

PETITION FOR APPEAL TO APPEAL TRIBUNAL

ALL ENTRIES ON THIS FORM EXCEPT SIGNATURES SHOULD BE PRINTED OR TYPED

1. CLAIMANT'S FIRST NAME:	CLAIMANT'S LAST NAME:	2. SOCIAL SECURITY NUMBER:	BENEFIT YEAR:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. ADDRESS: (STREET OR BOX NUMBER):	(CITY):	(STATE):	(ZIP CODE):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. TELEPHONE NUMBER:	5. ISSUE(S) APPEALED:		
<input type="text"/>	Section(s): <input type="text"/>		

6. I / We appeal from the determination of the Division of Workforce Services for the following reason(s)
(Please attach a copy of the determination):

7. APPELLANT SIGNATURE:	8. APPELLANT (CHECK ONE):
<input type="text"/>	<input type="checkbox"/> Claimant <input type="checkbox"/> Employer

NOTE TO CLAIMANT FROM DWS: *To protect your potential rights to benefits, you must continue filing a claim each week, making your work search as instructed, and reporting to your local office as directed during the time your appeal is pending unless you are working full-time.*

QUESTIONS BELOW ARE FOR LOCAL OFFICE USE ONLY

9. Agency Representative To Testify? (CHECK ONE) Yes No

If Yes,
(Name) (Title)

Phone Number:

10. TYPE OF CLAIM:

UI UCFE UCX EB TRA OTHER

11. APPEAL FILED:

(A) In person on (Date) (B) By mail (Postmark Date) (Attach Envelope)

12. EMPLOYER PHONE NUMBER: <input type="text"/>	13. EMPLOYER ADDRESS CONFIRMATION (CHECK ONE):
14. APPEAL RECEIVED BY: (INTERVIEWER): <input type="text"/>	A. Are employer name and address on the Determination complete and correct? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter the complete name and mailing address in the space indicated below.
	B. Are employer name and address omitted from the Determination? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the complete name and mailing address in the space indicated below

15. LOCAL OFFICE ADDRESS:

ADDRESS:

CITY: STATE: ZIP CODE:

PHONE NUMBER:

16. EMPLOYER ADDRESS CORRECTION:

NAME OF EMPLOYER:

ADDRESS:

CITY: STATE: ZIP CODE: