

IN THE NEBRASKA WORKERS' COMPENSATION COURT

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THE COURT FILE OR PROVIDED TO THE PUBLIC PURSUANT TO
WORKERS' COMP. CT. R. OF PROC. 2.

_____,)
[your first name, middle initial, and last name])
Plaintiff,)
vs.)
_____)
_____)
[name of employer or name of employer and insurance company])
Defendant(s).)
)

Docket: _____ Page: _____

**PERSONAL AND FINANCIAL
ACCOUNT INFORMATION**

Employee Social Security Number: _____

Employee Date of Birth (if applicable to this case): _____

Minor Children (if applicable to this case)

Name:	Social Security Number:	Date of Birth:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Protected financial account information (if applicable to this case)

Entity/Person:	Type of Account:	Account Number:
_____	_____	_____

(add additional pages as necessary)