<<[data.getMailedDate()]>>

<<[data.getFirstName()]>> <<[data.getLastName()]>>

<<[data.getAddressLine1()]>> <<[data.getAddressLine2()]>>

<<[data.getCity()]>>, <<[data.getState()]>> <<[data.getZip()]>>

Application ID: <<[data.getApplicationId()]>>

Please complete this form in detail. Complete information must be submitted within 7 days of the date of this notice. A determination will be issued after that date. Failure to answer any questions will result in a determination being made based on the available facts. Additional information may be attached to this document. Respond to:

Arkansas Division of Workforce Services

ATTN: Internal Audit Fraud Investigation Unit – <<[data.getInvestigatorInitials()]>>

PO Box 2981

Little Rock, AR 72203

**Information received by the Division of Workforce Services indicates that the application referenced above may not have been filed by the individual listed on the claim or that subsequent activity was initiated by someone other than the individual listed on the claim.**

1. Did you file the unemployment application listed above? Yes No
   1. If no, did you grant permission to someone else to file on your behalf? Yes No
      1. If yes, to whom did you grant permission to file the initial application? Please explain the circumstances.

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* + 1. If no, have you filed a police report for possible identity theft fraud? Yes No
       1. If yes, please submit a copy of the police report for our records.
  1. If yes, did you share your login information with anyone else? Yes No
     1. If yes, with whom did you share your login information? Please explain the circumstances.

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* + 1. If no, are you aware of anyone who would have access to your personal information? Yes No
       1. If yes, who would have access to your personal information? Please explain the circumstances. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. If you did not file the unemployment claim referenced above, how were you alerted that the claim had been filed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you received any payments as a result of the unemployment claim referenced above? Yes No
3. Have you had unemployment claims before this one? Yes No
4. Additional information not covered above: Yes No (Attach additional pages if needed.)

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\*I certify, to the best of my knowledge, the information above is accurate. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date