



YOU MAY APPEAL THIS HEARING DECISION

This hearing decision becomes final unless you appeal in writing to the Board of Review no later than thirty (30) calendar days from the mail date on the cover page of the hearing decision.

→ **IMPORTANT** ←

If you are disqualified from collecting benefits, you should continue to certify for benefits for each week you are unemployed. This will protect your rights to collect benefits. If you are entitled to benefits as a result of this hearing decision, and you meet all other eligibility requirements, your check will be sent to you automatically. If you do not receive a check within seven days of the date of this hearing decision, you may call the Check Status System at one of the following numbers.

1-877-626-6800 from area codes 351, 413, 508, 774, and 978

1-617-626-6800 from all other area codes

Instructions for Filing an Appeal to the Board of Review

Please use the attached form: "Appeal to the Board of Review From a Department of Unemployment Assistance Hearing Decision." All appeal rights and deadlines are set forth under the unemployment statute at G.L. c. 151A, §§ 40 – 42.

Deadline: A written appeal must be submitted to the Board of Review no later than **30 calendar days** from the mail date on the cover page of the hearing decision.

Appeals filed by mail will be considered filed on the date contained in the U.S. Postal Service postmark (not the date contained in a postal meter stamp.)

Faxed appeal forms must be received at the Board of Review office no later than 5:00 p.m. (Boston time) on the deadline date.

Appeals sent through any private courier or hand delivered must be received at the Board of Review office before 5:00 p.m. on the deadline date.

If the 30-day deadline falls on a Saturday, Sunday, legal holiday, or day on which the Board of Review office is closed, the deadline is the next business day.

Mail, fax, or hand-deliver your appeal to:

Board of Review
19 Staniford Street, 4th floor
Boston, MA 02114
Fax #: 617-727-5874

Please see important appeal instructions on the back ↗

IMPORTANT APPEAL INSTRUCTIONS

It is very important to state the reasons why you think the hearing decision was incorrectly decided on this form or in an accompanying letter. Be sure to include all documents and arguments that are relevant to your appeal when you submit this form. **The Board will decide whether to accept your appeal based primarily upon what you tell us.**

If you are a claimant whose unemployment benefits were denied, **you should continue to sign for benefits while your appeal is pending** in order to preserve your rights to those benefits.

After you receive the Board's decision, you may appeal to the District Court. The appeal to the District Court must be filed within 30 days of the mailing date on the Board's decision.

See the Board of Review website www.mass.gov/dwd/bor for additional information, including links to the unemployment statute, G.L. c. 151A; the DUA regulations; a list of legal referral organizations; a list of District Courts by city and town; and important prior Board decisions, listed by topic.

If you have questions, please call the Board of Review at (617) 626-6400.

IMPORTANT

This notice contains information about your rights or obligations, and should be translated immediately. If you need a translator, ask for a listing of translation services at your DUA office.

ВАЖНОЕ СООБЩЕНИЕ

В этом сообщении содержится информация о Ваших правах и обязанностях, и оно должно быть срочно переведено Вам. Если Вам нужен переводчик, попросите список переводческих компаний в своем DUA офисе.

IMPORTANTE

Este aviso incluye información sobre sus derechos y obligaciones, y debe traducirse de inmediato. Si necesita un traductor, solicite el listado de servicios de traducción en la oficina de la DUA correspondiente.

IMPORTANTE

Questo avviso contiene informazioni sui Suoi diritti ed obblighi e deve essere tradotto immediatamente. Se ha bisogno di un traduttore, chieda l'elenco dei servizi di traduzione presso la DUA.

IMPORTANTE

Este comunicado contém informações sobre os seus direitos ou obrigações. Ele deve ser traduzido prontamente. Se precisar de um tradutor, solicite no escritório DUA mais próximo uma lista dos serviços de tradução.

