

OFFICE OF
CONCILIATION AND ARBITRATION
**Petition for
Conciliation or Arbitration**

Please complete the following form and return to:

Office of Conciliation and Arbitration
1933 Spielbusch Avenue
Toledo, Ohio 43604

Indicate whether this is a Petition for Conciliation or a Petition for Arbitration

Petition for Conciliation

Petition for Arbitration

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Name of Your Advisor / Attorney: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Respondent's Name: _____

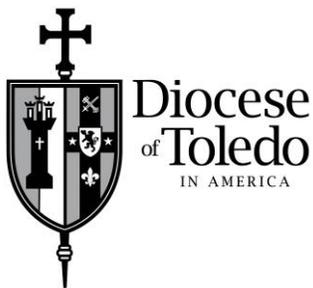
Mailing Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Position (if applicable): _____



OFFICE OF
CONCILIATION AND ARBITRATION
AGREEMENT TO CONCILIATE

Protocol Number: _____

As party to this conciliation:

1. I am interested in reconciling with the other party in the spirit of Christianity, which reflects Gospel values and principles. I will be mindful that mutual forgiveness is a goal of this process.
2. I will use this process to come to some understanding of the dispute, with the realization that there are different perceptions of the issue(s). I understand the importance of coming to a joint constructive resolution of the issue(s).
3. I come as an equal to this discussion in an attempt to balance the issue of power and to emphasize that we are brothers and sisters in Christ.
4. I will be respectful in my speech and manner, and the values of good will and justice will have priority.
5. I will be aware of my own feelings and the feelings of the other party(ies), but understand that only focusing on feelings associated with the past will not move us in a forward direction.
6. Only with the permission of all parties of the conciliation will I invite others who are neither parties to the dispute nor advisors to take part in the conciliation sessions. I further understand that my attorney is not permitted to be present or to participate in the conciliation process.
7. I will practice confidentiality. That is, I will not speak about the discussion that has taken place at this conciliation to others who are not parties in the process, except as necessary to seek advice or counsel.
8. I will respond to all requests and communications made by the conciliator within the timeframe allotted.

I will therefore agree to take part in conciliation in the spirit of good will and Christian values as described in the principles stated above.

Date

Signature of Petitioner

Phone

Address, City, State, Zip

_____ *Date*

_____ *Signature of Respondent*

_____ *Phone*

_____ *Address, City, State, Zip*

As an advisor or conciliator:

1. I will thoughtfully deliberate upon my role and ask for Christ's help in this ministry of service.
2. I will attempt to find ways to acknowledge Christ's presence in this process, in words and prayer.
3. I understand that secular law should not necessarily determine outcome, that I will follow the teachings of the Catholic Church in making my deliberations and decisions as well as the norms provided in the *Code of Canon Law* and the particular law of the Diocese of Toledo, and realize that my involvement in this matter is to be guided by Christ's own commandment to "love one another."
4. I will not presume anything about an individual, whether they be petitioner or respondent, whether they have acted individually or on behalf of others.
5. I will encourage the parties to understand the perspective of the other and to open their hearts.
6. I understand that the ultimate goal is to find Christ and His love for all of us through reconciliation with Him and each other, and not simply negotiate or justify a result.
7. I will practice confidentiality. That is, I will not speak about the discussion which has taken place at this conciliation to others who are neither parties in this process nor advisors other than as is necessary to report to or consult with the Director, the Board of the Office of Conciliation and Arbitration, the Bishop of Toledo, or his Delegate for Hierarchical Recourse.
8. I will respond to all requests and communications made by the conciliator within the timeframe allotted.

I will therefore agree to take part in conciliation in the spirit of good will and Christian values as described in the principles stated above.

_____ *Date*

_____ *Signature of Conciliator*

_____ *Phone*

_____ *Address, City, State, Zip*

Date

Signature of Advisor for the Petitioner

Phone

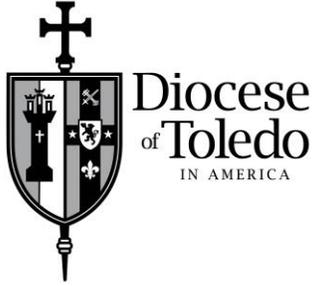
Address, City, State, Zip

Date

Signature of Advisor for the Respondent

Phone

Address, City, State, Zip



Diocese
of Toledo
IN AMERICA

OFFICE OF
CONCILIATION AND ARBITRATION
AGREEMENT TO ARBITRATE

Protocol Number: _____

As party to this arbitration:

1. I am interested in reconciling with the other party in the spirit of Christianity, which reflects Gospel values and principles. I will be mindful that mutual forgiveness is a goal of this process.
2. I will use this process to come to some understanding of the dispute, with the realization that there are different perceptions of the issue(s). I understand the importance of coming to a joint constructive resolution of the issue(s).
3. I come as an equal to this discussion in an attempt to balance the issue of power and to emphasize that we are brothers and sisters in Christ.
4. I will be respectful in my speech and manner, and the values of good will and justice will have priority.
5. I will be aware of my own feelings and the feelings of the other party(ies), but understand that only focusing on feelings associated with the past will not move us in a forward direction.
6. Only with the permission of the arbitrator will I invite others who are neither parties to the dispute nor advisors to take part in the arbitration sessions.
7. I will practice confidentiality. That is, I will not speak about the discussion that has taken place at this arbitration to others who are not parties in the process, except as necessary to seek advice or counsel.
8. I will respond to all requests and communications made by the arbitrator within the timeframe allotted.

I will therefore agree to take part in conciliation in the spirit of good will and Christian values as described in the principles stated above.

Date

Signature of Petitioner

Phone

Address, City, State, Zip

Date

Signature of Respondent

Phone

Address, City, State, Zip

As an advisor:

1. I will thoughtfully deliberate upon my role and ask for Christ's help in this ministry of service.
2. I will attempt to find ways to acknowledge Christ's presence in this process, in words and prayer.
3. I understand that secular law should not necessarily determine outcome, that I will follow the teachings of the Catholic Church in making my deliberations and decisions as well as the norms provided in the *Code of Canon Law* and the particular law of the Diocese of Toledo, and realize that my involvement in this matter is to be guided by Christ's own commandment to "love one another."
4. I will not presume anything about an individual, whether they be petitioner or respondent, whether they have acted individually or on behalf of others.
5. I will encourage the parties to understand the perspective of the other and to open their hearts.
6. I understand that the ultimate goal is to find Christ and His love for all of us through reconciliation with Him and each other, and not simply negotiate or justify a result.
7. I will practice confidentiality. That is, I will not speak about the discussion which has taken place at this arbitration to others who are neither parties in this process nor advisors other than as is necessary to report to or consult with the Director, the Board of the Office of Conciliation and Arbitration, the Bishop of Toledo, or his Delegate for Hierarchical Recourse.
8. I will respond to all requests and communications made by the arbitrator within the timeframe allotted.

I will therefore agree to take part in conciliation in the spirit of good will and Christian values as described in the principles stated above.

Date

Signature of Conciliator

Phone

Address, City, State, Zip

Date

Phone

Date

Phone

Date

Phone

Date

Phone

Signature of Advisor for the Petitioner

Address, City, State, Zip

Signature of Advisor for the Respondent

Address, City, State, Zip

Signature of Attorney for the Petitioner

Address, City, State, Zip

Signature of Attorney for the Respondent

Address, City, State, Zip