



**THIS DOCUMENT MUST BE COMPLETED AND SCANNED INTO THE ECF  
FOR ALL INMATE CROSS MATCH ISSUES**

**INMATE CROSS MATCH QUESTIONNAIRE**

Claimant Name: \_\_\_\_\_ Claimant ID: \_\_\_\_\_

Date Interviewed: \_\_\_\_\_ Inmate Cross Match Date: \_\_\_\_\_

Were you incarcerated on \_\_\_\_\_?  YES  NO

**If NO can you explain how you were identified as being incarcerated?**

\_\_\_\_\_

**If YES please answer the questions listed below**

At approximately what time were you arrested? \_\_\_\_\_

On what date were you released? \_\_\_\_\_ At approximately what time? \_\_\_\_\_

Were you held in work release facility? \_\_\_\_\_ If YES Where? \_\_\_\_\_

**Why did you file a claim for or continue to certify for unemployment benefits while incarcerated?**

\_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_