

**Sample Summons & Complaint Forms
For Claimants (Employees) Denied Unemployment Benefits**

DISCLAIMER: The following forms are intended solely as a guideline for those appealing decisions of the Labor and Industry Review Commission to the circuit court. It is not meant to be legal advice, nor is it legal advice in any fashion. The following forms do not in any way remove from the individual the responsibility to research and comply with all applicable statutory requirements for the filing and processing of an appeal of a commission decision with the circuit court. For legal advice, you may want to contact an attorney.

STATE OF WISCONSIN CIRCUIT COURT _____ COUNTY
BRANCH _____ (*County Name*)
(Court Will Assign)

_____, Plaintiff
(Employee's Name)

SUMMONS

(Employee's Address)

Case No. _____
(Court Will Assign)

#30607 – Administrative Agency
Review

vs.

Labor and Industry Review Commission,
3319 West Beltline Highway
P. O. Box 8126
Madison WI 53708-8126 ,

Department of Workforce Development
UI Division Bureau of Legal Affairs
201 East Washington Avenue
P.O. Box 8942
Madison WI 53708-8942,

and

_____, Defendants.

*(If an employer was named in the caption of LIRC's
decision, it must be made a defendant - write its name here)*

(Address of any employer named above)

THE STATE OF WISCONSIN
To each person named above as a defendant:

You are hereby notified that the plaintiff named above has filed a lawsuit or
other legal action against you. The complaint, which is attached, states the nature

and basis of the legal action.

Within twenty (20) days of the date the commission received this summons, you must respond with a written answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the complaint. The court may reject or disregard an answer that does not follow the requirements of the statutes. The answer must be sent or delivered to the court, whose address is _____,
(Court's Address)
and to the plaintiff named above, whose address is _____
(Plaintiff's Address)
_____.

You may have an attorney help or represent you.

If you do not provide a proper answer within twenty (20) days, the court may grant judgment against you for the award of money or other legal action requested in the complaint, and you may lose your right to object to anything that is or may be incorrect in the complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of property.

Dated _____.
(Write the Date on Which You are Signing this Summons)

Signature of Plaintiff: _____
(Must be Signed by Plaintiff or Plaintiff's Attorney)

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH _____

(Court Will Assign)

_____ COUNTY
(County Name)

_____, **Plaintiff**
(Employee's Name)

COMPLAINT

(Employee's Address)

Case No. _____
(Court Will Assign)

#30607 – Administrative Agency
Review

vs.

Labor and Industry Review Commission,
3319 West Beltline Highway
P. O. Box 8126
Madison WI 53708-8126,

Department of Workforce Development
UI Division Bureau of Legal Affairs
201 East Washington Avenue
P.O. Box 8942
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and

_____, **Defendants.**

*(If an employer was named in the caption of LIRC's
decision, it must be made a defendant - write its name here)*

(Address of any employer named above)

The above named plaintiff, for his/her cause of action against the above
named defendants respectfully shows to the court that:

1. The plaintiff is a/an _____ and resides at
(Here Write Your Occupation)

(Here Write Your Address)

2. The _____ formerly employed the plaintiff,
(Here Name the Employer)
and the employer's address is _____
(Here Write the Employer's Address)

3. The Department of Workforce Development (department) is an administrative agency of the State of Wisconsin that is required to be made a party to this proceeding by Wis. Stat. § 108.09(7)(a).

4. The Labor and Industry Review Commission is an independent, higher authority administrative agency of the State of Wisconsin responsible for deciding disputed claims for unemployment insurance, with final review authority over disputed department decisions.

5. On _____, in a proceeding under ch. 108, Stats.,
(Insert Date of the Commission's Decision)
the Wisconsin Unemployment Insurance law, the Labor and Industry Review Commission made certain findings and, based upon such findings, made and entered its decision denying unemployment benefits.

6. Plaintiff is aggrieved by reason of said findings and decision, and brings this action for a review of said findings and decision, upon the grounds that the commission's decision was erroneous, in the following respects:

(Explain Basis for the Appeal)

Wherefore, plaintiff demands judgment that the findings and decision complained of be set aside, and for such other or further judgment, order or relief as the circumstances may warrant.

Dated: _____
(Write the Date on Which You are Signing this Complaint)

Signature of Plaintiff: _____
(Must be Signed by Plaintiff or Plaintiff's Attorney)