**TIMELINESS DECLARATION**

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| Claimant Name: CASENAME | Docket No. DOCKETNO  Declaration 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 receive the Determination Letter under appeal?  Yes  No
2. When did you receive the Determination Letter? ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How did you receive the Determination Letter (eServices, Postal Mail)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Did you read and understand the Determination Letter under appeal?  Yes  No
   * If No, please explain.

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1. Why didn’t you file an appeal by the deadline?

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1. Why are you appealing now?

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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. DOCKETNO  Declaration 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*