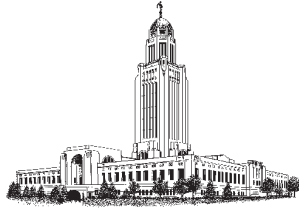


# AGREEMENT FOR THE SELECTION OF A VOCATIONAL REHABILITATION COUNSELOR

Workers' Compensation Court  
State of Nebraska  
P. O. Box 98908  
Lincoln, NE 68509-8908



(402) 471-6468  
(Lincoln area & Out-of-State)  
(800) 599-5155  
(Nebraska Only)

I, \_\_\_\_\_, have agreed on the selection of \_\_\_\_\_  
as the vocational rehabilitation counselor to provide vocational rehabilitation services arising out of a work-related  
injury occurring on \_\_\_\_\_.

## I understand that:

- I have the right to agree to the proposed vocational rehabilitation counselor to provide vocational rehabilitation services.
- I have the right not to agree to the proposed vocational rehabilitation counselor.
- I have the right to propose a vocational rehabilitation counselor of my own choosing.
- If I cannot agree with the other party on a vocational rehabilitation counselor, I have the right to request that the Workers' Compensation Court appoint a vocational rehabilitation counselor at no cost to me.

I have read this agreement on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and I understand my rights as set forth above.

\_\_\_\_\_  
Signature of Employee

I verify that I have given \_\_\_\_\_ a copy of this Agreement on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Counselor