ສຳຄັນ

ຄຳແຈ້ງສະບັບນີ້ປະກອບດ້ວຍລາຍລະອຽດຕ່າງ ໆ ກ່ຽວກັບສິດທິແລະພາລາ

ຜົນຜົນຕ່າງ ໆ ຂອງທ່ານ, ເຊິ່ງຄວນໄດ້ຮັບການແປໂດຍທັນທີໂດດ.

ຖ້າທ່ານຕ້ອງການໃຊ້ຜູ້ແປພາສາ, ໃຫ້ຂໍລາຍການບໍລິການແປພາສາທີ່ມີໄວ້ໃຫ້ໃຊ້ໃນຫ້ອງການ DUA ຂອງທ່ານ.

សំខាន់

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានស្តីអំពីសិទ្ធិ ឬ កាតព្វកិច្ចរបស់អ្នក ។ សូមអោយគេបកប្រែជូនលេចចេញនូវ
ជាបន្ទាន់ ។ ប្រសិនបើអ្នកត្រូវការអ្នកបកប្រែ សូមរកមើលបញ្ជីឈ្មោះកន្លែងផ្តល់សេវាកម្មបកប្រែ
ដែលមាននៅក្នុងការិយាល័យ DUA របស់អ្នក ។

ENPÖTAN

Nöt sa a genyen enfömasyon sou dwa w oubyen obligasyon ke ou genyen, epi ou fèt pou ou fè tradwi l kounyè a. Si ou bezwen on moun ki pou tradwi pou ou, mande on lis ki genyen sèvis ke yo ofri pou tradiksyon nan biwo DUA ke ou konn ale a.

QUAN TRỌNG

Thông báo này bao gồm thông tin về quyền hạn hoặc trách nhiệm của quý vị và phải được thông dịch ngay. Nếu cần một thông dịch viên, hãy yêu cầu một danh sách dịch vụ thông dịch tại văn phòng DUA của quý vị.

重要

本通知包含有關閣下權利或義務的資訊，應即刻翻譯。如果閣下需要翻譯人員，請到閣下的DUA辦事處要求一份翻譯社的名單。

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
BOARD OF REVIEW

19 Staniford Street, 4th Floor, Boston, MA 02114
Phone: (617) 626-6400 • Fax: (617) 727-5874
Website Address: www.mass.gov/dua/bor

**Appeal to the Board of Review
From a Department of Unemployment Assistance Hearing Decision**

(signature on reverse side is required)

Appeal by: ☐ Claimant ☐ Employer ☐ Department of Unemployment Assistance (DUA)

Claimant's Name: _____
(print)

Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone No.: () _____ Claimant ID: _____

Email address: _____

Employer's Name: _____
(print)

Address: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone No.: () _____ DUA Employer ID#: _____

Email address: _____

I appeal a DUA Hearings Department decision, Issue ID # _____, issued on _____
(date)

I believe the decision was incorrectly decided for the following reasons:
(If you wish to submit your reasons separately, or if you wish to submit documents that are relevant to your appeal, please include your Issue ID# on all additional documents.)



If you did not participate in the hearing, please tell us the reasons why:

Are you prepared to attend a re-hearing, if so ordered by the Board?

I affirm under the penalties of perjury that the information contained within this Appeal to the Board of Review is true and complete to the best of my knowledge and belief, and that the factual representations and legal arguments upon which this appeal is based have been advanced in good faith.

(appealing party/attorney/agent)

(date)

If you are an attorney or agent submitting this appeal on behalf of a party, please provide the following information: _____

Name of Attorney or Agent: _____
(print)

Address: _____

City or Town: () _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____

Email address: _____

For Office Use Only

Hearing decision mail date: _____

Date of Application for Review: _____

Application for Review received by: _____
(full name of DUA representative)

Appeal received at:

☐ **Hearings Department**

☐ **Board of Review**

☐ **Other (specify name of dept.)** _____

☐ **By mail**

☐ **By fax**

☐ **By hand**