**IDENTIFICATION DECLARATION**

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| Claimant Name: CASENAME | Docket No. DOCKETNODeclaration of *(name):*  |

**Declaration of *(name):***

I am *(age):* years old and I am the *(check one):* [ ]  Claimant

[ ]  Other *(relationship to the people in this case):*

*Please answer all of the following questions. Some of the questions may have been asked during the Employment Security Department’s investigation. Please answer the questions here, even if you answered the same questions before.*

1. Did you provide the Employment Security Department with your true and correct name, date of birth, and social security number? [ ]  Yes [ ]  No
2. Did you provide the Department with true and accurate copies of your Driver’s License or State Identification Card, AND your Social Security Card?

[ ]  Yes. *Date provided*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  No. (Provide more information below.)

*If no, were there any circumstances that prevented you from providing the Department with identification documents?* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***Attach a copy of the following to this Declaration (even if you previously provided these documents to the Department):***
	* Driver’s License or State Identification Card;
	* Social Security Card; and
	* Passport (if you have one)
	* Other form, such as Authorization to work or picture identification
2. Do you certify, under penalty of perjury, that the attached are true and correct copies of your identification documents? [ ]  Yes [ ]  No

Provide any additional information that you would like the judge to consider:

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[ ]  I have attached *(number):* pages.

*(Number any pages you attach to this Declaration. Page limits may apply.)*

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (and any attachments) are true.

Signed at *(city and state):* Date:

*Sign here Print name*

**BLANK DECLARATION (OPTIONAL)**

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| Claimant Name: CASENAME | Docket No. DOCKETNODeclaration of *(name):*  |

**Declaration of *(name):***

1. I am *(age):* years old and I am the *(check one):* [ ]  Claimant

[ ]  Other *(relationship to the people in this case):*

2. I declare:

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