Grievance Number: _____

STATE OF
NEBRASKA
JUDICIAL BRANCH
Office of Dispute Resolution

Mediator Grievance:
Written Request for Reconsideration

Reconsideration requests must be received within 15 days from the ODR determination issued in the grievance in which you are a party to. ODR will first contact you to attempt to achieve a resolution; please provide current contact information below. You will be notified within 10 days of receipt of the 'Written Request for Reconsideration' of the final determination. Section III Part II (B) (4) of the *Policy for Approval of Parenting Act Mediators*

Name:

Address:

Phone Email

Reason for reconsideration request: *(use additional paper if needed)*

1. Please explain why you have filed a request for reconsideration?

2. In your opinion, how do these aspects constitute/not constitute a violation of the Standards of Practice and Ethics for Family Mediators or the Policy of Approval of Parenting Act Mediators?

Signature _____ Date: _____

Internal use only
Reconsideration Received by: _____

Date: _____
☐ Reconsider request is Timely (within 10 days of formal determination)

RESOLUTION ACHIEVED ☐Yes ☐No
☐ Notice of determination sent

ODR-GR-F-065
Revised 8-3-2017