

PID#: _____
(For Staff Use Only)

ATTN: _____

IMMIGRATION ASSISTANCE REQUEST FORM

U.S. Senator Dianne Feinstein

One Post Street, Suite 2450
San Francisco, CA 94104

Please mail or scan and email this document as a PDF to Senator Feinstein's San Francisco office at casework@feinstein.senate.gov

SECTION 1:

Applicant's Legal Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: (____) _____ E-mail: _____
Alien Registration #: A _____
Date of Birth (MM/DD/YY): _____ Country of Birth: _____
Relationship to beneficiary (if applicable): _____

If applicable:

Beneficiary's Legal Name: _____
Alien Registration #: A _____
Date of Birth (MM/DD/YY): _____ Country of Birth: _____

Please fill out all applicable fields-some sections may be left blank.

SECTION 2: U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Circle the form(s) filed:

I-131	I-485	I-821D	I-129	Other: _____
I-130	I-539	N-400	I-140	
I-129F	I-765	N-565	I-360	
I-290B	I-751	N-600	I-601	

USCIS case information (from I-797 Notice of Action):

Form filed: _____ Filing date: _____ Case #: _____
Form filed: _____ Filing date: _____ Case #: _____
Form filed: _____ Filing date: _____ Case #: _____

SECTION 3: NATIONAL VISA CENTER

State Department Case Number: _____
Visa Preference Category: _____ Case Priority Date: _____
Foreign State Chargeability: _____
(Usually the beneficiary's country of birth)

SECTION 4: U.S. EMBASSY or U.S. CONSULATE

Embassy or Consulate location (City and Country): _____
Case Number: _____ Date of interview(s): _____
(For non-immigrant visas, provide the applicant's passport number)
Has the case been transferred to another office? _____ Where? _____

