NEBRASKA APPEAL TRIBUNAL
NEBRASKA DEPARTMENT OF LABOR

CLAIMANT'S TELEPHONE INFORMATION RETURN FORM

dol.nebraska.gov/Appeals

DOCKET NO: 16 XXXXX

P.O. BOX 98941
LINCOLN, NE 68509

Telephone: (402) 471-9886
Fax: (402) 471-1734

1. **CLAIMANT'S INFORMATION**

Name: Jane Roe

Address: 123 Contact Way

City, State, Zip: Anywhere NE 68999

Telephone Number (with area code): (402) 555-1234

Hearing Date and Time: February 31, 2016 between 8 and 10 a.m.

I need • I do no need an interpreter to translate _____ (language) into English.

2. **WITNESSES:** My witness are (Name and telephone number with area code):

Witness #1 Jeri Blank Telephone # (402) 555-9876

This witness needs does not need an interpreter to translate into English.

Witness #1 _____ Telephone # _____

This witness needs does not need an interpreter to translate into English.

3. **ATTORNEY:** This is the name, address, and telephone number of my attorney or hearing representative that will appear at the hearing on my behalf (If you have no attorney, please leave this space blank):

4. **DOCUMENTS:** I have 5 pages of documents that I wish to submit as evidence with this form.

5. **CERTIFICATE OF SERVICE:** I certify I have served a true and accurate copy of all documents I plan to offer as exhibits to the Employer or Other _____, at their address of record as listed on the "Notice of Telephone Hearing" by (check one): U.S. Mail (Postage Prepaid), Fax, Hand Delivery, Other, (Fed-Ex, DHL, UPS, etc.) on: _____ (Month/Day/Year)

02-20-16
Date

Jane Roe
Claimant's Signature

Please return the completed form to the Tribunal either by fax to (402) 471-1734 or mail to the Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You or your witness will not contacted unless you provide all the required information.