**IC Form MSC4** (rev. 05/2024) **NORTH CAROLINA INDUSTRIAL COMMISSION**

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Plaintiff **DESIGNATION OF**

**v. MEDIATOR**

Defendant

Carrier ***Appearances***

**Plaintiff’sAttorney Telephone**

**Email Address Fax**

**Defendant’s Attorney Telephone**

**Email Address Fax**

*Contact Information for IC Form MSC5 (Report of Mediator) Invoicing*

Individual to whom invoice should be sent:

Name: Company/Organization: Email Address:

**THIS FORM IS TO BE COMPLETED BY EITHER THE PLAINTIFF OR THE DEFENDANT WITHIN THE TIME SPECIFIED IN THE COMMISSION’S ORDERS AND THE ICMSC RULES.**

Pursuant to the Order entered in the above captioned case, referring it to a mediated settlement conference, the parties have selected the DRC certified mediator named below, who has agreed to serve.

Mediator's name Telephone Email Address Fax

The mediation conference is scheduled to convene on the following date: .

If the scheduled date is more than 120 days from the Order for Mediated Settlement Conference and the parties jointly request an extension of time to mediate, check here:

This the day of , .

05/2024

Signature of Plaintiff / Defendant or Representative