

REQUEST FOR INTERPRETER (Deaf or Hard of Hearing)		DOCKET NO.: _____
Representative's Name Business Address City, State, ZIP Telephone/Fax		
Type of interpreter requested:	<input type="checkbox"/> I request a telephone hearing through a TTY / TDD device <input type="checkbox"/> I request an "in person" hearing with an American Sign Language Interpreter. (If you are requesting an in-person hearing, please select a location for the hearing.) <input type="checkbox"/> Omaha <input type="checkbox"/> Lincoln <input type="checkbox"/> Other: _____	
Please list the dates and times in the next 30 days that you or you client would be available for hearing		
Please Sign and Date Here:	_____ Signature Date	
DO NOT ENTER INFORMATION BELOW :		FOR TRIBUNAL USE ONLY
Judge's Determination	<input type="checkbox"/> Request Granted <input type="checkbox"/> Request Denied <input type="checkbox"/> Other:	
Judge's Signature:		
IN-PERSON HEARING SCHEDULING		FOR TRIBUNAL USE ONLY
Assigned Judge:		(Affix Date Stamp Here)
Date of Hearing:		
Time of Hearing:		
Request timely?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Location of Hearing:		
Requesting Party Notified:	Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> TTY / TDD <input type="checkbox"/> Text Message	
Other Party Notified:	Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail	

Please return the CLAIMANT'S REQUEST FOR INTERPRETER (Deaf or Hard of Hearing) to:
 Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734