

NEBRASKA APPEAL TRIBUNAL
NEBRASKA DEPARTMENT OF LABOR

**EMPLOYER'S TELEPHONE
INFORMATION RETURN FORM**

dol.nebraska.gov/Appeals
PO Box 98941
Lincoln, NE 68509-8941

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

DOCKET NO: _____

1. _____
EMPLOYER'S NAME Account Number

2. _____
CLAIMANT'S NAME Social Security Number

3. _____
HEARING DATE Hearing Time

4. **NAME AND TITLE OF EMPLOYER'S WITNESSES** (Area Code) Telephone Number

a. _____ () _____

b. _____ () _____

c. _____ () _____

5. **NAME AND ADDRESS OF EMPLOYER'S ATTORNEY / HEARING REPRESENTATIVE**

_____ Office Telephone Number

_____ () _____

_____ Hearing Telephone Number

_____ () _____

6. **INTERPRETERS:** The employer's witnesses do not require the assistance of an interpreter.

The employer requests a _____ (language) interpreter

7. **DOCUMENTS:** The employer has attached ____ pages documents to be submitted as evidence.

The employer does not intent to submit any documents for this hearing.

8. **CERTIFICATE OF SERVICE:** I hereby certify that I have served a copy of all documents the employer plans to offer as exhibits to: Claimant or Other _____ at their address of record

as identified on the "Notice of Telephonic Hearing" by: U.S. Mail (Postage Prepaid), Fax, Hand

Delivery, Other (Fed-Ex, UPS, DHL etc.) on this: _____ (Month / Day / Year)

Date

Signature/Title