

**INFORMATION AND DECLARATION FOR COMPLAINT REGARDING LOUISIANA
WORKFORCE COMMISSION CLAIM(S) FOR UNEMPLOYMENT BENEFITS**

Name:

Louisiana Workforce Commission Claimant ID Number:

Email address where you may be contacted regarding your claim:

Telephone Number:

Mailing address:

Emergency Contact Name and Telephone Number:

Have you submitted a claim for unemployment benefits with the Louisiana Workforce Commission since March 13, 2020?

Please state the date you submitted your claim for unemployment benefits:

Please explain the facts giving rise to your claim for unemployment benefits (your previous employer/self-employment, job title and description; circumstances leading to your unemployment):

To the best of your understanding, are you owed benefits that have not been paid? Please explain, including the time period for which benefits are owed; whether you received any notification from the Workforce Commission as to why payments have been withheld; and whether you complied with all requests from the Louisiana Workforce Commission for any additional information.

Please state whether you have submitted any appeal(s) of any decision(s) by the Louisiana Workforce Commission; if you have, please state the date you submitted an appeal, and whether your appeal was resolved?

What is your understanding of the current status of your claim?

Describe any attempts you have made to contact the Louisiana Workforce Commission to address issues.

Please provide any other information that you think is important to your case.

AUTHORIZATION FOR RELEASE OF PROTECTED/CONFIDENTIAL INFORMATION:

By my signature to this form, I am allowing access to all information in my file with the Louisiana Workforce Commission, and formally consenting to release of any and all information which the Louisiana Workforce Commission may have in its records for me, which is otherwise protected by law and/or classified as confidential,, to: WENDY MANARD AND ELLYN CLEVINGER, Manard Law Firm, 1100 Poydras Street, New Orleans, Louisiana 70163. Lawyers will keep this information private; will not disclose my private or confidential information outside of this litigation process; and will ensure that any private or confidential information viewable by any other party(ies) to this suit will be subject to a protective order entered by the Court. Any information filed into the record in this case will either have any of my private or confidential identifying information redacted, or will be filed under seal. This authorization and release will expire one year after the date of my signature below.

I, the undersigned, acknowledge that I am typing my name as an electronic signature, and that it has the same effect as though I had handwritten my signature below, and do hereby declare, under penalty of perjury, that I am the person identified hereinabove; and that all information and statement(s) of fact contained herein is/are true and correct, to the best of my knowledge, information, and belief.

Done and signed on _____, 2021, in the Parish/County of _____, State of _____.

_____(Signature)