

**NORTH CAROLINA INDUSTRIAL COMMISSION**

Attn: Dispute Resolution Coordinator  
NC Industrial Commission  
Mediation Section  
1236 Mail Service Center  
Raleigh, NC 27699-1236

I. C. File No. \_\_\_\_\_  
Emp. Code No. \_\_\_\_\_  
Carrier Code No. \_\_\_\_\_  
Carrier File No. \_\_\_\_\_

**CONSENT ORDER  
FOR MEDIATED  
SETTLEMENT CONFERENCE**

\_\_\_\_\_  
Plaintiff

v.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Carrier

**Appearances**

\_\_\_\_\_  
Name of Plaintiff or Plaintiff's Attorney

\_\_\_\_\_  
Telephone and Fax numbers of Plaintiff or Plaintiff's Attorney

\_\_\_\_\_  
Address of Plaintiff or Plaintiff's Attorney

\_\_\_\_\_  
Name of Defendant or Defendant's Attorney

\_\_\_\_\_  
Telephone and Fax numbers of Defendant or Defendant's Attorney

\_\_\_\_\_  
Address of Defendant or Defendant's Attorney

Upon the CONSENT of the parties to this claim, evidenced by the signatures below, the Commission ORDERS that the parties and their attorneys attend a mediated settlement conference, pursuant to Rule 04 NCAC 10G.0104(a). *(The following may be stipulated by the parties. All matters not stipulated will be specified by the Commission or the mediator.)*

The conference will be completed by \_\_\_\_\_, \_\_\_\_\_. The mediated settlement conference is to be held at \_\_\_\_\_ o'clock, am/pm, on \_\_\_\_\_, \_\_\_\_\_ (within 120 days of mediation order). The location will be \_\_\_\_\_.

The mediator will be \_\_\_\_\_.

Address of mediator \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Telephone and Fax numbers of mediator \_\_\_\_\_

The parties and the mediator have agreed upon the mediator's rate of compensation as follows (specify all terms of the compensation agreement): \_\_\_\_\_.

The parties have not been able to agree upon a mediator, but jointly request that the Commission appoint one. \_\_\_\_\_.  
(A mediator appointed by the Commission will be compensated at the rate of \$150 per hour for time spent in the mediated settlement conference, to be billed in quarter hour segments, in addition to a \$150 administrative fee, in accordance with Rule 04 NCAC 10G.0107.)

The persons attending the conference are listed on the attached page, which should include the IC file number and be entitled "Attachment to Form MSC1". (Please list each person's name and role in this case).

In addition to exchanging all medical and rehabilitation records available to the parties and related to the injury in question, the parties agree to exchange the following documents at least 15 days prior to mediation: \_\_\_\_\_.

\_\_\_\_\_  
Date      Signature of Plaintiff or Plaintiff's Attorney      Date      Signature of Defendant or Defendant's Attorney

HEREBY ENTERED AND ORDERED, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

NORTH CAROLINA INDUSTRIAL COMMISSION

By: \_\_\_\_\_  
Commissioner/Deputy Commissioner/Dispute Resolution Coordinator