NORTH CAROLINA INDUSTRIAL COMMISSION
I.C. FILE NUMBER: _____

_____, **Plaintiff**

v.

_____, **Defendant-Employer**

_____, **Defendant-Insurer**

DESIGNATION OF MEDIATOR BY AGREEMENT OF PARTIES

APPEARANCES

_____ _____
Name of Plaintiff or Plaintiff's Attorney *Telephone number*

_____
Email Address

_____ _____
Name of Defendant or Defendant's Attorney *Telephone number*

_____
Email Address

* * * * * * * * * * *

Pursuant to the Order referring this matter to a mediated settlement conference ("MSC"), the parties have selected the following DRC-certified mediator, who has agreed to serve:

Mediator's Name: _____

_____ _____
Email Address Telephone number

The MSC will be held on _____(date) at _____(time).

If the scheduled date is more than 120 days from the Order for Mediated Settlement Conference and the parties jointly request an extension of time to complete mediation, check here: ☐

Contact information for IC Form MSC5, *Report of Mediator*, invoice:

Name: _____ Email Address: _____

_____
Signature of Plaintiff / Defendant or Representative