

NEBRASKA DEPARTMENT OF LABOR  
NEBRASKA APPEAL TRIBUNAL

---

## Telephone Information Return Form

---

In Re:

Case No. \_\_\_\_\_

\_\_\_\_\_ - Appellant

\_\_\_\_\_ Employer Account No.

COMMISSIONER OF LABOR - Respondent

The hearing of this matter has been scheduled as a telephone conference hearing to be held on \_\_\_\_\_, at \_\_\_\_\_, Central Time.

You may arrange for participation of witnesses and for legal representation if you so choose. Inform anyone appearing on your behalf of the date and time of the hearing and arrange for them to be present at the designated date, time, and telephone numbers submitted below. Each individual you list below must be available on a separate telephone line or by speaker phone. If you fail to make arrangements for your witness to participate by separate telephone or by speaker phone your witness will not be allowed to testify at the hearing.

Name(s)	(Area Code) Telephone Number
1. _____	( ) _____
2. _____	( ) _____
3. _____	( ) _____
4. <u>Name/Mailing Address of Attorney / Representative</u> _____ _____	<u>(Area Code) Telephone Number</u> ( ) _____

**INSTRUCTIONS:** For more information, please go to [dol.nebraska.gov/Appeals](http://dol.nebraska.gov/Appeals)

- Witnesses:** List the full name and the telephone numbers (with area code) of any additional witnesses on Lines 1, 2 and 3. Because these hearings are scheduled for only one hour, listing unnecessary witnesses should be avoided. Witnesses named above must be informed of the date and time of the hearing.
- Attorney and Representative:** On Line 4, provide name, firm or business name, mailing address, and telephone number (both contact number and the number where they will be available for the hearing).
- Documents:** Any potential exhibits should be attached to this form and return by fax or mail to the address listed above. If copies of potential exhibits are not sent to the Tribunal or to the opposing party, the Judge may rule not to accept such documents into evidence.
- Certificate of service:** Parties submitting documents must complete the Certificate of Service on the reverse side of this form. Once complete, the Certificate should be faxed or mailed to the opposing party and to the Tribunal.

NEBRASKA DEPARTMENT OF LABOR  
NEBRASKA APPEAL TRIBUNAL

---

## CERTIFICATE OF SERVICE

---

In Re:

**Case No.**

\_\_\_\_\_ . - Appellant

\_\_\_\_\_ Employer Account No.

COMMISSIONER OF LABOR - Respondent

I certify that I have served a copy of all documents I plan to offer as exhibits to the following:

Employer  Nebraska Department of Labor,  Other at their address of record as identified  
on the "Notice of Telephonic Hearing" by (check one):

U.S. Mail (Postage Prepaid)

Fax

Hand Delivery

Other (Federal Express, DHL, UPS, etc.)

on this: \_\_\_\_\_ (Month / Day / Year)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Individual Signing Certificate

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number