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| **South Carolina Workers’ Compensation Commission** 1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5739 www.wcc.sc.gov  | SCSealBWjpg |  **MEDIATOR REPORT FORM** **WCC File No:\_\_\_\_\_\_\_\_\_\_\_\_**  |
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| Claimant's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City::: |       | State: |    | Zip: |       |

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| --- | --- | --- | --- |
| Home Phone: | (     )    -     | Work Phone: | (     )    -     |
|  |  |  |  |
| Preparer's Name: |       |

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| --- | --- |
| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |
| --- | --- |
| Carrier: |       |

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| Preparer’s Phone #: | (     )    -     |
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**The undersigned mediator reports the following results of a mediated settlement conference in this case:**

**Mediation was held and completed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ was held and not completed because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_ was not held because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The parties reached: \_\_\_\_ agreement on all issues \_\_\_\_ a partial agreement \_\_\_\_ an impasse**

**The party who will submit the Final Agreement & Release, Consent Order, or Form 16A to the Commission is:**

**\_\_\_\_\_Claimant \_\_\_\_\_Defendants**

**The parties request: \_\_\_\_ the case be set for a hearing \_\_\_\_ the case be returned to general files pending a hearing request from either party**

**Mediator’s hourly rate for this mediation: $\_\_\_\_\_\_**

**Mediator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |  |
| **This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.** |  |  |

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| **01/12 70 MEDIATOR REPORT FORM** |