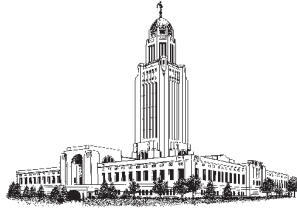


AGREEMENT FOR THE SELECTION OF A VOCATIONAL REHABILITATION COUNSELOR

Workers' Compensation Court
State of Nebraska
P. O. Box 98908
Lincoln, NE 68509-8908



(402) 471-6468
(Lincoln area & Out-of-State)
(800) 599-5155
(Nebraska Only)

I, _____, have agreed on the selection of _____
as the vocational rehabilitation counselor to provide vocational rehabilitation services 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.
- 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