Nebraska Workers' Compensation Court
Vocational Rehabilitation Section
State Capitol Building
P.O. Box 98908
Lincoln, Nebraska 68509-8908
(402) 471-3606
(800) 599-5155 (in-state Nebraska)
MAIL COMPLETED ORIGINAL FORM TO ABOVE ADDRESS

VR-43 (6/95)

REQUEST FOR CHANGE OF VOCATIONAL REHABILITATION COUNSELOR

EMPLOYEE NAME	DOCKET & PAGE NO. (IF APPLICABLE)
STREET ADDRESS	HOME TELEPHONE NUMBER
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER
EMPLOYER (NAME & ADDRESS)	DATE OF INJURY
INSURER (NAME & ADDRESS)	
CLAIM ADJUSTER	TELEPHONE NUMBER
EMPLOYEE ATTORNEY (NAME & ADDRESS)	TELEPHONE NUMBER
EMPLOYER/INSURER ATTORNEY (NAME & ADDRESS)	TELEPHONE NUMBER
CURRENT VOCATIONAL REHABILITATION COUNSELOR	TELEPHONE NUMBER
VOC. REHAB. COUNSELOR'S FIRM/AGENCY	

HAS THE EMPLOYEE ALREADY BEEN EVALUATED BY OR RECEIVED VOCATIONAL REHABILITATION SERVICES FROM THE PRESENT COUNSELOR? YES ☐ NO ☐	HAS THE VOC. REHAB COUNSELOR PERFORMED A LOSS-OF-EARNING-POWER EVALUATION ALREADY? YES ☐ NO ☐	HAS ANY PARTY RETAINED THE SERVICES OF A VOC. REHAB. COUNSELOR FOR REBUTTAL PURPOSES? YES ☐ NO ☐

LIST THE NAMES OF ANY ADDITIONAL VOCATIONAL REHABILITATION COUNSELORS WHO PROVIDED SERVICES (INCLUDING MEDICAL CASE MANAGEMENT, LOEP, CONSULTING, ETC.) ON THIS CASE.

DESCRIBE, IN DETAIL, WHY A CHANGE IN VOCATIONAL REHABILITATION COUNSELOR IS BEING REQUESTED. (USE A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED)

PRINTED NAME OF REQUESTOR	SIGNATURE OF REQUESTOR	DATE SIGNED

ORIGINAL - WORKERS' COMPENSATION COURT
PINK - EMPLOYEE/EMPLOYEE ATTORNEY
CANARY - EMPLOYER/INSURER/INSURER ATTORNEY
GOLDENROD - CURRENT VOC. REHAB. COUNSELOR