



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.mocclaim.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.)

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Claimant's Signature	Date and Time
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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.*