

OKLAHOMA WORKERS' COMPENSATION COMMISSION MEDIATION SYSTEM

MEDIATION CONFERENCE REPORT

MUST be completed. Please type or print legibly.

Claim for Compensation (i.e. CC-Form-3 or CC-Form-3B) on File With the Workers' Compensation Commission?

Yes (Commission File No. _____)

No

Claimant/Injured Worker (Full Name): _____

Respondent/Employer (Name): _____

Insurer (Name): _____

Check One:

Mediation By Mutual Agreement of the Parties (i.e. No Commission Order of Referral to Mediation)

Commission Ordered Referral to Mediation

1. Mediation conference date: _____

2. Mediation conference location (city and county): _____

3. Mediation conference length _____ hours _____ minutes.

4. The case was (circle one letter):

a. settled in full;

b. not settled;

c. settled in part (circle appropriate number):

(1) parties reached agreement on one or more issues or claims;

(2) case settled as to some parties, but not all parties.

5. Mediation conference was held with (circle one letter):

a. all participants present in person;

b. by advance permission of the referring administrative law judge, one or more participants present other than in person; all others present in person;

c. by advance agreement of the mediator and parties mediating by mutual agreement, one or more participants present other than in person; all others present in person.

6. Total number of participants (excluding mediator): _____

Mediator

Date

(Send original to Workers' Compensation Commission Counselor Division, 1915 N. Stiles Ave. Oklahoma City, OK 73105)