



Review File Request (Appeals)

Dated:

Claimant ID/SSN.:

Docket No.:

I, _____ (Name) _____ (Check One) (Claimant Employer), in the above referenced Docket Number hereby requests to review my Appeal File. I understand that my Appeal File may be inspected at the Illinois Department of Employment Security's local office where the claim was filed or at the Illinois Department of Employment Security's Appeal office, if such request is made at least two (2) working days prior to the hearing; where the request is timely made, the Illinois Department of Employment Security shall provide my authorized attorney or representative with an opportunity to inspect the file at least 24 hours prior to the hearing.

(Signature)

(Claimant / Employer)

Requests shall be faxed to the Administrative Law Judge's fax number provided on page 2 of the Notice of Hearing, to the attention of the Administrative Law Judge.