

# CONGRESSMAN HENRY CUELLAR

IN ORDER TO SERVE YOU, THIS FORM MUST BE COMPLETED IN FULL BY THE PERSON REQUESTING HELP OR HIS/HER POWER OF ATTORNEY

To: CONGRESSMAN HENRY CUELLAR  
602 EAST CALTON RD. SUITE #2  
LAREDO, TX 78041  
PHONE: 956-725-0639  
FAX: 956-725-2647



PLEASE BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM ALONG WITH WHAT ACTIONS YOU HAVE TAKEN:

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HAVE YOU CONTACTED ANY OTHER CONGRESSIONAL OFFICE (HOUSE OR SENATE) WITH THIS ISSUE? IF YES, PLEASE LIST REPRESENTATIVES OR SENATOR:

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PLEASE PRINT THE FOLLOWING INFORMATION (IF APPLICABLE):

NAME	SOCIAL SECURITY NUMBER
MAILING ADDRESS	CIS ALIEN NUMBER
CITY, STATE, ZIP CODE	VA CLAIM NUMBER
HOME PHONE	DATE OF BIRTH
BUSINESS PHONE	FAX
CELLULAR PHONE	EMAIL

ARE YOU FACING A DEADLINE? YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU CURRENTLY BEING REPRESENTED BY AN ATTORNEY REGARDING THIS MATTER?

YES \_\_\_\_\_ NO \_\_\_\_\_

IF "YES", PLEASE PROVIDE THE ATTORNEY'S NAME: \_\_\_\_\_

IN ACCORDANCE WITH THE PRIVACY ACT OF 1974, I, \_\_\_\_\_, HEREBY PERSONALLY AUTHORIZE CONGRESSMAN HENRY CUELLAR AND/OR HIS STAFF, AS DESIGNATED BY HIM, TO MAKE ANY AND ALL INQUIRIES WITH FEDERAL, STATE, COUNTY, MUNICIPAL AND OTHER AGENCIES AS NEEDED TO ADDRESS MY REQUEST, BUT NOT LIMITED TO THE ISSUE DESCRIBED ABOVE.

SIGNATURE

DATE

STAFF INITIALS