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DEPARTMENT OF LABOR
WORKERS' COMPENSATION
PO BOX 488
MONTPELIER, VT 05601-0488
(802) 828-2286

FORM VR 8 Rev 8/13

State File #: _____

NOTICE OF INTENT TO CHANGE VOCATIONAL REHABILITATION PROVIDER

NOTE: An injured worker entitled to vocational rehabilitation services has the right to change counselors. [21 V.S.A. §641(a)(1)]

If you have been found NOT ENTITLED to vocational rehabilitation this form should not be filed. Instead please file a letter contesting that determination, along with documentation which supports your position, and request a hearing.

Employee Name _____

Address _____

City/State _____ Telephone #: _____

Vocational Rehabilitation Counselor Choice:

First VR Provider

Name: _____

Address: _____

City/State: _____

New VR Provider

Name: _____

Address: _____

City/State: _____

I am changing because:

- I prefer another counselor
- I prefer a counselor closer to my geographical area
- I prefer a fresh perspective on VR in my case
- The carrier failed to file VR referral as required by Rule 53.1440
- Other

This notice should be presented to the employer/insurance carrier **prior** to changing vocational rehabilitation counselors to fulfill the requirements of Vermont law, [21 V.S.A. §641(a)]. Notice is required for ALL subsequent changes of counselor.

Print Employee Name

Employee Signature

Date

Original needs to be forwarded to the Department of Labor

Copies MUST be forwarded to: Claimant and Claimant's Attorney, Insurance Carrier and Insurance Carrier's Attorney,
New Counselor and Previous Counselor