

Veterans Casework Help Form

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

Name of Constituent: _____

Address: _____

City and Zip Code: _____

Daytime phone: _____ Evening phone: _____

VA Claim Number _____ Social Security Number _____

Please mark which agencies you have contacted:

- | | |
|--|--|
| <input type="checkbox"/> County Veterans Service Officer | <input type="checkbox"/> American Legion |
| <input type="checkbox"/> VFW | <input type="checkbox"/> DAV |
| <input type="checkbox"/> AUSA | <input type="checkbox"/> Other |

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) **(OVER)**

Please fill out all areas which apply to you:

1) What was your date of inception into the Armed Forces?

2) What was the date of your injury?

3) What was your separation date?

4) What was the date of your claims application?

5) What was the date of veteran organization contacts?

6) What was the response from the organizations?
