

Phone:

Fax:

Plaintiff Name:
Defendant Name:
Docket Number:
PACSES Case Number:
Other State ID Number:

Please note: All correspondence must include the PACSES Case Number.

Job Search Employment Form

Date	Name and Address of Company	Person Talked To	Result	Phone

I certify that the information on this form and any attachments is true and correct:

Signature

Date



Service Type

Form EN-020 07/15
Worker ID

