

Nebraska Workers' Compensation Court
P.O. Box 98908
Lincoln, Nebraska 68509-8908
(402) 471-3606
(800) 599-5155
When Completed, Mail To Above Address
or Fax to NEWCC VR Section at (402) 742-8311



VR-42

VOCATIONAL REHABILITATION COUNSELOR DESIGNATION FOR INITIAL AND FURTHER SERVICES

E M P L O Y E E			CLAIM NUMBER	
	NAME		COMPANY NAME	
	STREET ADDRESS		STREET ADDRESS	
	CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
	TELEPHONE NUMBER		CLAIM REPRESENTATIVE	TELEPHONE NUMBER
	EMAIL ADDRESS		FAX NUMBER	EMAIL ADDRESS
DATE OF INJURY			EMPLOYER NAME	
TYPE OF INJURY			EMPLOYER ADDRESS	
EMPLOYEE ATTORNEY			EMPLOYER ATTORNEY	
EMPLOYEE ATTORNEY ADDRESS			EMPLOYER ATTORNEY ADDRESS	
VOC. REHAB. COUNSELOR			WCC CERTIFICATION NUMBER	
VOC. REHAB COUNSELOR'S AGENCY				
STREET ADDRESS				
CITY, STATE, ZIP			TELEPHONE NUMBER	
SERVICES PLANNED <input type="checkbox"/> LOEP EVALUATION <input type="checkbox"/> RTW COORDINATION <input type="checkbox"/> OTHER (SPECIFY) <input type="checkbox"/> VOC. EVAL <input type="checkbox"/> REHAB PLAN DEVELOPMENT				
VOC. REHAB. COUNSELOR CERTIFICATION: (CHECK ONE BOX) I CERTIFY THAT I AM THE CURRENT COUNSELOR OF RECORD FOR THE ABOVE NAMED INDIVIDUAL HAVING BEEN <input type="checkbox"/> NEWLY AGREED TO <input type="checkbox"/> PREVIOUSLY AGREED TO OR PREVIOUSLY APPOINTED TO PROVIDE VOCATIONAL REHABILITATION SERVICES UNDER RULE 42, NEBRASKA WORKERS' COMPENSATION COURT RULE OF PROCEDURE.				
VOCATIONAL REHABILITATION COUNSELOR SIGNATURE			IF AGREED TO, DATE EMPLOYEE SIGNED AGREEMENT TO SELECTION (VR-42C or similar document)	
PREPARER'S PRINTED NAME			DATE REPORT PREPARED	