

<b>REQUEST FOR INTERPRETER (HEARING-IMPARED)</b>	<b>DOCKET NO.:</b> <u>08-9999</u>
--	-----------------------------------

Requestor's Name Business Address City, State, ZIP Telephone/Fax	Amanda Hugnkiss, HR Manager 987 Foghorn Leghorn Memorial Parkway Anywhere, NE 68999 Tele. 402-555-9874 / Fax 402 555-9878
---	--

Name of person requiring interpreter	Tibor Gonzalez-Bouvier
--------------------------------------	------------------------

Type of interpreter requested:	<input type="checkbox"/> I request a telephone hearing through a TTY / TDD device  <input checked="" 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 checked="" 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	November 31, 2008, before noon; December 1, 2008, anytime December 3, 2008, after 2:00 p.m.
---	---

Please Sign and Date Here:	 Signature	<u>11-15-08</u> 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
-----------------------	-----------------------	--	------------------------------------	-------------------------------------