



State of Utah
Department of Workforce Services
Appeals Unit

**PETITION FOR APPROVAL OF CLAIMANT'S NON-ATTORNEY
REPRESENTATION FEE**

Claimant's Name: _____ Claimant's SS Number: _____
Date(s) of Hearing: _____ Appeal Case Number: _____
Date Retained: _____ Date Representation Ended: _____
Total Amount of Expenses/Fees PAID by Claimant to date: \$ _____
Total Fee (including any pre-paid amount) Requested: \$ _____

DATE	ITEMIZED SERVICE (i.e. research, preparation of appeal, attendance at hearing)	ACTUAL TIME REQUIRED

I certify that the above information and the information provided in response to the questions on the **second and third pages of this form** is true and correct to the best of my knowledge.

Printed Name of Representative

Representative's email address

Signature of Representative

Street Address or P.O. Box

Representative Telephone Number

City, State, Zip Code

Make sure all pages of this form are completed and provided to the administrative law judge. **Return the completed form to the Appeals Unit by mailing it to PO Box 45244, Salt Lake City, UT 84145-0244, by FAX to 801-526-9242, or by email to dwsappeals@utah.gov.** Department rule R-994-508-202 requires that prior to the administrative law judge approving the fee, a copy of this petition must be mailed to the claimant and the claimant is allowed ten days from the date of mailing to object to the fee.

The approval or disapproval of a fee rests solely with the administrative law judge. Department rule R994-508-201(2) generally prohibits the approval of fees in excess of 25% of the Claimant's maximum unemployment entitlement. The fee decision will become final unless within ten days from the date of issuance of the approved fee letter, further written appeal is made to the Appeals Board, P.O. Box 45244, Salt Lake City, UT 84145-0244, setting forth grounds upon which the appeal of the fee is made.

Section 35A-4-103(3) . . . Any individual claiming benefits in any proceeding before the department or its representatives or a court may be represented by counsel or any other duly authorized agent; but no counsel or agent shall either charge or receive for his services more than an amount approved by the department. Any person who violates any provision of this subsection shall, for each offense, be fined not less than \$50 nor more than \$500 or imprisoned for not more than six months, or both.

Before the petition for fees will be considered, the following questions must be answered:

1. In your opinion, why was representation advisable or necessary at the hearing: (Include, e.g., any complexity or novelty of facts or issues.)

2. Was the alternative of self-representation explained to the Claimant?

Why was this option rejected?

3. What fee, if any, was agreed to for your services?

4. On what basis was the agreed fee, if any, calculated?

5. What fee is customarily charged in your locality for representation and what is the basis for that fee?

6. What is the amount and nature of your experience:

In unemployment insurance appeals?

In other administrative appeals?

7. Is the fee sought reasonable and equitable given the Claimant's circumstances and, if so, why?

Equal Opportunity Employer Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individuals with speech and/or hearing impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.