

EXH. E  
22 OF 42



CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD  
P O Box 944275  
SACRAMENTO CA 94244-2750

GEARY J JOHNSON  
Claimant-Appellant

Case No.: **AO-448271 (PUA)**

OA Decision No.: 6688874

EDD: 1800

## DECISION

Attached is the Appeals Board decision in the above-captioned case issued by Board Panel members:

**MIKE ENG**

**LAURA KENT-MONNING**

This is the final decision by the Appeals Board. The Appeals Board has no authority to reconsider this decision. If you disagree with the decision, please refer to the information attachment which outlines your rights.

GEARY J JOHNSON  
1522 HI POINT STREET, APT 9  
LOS ANGELES, CA 90035-3941

Date Mailed: 4/16/2021

*EXH. E*  
*23 of 42*

**Case No.: AO-448271**  
**Claimant: GEARY J JOHNSON**

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The claimant appealed from that portion of the decision of the administrative law judge that held the claimant was not eligible for Pandemic Unemployment Assistance (PUA) under the Coronavirus Aid, Relief, and Economic Security Act (CARES), Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 20, section 625.5(c).

We have carefully and independently reviewed the record in this case, and have considered the contentions raised on appeal. We find no material errors in the issue statement or in the findings of fact as they relate to the issue before us. The reasons for decision properly apply the law to the facts as they relate to the issue before us. Therefore, we adopt the appealed portions of the issue statement, the findings of fact and the reasons for decision as our own.

The claimant alleges that he did not receive a fair hearing in this matter because the administrative law judge acted in arbitrary, capricious, unjust, corrupt and unethical manner. We find that the requirements of due process were met and the parties were given an adequate opportunity to present relevant evidence, question and impeach witnesses, and rebut evidence. (California Code of Regulations, title 22, section 5062.) Reviewing the entire record, we conclude that the parties had a fair hearing.

On appeal, the claimant contends that the administrative law judge did not apply the law correctly. The claimant asserts that we should adopt his interpretation of the law. Based on our review of the record, we find that the administrative law judge correctly applied the law to the facts in this matter. We concur with the conclusions reached.

We cannot say, after carefully studying the record in this case, that the findings of the administrative law judge are against the weight of the evidence. Therefore, the findings will not be disturbed on appeal. (Precedent Decisions P-B-10 and P-T-13.)

The decision of the administrative law judge is affirmed. Benefits are denied as provided above. The claimant is not eligible for Pandemic Unemployment Assistance under the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 20, section 625.5(c).

## FURTHER APPEAL INFORMATION

The Appeals Board's decision is final and can be changed only by action of a judicial court. (Unemployment Insurance Code section 410.) The Appeals Board cannot reconsider or set aside the enclosed decision. (37 Ops.Cal.Atty.Gen.133.)

If you wish to appeal the enclosed decision, you may seek review in Superior Court by filing a **Petition for Writ of Mandate** against the California Unemployment Insurance Appeals Board (Appeals Board) pursuant to section 1094.5 of the Code of Civil Procedure.

The Appeals Board does not process petitions for court review. **You must file such petitions directly with the Superior Court not later than six (6) months after the date of the decision of the Appeals Board. You must also serve a copy of the Petition for Writ of Mandate on the Appeals Board** at its headquarters, 2400 Venture Oaks Way, Suite 100, Sacramento, California 95833. Service of the Petition must comply with legal requirements set forth in the Code of Civil Procedure, sections 414 to 415.95.

The Appeals Board does not pay benefits, handle claims or claim forms, or collect overpayments. If you have questions about these matters, you must contact the Employment Development Department (EDD), not the Appeals Board. It is important that you notify the appropriate EDD office of any change in your address. You may contact EDD at (800) 300-5616 for further information.

If you are a claimant, you are reminded to continue to file weekly claim forms with the EDD while seeking a Petition for Writ of Mandate. If you prevail in court, you will only be paid for those weeks in which you file weekly claim forms and meet other eligibility requirements.

## INFORMACIÓN ADICIONAL PARA LA APELACIÓN

La decisión de la Junta de Apelaciones es definitiva y sólo puede ser modificada por acción de la corte judicial. (Código del Seguro de Desempleo artículo 410). La Junta de Apelaciones no puede reconsiderar ni anular la decisión adjunta. (37 Ops.Cal.Atty.Gen.133.)

