

**IN THE NEBRASKA WORKERS' COMPENSATION COURT**

\_\_\_\_\_  
\_\_\_\_\_  
[employee name] ,  
Plaintiff,  
VS.  
\_\_\_\_\_  
\_\_\_\_\_  
[name of employer or name of employer and insurance company] ,  
Defendant(s).

Docket: \_\_\_\_\_ Page: \_\_\_\_\_

**REQUEST  
FOR  
BILL OF EXCEPTIONS**

TO: CLERK OF THE NEBRASKA WORKERS' COMPENSATION COURT and \_\_\_\_\_, Court Reporter:  
[name of court reporter]  
Please transcribe and prepare a Bill of Exceptions which will contain all testimony, exhibits, and evidence offered at the trial / hearing(s)  
on \_\_\_\_\_ in the above-captioned matter.  
[date(s)]

\_\_\_\_\_  
[sign your name]  
\_\_\_\_\_  
[print your street address]  
\_\_\_\_\_  
[print your telephone number]

\_\_\_\_\_  
[print your full name]  
\_\_\_\_\_  
[print your city, state & zip code]

**NOTE:** See other side of this form for instructions.  
Please keep the court informed if you change your address or phone number.

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that a copy of the above Request for Bill of Exceptions was served upon:  
[Check one method of service for each party served]

Name: \_\_\_\_\_  
[name of court reporter]  
 Mail: \_\_\_\_\_  
[street address]  
\_\_\_\_\_  
[city, state, & zip code]  
 Fax: \_\_\_\_\_  
[fax number, including area code]  
 Hand Delivery: \_\_\_\_\_  
[address where delivered, city, state, & zip code]  
 Electronic Mail: \_\_\_\_\_  
[electronic mail (email) address]  
Date of Service: \_\_\_\_\_  
[month, day, and year that the document was served]

Name: \_\_\_\_\_  
[name of service recipient]  
 Mail: \_\_\_\_\_  
[street address]  
\_\_\_\_\_  
[city, state, & zip code]  
 Fax: \_\_\_\_\_  
[fax number, including area code]  
 Hand Delivery: \_\_\_\_\_  
[address where delivered, city, state, & zip code]  
 Electronic Mail: \_\_\_\_\_  
[electronic mail (email) address]  
Date of Service: \_\_\_\_\_  
[month, day, and year that the document was served]

Name: \_\_\_\_\_  
[name of service recipient]  
 Mail: \_\_\_\_\_  
[street address]  
\_\_\_\_\_  
[city, state, & zip code]  
 Fax: \_\_\_\_\_  
[fax number, including area code]  
 Hand Delivery: \_\_\_\_\_  
[address where delivered, city, state, & zip code]  
 Electronic Mail: \_\_\_\_\_  
[electronic mail (email) address]  
Date of Service: \_\_\_\_\_  
[month, day, and year that the document was served]

Are there more than three parties to be served? Yes  No   
If so, attach a list of additional recipients to this form.

\_\_\_\_\_  
[sign your name]  
\_\_\_\_\_  
[print your full name]

## INSTRUCTIONS FOR REQUEST FOR BILL OF EXCEPTIONS

These instructions and forms are a product of the Nebraska Workers' Compensation Court and are provided as a public service. THE NEBRASKA WORKERS' COMPENSATION COURT DOES NOT REPRESENT THAT THESE INSTRUCTIONS AND FORMS WILL BE APPROPRIATE IN EVERY CASE. CASE-SPECIFIC QUESTIONS SHOULD BE DIRECTED TO A LAWYER. COURT PERSONNEL MAY NOT COMPLETE THE FORMS FOR YOU.

The Bill of Exceptions is made up of the trial evidence, which includes written documents (exhibits) and a copy of the oral testimony from trial (trial transcript). The Request for Bill of Exceptions should be filed at the same time the Notice of Appeal is filed with the Workers' Compensation Court. If you do not request a Bill of Exceptions, the judges will not be able to review the trial evidence, and that may compromise your case on appeal. The Bill of Exceptions is prepared by the court reporter. You must pay for the cost to prepare the Bill of Exceptions. The court reporter will give you an estimate of the cost to prepare the Bill of Exceptions, and you may have to pay a deposit before he / she begins preparation.

General questions regarding this process may be directed to the court's information line at **800-599-5155** or **402-471-6468** or you may contact the court by email from our web site (<http://www.wcc.ne.gov>). Case-specific inquiries should be directed to a lawyer, as the Nebraska Workers' Compensation Court cannot provide legal advice.

### WHEN A PARTY IS UNABLE TO PAY APPEAL COSTS

If you are unable to pay or secure the means to pay for the costs of an appeal, you can request the court to waive payment of the costs. You can request this waiver by filing an Affidavit and Application to Proceed without Payment of Costs (form available on the Publications & Forms section of our web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>). This request should be filed with the Notice of Appeal. The court will review the information you provide on the form and send you an order informing you of whether you must pay the appeal costs.

### HEADING

Enter the same heading as it appears on other previously-filed documents in your case. If you are unsure of the heading information, you may contact the clerk's office to obtain the information.

### BODY OF THE REQUEST

Introductory Paragraph: Enter the name of the court reporter. If you are unsure of the name of the court reporter, you may call the clerk's office to obtain the name. In the next blank space provided, enter the trial / hearing date(s). You may request any portion of evidence and exhibits offered at any hearing you believe is material to the issues to be presented to the Court of Appeals for review.

### SIGNATURE, ADDRESS, AND TELEPHONE

- Sign your name in the space provided.
- Print your full name in the space provided.
- Print your address in the space provided.
- Print your telephone number in the space provided.

**NOTE:** If your address or phone number changes, contact the clerk's office to ensure that you will continue receiving important notifications about your case.

### CERTIFICATE OF SERVICE

Court rules require proof that you served certain documents on the other parties in a case. To serve someone means you have given them a copy of the document in a way that is permitted under Nebraska Workers' Compensation Court Rule 3,B,1 (available on the Publications & Forms section of our web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>). There are several methods of service available, but the most common method is by mail. Complete the Certificate of Service to show that you sent a copy of the document to the other party(ies). If there are more than three additional parties to be served, check the box labeled "Yes" and attach a list of additional recipients. If not, check the box labeled "No".

- Enter the name of each person you will serve.
- Select the correct method of service by checking the appropriate box and enter the corresponding information (e.g., for service by mail, provide the address that you used). You may serve a party via email or fax only if the party has previously designated an email address or fax number on a prior document. See Nebraska Workers' Compensation Court Rule 3,B,1.
- Enter the date of service.

### SIGNATURE

- Sign your name in the space provided.
- Print your full name in the space provided.

Once you have completed the form, make copies. Send the original form to the court along with the original and copies of the Notice of Appeal and the original Praecipe for Transcript (available on the Publications & Forms section of our web site at <http://www.wcc.ne.gov/publications/publications.aspx#adj>). The original is for the court file. Send a copy to each party according to the service method you indicated in the Certificate of Service (see above). Keep one copy for your records. **You must also deliver a copy to the court reporter. Contact the clerk's office for the court reporter's name and address.** You may mail, fax, or hand-deliver the original form to the court.

Mail to: <b>Nebraska Workers' Compensation Court P.O. Box 98908 Lincoln NE 68509-8908</b>	Fax to: <b>402-471-8231</b>	Hand-deliver (or deliver by FedEx, UPS, etc.) to: <b>Nebraska Workers' Compensation Court 1010 Lincoln Mall, Suite 100 Lincoln NE 68508</b>
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