

# Guidance Document

*Pursuant to Neb. Rev. Stat. §84-901.03*

This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.

NEBRASKA APPEAL TRIBUNAL  
NEBRASKA DEPARTMENT OF LABOR

**CLAIMANT'S TELEPHONE  
INFORMATION RETURN FORM**

dol.nebraska.gov/Appeals

DOCKET NO: \_\_\_\_\_

P.O. BOX 98941  
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