**ABLE AND AVAILABLE AND OVERPAYMENT DECLARATION**

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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):*

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

**AVAILABILITY**

**The following questions are about the period you were unemployed or partially unemployed**(in other words, the period you are requesting benefits for)***.***

1. Did you suffer from any sicknesses or injuries which kept you from working full time?

 [ ]  Yes [ ]  No

If yes, please give details about (i) your sickness and/or injuries, and (ii) when or if you have recovered enough to perform full time work.

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1. Did you have adequate transportation to look for and get to work? [ ]  Yes [ ]  No

If no, please give details about (a) your transportation problems, and (b) when or if those transportation problems got resolved.

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1. Do you care for anyone else (minor child, sick spouse, elder parent) that would keep you from performing full time work? [ ]  Yes [ ]  No
	1. If yes, who were you caring for?
	2. When did that care begin?
	3. Are you still caring for them?
2. Were you a full time student during this period? [ ]  Yes [ ]  No
	1. If yes, what type of academic program were you enrolled in?

* 1. If yes, what was your academic schedule?
	2. What is your customary profession?

* 1. What are the hours of your customary profession?
	2. If you were offered full time work which conflicted with your academic schedule, could you change your class schedule? [ ]  Yes [ ]  No
	3. Would you be willing to drop your classes to accept full time work if the offered work conflicted with your academic schedule? [ ]  Yes [ ]  No
1. Did you perform at least the minimum required work searches for each of the weeks you have been requesting benefits, starting the week of July 4, 2021?

[ ]  Yes [ ]  No

If requested, could you provide a list of those job searches?

[ ]  Yes [ ]  No

1. If you did not look for work, do you have a job offer with a definite start date?

[ ]  Yes (Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  No

1. Were there any other reasons you were not able or available for full time work? [ ]  Yes [ ]  No

If yes, please describe what those reasons are in detail.

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**OVERPAYMENTS**

1. Did the Employment Security Department (“ESD”) give you notice that any of the benefits listed in the appealed Determination Letter were paid conditionally? [ ]  Yes [ ]  No
2. Did you provide all the information requested by ESD in its investigation about the issue which caused the overpayment? [ ]  Yes [ ]  No

If no, please give details about why you did not provide the requested information.

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1. Was the information you provided completely accurate? [ ]  Yes [ ]  No

If no, please give details about why the information was not completely accurate.

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1. Did you provide any information to ESD about which you were not entirely sure or didn’t fully know the answer at the time? [ ]  Yes [ ]  No

If yes, please give details about what that information was and why you responded as you did.

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1. Did you leave out any information that was requested by ESD when you filed your claim for benefits? [ ]  Yes [ ]  No

If yes, please give details about what that information was.

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1. Did you later discover, or did ESD bring to your attention later, that you had not provided accurate or complete information? [ ]  Yes [ ]  No

If yes, please explain in detail starting with the date.

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1. Was there a difference in what you told ESD during the investigation and what you stated in your appeal, or during a hearing.  For example, you told ESD you were not available for full time work, but stated, in your appeal, you were available for full time work? [ ]  Yes [ ]  No

If yes, please explain in detail why the information was different.

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1. Is there any additional information you would like the judge to consider regarding whether you are at fault for the overpayment? [ ]  Yes [ ]  No

If yes, please describe what that additional information is.

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Please include any additional information you wish the judge to know about this case:

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

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

*Sign here Print name*