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|  | Client Intake Form – Unemployment Issues |  |  |
|  | **ATTENTION: Please attach any relevant documents along with this form.** | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  | | | | | | | | | | Date |  | Name | | | | | | | | | |  | | | | | |  |  | | | | | Employer | | | | | |  | Employer’s Address | | | | | Client Information | | | | | | | | | | | |  | | |  | |  | | |  | |  | | Phone | | | | Email Address | | | | | Position/Title | | |  | | | | | | | | | | | | Home Address (City, State, and Zip Code) | | | | | | | | | | | | Did you apply for benefits? Yes No | | | | | | | | | | | | Have you received benefits? Yes No | | | | | | | | | | | | **Were you denied benefits? If so, what was the DUA’s reasoning? Yes No** | | | | | | | | | | | | Were you allegedly overpaid benefits? Yes No | | | | | | | | | | | | **Please use the space below to provide more relevant information about the status of your claims.** | | | | | | | | | | | |  | | | | | | | | | | | | |  |