

**PETITION FOR APPEAL TO
THE BOARD OF REVIEW**

1. Claimant

First Name:

Last Name:

2. Social Security No.:

3. Address:

4. Telephone Number:

5. Date Claim Was Filed:

6. Date Appeal Tribunal Decision Delivered or Mailed:

7. Appeal Tribunal Decision Number:

8. I/We appeal from the decision of the Appeal Tribunal. (Check A or B below):

- A. I have no new evidence to present and petition the Board of Review to review all records and the testimony and render its decision thereon.
- B. I petition the Board of Review to remand my case to the Appeal Tribunal because I have additional evidence to present. I wish to present the following as evidence in my case: *(Describe what the evidence is, i.e., your doctor's statement, etc.)*

9. If you checked 8B, you must answer the following questions.

- A. Why is the evidence material to your case?

- B. Why was it not offered into evidence at the Appeal Tribunal hearing?

The Board of Review will decide whether or not there is good cause to remand your case to the Appeal Tribunal.

10. Date Filed:

11. Appellant:

12. Type of Claim:

UI

UCFE

UCX

EB

TRA

TAA

DUA

Other (Identify) (FSC, etc.)

**You should continue to call ArkLine or file a claim
each week if you wish to continue your claim.**

Original - Board of Review

Duplicate - Appellant

13. Received By:

14. Office:

City:

State:

Zip Code:

Benefit Year: