MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

UNEMPLOYMENT CLAIM REQUEST FOR ASSISTANCE

FAX COMPLETED FORM TO:
573-751-9732

Name *(First, Last)*			Last Four Digits of Social Security Number XXX-XX-
Address *(Street Address, Apartment/Unit #)*	City	State	ZIP
Date of Birth	E-mail Address		
Primary Phone ( )	Alternate Phone ( )		

Problem or Concern

☐ I need to change my address

Old address: _____

New address: _____

☐ I need to change my Unemployment Insurance Personal Identification Number (PIN)

☐ I need assistance with my TRA claim

☐ I have a Debit Card question that cannot be answered by the Debit Card Company (888-775-3445)

☐ I have tried to use the automated system to get answers to my questions
Phone toll free 800-320-2519 or local calling numbers:
Jefferson City: 573-751-9040 Kansas City: 816-889-3101
Springfield: 417-895-6851 St. Louis: 314-340-4950

☐ I have tried to use the Internet at http://www.moclaim.mo.gov to get answers to my questions

Please provide a brief explanation of the matter for which you require assistance.
(Use the reverse side of this form or attach a separate piece of paper if additional space is needed.)

_____
_____
_____
_____
_____
_____
_____

Claimant's Signature	Date and Time

OFFICE USE ONLY

Name of State Employee Completing Form	Phone Number	Department Name and ID

Allow 48 hours for a representative to contact you. You do not need to continue to contact a Regional Claims Center once this form is submitted.

***IMPORTANT**: If needed, call 573-751-9040 for assistance in the translation and understanding of the information in this document.*

***¡IMPORTANTE!**: Si es necesario, llame el 573-751-9040 para asistencia en la traducción y entendimiento de la información en este documento.*

Missouri Division of Employment Security is an equal opportunity employer/program
Auxiliary aids and services are available upon request to individuals with disabilities.