

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
Post Office Box 1715
Columbia, South Carolina 29202-1715
(803) 737.5675 www.wcc.sc.gov



WCC File #: _____
Carrier File #: _____
Carrier Code #: _____
Employer FEIN #: _____

Claimant's Name: _____ SSN: _____ Employer's Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Insurance Carrier: _____

Claimant's Attorney: _____ Employer Carrier Attorney: _____
Phone: _____ Email: _____ Phone: _____ Email: _____

Preparer's Signature Title Email Date

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on _____ (m/d/yyyy):

The following issues mediated and are settled or contested as indicated below:

ISSUE SETTLED CONTESTED

Per agreement of the Parties the matter is to be:

- Rescheduled pursuant to Reg. 67-1804 C. on _____.
- Set for hearing to determine all issues.
- Set for hearing to determine remaining issues pursuant to the Forms 58.
- Returned to General Files pending request for hearing from either Party.

The Claimant Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The costs of the mediation is : \$_____.

The cost was shared equally by the Parties.

The total cost was paid by the Claimant Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807.

Mediator: _____ Address: _____

Phone: _____ Email: _____

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.

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or mediation@wcc.sc.gov. Refer to Regulation 67-1801.