Si usted desea apelar la decisión aquí adjunta, usted puede solicitar una revisión en el Tribunal Superior mediante una **Petición de Reviso de Mandato** contra la Junta de Apelaciones Del Seguro del Desempleo de California (Junta de Apelaciones) conforme al artículo 1094.5 del Código de Procedimiento Civil.

La Junta de Apelaciones no procesa las peticiones para revisión del tribunal. **Usted debe presentar dicha petición directamente con el Tribunal Superior no más tarde de seis (6) meses después de la fecha de la decisión de la Junta de Apelaciones. Usted también debe enviar una copia de la Petición de Reviso de Mandato a la Junta de Apelaciones** a su oficina central al domicilio 2400 Venture Oaks Way, Suite 100 Sacramento, California 95833. El servicio de la Petición debe cumplir con los requisitos legales establecidos en el Código de Procedimiento Civil, artículos 414 a 415.95

La Junta de Apelaciones no paga beneficios, no maneja solicitud de beneficios o formularios de solicitud de beneficios, ni cobra pagos de beneficios hechos en exceso. Si tiene preguntas sobre estos asuntos, usted debe comunicarse con el Departamento del Desarrollo del Empleo (EDD), no con la Junta de Apelaciones. Es importante que usted se comunique con la oficina apropiada del EDD para informarle de cualquier cambio en su dirección. Comunicándose al (800) 300-5616 para obtener más información.

Si usted es el solicitante de beneficios, se le recuerda que debe continuar presentando formularios de solicitud de beneficios semanales con el EDD mientras solicita la Petición para revisar el Mandato. Si usted prevalece o gana en el tribunal, sólo se le pagará por las semanas en las que presentó los formularios de solicitud de beneficios semanal y que reúne otros requisitos de elegibilidad.

Case No. **AO-448271 (PUA)**

P O Box 944275  
SACRAMENTO, CA 94244-2750  
Telephone: (916) 263-6619  
Fax: (916) 263-6836

**DECISIONS SENT TO**

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GEARY J JOHNSON  
1522 HI POINT STREET, APT 9  
LOS ANGELES, CA 90035-3941

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EXH E-4  
27 OF 42

CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD



INGLEWOOD OFFICE OF APPEALS  
9800 South La Cienega Blvd - Ste 901  
INGLEWOOD CA 90301

(310) 337-4302

GEARY J JOHNSON  
Claimant-Appellant

Case No. 6688874 (PUA) - Reopened  
(Formerly Case No. 6619568)

Issue(s): 2102(a)(2), 5050, 5005

Date of Application to Reinstate: 10/20/2020

EDD: 1800

Date and Place of Hearing(s):  
(1) 02/11/2021

Parties Appearing:  
Claimant

## DECISION

The decision in the above-captioned case appears on the following page(s).

The decision is final unless appealed within 30 calendar days from the date of mailing shown below. See the attached "Notice to Parties" for further information on how to file an appeal. If you are entitled to benefits and have a question regarding the payment of benefits, call EDD at 1-800-300-5616.

H. Wien, Administrative Law Judge

**FILE COPY**

Date Mailed: FEB 18 2021

EKH E-5

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**Case No.: 6688874**

**CLT/PET: Geary J. Johnson**

**Parties Appearing: Claimant**

**Parties Appearing by Written Statement: None**

**Inglewood Office of Appeals**

**ALJ: H. Wien**

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**ORDER GRANTING APPLICATION TO REINSTATE APPEAL**

The appeal was dismissed because it was withdrawn. The appellant filed an untimely application to reinstate the appeal. A hearing was held to consider the application.

On August 31, 2020, the appellant withdrew his appeal in this case. On September 14, 2020, the Decision Dismissing the Appeal Due to Withdrawal was mailed to the appellant. It stated that the appellant may apply to reinstate the appeal within 20 calendar days from the September 14, 2020 mailing date. The application to reinstate the appeal was due on Monday, October 5, 2020. The appellant filed his application to reinstate the appeal on October 20, 2020.

The appellant withdrew his appeal because he had received two notices from the Department that appeared fundamentally contradictory: a notice from the Department stating he was awarded Pandemic Unemployment Assistance (PUA), and a notice of determination stating he was ineligible for PUA. The appellant repeatedly attempted to get an explanation from the Department as to the meaning of the Department sending these contradictory notices. He withdrew his appeal because he believed it would be more efficient to get an answer from the Department on whether he was eligible for PUA or not; if the Department were to tell him that he was eligible, then he believed there would be no need to proceed with the appeal. However, after withdrawing the appeal, he still was not able to obtain a satisfactory response from the Department, so he concluded he would need to apply to reinstate the appeal even though the 20-day deadline to apply for reinstatement had passed.

