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

NCIC-Mediation Section
mediation@ic.nc.gov
1236 Mail Service Center
Raleigh, NC 27699-1236

Plaintiff
v.

Defendant

Carrier

**DESIGNATION OF
MEDIATOR**

Appearances

Plaintiff's Attorney _____ Telephone _____

Email Address _____ Fax _____

Defendant's Attorney _____ Telephone _____

Email Address _____ Fax _____

Contact Information for IC Form MSC5 (Report of Mediator) Invoicing

Individual to whom invoice should be sent:

Name: _____

Company/Organization: _____

Email Address: _____

THIS FORM IS TO BE 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 DRC certified mediator named below, who has agreed to serve.

Mediator's name _____ Telephone _____

Email Address _____ Fax _____

The mediation conference is scheduled to convene on the following date: _____.

If the scheduled date is more than 120 days from the Order for Mediated Settlement Conference and the parties jointly request an extension of time to mediate, check here: _____

This the ___ day of _____, _____.

Signature of Plaintiff / Defendant or Representative