



State of Michigan  
Talent Investment Agency  
**Michigan Administrative Hearing System**  
www.michigan.gov/uia



IN THE MATTER OF:

APPEAL DOCKET NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EMPLOYER NO. \_\_\_\_\_

---

---

**CERTIFICATION OF AGENCY AND APPEARANCE**

I, \_\_\_\_\_, certify that I am authorized by \_\_\_\_\_  
to act as agent in all proceedings in the above entitled matter.

My appearance as agent for Unemployed Worker   
Employer  in the above entitled cause is hereby filed.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

---

---

**APPEARANCE**

(for use of attorneys-at-law only)

My (our) appearance as attorney for Unemployed Worker   
Employer  in the above entitled cause is hereby filed.

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_