

## Passport Case Questionnaire

**Instructions:** Please fill out this form in completion so that Congressman Hall and his staff may properly assist you.

**\*\*Please call to ensure receipt of form\*\***

**\*\*Please Note that due to the high volume of applications Congressman Hall can only take up your case if you have applied for your passport with adequate time to departure and you are within two weeks of your travel date.**

**\*\*Traveler's Notice: To determine if you need a passport for your travel, please consult [http://www.travel.state.gov/travel/cbpmc/cbpmc\\_2223.html](http://www.travel.state.gov/travel/cbpmc/cbpmc_2223.html)**

**\*\*Please also check your destination country's entry requirements at [http://travel.state.gov/travel/cis\\_pa\\_tw/cis/cis\\_1765.html](http://travel.state.gov/travel/cis_pa_tw/cis/cis_1765.html)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of applicant if different from above: \_\_\_\_\_

Passport Locator #: \_\_\_\_\_ If Locator # is unavailable we will need a Social Security number.

Date of Travel: \_\_\_\_\_ Destination: \_\_\_\_\_

Date of Original Application: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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By checking this box I am authorizing the office of Congressman John Hall to investigate this claim on my behalf and further affirm that the information I have provided is accurate.

**Please send this form via fax to: (845) 291-4164**

**Or send it via mail to: Congressman John Hall, 255 Main St., Rm.3232G, Goshen, NY 10924**