

Please provide me with the information I need to make an effective inquiry for you.

Is this a wellness check requested by a family member?

YES ☐

NO ☐

Name: _____
(First) (Middle) (Last)

Register Number: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Check One: I **have** filed ☐, I **have not** filed ☐ an Administrative Remedy. The result was:

DCDC Social Security Date Of
Number: _____ Number: _____ Birth: _____

My Last Home Address Was:

Address: _____

City: _____ State: _____ Zip: _____

What relief are you seeking? _____

Briefly state your issues: _____

Pursuant to the Privacy Act, I hereby give Congresswoman Eleanor Holmes Norton permission to assist me with the above matter.

Please specify your relationship to the incarcerated person. _____

Please print your name. _____
(First) (Last)

Signature: _____ Date: _____

Additional Space on Back

[illegible]

Mail the completed statement to Congresswoman Eleanor Holmes Norton, 1300 Pennsylvania Avenue NW, Suite M-1000, WDC 20004