

**OFFICE OF APPEALS**  
**NOTICE OF APPEAL**

This **form** may be used to appeal an examiner's determination for a hearing Appeals **cannot** be filed at a local "one-stop" office. **This form is not intended for use in filing an appeal with a District Court of Appeal.**

**NOTICE TO CLAIMANTS: You must continue claiming, even if you have been denied benefits;** otherwise, additional benefits may not be paid. **Direct all questions about your claim to (800) 204-2418.**

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**Claimant Social Security Number:** \_\_\_\_\_  
Claimant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Employer Name (if applicable): \_\_\_\_\_  
Account Number (if known): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
REPRESENTATIVE – If you are filing on behalf of a party, provide the following:  
Name of Representative: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REQUEST FOR REFEREE HEARING**

**I AM APPEALING THE DETERMINATION MAILED** \_\_\_\_\_. (Attach copy if available.)

Appeals must be filed within 20 calendar days of that date. If not, state the reason for late filing. The date of filing will be based on the postmark or, if faxed, the date the appeal is date-stamped received by D.E.O.

I appeal because:

I need an interpreter. Specify language: \_\_\_\_\_.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

I am:  the claimant;  the claimant's representative;  the employer;  the employer's representative

**MAIL OR FAX THIS FORM TO:**

**D.E.O. Office of Appeals**  
**PO Box 5250**  
**Tallahassee, FL 32399-4143**  
**Fax: (850) 617-6504**

**\*PRIVACY ACT STATEMENT**

Information you provide to this department is voluntary and confidential but is required to process your claim. Pursuant to the Internal Revenue Code of 1986, the Social Security Act, 42 U.S.C. 1320b-7(a)1, and s. 443.091(1)(h), F.S., disclosure of your Social Security number is mandatory. Social Security numbers will be used by the department to report the benefits you receive to the Internal Revenue Service as potential taxable income. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs to ensure benefits have been properly paid and for statistical and research purposes.

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities.

Form: Office of Appeals Notice of Appeal Rule 73B-20.003 F.A.C. Form # DEO – A100(E) (05/12)