California Code of Regulations, title 22, section 5050(h) provides an appeal may be reinstated upon a showing of good cause. Section 5050(e) provides the application to reinstate the appeal shall be filed within 20 days after service of the decision dismissing the appeal. Section 5005 provides the time for filing the application may be extended upon a showing of good cause.

Based on the facts stated above, the appellant has shown good cause for the untimely filing of the application to reinstate the appeal, and the appellant has shown good cause for reinstatement. The application to reinstate the appeal is granted. The decision dismissing the appeal is vacated.

## DECISION ON THE MERITS

### ISSUE STATEMENT

The claimant appealed from a determination that held the claimant was not eligible for Pandemic Unemployment Assistance under the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 22, section 625.5(c). The issue in this case is whether the claimant became unemployed, partially unemployed, or unable to or unavailable for work prior to January 27, 2020, and therefore not as a direct result of the Covid-19 pandemic health emergency.

### FINDINGS OF FACT

The department determined that the claimant was not eligible for Pandemic Unemployment Assistance under the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136 (March 27, 2020). The department then issued the adverse determination above.

The claimant last worked for wages or other compensation on December 31, 2019. Since that date, the claimant has searched for work. However, he has not received any job offer.

### REASONS FOR DECISION

The term Covid-19 means the 2019 Novel Coronavirus or 2019-nCov. (Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(1) (March 27, 2020).)

The term Covid-19 public health emergency means the public health emergency declared by the Secretary of Health and Human Services on January 27, 2020, with respect to the 2019 Novel Coronavirus. (Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020).)

A claimant is not eligible for Pandemic Unemployment Assistance if the claimant became unemployed, partially unemployed, or unable to or unavailable for work prior to January 27, 2020, and therefore not as a direct result of the Covid-19 pandemic health emergency. (Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 22, section 625.5(c).)

Unemployment is the direct result the Covid-19 public health emergency where the unemployment is an immediate result of the Covid-19 public health emergency, and not the result of a longer chain of events precipitated or exacerbated by the Covid-19 public health emergency. (Code of Federal Regulations, title 20, section 625.5(c); Unemployment Insurance Program Letter 16-20, April 5, 2020.)

In this case, the claimant last worked for wages or other compensation on December 31, 2019. Since that date, the claimant has searched for work but he has not received any job offer. The claimant's unemployment began prior to January 27, 2020 and was not the direct result of the Covid-19 pandemic health emergency. Although the law's specification of the date January 27, 2020 can yield a harsh result, the administrative law judge is required to apply the law. Accordingly, the claimant is ineligible for Pandemic Unemployment Assistance under the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 22, section 625.5(c).

#### DECISION

The determination is affirmed. The claimant is ineligible for Pandemic Unemployment Assistance under the Coronavirus Aid, Relief, and Economic Security Act, Public Law 116-136, section 2102(a)(2) (March 27, 2020) and Code of Federal Regulations, title 22, section 625.5(c). Benefits are denied.

ING:hw  
2/6

Case No. 6688874

INGLEWOOD OFFICE OF APPEALS  
9800 South La Cienega Blvd - Ste 901  
INGLEWOOD CA 90301  
Telephone: (310) 337-4302  
Fax: (310) 337-4392

**DECISIONS SENT TO**

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GEARY J JOHNSON  
1522 HI POINT ST APT 9  
LOS ANGELES, CA 90035-3941

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180 - BUENA PARK UI  
PO BOX 5007  
BUENA PARK, CA 90622-5007

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EXH E-9

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**FEE WAIVER REQUEST**

DGS ORIM 005 (Rev. 09/19)

COPY

**CLAIMANT INFORMATION**FIRST NAME  
GEARYLAST NAME  
JOHNSON

CLAIM NUMBER (IF KNOWN)

TELEPHONE NUMBER  
323-807-3099

If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance.

INMATE IDENTIFICATION NUMBER

**FINANCIAL INFORMATION**☒ I am receiving financial assistance from one or more of the following programs

- Supplemental Security Income (SSI) and State Supplemental Payments (SSP)
- California Work Opportunity and Responsibility to Kids (CalWORKS)
- CalFresh/SNAP (formerly Food Stamps)
- General Relief (GR) or General Assistance (GA)

☐ Number of household members and monthly household income are within one of the categories below.

