



**Cover Sheet: Request to Reactivate
from Lapsed Status**

Name: _____

Date Submitted: _____

Reason for Lapsed Status:

missed reporting deadline

Continuing Mediation Education:

Submitted prior to reporting deadline

NOT Submitted prior to reporting deadline:

Training Title	Date Attended	Trainer	Hours Requested

Mediation Case Details (at least 2 cases):

Name of Parties	# of Sessions	Total # of Hours	Date of Final Session	Outcome (Full, Partial, No Agreement)

Attestation

The Nebraska Parenting Act and the Poclly for Approval of Parenting Act Mediators requires that approved Parenting Act Mediators adhere to the Nebraska Starndards of Practice and Ethics for Family Mediators in order to maintain active status.

I have read the above statement and agree to comply with these standards

I have not been convicted of a violation of the law other than minor traffic offenses and have not had a professional licesnse revoked or suspended since becoming an approved Parenting Act mediator

-----**For ODR Use Only**-----

Reactivate

Date:

Lapsed

Date:

Return for changes

Date:

Remove for cause

Date: