

**UNEMPLOYMENT COMPENSATION REVIEW COMMISSION  
FILE/TAPE COPY REQUEST FORM**

You may request a copy of the Ohio Department of Job and Family Services' (ODJFS) Director's file and the Unemployment Compensation Review Commission's file. **TO INSURE TIMELY PROCESSING, ANY REQUEST FOR COPIES SHOULD BE MADE AS SOON OR NO LATER THAN TEN (10) DAYS FROM THE DATE OF MAILING OF THIS NOTICE.**

Requests made after ten (10) days will ONLY be processed if the copies can be made without causing a delay to the scheduled hearing.  
**TO REQUEST COPIES OF FILES**

**PLACE AN (X) IN THE BOX FOR THE TYPE OF COPY YOU ARE REQUESTING.**

All copies of the Director's file will be sent electronically unless an electronic file does not exist or you make a specific request for a hard copy file. There is no charge for an electronic file copy. Your e-mail address must be provided below.

**I request an electronic copy of the Director's File - No Charge.**

Please include the information that appears below in "INFORMATION REQUIRED FOR ALL REQUESTS" in your e-mail.

Send an e-mail request to: [filecopy@jfs.ohio.gov](mailto:filecopy@jfs.ohio.gov)

*Do not return this form if you are e-mailing your request.*

Fax request to: 614-387-3694

**I request a hard copy of the Director's File. I am enclosing a check or money order for \$5.85 payable to ODJFS.**

Mail request to: Unemployment Compensation Review Commission  
P O Box 182299  
Columbus, OH 43218-2299

**TO REQUEST COPIES OF HEARING TAPE**

**YES, I have had a hearing before the Unemployment Compensation Review Commission.**

I request a copy of the hearing. Please provide copy on audio tape \_\_\_\_\_, or CD \_\_\_\_\_. Find enclosed my check for \$15.00 payable to the ODJFS.

NO, I have not had a hearing before the Unemployment Compensation Review Commission.

IF you answered YES, you may request a copy of the hearing tape at this time. IF you answered NO, you may request a copy of the hearing tape ONLY after the hearing has been held before the Unemployment Compensation Review Commission. You would make your request by mailing this form, checking the YES box and enclosing a check or money order for **\$15.00** payable to the **ODJFS**.

**INFORMATION REQUIRED FOR ALL REQUESTS**

Please complete the following information and submit with your payment.

<b>NAME OF CLAIMANT:</b>	
<b>SOCIAL SECURITY NUMBER OF CLAIMANT:</b>	<b>DOCKET NUMBER (TOP RIGHT HAND CORNER OF ATTACHED NOTICE):</b>
<b>NAME OF REQUESTING PARTY:</b>	<b>Telephone Number:</b> (     )
<b>PLACE AN (X) BY YOUR RELATIONSHIP TO THIS CASE</b>	
<input type="checkbox"/> <b>EMPLOYER</b>	<input type="checkbox"/> <b>EMPLOYER'S REPRESENTATIVE</b>
<input type="checkbox"/> <b>CLAIMANT</b>	<input type="checkbox"/> <b>CLAIMANT'S REPRESENTATIVE</b>
<input type="checkbox"/> <b>OTHER (SPECIFY)</b>	
<b>ADDRESS WHERE COPIES ARE TO BE SENT:</b>	
1. <b>E-mail address for electronic file copies</b>	
_____	
2. <b>Mailing address for paper copies and/or copies of hearing tapes</b>	
_____	
_____	
_____	