



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)
(800) 599-5155 (Toll Free)
Fax- (402) 742-8311

I, _____, have agreed on the selection of _____

as the vocational rehabilitation counselor to provide vocational rehabilitation services and/or perform a loss of earning power evaluation.

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 and/or perform a loss of earning power evaluation.

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 Date