

Illinois Department of Employment Security
Board of Review
33 South State Street 9th Floor
Chicago, Illinois 60603-2802
www.ides.state.il.us
Chicago: 1-800-821-3550
Fax: 1-312-793-2373



Date Mailed:

Claimant ID/SSN:

Docket Number:

Appeal Filed Date:

Payment for Transcript/Record

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Claimant

Employer

c/o
Claimant's Agent

c/o
Employer's Agent

Your payment of \$ _____ for a copy of the transcript (or the transcript together with other documents of record) has been received by the Board of Review. Your copy is enclosed.

Your payment of \$ _____ for a copy of the transcript (or the transcript together with other documents of record) in order to prepare a response has been received by the Board of Review. Your copy is enclosed.

Pursuant to 56 Ill. Adm. Code 2720.315, such written arguments as you may wish the Board of Review to consider must be filed within 20 days from the date of this letter (unless an extension is obtained - see below). Therefore, your argument must be postmarked or delivered no later than _____.

Pursuant to 56 Ill. Adm. Code 2720.315, such response as you may wish the Board of Review to consider must be filed within 15 days from the date of this letter (unless an extension is obtained - see below). Therefore, your response must be postmarked or delivered no later than _____.

A copy of all written arguments must be sent to the other party, and a certificate of mailing must be sent to the Board of Review. The certificate may be in the following form:

Example: I, (name), do hereby certify that I served a copy of the above written argument upon (name of opposing party) by placing it in a postage paid envelope addressed to (the opposing party's name and mailing address) and depositing it with the U.S. mail at (location of mail deposit) on (date deposited) at (time deposited).

A copy of your response must be sent to the other party, and a certificate of mailing must be sent to the Board of Review. The certificate may be in the following form:

Example: I, (name), do hereby certify that I served a copy of the above response upon (name of opposing party) by placing it in a postage paid envelope addressed to (the opposing party's name and mailing address) and depositing it with the U.S. mail at (location of mail deposit) on (date deposited) at (time deposited).

The other party will have 15 days in which to file a response, and you 7 days thereafter to file a reply to the response.

The other party will have 7 days thereafter to file a reply to your response.

If you only obtained a transcript and wish to review other parts of the file record, you must call us within ten (10) days of the date of this letter to make an appointment to view or obtain other documents of record at the Board of Review office or by mail.

You may request to have the time in which to file your (Brief Response) extended if needed.

Please be advised that under 56 Ill. Adm. Code 2720.300 through 2720.345, the Board of Review must adhere strictly to its deadline requirements. We appreciate your cooperation.