My office is happy to assist you needs. However, to facilitate your request, please print out the form, complete, sign, and return the form below to my office. Make sure that you sign it; without a signature, we will not be able to help you.

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Name of Constituent: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Visa Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Embassy: \_\_\_\_\_

Have you contacted other Congressional Offices? \_\_\_\_\_

Applying for: \_\_\_\_\_ Immigrant Visa \_\_\_\_\_ Visitor Visa

Brief description of the problem (attach more pages if necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby request the assistance of the Office of United States Representative Ellen O. Tauscher in addressing the matter described above, and authorize Rep. Tauscher and her staff to receive any information which they may need in order to provide this assistance.

\_\_\_\_\_  
Signature\* and Date

\*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail or fax to:

Rep. Ellen O. Tauscher  
Attention: Casework  
2121 N. California Blvd., Suite 555  
Walnut Creek, CA 94596  
(925) 932-8899 phone  
(925) 932-8159 fax  
(please attach copies of any supporting documents)