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I.C. File No. _____

Carrier No. _____

_____ County

NCIC-Mediation Section
mediation@ic.nc.gov
1236 Mail Service Center
Raleigh, NC 27699-1236

_____, Plaintiff

v.

REPORT OF MEDIATOR

_____, Defendant

_____, Carrier

Mediator _____ telephone _____ fax _____

Address _____

The undersigned mediator reports the following results of a mediated settlement conference in this case:

Conference ___ was held and completed on: _____.

___ was held but not completed because _____.

___ was not held because: _____.

Anticipated Date of Completion: _____ Number of sessions held: _____

Names of parties, attorneys, insurance representatives or others who were absent: _____

The parties reached: ___ agreement on all issues. ___ an impasse. ___ agreement on the following issues:

If this case was not settled in mediation, and there is a pending request for hearing, the parties estimate that the length of the hearing in this case will be _____.

Issues settled to be disposed of by: ___ clincher ___ other agmt. ___ voluntary dismissal ___ removal from hearing docket

The person who will submit the agreement/clincher /dismissal to the Commission is _____

_____, who will submit it by _____ (date).

Mediator's Fee

ADMINISTRATIVE FEE: \$_____
(\$150.00 for appointed mediator)

MEDIATION FEE: \$_____

Total time spent in Mediated Settlement Conference: _____ hours
(\$150.00 per hour for appointed mediator, billed in quarter hour segments.)

OTHER FEE (Postponement fee, etc., if any) \$_____

TOTAL FEE \$_____

All fees to the mediator have been paid except as follows:

Party owing fee Amount owed Address of party

I have returned this report to the Commission within seven days of the conclusion of the mediated settlement conference.

This the ___ day of _____, _____.

Mediator

This report is to be returned to the Commission in all cases, whatever the mediation results.