

# RESPONSE TO ORDER FOR MORE DEFINITE STATEMENT

DOCKET NO. \_\_\_\_\_

Attorney / Rep. Name  
Business Name  
Address  
City, State, ZIP  
Telephone/Fax

Responding Party is:

Claimant     Employer     Department of Labor     Other:

**In the space provided below, briefly describe the reason for your appeal (You may attach additional documents to this form):**

**Please Sign and Date Here:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DO NOT ENTER INFORMATION BELOW:**

**FOR TRIBUNAL USE ONLY**

Date Appeal was Filed:

Number of Days Late:

Date Show Cause Ordered:

Date Show Cause was Mailed:

Is Request Timely?

Yes     No

(Affix Date Stamp Here)

Request is  GRANTED

Request is  DENIED

Not filed within 10-day reconsideration period     Good cause not provided  
 Other:

**Administrative Law Judge:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date