STATE HEARING DATA

CASE NUMBER	DATE AND TIME OF HEARING	NO. OF TAPES

CHANGES TO CASE RECORD

Do not use this block unless there are to be changes in the case record.

CLAIMANT

CASE NAME (IF APPLICABLE)

ADDRESS (IF DIFFERENT THAN DPA 26)

AUTHORIZED REPRESENTATIVE

FIRM

ADDRESS (IF NOT ON DPA 26)

FILING DATE

AIDS ☐ ADD
☐ DELETE

PARTICIPANTS AND TITLES

CLAIMANT

AUTHORIZED REPRESENTATIVE

COUNTY

INTERPRETER

OTHERS PRESENT

EDD INVOLVED ☐

REMARKS

DISPOSITION OF CASE

1 ☐ Heard ☐ Left open_____days (attach waiver form)
2 ☐ Withdrawn (attach withdrawal form)
3 ☐ Verbal withdrawal
4 ☐ Abandoned
5 ☐ Dismissed (attach dismissal form)
6 ☐ Postponed (indicate reason in remarks section. Attach time waiver form.)
7 ☐ Other (explain in remarks section)

No.	CLAIMANT EXHIBITS	No.	COUNTY EXHIBITS