



**North Carolina Department of Commerce  
Division of Employment Security  
Unemployment Insurance**



*This is a sample of a telephone questionnaire that needs to be completed and mailed to the Appeals Referee prior to the hearing. You should list your correct telephone number and any witness' names and telephone numbers.*

**TELEPHONE HEARING QUESTIONNAIRE**

HEARING DATE: (01/01/XXXX) HEARING TIME: (10:30 AM/PM EST/EDT)  
APPEALS REFEREE: (NAME) DOCKET NUMBER: (ACB1234)

**PLEASE RETURN THIS FORM WITH THE NAMES AND TELEPHONE NUMBERS OF THE PARTICIPANTS FOR YOUR UPCOMING UNEMPLOYMENT INSURANCE APPEALS HEARING.**

You are responsible for making sure the appeals referee has the correct telephone number for you and your witnesses. 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 landline, 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 or your telephone number may result in your evidence not being considered, or dismissal of your appeal.

It is important that you provide the appeals referee with the correct telephone number for 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 appeals were free to call for your hearing. If you are the claimant or employer completing the form and you want to participate in the hearing, please include yourself and your telephone number.

HEARING PARTICIPANTS FOR  
THE CLAIMANT  or THE EMPLOYER

NAMES	AREA CODE + TELEPHONE NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PLEASE USE ADDITIONAL SHEETS IF NECESSARY



**North Carolina Department of Commerce  
Division of Employment Security  
Unemployment Insurance**



**IMPORTANT** if you do not have phone service, please report to your nearest Division office. Please arrive (15) fifteen minutes before the hearing. Tell the receptionist that you are there for a TELEPHONE APPEALS HEARING.

\_\_\_\_\_  
Division Office Location (City, State)

\_\_\_\_\_  
Area Code + Telephone Number

<b>REQUIRED INFORMATION ABOUT PERSON SUBMITTING THIS FORM</b>	
Name _____	Title _____
Signature _____	Date _____

PLEASE RETURN THIS QUESTIONNAIRE AS SOON AS POSSIBLE. Note this form can be folded and mailed.

Mail to: in C Department of Commerce, Division of Employment Security, Appeals Section, PO Box 25903, Raleigh, NC 27611-5903. You may also fax this form to the appeals referee at the fax number on the front of the notice of hearing. For more information you may call the Appeals Section at 919-707-1060 or contact us by email: [des.public.appeals@nccommerce.com](mailto:des.public.appeals@nccommerce.com)

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Return Address:  
[NAME SENT TO]  
[Address Sent to]  
[City, State, Zip Sent To]

NC Department of Commerce  
Division of Employment Security  
Attention: Appeals Referee [Referee]  
P.O. Box 25903  
Raleigh, NC 27611-5903

[Docket Number]  
[Mailed Date]

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**Help us prevent UI Fraud by responding timely and accurately to requests for information**