



## EX-FELON CONVICTION REQUEST FOR WOTC PROGRAM

Employer Name/Address Requesting Tax Credit	If Applicable, Power of Attorney Name/Address
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COMPLETION OF BOTH EMPLOYER AND POWER OF ATTORNEY INFORMATION IS NECESSARY FOR UIA RECORD KEEPING

**APPLICANT'S NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

I, the individual named above, am authorizing the release of the requested information below for the Work Opportunity Tax Credit (WOTC) Program. I understand that the information may be sent directly to the above-named employer, their designated Power of Attorney or directly to the Unemployment Insurance Agency (UIA). I understand this information is used by participating state agencies for the specific purpose of the federal jobs program, WOTC.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### INFORMATION BELOW IS TO BE COMPLETED BY PAROLE OFFICER

**Last date sentenced for a felony conviction:** \_\_\_\_\_

**If incarcerated, list last period (include any prison, boot camp or work release program):**

**Date began incarceration:** \_\_\_\_\_

**Date ended incarceration:** \_\_\_\_\_

**If not incarcerated, then date began probation:** \_\_\_\_\_

**Name of Parole Officer (please print):** \_\_\_\_\_

**Signature of Parole Officer:** \_\_\_\_\_

**Phone Number of Officer:** \_\_\_\_\_

**Please attach a business card, agency letterhead, agency stamp or write agency address below.**

To send directly to the WOTC Unit, mail or fax to:

Parole Officer's Agency Address:

State of Michigan  
Unemployment Insurance Agency  
WOTC Unit  
P.O. Box 8067  
Royal Oak, MI 48068-8067

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Fax Number: **(313) 456-2132**

WOTC Unit Phone Numbers: (313) 456-2105 or (800) 482-2959