## **CSC EXPEDITE PROCEDURES**

## **Expeditious Handling Requests:**

Expedited processing will be granted on a case-by-case basis.

Expedite requests will be considered under the following criteria:

Significant public health concerns;
Significant environmental concerns;
Significant loss of revenue by the petitioner;
Compelling national or regional interest;
Significant job creation or loss;
Extraordinary industry specific circumstances;
Significant humanitarian concerns; or
When an expedite is determined to be in the best interest of INS.

Reasons for the expedite request must be stated on the optional expedite work sheet and should include a one-page support letter.

Mark the envelope with a red dot and use the street mailing address.

The following address is used for overnight delivery (Federal Express, UPS, etc.) or bonded courier delivery:

California Service Center 24000 Avila Road, 2nd Floor, Room 2302 Laguna Niguel, CA 92677

Petitions and supporting documentation should be submitted in duplicate.

Expedites will only be granted in case of emergency. They are granted infrequently. Please remember that poor planning does not warrant expedite processing. Cases that are not clearly approvable will not be expedited. Incomplete petitions will also be denied expeditious processing.

Resubmission of a returned application/petition, appeal/motion, I-765/I-817, or non-direct mail application/petition may be handled as an expedite if one of the criteria above are met.

If no expedite response is received within 72 hours, the request has been denied. Normal processing will occur. There is no appeal from the denial of an expedite request. Follow-up faxes or telephone calls will not be entertained.

## U.S. Department of Justice Immigration and Naturalization Service

California Service Center P.O. Box 10765 Laguna Nigel 92607-0765

## USE EITHER PAGE 1 (General Inquiry) OR PAGE 2 (Permanent Resident Card Inquiry) OF THIS FORM

Please use this letter to make a written INQUIRY with the California Service Center (CSC) Include no fees/money when using this form.

Please print your name and mailing address in this box:	Pate: Your Phone: Your Fax: Your E-mail:			
Please provide as much of the following information as possi	ble (Ann/Pet = Annlies	nt or Patitions	ae).	
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Form Type	App/Pet NameApp/Pet Alien Number A			
Receipt Number Date Filed	App/Pet Date of Birth			
Where filed if other than CSC	Beneficiary Name			
	Beneficiary Alien Number A			
	Beneficiary Date of Birth			
Time of Inmiter. (places short one and d				
Type of Inquiry: (please check one and d	escribe on sepai	rate sneet	ir needed)	
			-	
Change of Address (Is new address liste	ed above?	Yes	No	)
☐ Notice Correction - Attach copy of the	notice with the	requested	d corrections	noted
☐ Expedite Request - Please explain why e	expedited proces	sing is ne	eeded	
Status of I-551 Alien Registration Card	! (see other sid	<b>e</b> )		
Other				
Service Response:				

Date of Response:

Form G-731C (Rev. 10/06/99)