

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:	<table style="width: 100%; border: none;"> <tr> <td style="border: none; border-top: 1px solid black; width: 70%;"></td> <td style="border: none; border-top: 1px solid black; width: 30%;"></td> </tr> <tr> <td style="border: none;">Signature</td> <td style="border: none;">Date</td> </tr> </table>			Signature	Date
Signature	Date				

DO NOT ENTER INFORMATION BELOW	FOR TRIBUNAL USE ONLY
Date of Determination:	(Affix Date Stamp Here)
Received by (initials)	
Adjudicator (initials):	
Appeal timely filed?	
Docket Number:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please return the Notice of Appeal to: Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509.
 You may also fax this to the Tribunal at (402) 471-1734.