Number of Household Members	Maximum Monthly Household Income
1	\$1,012
2	\$1,372
3	\$1,732
4	\$2,092
5	\$2,452
6	\$2,812

For each additional household member beyond 6, add \$360 to the maximum monthly household income

**CLAIMANT CERTIFICATION**

I request a waiver of the \$25 fee to file a government claim. I declare under penalty of perjury, per Penal Code Section 72, that the information provided on this application is true and correct.

Signature

Date

09/28/20

Department of General Services  
Office of Risk and Insurance Management  
Government Claims Program  
PO Box 989052, MS 414  
West Sacramento, CA 95798-9052

1-800-955-0045 - [File a Government Claim](#)EXH F  
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**CLAIMANT INFORMATION**

LAST NAME <b>JOHNSON</b>		FIRST NAME <b>GEARY</b>	MIDDLE INITIAL <b>J</b>
INMATE OR PATIENT IDENTIFICATION NUMBER (if applicable) <b>N/A</b>		BUSINESS NAME (if applicable) <b>N/A</b>	
TELEPHONE NUMBER <b>323-807-3099</b>		EMAIL ADDRESS <b>TAINMOUNT@SBCGLOBAL.NET</b>	
MAILING ADDRESS <b>1522 HI POINT ST 9</b>		CITY <b>LOS ANGELES</b>	STATE <b>CA</b>
		ZIP <b>90035</b>	
IS THE CLAIMANT UNDER 18 YEARS OF AGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		INSURED NAME (Insurance Company Subrogation) <b>N/A</b>	
IS THIS AN AMENDMENT TO A PREVIOUSLY EXISTING CLAIM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		EXISTING CLAIM NUMBER (if applicable) <b>NONE</b>	EXISTING CLAIMANT NAME (if applicable) <b>NONE</b>

**ATTORNEY OR REPRESENTATIVE INFORMATION**

LAST NAME <b>NONE</b>		FIRST NAME	MIDDLE INITIAL
TELEPHONE NUMBER		EMAIL ADDRESS	
MAILING ADDRESS		CITY	STATE
		ZIP	

**CLAIM INFORMATION**

STATE AGENCIES OR EMPLOYEES AGAINST WHOM THE CLAIM IS FILED <b>EMPLOYMENT DEVELOPMENT DEPARTMENT</b>	DATE OF INCIDENT <b>9/14/2020</b>
LATE CLAIM EXPLANATION (Required, if incident was more than six months ago)	

DOLLAR AMOUNT OF CLAIM <b>6513.00</b>	CIVIL CASE TYPE (Required, if amount is more than \$10,000) <input type="checkbox"/> Limited (\$25,000 or less) <input type="checkbox"/> Non-Limited (over \$25,000)
--	---

DOLLAR AMOUNT EXPLANATION  
**SEE ATTACHED CLAIM BALANCE FROM EDD WEBSITE**

INCIDENT LOCATION  
**1522 HI POINT ST 9 LOS ANGELES CA 90035**

SPECIFIC DAMAGE OR INJURY DESCRIPTION

**LOSS OF UNEMPLOYMENT PAYMENTS. THIS IS A CONTINUING DAMAGES CLAIM.**

CIRCUMSTANCES THAT LED TO DAMAGE OR INJURY

**EDD ONLINE PAGE SAYS NO PAYMENTS BECAUSE APPEAL IS PENDING. THE TWO APPEALS WERE**

EXPLAIN WHY YOU BELIEVE THE STATE IS RESPONSIBLE FOR THE DAMAGE OR INJURY

**SEE ATTACHMENTS**

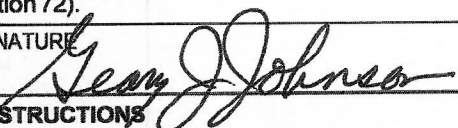
**EX# F-1**  
**35 of 42**  
Page 1 of 2

**AUTOMOBILE CLAIM INFORMATION**

DOES THE CLAIM INVOLVE A STATE VEHICLE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	VEHICLE LICENSE NUMBER(if known)	STATE DRIVER NAME (if known)
HAS A CLAIM BEEN FILED WITH YOUR INSURANCE CARRIER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	INSURANCE CARRIER NAME	INSURANCE CLAIM NUMBER
HAVE YOU RECEIVED AN INSURANCE PAYMENT FOR THIS DAMAGE OR INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AMOUNT RECEIVED (if any)	AMOUNT OF DEDUCTIBLE(if any)

**NOTICE AND SIGNATURE**

I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).

