

CLAIMANT'S NOTICE OF APPEAL

Claimant's Full Name Street Address City, State, ZIP Telephone number Fax / e-mail (if available)	
Social Security Number	

PLEASE INDICATE REASONS FOR APPEAL IN THE SPACE BELOW:

Please attach a copy of the Notice of Adjudicator's Determination with the Notice of Appeal
 For more information, please visit the Tribunal's website at dol.nebraska.gov/appealtribunal.htm

Attorney / Rep. Name Company / Firm Name Business Address City, State, ZIP Telephone/Fax	(If you do not have an attorney, please leave blank)
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Claimant's Signature or Authorized Agent:	_____ Signature	_____ Date
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DO NOT ENTER INFORMATION BELOW :	FOR TRIBUNAL USE ONLY
Date of Determination:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> (Affix Date Stamp Here)
Received by (initials)	
Adjudicator (initials):	
Appeal timely filed?	
Docket Number:	

Please return the Notice of Appeal to: Nebraska Appeal Tribunal, P.O. Box 94600, Lincoln, NE 68509.
 You may also fax this to the Tribunal at (402) 471-1734.