

State of Delaware
Department of Labor
Division of Unemployment Insurance



Lower Authority Appeals
4425 N. Market Street
P. O. Box 9950
Wilmington, DE 19809

NOTICE OF HEARING

Claimant Name: _____

Appeal Docket #: _____

Address: _____

Social Security #: _____

Employer Name: _____

Address: _____

IMPORTANT

The Appeals Referee may be conducting the hearing via telephone from the Appeals Tribunal in Delaware.

The claimant / employer in this appeal hearing will be participating in person at the Department of Labor office indicated below / by telephone. You are hereby notified to participate in person at the same location / by telephone for the scheduled hearing in order to present all of your evidence regarding the issue/issues involved. If you are to participate by telephone, please call the following number: _____

You are notified to appear on the _____ day of _____, 19____ at the hour of _____ a.m. / _____ p.m. in _____ for a hearing on appeal from decision by _____ dated _____, 19____.

The appeal has been filed by the claimant employer _____.

Statement of Issue(s) _____

Date of mailing: _____, 19____.

by _____
Appeals Referee
Division of Unemployment Insurance

To Claimant: You must continue to report to your local claims office or file as instructed as long as you are unemployed.

Notices to: Claimant
Employer
Local Office Deputy
Other