REQUEST FOR INTERPRETER (**Deaf or Hard of Hearing**)	DOCKET NO.: _____
Representative's Name Business Address City, State, ZIP Telephone/Fax	
Type of interpreter requested:	☐ I request a telephone hearing through a TTY / TDDdevice ☐ 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.) ☐ Omaha ☐ Lincoln ☐ 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	☐ Request Granted ☐ Request Denied ☐ Other:
Judge's Signature:	

IN-PERSON HEARING SCHEDULING		FOR TRIBUNAL USE ONLY
Assigned Judge:		
Date of Hearing:		
Time of Hearing:		
Request timely?	☐ Yes ☐ No	(Affix Date Stamp Here)
Location of Hearing:		
Requesting Party Notified:	Date _____ Time _____ ☐ Notice of Hearing ☐ TTY / TDD ☐ Text Message	
Other Party Notified:	Date _____ Time _____ ☐ Notice of Hearing ☐ Telephone ☐ Voice Mail	

Please return the CLAIMANT'S REQUEST FOR INTERPRETER (Deaf or Hard of Hearing) to:
Nebraska Appeal Tribunal, P.O. Box 94600, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734