District of Columbia Government

Department of Employment Services

Office of Unemployment Compensation – Benefits Unit
4058 Minnesota Ave, N.E. - Washington, D.C. 20019
Telephone: (202) 724-7000; TTD (202) 546-8476

Claimant:

Nicholos Palmer 3714 Groometown Rd Apt H Greensboro, NC 27407-7427 Claimant/Job Seeker: Nicholos Palmer Claimant SSN: XXX-XX-6642 Claimant ID Number: 0000840324

Claim Effective Date (BYB): 10/06/2024

Claim Ending Date (BYE): 10/04/2025 Staff ID: 888587

DETERMINATION BY CLAIMS EXAMINER

Determination Date: 10/30/2024

Dear Nicholos Palmer:

We have completed a review and investigation of your claim for unemployment benefits referenced above. We have determined that you failed to respond to this agency to provide information as instructed.

Information provided to agency

In order to qualify for unemployment benefits under Unemployment Insurance and Department of Employment Services (DOES) law, you MUST comply with all eligibility requirements, including participation in re-employment-directed activities. The information we have indicates that you do NOT meet Unemployment Insurance and Department of Employment Services (DOES) law requirements for receipt of benefits. This means that **you do NOT qualify for unemployment benefits**. This disqualification is effective **10/27/2024** to **10/04/2025**.

Please see the following pages for appeal rights and the full text of the applicable law, District of Columbia Unemployment Compensation Act, Title 51-109(1).

4058 Minnesota Ave, N.E. • Washington, D.C. 20019 • Office: 202.724.7000

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APPEAL RIGHTS

You may appeal this determination by requesting a hearing with the Office of Administrative Hearings either by mail, in person, by email or by fax. The appropriate form to file a hearing request is available at the Office of Administrative Hearings or at www.oah.dc.gov. A hearing request may not be mailed to or filed with an American Job Center or any other entity of the Department of Employment Services. All requests must be accompanied by a copy of the determination that you wish to appeal. Any appeal submitted by fax may be faxed to: (202) 442-4789.

Any appeal submitted by mail or in person may be mailed or brought to:

Office of Administrative Hearings

One Judiciary Square

441 Fourth Street NW, Suite 450 North

Washington, DC 20001-2714

Your hearing request must be received by the Office of Administrative Hearings within fifteen (15) calendar days of the mailing date of this notice. If the deadline falls on a Saturday, Sunday, or legal holiday, it is extended to the next business day. Failure to file a hearing request or to adhere to these instructions within the deadline subjects your appeal to dismissal.

For further information concerning an appeal at the Office of Administrative Hearings, you may call (202) 442-9094.

Certificate of Service

I certify that this document was mailed to the claimant and above-named employer, if applicable, on 10/30/2024.

Staff ID: 888587

Pursuant to DC Code § 51-111(k)(2), all correspondence, notices, determinations, or decisions issued by the Director may be signed by an electronic signature that complies with the requirements D.C. Code § 28-4917 and Mayor's Order 2009-118, issued June 25, 2009. The unique number in the signature line is the claims examiner's electronic signature. It is the attestation of and to all statements in the determination.

ADDITIONAL INFORMATION

If you decide to appeal, you should continue to certify for weekly unemployment benefits until the Judge's appeal decision is made. Remember: If you return to work but you're not working full time, be sure to report your earnings each week when you file for benefits. For more information on filing, refer to the Benefits Rights Information document available on our website, https://www.dcnetworks.org.

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UNEMPLOYMENT INSURANCE AND DEPARTMENT OF EMPLOYMENT SERVICES (DOES) **LAW**

District of Columbia Unemployment Compensation Act, Title 51-109(1)

The District of Columbia Unemployment Compensation Act, Title 51-109(1), provides that an unemployed individual shall report as directed in order to be eligible for unemployment insurance benefits.



DISTRICT OF COLUMBIA OFFICE OF ADMINISTRATIVE HEARINGS

441 4TH STREET, NW, SUITE 450 NORTH WASHINGTON, DC 20001-2714



Tel: (202) 442-9094 Fax: (202) 442-4789 Email: oah.filing@dc.gov eFiling: https://ecourt.oah.dc.gov/public-portal/

Unemployment Benefits Appeal Form

Use this form to request a hearing before an Administrative Law Judge if you want to appeal a decision by the Department of Employment Services (DOES) concerning unemployment benefits. Please read the following instructions. Additional filing instructions are included on a separate page. For more information and help, call the Office of Administrative Hearings at (202) 442-9094.

- 1. Please submit with this form a copy of the Claims Examiner's Determination or other DOES decision you are appealing. You may submit this form first, but we cannot schedule a hearing or proceed with your case until you submit a copy of the DOES decision you are appealing.
- 2. If you are the <u>Claimant</u>, you must continue to file claim forms with DOES, even while your appeal is pending in the Office of Administrative Hearings. Claimants who do not file claim forms as instructed by DOES may lose benefits.
- 3. Save the envelope in which you received the DOES decision you are appealing, and bring the envelope to the hearing. It may help show that you filed your appeal on time.

