

Dear Friend:

Thank you for contacting my office with regard to your concern involving United States Citizenship and Immigration Services (USCIS). I welcome the opportunity to assist you in resolving this matter.

The attached Constituent Waiver Form, which grants my office the necessary authority to intervene on your behalf, must be completed prior to my office taking action. Without the original consent form, your case cannot be processed. Kindly complete the form and return it via regular mail to:

U.S. Representative Anthony D. Weiner
80-02 Kew Gardens Road, Suite 5000
Kew Gardens, NY 11415
Attn: Director of Immigration

Please ensure that you have signed the form and included all the required information. It is important that you **TYPE** or **PRINT** this information and send us only one copy by mail. Failure to type or print or complete all applicable sections of the form will result in a delay, and your case may not be processed properly. Be certain to include copies of all pertinent documents, such as your canceled check (front and back), your application and notices of action. Once we have received the form, my office will conduct an inquiry with U.S. Citizenship and Immigration Services to determine the status of your application.

Unfortunately, due to circumstances beyond our control, the U.S. Citizenship and Immigration Services is currently experiencing a large influx of applications, and a delay in your reply may be experienced. Once my office has received a response, you will be notified either in writing or by telephone. Until then, I thank you in advance for your patience and cooperation.

As always, please feel free to contact my office with regard to this or any other matter of concern to you. The telephone number is (718) 520-9001.

Sincerely,

A handwritten signature in black ink, appearing to be 'Anthony D. Weiner', with a stylized flourish at the end.

ANTHONY D. WEINER
Member of Congress

Dear Congressman Weiner:

I hereby request that you or a designated staff member investigate the situation 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 Applicant/Beneficiary: _____ Date: _____

Complete all applicable portions of this form (Please Print or Type):

Last name: _____ First name: _____

Other Names Used (if any): _____

Sex: M F

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (work) _____ (home) _____

Date of Birth: _____ Country of Birth: _____

ALIEN Number: _____

Type of Application Filed with USCIS: _____

Priority Date and Receipt Number: _____

Date and Place Interviewed: _____

Please Write a BRIEF Explanation of the Problem:

Please Enclose Copies of All Pertinent Documents and Send to the District Office.

*** DUE TO THE LARGE NUMBER OF REQUESTS BEING PROCESSED BY USCIS WE MAY EXPERIENCE A DELAY IN RECEIVING YOUR RESPONSE. AS SOON AS USCIS PROVIDES US WITH YOUR RESPONSE YOU WILL BE CONTACTED BY MY OFFICE IN WRITING OR BY PHONE. ***

THANK YOU FOR YOUR PATIENCE.

FOR CONGRESSIONAL USE ONLY: District Office of U.S. Representative
Anthony D. Weiner
ATTN: Director of Immigration
Telephone: (718) 520-9001

Date Received: _____ Date Sent to USCIS: _____ Initials: _____