

TELEPHONE HEARING INSTRUCTIONS

Please review the "How to Appeal an Initial Determination and Participate in A Hearing" pamphlet which was previously mailed to you. Copies of the pamphlet and answers to Frequently Asked Questions (FAQs) are available on the DES website at www.des.nc.gov.

IMPORTANT: Be ready for the hearing. The Board of Review has designated a Hearing Officer to conduct the hearing. The Hearing Officer for the Board of Review will call you to begin the hearing. If you are late for a telephone hearing, you may not be able to join the hearing after the hearing begins. If the Hearing Officer is unable to reach either party by phone within 15 minutes from the start time of hearing, the hearing may be conducted with those parties attending, or the appeal may be dismissed if the appealing party fails to appear. If an appealing party is 15 or more minutes late for an in-person hearing, the hearing official may dismiss the appeal and allow the other participants to leave. **NOTE:** If you will be using a mobile telephone for your hearing, it is your responsibility to make sure that you are in an area with clear signal reception. If you are using a land line, you are responsible for making sure that your telephone is working and the line is not in use. Failure to participate in the hearing as a result of problems with your telephone may result in your evidence not being considered, or dismissal of your appeal.

If your telephone number is not shown on the Summons to Hearing, or if the telephone number shown is incorrect, notify the Hearing Officer by entering the correct information on the enclosed Telephone Hearing Questionnaire and return it promptly. If your telephone is not in service, you may report to your local North Carolina Department of Commerce, Division of Workforce Solutions (DWS) job service office for the hearing. Inform the Hearing Officer in advance that you want to be called at the local DWS office for the hearing. You should report to the job service office at least fifteen (15) minutes before the scheduled hearing time. Inform an employee at the local office that you are reporting for a telephone hearing.

HOW TO GIVE EVIDENCE: Sworn testimony is required. If you want witnesses to testify, they must do so at the hearing. If you have documents, electronic recordings or other evidence that you want considered by the Board of Review, you must mail or deliver them to the Hearing Officer and to each party. The evidence must be received before the hearing. If you have documents to offer as evidence, mail them to the Hearing Officer to be received at least five

(5) days before the hearing. You must also mail copies of the documents to the other party and to the attorney for the Division of Employment Security before the hearing.

LEGAL REPRESENTATION: Claimants or employers may file their own appeal and represent themselves (pro se) throughout the administrative appeal process, or may have a legal representative file an appeal and represent them. Legal representatives should be obtained prior to any administrative hearing or review. A legal representative (including individuals from a third party company serving as an employer's unemployment insurance administrator) must be a licensed attorney, or a person supervised by a licensed attorney in accordance with the Gen. Stat. ch. 84 and §96-17(b). Notices and/or certification of attorney supervision must be in writing.

POSTPONEMENTS: Only the Hearing Officer assigned to hear the case may grant a continuance. Due to the inconvenience and additional expense involved, a continuance will be granted only in limited circumstances. To request a continuance, call the Hearing Officer and send your written request before the hearing date.

SUBPOENAS: The Hearing Officer may issue subpoenas for witnesses and documents that are relevant to the hearing. Make the request to the Hearing Officer as soon as possible, so the subpoena can be served and evidence received before the hearing. Legal representatives may issue subpoenas at their own expense and discretion.

SUMMONS Mailed: December _____, 2016

TELEPHONE HEARING QUESTIONNAIRE

Hearing Officer: **John Q Lawyer**

Hearing Date: **January 28, 20xx**

Docket Number: **TAX-3915**

Please return this form with the names and telephone numbers of the participants for your upcoming tax hearing.

NOTE: If you will be using a mobile telephone for your hearing, it is your responsibility to make sure that you are in an area with clear signal reception, and that your phone is sufficiently charged to remain on the line for an hour or more. If you are using a land line, you are responsible for making sure that your telephone is working and the line is not in use. Failure to participate in the hearing as a result of problems with your telephone may result in your evidence not being considered, or dismissal of your appeal.

It is important that you provide the Hearing Officer with the names and telephone numbers of your witnesses. You should also tell your witnesses to be prepared for the telephone call at the designated time.

Please list all the people you want the Hearing Officer to call for your hearing. If you are the claimant or the employer completing this form and you want to participate in the hearing, please list yourself and your telephone number.

HEARING PARTICIPANTS FOR THE	
<input type="checkbox"/> CLAIMANT <input type="checkbox"/> or the EMPLOYER <input type="checkbox"/> or the DIVISION OF EMPLOYMENT SECURITY	
NAMES	AREA CODE + TELEPHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE USE ADDITIONAL SHEETS IF NECESSARY

IMPORTANT: If you **do not** have phone service, please report to your nearest job service office. Please arrive (15) fifteen minutes before the hearing. Tell the receptionist that you are there for a Telephone Tax Hearing with the Division of Employment Security and Board of Review.

Division of Workforce Solutions
Job Service Office Location (City, State)

Area Code + Telephone Number

REQUIRED INFORMATION ABOUT THE PERSON SUBMITTING THIS FORM	
Name _____	Title _____
Signature _____	Date _____

PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE.
Mail to: Hearing Officer, Board of Review, Post Office Box 28263, Raleigh, NC 27611
You may also fax to (919) 733-8745.
For more information you may call the Hearing Officer at (919) 707-1025