

THIS FORM IS TO BE USED UNDER THE RULES FOR MEDIATED SETTLEMENT CONFERENCES OF THE
NORTH CAROLINA INDUSTRIAL COMMISSION

FILE VIA ELECTRONIC DOCUMENT FILING PORTAL

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I. C. File No. _____
Emp. Code No. _____
Carrier Code No. _____
Carrier File No. _____

**CONSENT ORDER
FOR MEDIATED
SETTLEMENT CONFERENCE**

Plaintiff

v.

Defendant

Carrier

Appearances

Name of Plaintiff or Plaintiff's Attorney

Telephone and Fax numbers of Plaintiff or Plaintiff's Attorney

Email Address of Plaintiff or Plaintiff's Attorney

Name of Defendant or Defendant's Attorney

Telephone and Fax numbers of Defendant or Defendant's Attorney

Email Address of Defendant or Defendant's Attorney

Upon the CONSENT of the parties to this claim, evidenced by the signatures below, the Commission ORDERS that the parties and their attorneys attend a mediated settlement conference, pursuant to Rule 11 NCAC 23G.0104(a). *(The following may be stipulated by the parties. All matters not stipulated will be specified by the Commission or the mediator.)*

The conference will be completed by _____, _____. The mediated settlement conference is to be held at _____ o'clock, am/pm, on _____, _____ (within 120 days of mediation order). The location will be _____.

The mediator will be _____.

Email Address of mediator _____

Telephone and Fax numbers of mediator _____

The parties and the mediator have agreed upon the mediator's rate of compensation as follows (specify all terms of the compensation agreement): _____

_____.

The parties have not been able to agree upon a mediator, but jointly request that the Commission appoint one. _____.

(A mediator appointed by the Commission will be compensated at the rate of \$150 per hour for time spent in the mediated settlement conference, to be billed in quarter hour segments, in addition to a \$150 administrative fee, in accordance with Rule 11 NCAC 23G.0107.)

The persons attending the conference are listed on the attached page, which should include the IC file number and be entitled "Attachment to Form MSC1". (Please list each person's name and role in this case).

In addition to exchanging all medical and rehabilitation records available to the parties and related to the injury in question, the parties agree to exchange the following documents at least 15 days prior to mediation: _____

_____	_____	_____	_____
Date	Signature of Plaintiff or Plaintiff's Attorney	Date	Signature of Defendant or Defendant's Attorney

HEREBY ENTERED AND ORDERED, this ____ day of _____, _____.

NORTH CAROLINA INDUSTRIAL COMMISSION

By: _____
Commissioner/Deputy Commissioner/Dispute Resolution Coordinator