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| **South Carolina Workers’ Compensation Commission**1333 Main Street, Suite 500Post Office Box 1715Columbia, South Carolina 29202-1715(803) 737.5675 [www.wcc.sc.gov](http://www.wcc.sc.gov)  | SCSealBWjpg |

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| WCC File #: |  |
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| Carrier File #: |  |
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| Carrier Code #: |  |
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| Employer FEIN #: |  |
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| Claimant's Name: |       | SSN: |     -    -      |
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| Address: |       |
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| City: |       | State: |    | Zip: |       |

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| Home Phone: | (     )     -      | Work Phone: | (     )     -      |

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| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

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| Insurance Carrier: |       |

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| Claimant's Attorney: |       |
|  |  |
| Phone: | (     )     -      Email: |

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| Employer Carrier Attorney: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Phone: | (     )     -      Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

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:     \_\_\_\_

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| --- |
| **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.** |