UIA 1733
(Rev. 06-19)

Reset Form

Authorized by
MCL 421.1 et seq.

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY
UNEMPLOYMENT INSURANCE AGENCY

JEFF DONOFRIO
DIRECTOR

Please write your name and address

MIN:

Check box if protesting ☐

Protest of a Determination

(This is a Protest form. If you want to appeal a Redetermination please use other side.)

Right of Protest

If you disagree with this determination you have the right to protest requesting a redetermination. If your protest is filed after the deadline, you must include the reason your protest is late in your statement. You can also attach copies of any documents that support your protest.

You can submit your protest online at **www.michigan.gov/uia** sign into MILogin to access your MiWAM and upload documents. If you wish to protest in writing, complete Form UIA 1733, *Protest of a Determination*. This form is located on the website under the Forms link. Include your name, case number and social security number or Michigan Identification Number (MIN) on documents submitted with your protest. Fax the completed Form UIA 1733 and any supporting documents to 1-517-636-0427 or mail to Unemployment Insurance, P.O. Box 169, Grand Rapids, MI 49501-0169. If you fax or mail your protest, it must be signed.

1. Do you have information that you did not provide prior to the Determination? If yes, provide it now. Yes ☐ No ☐

2. Date Determination was issued: _____
   Date on Determination

I protest for the following reasons:

If Applicable: I did not protest within 30 calendar days of when the determination was mailed because:

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information, I may be required to pay damages and could be subject to criminal prosecution.

_____ _____
Signature Date

If your address changes, it is important to update it with the Unemployment Insurance Agency.

If you have questions, you may contact us through your MiWAM account or by calling 1-866-500-0017. For telephone or Local Office hours of operation, visit **www.michigan.gov/uia.** TTY service is available at 1-866-366-0004.

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UIA is an equal opportunity employer/program.

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Please write your name and address

MIN:

Check box if appealing ☐

Appeal of a Redetermination

(This is an Appeal form. If you want to protest a Determination, please use other side.)

Right of Appeal

If you disagree with this redetermination you have the right to appeal requesting a hearing before an administrative law judge. If your appeal is filed after the deadline, you must include the reason your appeal is late in your statement. You can also attach copies of any documents that support your appeal.

You can submit your appeal online at **www.michigan.gov/uia** sign into MILogin to access your MiWAM and upload documents. If you wish to appeal in writing, complete Form UIA 1733, *Appeal of a Redetermination*. Include your name, case number and social security number or Michigan Identification Number (MIN) on documents submitted with your appeal. Fax the completed form UIA 1733 and any supporting documents to 1-616-356-0739 or mail to Unemployment Insurance, P.O. Box 124, Grand Rapids, MI 49501-0124. If you fax or mail your appeal, it must be signed.

1. Do you have information that you did not provided prior to the redetermination? If yes, provide it now. Yes ☐ No ☐

2. Date redetermination was issued:_____
   Date on Redetermination

I appeal for the following reasons:

If Applicable: I did not appeal within 30 calendar days of when the redetermination was mailed because:

Certification: I certify that the information I have reported is true and correct. I understand that if I intentionally make a false statement, misrepresent facts or conceal material information, I may be required to pay damages and could be subject to criminal prosecution.

_____ _____
Signature Date

Important Advocacy Information

An Advocate may be able to assist you at the hearing. This service is free. Some restrictions may apply. After you receive your *Notice of Hearing*, call the Advocacy Program at 1-800-638-3994 to request an advocate. Provide the Appeal Number from your *Notice of Hearing* form. If the administrative law judge (ALJ) finds that you have committed an intentional misrepresentation you must pay the cost of the advocacy fees.

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