

Nebraska Workers' Compensation Court

Order Form

(No Charge Items)

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Company Name _____

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Nebraska Workers' Compensation Court
P. O. Box 98908
Lincoln, NE 68509-8908
(402) 471-6468 (Lincoln & out-of-state)
(800) 599-5155 (Nebraska only)

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Packages of 250 or Single Forms (No Charge)

# SGL	# PKG	Form Number/Item Name	# SGL	# PKG	Form Number/Item Name
		Form 1-First Report of Injury/Illness (Rev. 7/97)			Form 4-Compensation & Expense (Rev.95)
		Form 12-Insurance Coverage (Rev. 6/95)			Form 4A-Compensation & Expense Cont. (Rev. 91)

Packages or Single Pamphlets (No Charge)

# SGL	# PKG	Item Name
	(50)	Rights & Obligations (English 11/99)
	(50)	Rights & Obligations (Spanish 11/99)
	(50)	Choosing a Doctor for a Work-Related Injury (English 11/99)
	(50)	Choosing a Doctor for a Work-Related Injury (Spanish 11/99)
	(25)	Vocational Rehabilitation Services under Workers' Compensation (English 3/98)
	(25)	Vocational Rehabilitation Services under Workers' Compensation (Spanish 4/98)
	(50)	Informal Dispute Resolution and Mediation (English 1/00)

Single Forms (No Charge)

Quantity	Form Number/Item Name	Quantity	Form Number/Item Name
	Form 10T-Termination of Corporate Officer Waiver (Rev. 12/96)		Form 50-Choice of Doctor (English 1/97)
	Form 63-1-Request for Independent Medical Examiner (7/97)		Form 50-Choice of Doctor (Spanish 8/97)
	Form 67-2-Notice of Agreement to use a Named Independent Medical Examiner (7/97)		

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Other Forms & Publications

Quantity	Form Number/Item Name	Unit Cost	Total
	Form 10W—Corporate Executive Officer Waiver (Rev. 93)	\$1.00	
	Schedule of Medical & Hospital & Fees (Rev. 6/98)	\$30.00	
	Law Book (Includes 1999 Legislative Revision)	\$8.50	
	Rule Book (Rev. 12/99)	\$7.00	
	Forms Workbook (Rev. 5/98)	\$7.00	
	Annual Report (FY 98 & FY 99)	\$5.00	
<i>Payment should be only for publications and/or services indicated on this order form</i>			Total Due
Services: Loss Experience			
Loss Experience: Loss Exp. Employer's Name: _____		\$4.00 per name	

All orders must be prepaid before shipping—either by check or money order

Service and handling charges are included in the listed cost of each item. Forms may be picked up at the court's location, 129 N 10th, Suite 300. Please call ahead to be sure your order is ready (if paying with cash, the correct amount is required). Order forms and other information may also be downloaded from the court's internet homepage (<http://www.nol.org/workcomp/>). For further information, or if your order is not received within 3 weeks, please contact the court's information line at either **800-599-5155** (toll-free in Nebraska) or **402-471-6468** (for Lincoln and out-of-state callers).



The Nebraska Workers' Compensation Court also has a "direct to you" subscription service available for \$30.00. Each subscription provides informational material to you as it is updated. **Note: The Schedule of Medical & Hospital Fees is not included in the subscription service.** For further information contact the court's information line.

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