SIGNATURE 	PRINTED NAME <b>GEARY J. JOHNSON</b>	DATE <b>9/28/2020</b>
--	---	--------------------------

**INSTRUCTIONS**

- Include a check or money order for \$25, payable to the State of California.
  - \$25 filing fee is not required for amendments to existing claims.
- Confirm all sections relating to this claim are complete and the form is signed.
- Attach copies of any documentation that supports your claim. Do not submit originals.

Mail the claim form and all attachments to:  
Office of Risk and Insurance Management  
Government Claims Program  
P.O. Box 989052, MS414  
West Sacramento, CA 95798-9052

Claim forms can also be delivered to:  
Office of Risk and Insurance Management  
Government Claims Program  
707 3rd Street, 1st Floor  
West Sacramento, CA 95605  
1-800-955-0045

**Department of General Services Privacy Notice on Information Collection**

This notice is provided pursuant to the Information Practices Act of 1977, California Civil Code Sections 1798.17 & 1798.24 and the Federal Privacy Act (Public Law 93-579).

The Department of General Services (DGS), Office of Risk and Insurance Management (ORIM), is requesting the information specified on this form pursuant to Government Code Section 905.2(c).

The principal purpose for requesting this data is to process claims against the state. The information provided will/may be disclosed to a person, or to another agency where the transfer is necessary for the transferee-agency to perform its constitutional or statutory duties, and the use is compatible with a purpose for which the information was collected and the use or transfer is accounted for in accordance with California Civil Code Section 1798.25.

Individuals should not provide personal information that is not requested.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested to DGS, or if the information provided is deemed incomplete or unreadable, this may result in a delay in processing.

**Department Privacy Policy**

The information collected by DGS is subject to the limitations in the Information Practices Act of 1977 and state policy (see State Administrative Manual 5310-5310.7). For more information on how we care for your personal information, please read the DGS Privacy Policy.

**Access to Your Information**

ORIM is responsible for maintaining collected records and retaining them for 5 years. You have a right to access records containing personal information maintained by the state entity. To request access, contact:

DGSORIM  
Public Records Officer  
707 3<sup>rd</sup> St., West Sacramento, CA 95605  
(916) 376-5300

EXH F-2  
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# Attachment to Claim for Damages against State of California. September 28, 2020.

This continuing claim for damages is against the California Employment Development Department and against Sharon Hilliard, as individual.

As of September 1, 2020, I had an open claim for unemployment benefits filed with the EDD. On or around September 11, 2020, two appeals had been filed against EDD. On September 14, 2020, both appeals were withdrawn. On September 14, 2020, the CUIAB notified EDD that the appeals had been withdrawn. Thru the online account portal I have notified the EDD that the appeals were withdrawn. Due to incredible staffing problems at EDD, I have not been able to get thru to a customer services representative by phone. The attached 9/2820 page from my EDD account shows that the payments of \$167 per week are still pending appeal. EDD refuses to correct the account and release the payments.

I have been damaged for the total claim balance of \$6513.00. I have received no payments of the \$6513.00 claim balance since the account has been locked by EDD.

See attached 9/28 UI online page  
See attached withdrawal of appeals letters from CUIAB  
See attached fee waiver request



Geary J. Johnson  
SS ending 1979  
1522 Hi Point St 9  
Los Angeles CA 90035

Ph 323-807-3099

EKA F-3  
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COPY



## UI Online Home

## Notifications

## No Weeks Available to Certify

You do not have week(s) available to certify. Check back after 10/11/2020 for your next available week(s).

You have unread messages in your Inbox.

## Claim Summary

## Last Payment Issued

**\$841.00 on 07/21/2020**

## Claim Balance

**\$6,513.00**

## Weekly Benefit Amount

**\$167.00**

## Benefit Year

07/19/2020 - 12/31/2020

## Work Search Requirements

You must be able and available for work each week.

