

IC Form MSC4
Attn: Mediation Coordinator
430 North Salisbury Street
Raleigh, NC 27611

NORTH CAROLINA INDUSTRIAL COMMISSION

I.C. File No. _____
Carrier File No. _____
_____ County

Plaintiff
v.

Defendant

**DESIGNATION OF
MEDIATOR**

Carrier

Appearances

Plaintiff's Attorney _____ **Telephone** _____

Address _____ **Fax** _____

Defendant's Attorney _____ **Telephone** _____

Address _____ **Fax** _____

THIS FORM IS TO COMPLETED BY EITHER THE PLAINTIFF OR THE DEFENDANT WITHIN THE TIME SPECIFIED IN THE COMMISSION'S ORDERS AND THE ICMSC RULES.

Pursuant to the Order entered in the above captioned case, referring it to a mediated settlement conference, the parties have selected the mediator named below, who has agreed to serve.

Mediator's name _____ Telephone _____

Address _____ Fax _____

The above named mediator: (check one)

Meets the qualifications set forth in ICMSC Rule 8(b).

Is qualified to mediated this case by reason of the following training and experience

This the ___ day of _____

Signature of Plaintiff/ Defendant or Representative