

NORTH CAROLINA INDUSTRIAL COMMISSION

I.C. FILE NUMBER: _____

_____, **Plaintiff**

v.

_____, **Defendant-Employer**

**DESIGNATION OF MEDIATOR
BY AGREEMENT OF PARTIES**

_____, **Defendant-Insurer**

APPEARANCES

Name of Plaintiff or Plaintiff's Attorney

Telephone number

Email Address

Name of Defendant or Defendant's Attorney

Telephone number

Email Address

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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