

| REQUEST FOR INTERPRETER (HEARING-IMPAIRED) | | DOCKET NO.: _____ |
|---|---|-------------------------|
| Requestor's Name Business Address City, State, ZIP Telephone/Fax | | |
| Name of person requiring interpreter | | |
| Type of interpreter requested: | <input type="checkbox"/> I request a telephone hearing through a TTY / TDD device <input type="checkbox"/> I request an "in person" hearing with an American Sign Language Interpreter. (If you are requesting an in-person hearing, please select a location for the hearing.) <input type="checkbox"/> Omaha <input type="checkbox"/> Lincoln <input type="checkbox"/> Other: _____ | |
| Please list the dates and times in the next 30 days that you or you client would be available for hearing | | |
| Please Sign and Date Here: | _____ Signature Date | |
| DO NOT ENTER INFORMATION BELOW : | | FOR TRIBUNAL USE ONLY |
| Judge's Determination | <input type="checkbox"/> Request Granted <input type="checkbox"/> Request Denied <input type="checkbox"/> Other: | |
| Judge's Signature: | | |
| IN-PERSON HEARING SCHEDULING | | FOR TRIBUNAL USE ONLY |
| Assigned Judge: | | (Affix Date Stamp Here) |
| Date of Hearing: | | |
| Time of Hearing: | | |
| Request timely? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Location of Hearing: | | |
| Requesting Party Notified: | Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> TTY / TDD <input type="checkbox"/> Text Message | |
| Other Party Notified: | Date _____ Time _____ <input type="checkbox"/> Notice of Hearing <input type="checkbox"/> Telephone <input type="checkbox"/> Voice Mail | |

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