

**FILE VIA ELECTRONIC DOCUMENT FILING PORTAL**

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I.C. File No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

\_\_\_\_\_ County

NCIC-Mediation Section

[mediation@ic.nc.gov](mailto:mediation@ic.nc.gov)

1236 Mail Service Center

Raleigh, NC 27699-1236

\_\_\_\_\_  
Plaintiff

v.

**DESIGNATION OF  
MEDIATOR**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Carrier

*Appearances*

Plaintiff's Attorney \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

Defendant's Attorney \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_ Fax \_\_\_\_\_

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

Claims Representative or Administrator 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:

\_\_\_\_\_ (within 120 days of mediation order).

This the \_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Plaintiff / Defendant or Representative