OFFICE OF U.S. REPRESENTATIVE DANNY K. DAVIS

CASEWORK TRANSFER PREFERENCE SURVEY

It is possible that resolution of your casework matter could extend beyond the duration of my service as your elected Member of Congress. My office will close on November 23, 2026. In that event, I ask that you please complete this short survey regarding your disposition preference for your active or pending casework.

CONTACT INFORMATION

Prefix (Ms., Miss., Mrs., Mr., Mr. and Mrs., Rev., Dr., Hon., Rabbi): _____

First Name:* _____ Middle Initial: _____Last Name:* _____Suffix (if any): ____

Address Line 1:* _____Address Line 2: _____

City:* _____ State:* _____ ZIP:* _____

Phone Number:* _____**Phone Type:*** ☐ **Mobile** ☐ **Landline**

CASEWORK DISPOSITION

Select ONE preference:*

☐ **Transfer all my casework information to my incoming House member.**

All casework information, including related agency communications, may be transferred. I understand I must sign a new privacy release form (PRF) with the incoming Member to continue work on my case.

☐ **Transfer only limited information to my incoming House member.**

Only my name, contact information, and the agency handling my case may be shared. I understand I must sign a new PRF with the incoming Member to continue work on my case.

☐ **Transfer my casework to one of my U.S. Senators.**

All casework information, including related agency communications, may be transferred. I understand I must sign a new PRF with the Senator's office to continue work on my case.

☐ **Continue my casework with this office (no guarantees that we will be able to complete by November 23, 2026).**

☐ **Terminate my case.**

CASE TYPE (optional)

Select the category that best describes your case: _____

Examples: Social Security, Veterans Affairs, Medicare & Health Care, Housing, Immigration, IRS, Passports & Consular Affairs, Labor & Employment, Military & Defense, Education & Student Loans, Small Business, Consumer Protection, Transportation, Postal Service, Justice & Public Safety, Disaster & Emergency Assistance, Community Resource Referrals, Other Federal Agency Assistance, General Information Request, Congressional Commendations, Flag Requests, Presidential Greetings, Tours & Tickets, Federal Grants, Community Project Funding, Legislative Issues, Event Invitations, Military Academy Nominations, Internship Requests, Other.

Signature: _____ Date: _____

Fields marked * are required. Please return the completed form to the congressional office using the instructions provided by staff.