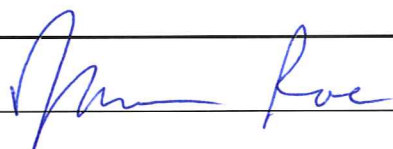


CLAIMANT'S REQUEST FOR INTERPRETER (HEARING-IMPAIRED)		DOCKET NO.: <u>16 XXXX</u>
Requesting Party's Name Address City, State, ZIP Telephone/Fax	Jane Roe 123 Main Street Anywhere NE 6899 (402) 555-1234	
Type of interpreter requested:	<input type="checkbox"/> I request a telephone hearing through a TTY / TDD device <input checked="" 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 checked="" type="checkbox"/> Omaha <input type="checkbox"/> Lincoln <input type="checkbox"/> Other: _____	
Pleas list the dates and times in the next 30 days that you would be available for hearing	Anytime after February 29, 2016	
Please Sign and Date Here:	<div style="display: flex; justify-content: space-between;"> <div>Signature <u></u></div> <div>Date <u>2-31-16</u></div> </div>	
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 the CLAIMANT'S REQUEST FOR INTERPRETER (HEARING IMPAIRED) to:
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734