

Nebraska Workers' Compensation Court  
 Vocational Rehabilitation Section  
 P.O. Box 98908  
 Lincoln, Nebraska 68509-8908  
 (402) 471-3606  
 (800) 599-5155  
**MAIL COMPLETED FORM TO ABOVE ADDRESS**  
 OR FAX TO NE WCC VR SECTION AT (402) 742-8311



**REQUEST FOR CHANGE OF VOCATIONAL REHABILITATION COUNSELOR**

EMPLOYEE NAME		DOCKET & PAGE NO. (IF APPLICABLE)
STREET ADDRESS		TELEPHONE NUMBER
CITY, STATE, ZIP CODE		SOCIAL SECURITY NUMBER Please call the court with this information unless previously provided.
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. COUNSELORS FIRM/AGENCY		
HAS THE EMPLOYEE ALREADY BEEN EVALUATED BY OR RECEIVED VOCATIONAL REHABILITATION SERVICES FROM THE PRESENT COUNSELOR? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS THE PRESENT VOC. REHAB COUNSELOR PERFORMED A LOSS-OF-EARNING-POWER EVALUATION ALREADY? YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS ANY PARTY RETAINED THE SERVICES OF A VOC. REHAB. COUNSELOR FOR REBUTTAL PURPOSES? YES <input type="checkbox"/> NO <input type="checkbox"/>
LIST THE NAMES OF ANY <u>ADDITIONAL</u> 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

Provide original to VR SECTION OF WORKERS' COMPENSATION COURT.  
 Cc: EMPLOYEE/EMPLOYEE ATTORNEY, EMPLOYER/INSURER/INSURER ATTORNEY, EMPLOYEE, CURRENT VOC. REHAB. COUNSELOR