

NORTH CAROLINA INDUSTRIAL COMMISSION

IC Form MSC9 (rev. 7/14)

I.C. FILE NUMBER: \_\_\_\_\_

\_\_\_\_\_, Plaintiff

v.

\_\_\_\_\_, Defendant-Employer

\_\_\_\_\_, Defendant-Insurer

MEDIATED SETTLEMENT AGREEMENT

At the mediation of this matter on \_\_\_\_\_ in \_\_\_\_\_, North Carolina, a resolution of the issue in dispute in Plaintiff's above captioned Workers' Compensation claim was reached.

The parties agree that:

\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_.

The \_\_\_\_\_ will be drafted by \_\_\_\_\_ in accordance with N.C. Gen. Stat. Sections 97-17, 97-18, 97-82 and 04 NCAC 10A .0501.

Entered into this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Plaintiff

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Mediator

\_\_\_\_\_  
Plaintiff's Attorney  
State Bar No. \_\_\_\_\_

\_\_\_\_\_  
Defendant's Attorney  
State Bar No. \_\_\_\_\_

\_\_\_\_\_  
Translator

If this MSA is signed by a Translator Plaintiff certifies that the person whose name appears above translated/read this MSA to Plaintiff before Plaintiff signed the MSA. This MSA was translated to/read to Employee in the following language:

\_\_\_\_\_.  
By signing above, Mediator attests that the participants at the MSC signed this MSA in the mediator's presence at the conclusion of the MSC.