



Appearance (Appeals)

Dated:

Claimant ID/SSN.:

Docket No.:

The undersigned enters their appearance on behalf of

(Name)

(Check One) (Claimant Employer), in the above referenced Docket number. Please mail a copy of the Notice of Hearing and Referee's decision to the (Check One) (Attorney Representative) at the address indicated:

Name:

Address:

Address 2:

City:

State:

Zip Code:

Telephone:

Ext.:

Signature (Claimant / Employer)

Signature (Attorney / Representative)
For
(Claimant / Employer)

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