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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:\_\_\_\_\_\_\_\_\_\_\_\_** |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Claimant's Name: | | |  | | | | | |  | |  | | | | | | | Address: | |  | | | | | | |  |  | | |  |  |  |  | | City::: |  | | | State: |  | Zip: |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Home Phone: | (     )    - | | Work Phone: | (     )    - | | | |  |  | |  | |  | | | Preparer's Name: | |  | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Employer's Name: | | |  | | | | | |  | | |  | | | | | | Address: | |  | | | | | | |  |  | | |  |  |  |  | | City: |  | | | State: |  | Zip: |  |  |  |  | | --- | --- | | Carrier: |  |      |  |  | | --- | --- | | Preparer’s Phone #: | (     )    - | |  |  | | |

**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** |