

Congress of the United States  
Washington, DC 20515

**The Honorable Congressman Brian Babin**

203 Ivy Avenue, Ste. 600  
Deer Park, TX 77536  
PH: (832)780-0966  
FAX: (832)780-0964

420 W. Green Avenue  
Orange, TX 77630  
PH: (409)883-8075  
FAX: (409)886-9918

Frequently Asked Questions

**Q: Once you receive my Privacy Release Form what happens next?**

**A:** When my office receives your form it will be submitted to the appropriate agency. Receiving the initial response can take an average of 30-90 days. When my office gets an answer from the agency about your case, we will contact you at that time with a response.

**Q: Are there certain issues you cannot help me with?**

**A:** I cannot assist with or intercede in any matter before any court, including one involving a criminal charge. Also, I cannot intercede in any City, County, or State Government issue. (Examples of these include, but are not limited to, food stamps, road repairs, child support payments and probation.)

**Q: My issue does not involve a Personal Situation. I would, however, like to suggest legislative changes which I feel would be beneficial; how do I do that?**

**A:** This form is for casework with my district offices only. If you would like to speak to someone regarding legislation or a change in current laws, you may contact my Washington D.C. office at (202) 225-1555 or send an email through my website, [babin.house.gov](http://babin.house.gov)

Submission Checklist

**Before you return your Privacy Release Form to either of my District Office's please ensure that you have completed the following:**

- I have signed and filled out all applicable sections on the Privacy Authorization Form.
- I have provided an explanation of my issue in space the provided on the Privacy Release Form.
- I have read over the FAQ section of the Privacy Authorization Form.
- I have included documentation which I feel is relevant to my case (upon request).

**\*\*Please note, if the matter in which you request my help is not a federal matter, I may be limited in authority or I may be precluded from intervening on your behalf due to Congressional Code of Ethics. Please forward all state matters to your local State House or State Senator's attention for their review. Their numbers are listed in the front section of your local telephone directory. (Typically state matters include HHS matters, food stamps, and child support issues, Medicaid, Voc Rehab, Workers Comp, Texas Workforce, and Unemployment.)**

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Request for Congressional Inquiry and Privacy Release

**NOTICE:** The PRIVACY ACT of 1974 requires that written consent be obtained from the constituent before information can be disclosed from records with a federal agency. So that I might act on your behalf, please sign the following statement. (If you are inquiring on behalf of another person, it is necessary that they sign the statement.)

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT#: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
COUNTY: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ OTHER: \_\_\_\_\_  
SOCIAL SECURITY#: \_\_\_\_\_ AGENCY CLAIM#: \_\_\_\_\_  
PASSPORT #: \_\_\_\_\_ ALIEN #: A \_\_\_\_\_  
FEDERAL AGENCY TO CONTACT: \_\_\_\_\_

**REQUIRED:** Please state the problem briefly. Include details about the current status of your concern, as well as the specific outcome you are seeking. Do not send medical records or documents from the agency, unless requested. Please contact my office prior to sending more than 5 pages of information.

Have you opened a case with another office (please circle)? YES / NO If yes, who: \_\_\_\_\_

If you would like this office to speak to your spouse, parent, guardian, or other family member about your case, please designate this person and sign below:

Designated person: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SIGNATURE of person requesting assistance: (required):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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