Claimant Request for Hearing

Enter the last four digits of your Social Security Number (SSN): _____  _____  _____  _____

Your Name (print): ________________________________________________________________

You can request an Unemployment Insurance (UI) hearing two ways, online or by mail.

• To request a hearing online, sign into your NY.Gov account. Click on the envelope icon at the upper right of your My Online Services page. Then create a new email message. Choose “Hearings and Appeals” from the drop-down menu as the first subject line and “I want to request a hearing” as the second subject line.

• To request a hearing by mail, complete and sign this form. Mail it to the address at the top of this form. Write only in the space provided on this form. Do not write outside the margins or on the back. If you need more space, use an 8 ½ x 11-inch piece of white paper. Be sure to write your name and the last four digits of your Social Security number on all of the papers you send. Do not staple.

IMPORTANT: To protect your rights to UI benefits you may be entitled to receive, please continue to certify for UI benefits every week, as long as you are unemployed.

I disagree with the Notice of Determination(s) dated ____/____/_______ (month, day, year), and I am requesting a hearing. Reason (optional):

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

If you are requesting a hearing on a determination that was made more than 30 days ago, please state the reason for the delay in notifying us:

____________________________________________________________________________

____________________________________________________________________________

Last Employer’s Name: ____________________________________________________________

Physical work location (place where you regularly reported to work):

Street                        City                        State                        Zip Code

Work Phone Number: (_____ ) ________________

Would you like your hearing conducted in a language other than English? □ Yes □ No

If yes, what language and dialect? __________________________________________________

Dates you are unavailable for a hearing: ____________________________________________

Email: ____________________________ Phone: (_____ ) ____________________________

Mailing Address: ____________________________________________________________ Apt/Floor: ______________

City: ____________________________ State: __________ Zip: ____________________________

Signature ________________________ Date ____________________________

For information about the UI Claimant Advocate Office and to view a video on how to prepare for a hearing, visit our website at dol.ny.gov/unemployment-insurance-claimant-advocate-office.

LO 435 (06/22)