



SARAH ECKHARDT
STATE SENATOR • DISTRICT 14

I _____ hereby request and authorize State Senator Sarah Eckhardt to intercede on my behalf, including the right to review all appropriated documentation that she or her 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 Eckhardt or her 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 14 Casework Guide provided to you with this form.

Name: _____ DOB: _____ Gender: _____

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: _____



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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, or in-person to:

The Honorable Sarah Eckhardt
P.O. Box 12068
Capitol Station
Austin, TX 78711

E-Mail: Laura.Palacios@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.**