

APPEAL FORM

DO NOT RETURN THIS FORM UNLESS YOU WANT TO APPEAL THE ENCLOSED NOTICE OF DETERMINATION

As shown on the enclosed notice of determination, you are not eligible for all or part of the period claimed. To appeal this decision to an administrative law judge, please explain why you disagree with the decision, and return this form to the address above. You must return this form by the appeal deadline timeframe specified on the enclosed notice of determination. The appeal period may be extended for good cause. If your appeal is late, state the reason you are filing late.

I disagree with the decision contained in the notice dated _____. The reason(s) I disagree is:

(Attach an additional sheet if more space is required)

While your appeal is pending, you must complete and return a claim certification for the period(s) that you want to claim benefits. If you are found eligible, you will only be paid benefits for periods for which you file a claim certification and meet all other eligibility requirements.

Can you speak English? Yes No

If No, give language and dialect: _____ Social Security No.: ____ - ____ - ____

Name: _____ Telephone No.: (____) _____

Mailing Address: _____
Street No., Apt. No., or P.O. Box City State ZIP Code

Signature of Appellant or Agent: _____ **Date:** _____

Your mailing address, if different than above; or your Agent's address: (if applicable) _____

FOR DEPARTMENT USE ONLY
EDD VERIFIES THAT PARTY NEEDS INTERPRETER
<input type="checkbox"/> Yes <input type="checkbox"/> No