Section 1 – Contact Information

| Print Your Name: | Your Mailing Address: | |
|--------------------------------------------------|---------------------------------|---------|
| | | |
| Your Telephone: | | |
| | | |
| Your Email Address (if any): | Your Ward (if you know): | |
| | | |
| ☐ I consent to receive documents by email only | | |
| If you have a representative for this case: | | |
| ☐ Non-Attorney Representative (as allowed by Oa | AH Rule 2835) ☐ Attorney | |
| Representative Name: | Representative Telephone: | |
| | | |
| Representative Email Address: | Representative Mailing Address: | |
| - | - | |
| ☐ Consents to receive documents by email only | | |
| | | |
| I am (or I am completing this form on behalf of) | the (check one): | |
| \Box Claimant for unemployment benefits. | | |
| □ Employer. | ſ | EXHIBIT |
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| Section 2 – <u>Claimant</u> Information (leave this section <u>blank</u> if you are the <u>Employer</u>) |
|--------------------------------------------------------------------------------------------------------------|
| Social Security Number (last four digits): XXX-XX |
| Are you self-employed ? \square YES \square NO |
| Did you most recently work for the D.C. Government ? \square YES \square NO |
| Did you most recently work for the Federal Government ? \square YES \square NO |
| If YES to either, what agency, department, or office did you work for? |
| In addition to the attorneys listed in the attached documents, law students may be available to provide free |
| legal assistance to claimants in DOES cases. Would you like us to share your contact information with |
| a law school clinic for the purpose of representing you in your case? \Box YES \Box NO |
| Section 3 – Why do you need a hearing? |
| In the space below, briefly describe your reason for filing an appeal. |
| |
| |
| |
| |
| Section 5 – Language Access |
| Do you need OAH to provide an interpreter to help you participate in the hearing? |
| □ YES □ NO |
| If YES, what language do you need? |
| Section 6 – Reasonable Accommodation |
| Do you need a reasonable accommodation to help you participate in the hearing? |
| □ YES □ NO |
| If YES, please explain: |
| Section 7 – Who Prepared the Hearing Request? |
| Signature Print Name Date |
| Email, telephone, mailing address of person who prepared hearing request (if not printed on first page): |
| |
| |

OAH Form UI-001 Last Revised: 09/20/2022

Additional Filing Instructions

<u>Where to File</u>: You MUST file your appeal with the <u>Office of Administrative Hearings (OAH)</u>. OAH is not part of the Department of Employment Services (DOES). You cannot file your appeal at a DOES One-Stop Center or any other DOES office.

You may file an appeal in person, by mail, by fax, by email, or through the OAH E-Filing Portal. For OAH to schedule a hearing or proceed with your case, you must include with the appeal form a copy of the DOES Claims Examiner's Determination or other DOES decision you are appealing.

By Mail or **In Person**. Send your appeal form and copy of the DOES decision by mail or deliver the papers in person to the following address:

Office of Administrative Hearings One Judiciary Square 441 Fourth Street, NW, Suite 450 North Washington, DC 20001-2714

If you plan to visit in person, please call OAH at (202) 442-9094 or go to the OAH website (www.oah.dc.gov) for current operating status and hours.

By Fax. Send your appeal form and copy of the DOES decision by fax to **(202) 442-4789**. Faxes received after 5:00 p.m. or on any non-business day are considered "filed" on the next business day. An appeal sent by fax will not be filed unless it is complete and legible when received.

By Email. Send your appeal form and copy of the DOES decision by email to **oah.filing@dc.gov**. The documents must be attached to the email in **PDF format**. Emails received after 5:00 p.m. or on any non-business day are considered "filed" on the next business day.

E-Filing Portal: Visit the E-Filing Portal homepage, available from the OAH website (www.oah.dc.gov), and follow the instructions to create an account and file your appeal.

<u>Appeal Deadline:</u> Your appeal must be either postmarked by the U.S. Postal Service (not a private postage meter) or actually received by OAH within **fifteen (15)** calendar days of the date DOES mailed the Claims Examiner's Determination to you. The date of mailing is usually stated on the Claims Examiner's Determination. The deadline runs from the date DOES mailed the Determination to you, not from the date you received it. If the Claims Examiner's Determination was NOT mailed to you, or if was not mailed to your correct address, you must file within **fifteen (15)** calendar days of actual delivery of the Claims Examiner's Determination.

If the 15-calendar-day filing deadline falls on a Saturday, Sunday or a legal holiday, the deadline is extended to the next business day.

The appeal deadline may be extended if an administrative law judge finds "good cause" or "excusable neglect" for a delay. The person filing the appeal bears the burden of proving at the hearing that there was a good reason for the delay. If you file an appeal late without a good reason, your case may be dismissed.

No one is authorized to give you different instructions about the deadline.

OAH Rules: You can find the OAH Rules of Procedure at www.oah.dc.gov or at the OAH Resource Center.

For further information about this document or filing an appeal, please call OAH at (202) 442-9094 or visit the OAH website at www.oah.dc.gov.