

NEBRASKA APPEAL TRIBUNAL
NEBRASKA DEPARTMENT OF LABOR

**CLAIMANT'S TELEPHONE
INFORMATION RETURN FORM**

dol.nebraska.gov/Appeals

DOCKET NO: _____

P.O. BOX 94600
LINCOLN, NE 68509

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

1. CLAIMANT'S INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number (with area code): _____

Hearing Date and Time: _____

I need I do not need an interpreter to translate _____ (language) into English.

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

Witness #1 _____ Telephone # _____

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

Witness #2 _____ 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 _____ 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)

Date

Claimant's Signature