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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.

Defendant

**DESIGNATION OF
MEDIATOR**

Carrier

Appearances

Plaintiff's Attorney _____ **Telephone** _____
Address _____ **Fax** _____

Defendant's Attorney _____ **Telephone** _____
Address _____ **Fax** _____

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 _____
Address _____ Fax _____

The mediation conference is scheduled to convene on the following date:
_____ (within 120 days of mediation order).

This the ___ day of _____, _____.

Signature of Plaintiff / Defendant or Representative