<<[data.getMailedDate()]>>

**NOTICE OF AGENCY DETERMINATION**

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

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

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

Benefit Year/Quarter: <<[data.getBenefitYear()]>>/<<[data.getQuarter()]>>

**FINDING OF FACTS:** <<[data.getFactFindingSummary()]>>

**DECISION:** Disqualified beginning <<[data.getDisqualificationStartDate()]>>

**PERIOD OF DISQUALIFICATION:** <<[data.getDisqualificationPeriod()]>>

**LAW:** ACA §11-10-519 (a)(2) provides that an individual shall be disqualified from receiving benefits if he or she willfully makes a false statement, misrepresents a material fact, or willfully fails to disclose a material fact in obtaining or attempting to obtain any benefits for any continued week claimed. He or she shall be disqualified from the effective date of the disqualification and for an additional thirteen (13) weeks of unemployment, as defined in §11-10-512, and which shall commence with Sunday of the first week with respect to which a claim is filed commencing with the week of delivery or mailing of the determination of disqualification under this section. In addition to the thirteen (13) weeks of disqualification, a disqualification of three (3) weeks shall be imposed for each week of failure or falsification.

ACA §11-10-519(a)(3)(B) provides in part that an individual who is issued a fraud determination and on or after October 1, 2019 was determined to have been overpaid benefits shall not be eligible to receive any future benefits until the entire fraud overpayment balance is repaid in full, including the benefit amount, penalties, interest and costs.

**APPEAL RIGHTS:** ACA §11-10-524(a) provides that a party entitled to this notice may file an appeal within twenty (20) calendar days after the mailing of the notice to his last known address. An appeal may be filed by either completing a written appeal form (which may be obtained from any Arkansas Workforce Center) or at http://dws.arkansas.gov/src/files/ARK-AT-213\_PETITION\_FOR\_APPEAL\_L-static.pdf or by writing to the Arkansas Appeal Tribunal, PO Box 8013, Little Rock, AR 72203. Please attach a copy of this form to the appeal letter and continue to file weekly claims to protect your benefit rights. All correspondence relating to an appeal should include the claimant’s Social Security Number. More information regarding the unemployment insurance program may be found in the handbook at [www.dws.arkansas.gov](http://www.dws.arkansas.gov) or your local Arkansas Workforce Center.