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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.

**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

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:

_____ (within 120 days of mediation order).

This the ___ day of _____, _____.

Signature of Plaintiff / Defendant or Representative