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Client Name
Street Address
City, AZ zip code
Email address

**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
OFFICE OF APPEALS**

In the Matter of:

Case Number:

CLIENT NAME,

Appellant, Pro Se

**APPELLANT'S LIST OF
WITNESSES AND EXHIBITS**

Vs.
Arizona Rehabilitation Services
Administration

1. Appellant intends to call the following witnesses:

2. Appellant intends to introduce the following exhibits:

A-1:

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Respectfully submitted this day of , 2020.

By: _____
Client Name

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ORIGINAL of the foregoing e-filed
on with:

Arizona Department of Economic Security
Appellate Services Administration
Office of Appeals
1951 W. Camelback, Suite 360
Phoenix, AZ 85015
orig.pa.appeals@azdes.gov

COPIES of the foregoing emailed
on to:

Assistant Attorney General
2005 N. Central Avenue
Phoenix, AZ 85004
DESRMAIL@AZAG.GOV
Attorney for Respondent