



Office of Administrative Hearings
 PO Box 14020, Salem OR 97309-4020
 (503) 947-1515 Toll Free 1-888-577-2422
 FAX (503) 947-1531 TDD/TTY 711

FOR DEPARTMENT USE ONLY		
Date _____	BYE _____	CESN ID _____
Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Faxed to UIC _____	

Date to Hearings _____	CESN ID _____	
Documents Attached _____		

REQUEST FOR HEARING & REFERRAL

Claimant _____ Social Security Number _____

Address _____ Telephone Number _____
City State Zip

Check here if new address

Email Address _____

Claimant Representative Name _____ Telephone Number _____

Address _____
City State Zip

Employer Name _____ Telephone Number _____

Address _____ Email address _____
City State Zip

Employer Representative Name _____ Telephone Number _____

Address _____
City State Zip

Hearing requested by: Claimant Employer

..... Information in this box must be completed by the party appealing the decision.
How many Administrative Decisions are being appealed? _____
List the Decision mailing dates: _____
I disagree with the decision because: _____

Hearings are held 8:00 am to 5:00 pm Pacific time, Monday through Friday.

I am **NOT** available for a hearing on the following day(s) or date(s) _____
 and/or time(s) _____

I understand that I may have an attorney, or other person authorized by me, represent me at the hearing at my own expense. If I choose to be represented, **IT IS MY RESPONSIBILITY TO PROMPTLY NOTIFY THE HEARINGS SECTION IN WRITING THAT I AM REPRESENTED.**

If interpreter is needed, please specify language: _____
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Date Appeal Filed _____

Requester's Signature _____

SPECIAL INFORMATION FOR CLAIMANT

To PROTECT YOUR RIGHTS while this appeal is pending, you must continue to file weekly claims while unemployed.

If you have a disability and need special accommodation in order to present your case, you may contact the Office of Administrative Hearings at the numbers show above, between the hours of 8:00 am and 5:00 pm to discuss the accommodation needed.

THIS SIDE FOR EMPLOYMENT DEPARTMENT USE ONLY

SUPPORTING DOCUMENTS CHECKLIST - REQUEST FOR HEARING & REFERRAL

Instructions: For each decision for which the appellant requests a hearing, obtain, photocopy and attach to this hearing request the following supporting documents. Following the list below, check off each document attached. Forward the hearing request and its supporting documents to the Hearing Officer Panel at the address listed on the front of this form.

Decision Type	Document	Copy attached?
Nonmonetary Decision Note: Do NOT attach/include a copy of the INFORMAL decision.	Administrative Decision appealed	
	Employer response (letter, completed form, fax) to Notice of Claim Filed (Form 220), if any. Include copy of envelope with legible postmark if received by mail.	
	Any statements, documents/documentation obtained from employer, claimant, other parties, e.g., Form 359C Separation Statement, copies of warnings, letters, etc. Include fact-finding statements taken by phone. Attach any material referenced in other documents. Include both sides of all two-sided documents.	
	Medical or other information that supports either side of the story	
	Printout of the week(s) at issue for nonseparation issues	
	Tax Section response to Form 1721, if appropriate, e.g., adjudicator requested Tax investigation of employer-employee relationship	
Overpayment Decision Note: If claimant requests a hearing on the administrative decision that created the overpayment, identify that underlying decision and include all documentation associated with it in addition to the overpayment decision.	Overpayment Decision issued by Overpayment Recovery Unit	
	Copies of all statements from the employer or claimant that may shed light upon the circumstances involved in the underlying administrative decision	
Misrepresentation (fraud)	Administrative Decision appealed	
	Copies of all statements and the documents from the employer, claimant or witnesses that may explain the circumstances surrounding the alleged misrepresentation	
	Copies of documents containing allegedly false statements made to the Department to obtain benefits	
Claim Determination (Monetary) Decisions	Form 323 (if available), if wages or wages and hours of work are missing	
	Administrative Decision appealed (usually in the form of a letter from the Benefit Section to the claimant)	
Other Decisions (TRA, DUA, etc.)	Administrative Decision appealed	
	Copies of signed statements by parties or witnesses about circumstances surrounding the administrative decision appealed	
	Other documents upon which the administrative decision was based	

I certify that I attached copies of all documents indicated above to this Request for Hearing & Referral.

CESN ID: _____ DATE: _____