UIA 1848 (Rev. 04-21)

State of Michigan Department of Licensing and Regulatory Affairs MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES

Authorized by MCL 421.1 et seq.

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IN THE MATTER OF:	Appeal Docket No.:
	Social Security No.:
	Employer No.:
	ENCY AND APPEARANCE horized by the Unemployment Insurance Agency e entitled matter.
	d Worker in the above entitled cause is hereby filed. nent Insurance
Dated:	
	Signature of Agent
	Unemployment Insurance Agency 3024 W. Grand Blvd., Ste. 12-450 Detroit, MI 48202
	Phone:
	Fax:
	RANCE neys-at-law only)
My (our) appearance as attorney for Employe	loyed Worker er in the above entitled cause is hereby filed. loyment Insurance
Dated:	Signature:
	Firm Name:
	Address:
	Phone:
	Fax: