



I _____ hereby request and authorize State Senator César J. Blanco to intercede on my behalf, including the right to review all appropriated documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the state agency named below. I understand that any documents I provide to Senator Blanco or his staff may be copied and forwarded to officials of the state agency listed below for review. **By signing this form you attest to having read and understand the Senate District 29 Casework Guide provided to you with this form.**

Name: _____ DOB: _____ M / F / Other

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

I do not have a lawyer or have received legal counsel.

I have not contacted other Legislative offices for this matter.

Please provide any applicable identifying information:

Agency Involved: _____

Other: _____

Social Security Number: _____

Veterans Claim Number: _____

Alien Number: _____

Military ID and Branch: _____

Case Number: _____

Claim Number: _____

Briefly describe the nature of the assistance you are requesting. You may attach any additional documentation.

Date: _____ Signature: _____

Within 30 days, please return the completed form via mail, email, fax or in-person to:

State Senator César J. Blanco, Texas Senate, District 29
416 N. Stanton St. Suite 700 El Paso, Texas 79901
Office: (915) 577-0029 Fax: (915)577-0031
E-Mail: Arely.Villalobos@senate.texas.gov

*If this form is not completed and returned within 30 days, our office will close your case in our internal constituent management system.