

## CLAIMANT'S REQUEST TO RECONSIDER

DOCKET NO.: 16 XXXX

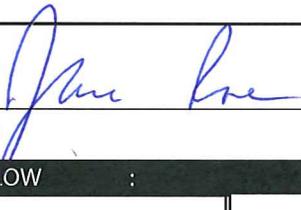
Claimant's Name	Jane Roe
Address	123 Main Street
City, State, ZIP	Anywhere NE 6899
Telephone/Fax	(402) 555-1234

In the space provided below, briefly state why your appeal should be reconsidered:

Please reconsider my appeal. This matter was dismissed because I did not respond in a timely manner. At the time of response, I was hospitalized because I was in a car accident.

Please Sign and Date Here:

Signature



2-31-16  
Date

DO NOT ENTER INFORMATION BELOW

FOR TRIBUNAL USE ONLY

(Affix Date Stamp Here)

Date of Decision:

Hearing Judge:

Date Decision was entered:

Date Decision was mailed:

Is Request Timely?

 Yes NoRequest is  GRANTEDRequest is  DENIED Not filed within 10-day reconsideration period Good cause not provided Other:

Administrative Law Judge:

Signature

Date

Please return the CLAIMANT'S REQUEST TO RECONSIDER to:  
Nebraska Appeal Tribunal, P.O. Box 98941, Lincoln, NE 68509. You may also fax this to the Tribunal at (402) 471-1734