## Week 1 Certification Status

Appeal for week ending 09/19/2020

## Week 2 Certification Status

Appeal for week ending 09/26/2020

EXH. F-4  
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CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD



INGLEWOOD OFFICE OF APPEALS  
9800 South La Cienega Blvd - Ste 901  
INGLEWOOD CA 90301

(310) 337-4302

**COPY**

GEARY J JOHNSON  
Claimant-Appellant

Case No. 6622241 (FED-ED)

Issue(s): 4552(e)

Date Appeal Filed: 08/19/2020

EDD: 1800 BYB: 01/12/2020

Date and Place of Hearing(s):  
NONE

Parties Appearing:  
NONE

**DECISION DISMISSING APPEAL DUE TO WITHDRAWAL**

The appellant applied to withdraw the appeal.

California Code of Regulations, title 22, section 5050 provides upon an application to withdraw an appeal an administrative law judge shall order the appeal dismissed.

The appeal is dismissed.

Felicita Ngo, Administrative Law Judge

**NOTICE OF RIGHTS TO REINSTATE**

The appellant may apply to reinstate the appeal within 20 calendar days from the mailing date shown below. For further information on reopening an appeal see the enclosed form.

GEARY J JOHNSON  
1522 HI POINT ST APT 9  
LOS ANGELES, CA 90035-3941

*EXH. F-5*

Date Mailed: SEP 14 2020

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CALIFORNIA UNEMPLOYMENT INSURANCE APPEALS BOARD

INGLEWOOD OFFICE OF APPEALS  
9800 South La Cienega Blvd - Ste 901  
INGLEWOOD CA 90301

(310) 337-4302

**COPY**

GEARY J JOHNSON  
Claimant-Appellant

Case No. 6619568 (PUA)

Issue(s): 2102(a)(2)

Date Appeal Filed: 08/13/2020

EDD: 1800

Date and Place of Hearing(s):  
NONE

Parties Appearing:  
NONE

**DECISION DISMISSING APPEAL DUE TO WITHDRAWAL**

The appellant applied to withdraw the appeal.

California Code of Regulations, title 22, section 5050 provides upon an application to withdraw an appeal an administrative law judge shall order the appeal dismissed.

The appeal is dismissed.

Felicitia Ngo, Administrative Law Judge

**NOTICE OF RIGHTS TO REINSTATE**

The appellant may apply to reinstate the appeal within 20 calendar days from the mailing date shown below. For further information on reopening an appeal see the enclosed form.

GEARY J JOHNSON  
1522 HI POINT ST APT 9  
LOS ANGELES, CA 90035-3941

*EXH F-6*

Date Mailed: SEP 14 2020

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GEARY J. JOHNSON  
1522 HI POINT ST UNIT 9  
LOS ANGELES CA 90035  
Mobile 323-807-3099  
Petitioner, In Pro Per

SUPERIOR COURT OF CALIFORNIA  
COUNTY OF LOS ANGELES

GEARY J. JOHNSON,  Petitioner,  vs.  Unemployment Insurance Appeals Board,  Respondent,  Employment Development Department,  Real Party in Interest	Case No.:  PROOF OF SERVICE  Date: Time: Department:  Date Petition Filed:
--	--

I, ERIC BECKWITH, do declare:

I am a resident of the County of Los Angeles; I am over the age of 18 years of age and not a party to be within entitled action; my business address is 1522 Hi Point St. Apt 9, Los Angeles, CA 90035.

On June 9, 2021, I served the within

NOTICE OF HEARING FOR WRIT OF MANDATE (CCP § 1094.5)

PETITION FOR WRIT OF MANDATE (CCP § 1094.5) (with Exhibits)

PETITIONER MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF  
PETITION FOR WRIT OF MANDATE (CCP § 1094.5)

1 on the below listed in said action, by placing a true copy thereof enclosed in a  
2 sealed envelope with postage thereon fully prepaid, in the United States mail at  
3 Los Angeles, California, addressed to the last known address as follows:

4 Los Angeles Superior Court  
5 Stanley Mosk Courthouse  
6 111 North Hill Street Room 113  
7 Los Angeles, CA 90012  
8 [Via USPS Priority Mail]

9 Office of the Attorney General  
10 300 South Spring Street  
11 Los Angeles, CA 90013-1230  
12 Phone: (213) 269-6000  
13 [Via first class mail]

14 I declare under penalty of perjury under the laws of United States of America that  
15 the foregoing is true and correct.

16 Executed on June 9, 2021, at Los Angeles California.

17   
18 \_\_\_\_\_

19 ERIC BECKWITH