Claimant Information	
Name: _____	ADES appeals number: _____
Address: _____	Social security number: _____
City, State, Zip Code: _____	
Telephone: _____	Employer name: _____
Email: _____	

Application for Appeal from Appeals Board Decision

******This form must be filed at the Arizona Department of Economic Security Office of Appeals. You cannot use the ADES portal to file this document. ******

Use this form to ask the Court of Appeals to review the Arizona Department of Economic Security Appeals Board decision.

File this form by faxing it to 602-257-7056 or by mailing/delivering it to the Arizona Department of Economic Security Office of Appeals at 2200 N. Central Ave., Suite 100, Phoenix, AZ 85004.

The Arizona Department of Economic Security will forward this application to the Court of Appeals. Once the court receives your application, it will send you an appellate case number.

Application for Appeal
from
Appeals Board Decision

1. Name of party filing application: _____

2. Date of ADES Appeals Board decision: _____

3. Why do you think the Appeals Board decision is wrong? (*Attach additional pages if needed*).

_____
Signature

_____
Printed Name

_____
Date

REMEMBER:
File this form by faxing it to 602-257-7056 or by mailing/delivering it to the Arizona Department of Economic Security Office of Appeals at 2200 N. Central Ave., Suite 100, Phoenix, AZ 85004.

Give a copy of your completed form to every other party in this case.